Board of Health Meeting
Tuesday, July 27, 2021, 9:00 a.m.
13307 Miami Lane, Caldwell, ID 83607

Public comments specific to an agenda item for the July 27, 2021 Board of Health meeting can be submitted at https://www.surveymonkey.com/r/BoH07272021 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 Monday, July 26, 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 You Tube channel.

Agenda

A = Board Action Required G =Guidance I = Information item

9:00	A	Call the Meeting to Order	Chairman Bryan Elliott
9:02		Pledge of Allegiance	
9:04		Roll Call	Chairman Bryan Elliott
9:08	A	Request for Additional Agenda Items; Approval of Agenda	Chairman Bryan Elliott
9:10		In-Person Public Comment	
9:15	I	Open Discussion	SWDH Board Members
9:25	A	Approval of Minutes – June 17, 2021	Chairman Bryan Elliott
9:28	I	Introduction of New Employees	Division Administrators
9:35	I	June 2021 Expenditure and Revenue Report	Troy Cunningham
9:45	A	End of Fiscal Year Report	Troy Cunningham
9:55	A	Accounts Receivable Writeoffs	Troy Cunningham
10:00	A	House Bill 389 Follow Up	Nikki Zogg
10:05		Break	
10:15	A	Employee Retention	Sarah Price
10:35	A	Committed Reserve Funds	Troy Cunningham
11:00	A	Fiscal Year 2020 Financial Audit	Troy Cunningham
11:10	I	Public Information Officer (PIO) Report	Ashley Anderson
11:20	I	Solid Waste Program and Fee Discussion	Mitch Kiester, Jaime Aanensen
11:40	A	Behavioral Health Board Update	Nikki Zogg, Chairman Elliott
11:50	A	Amend Board of Health Meeting Schedule	Nikki Zogg
11:55	I	Director's Report	Nikki Zogg
		District 3/District 4 Workgroup	
		2022 Public Health Symposium – Tentative Date - October 26, 2021	
		Idaho Behavioral Health Council Strategic Plan	
12:00		Adjourn	

NEXT MEETING: Tuesday, August 24, 2021, 9:00 a.m.

BOARD OF HEALTH MEETING MINUTES
Tuesday, June 17, 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, Charlene Cariou, Emily Geary
Via Zoom: Troy Cunningham, Doug Doney, Ashley Anderson, Jaime Aanensen

GUESTS: No members of the public attended in person. Guests viewed the live stream via SWDH You Tube page.

CALL THE MEETING TO ORDER
Chairman Bryan Elliott called the meeting to order at 9:54 a.m.

ROLL CALL
Commissioner 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. Dr. Summers seconded the motion. All in favor; motion carries.

IN-PERSON PUBLIC COMMENT
No members of the public were present to present in-person public comment.

OPEN DISCUSSION
Board members did not participate in open discussion.

APPROVAL OF MINUTES – MAY 18, 2021
MOTION: Commissioner Purdy made a motion to approve the minutes as presented. Commissioner Hanigan seconded the motion. All in favor; motion passes.

INTRODUCTION OF NEW EMPLOYEES
Division administrators or their designees introduced new employees.

MAY 2021 EXPENDITURE AND REVENUE REPORTS
Troy Cunningham, Financial Manager, presented the May 2021 Expenditure and Revenue Report.

ANNUAL BOARD OF HEALTH LEADERSHIP POSITIONS
Chairman Bryan Elliott, current Board of Health Chairman, announced that his term as Chairman for the Board of Health expires today and asked for nominations for new or continuing Board of Health Chairman. In addition, the Vice-Chair and Executive Council Member/Trustee Representative positions are also due for renewal and Chairman Elliott requested nominations for those positions.

Chairman
MOTION: Commissioner Aberasturi made a motion to appoint Chairman Elliott for another one-year term. Commissioner Hanigan seconded the motion. All in favor. Motion passes.

Vice-Chair
MOTION: Commissioner Hanigan made a motion to appoint Vice-Chairman Aberasturi for another one-year term. Commissioner Smith seconded a motion to continue. All in favor. Motion passes.

Executive Council Member and Trustee Representative
MOTION: Commissioner Smith made a motion to appoint Commissioner Georgia Hanigan for another one-year term as Executive Council Member and Trustee Representative. Commissioner Haines seconded the motion. All in favor. Motion passes.

REGION 3 BEHAVIORAL HEALTH BOARD FOLLOW UP
Following discussion at the last Board meeting, Nikki sent a letter to the Division of Behavioral Health (DBH) indicating SWDH's desire to discontinue the contract supporting the Behavioral Health Board (BHB). Staff from DBH requested a phone call with SWDH and requested that SWDH consider continuing the contract to support the BHB.

Nikki explained that DBH has requested time on the agenda at the next regularly scheduled BHB meeting on Wednesday, June 23, 2021 for Ross Edmunds to explain the situation to the entire Behavioral Health Board. Nikki will also be present. The BHB Chair has not decided whether she will put this request on the agenda for next week's BHB meeting.

CLINIC FEES
Emily Geary, Interim Clinic Services Division Administrator, presented a request to change several Clinic Services fees. The first request is a change is to the shingles vaccine due to increased cost. The second requested change is an increase for the hemoglobin A1C due to an increased cost of the kit used to process the A1C test in-house. The final change requested is to add the cost for an additional gonorrhea treatment.

MOTION: Commissioner Haines made a motion to approve the revised Clinic Services Fees schedule as presented. Dr. Summers seconded the motion. All in favor; motion passes.

WESTERN IDAHO COMMUNITY CRISIS CENTER (WIDCCC) QUARTERLY UPDATE
Sam Kenney, SWDH Project Manager, presented the Quarter 4 report for the Western Idaho Community Crisis Center (WIDCCC). Sam noted that this is the second year of the crisis center's operation and that admissions at the crisis center have been trending upward.

WESTERN IDAHO COMMUNITY CRISIS CENTER (WIDCCC) ADVISORY COMMITTEE MEMBER NOMINATIONS
Sam Kenney, SWDH Project Manager, presented the list of WIDCCC Advisory Committee Member Nominations. Sam explained that the Advisory Committee requested Board of Health support for appointing Dr. TJ Orthmeyer as physician representative, Rebekah Koepnick as consumer representative,

and Sheriff Donahue as law enforcement representative. The Advisory Committee also requested support for appointing Aaron Schreiber and Vito Kelso as members-at-large with Sherry Benner serving as an alternate at-large member who attends and votes if one of the other two members are not present.

MOTION: Dr. Summers made a motion to approve the WIDCCC Advisory Committee Nominees as presented. Commissioner Smith seconded the motion. All in favor; motion passes.

COMMUNITY HEALTH TEAM UPDATE

Charlene Cariou, SWDH Program Manager, provided a Community Health Team Update. She included information on the programs Community Health Team staff provides and the priorities of the team. She also provided information on the Community Health Action Teams (CHATs).

EXECUTIVE COUNCIL UPDATE

Nikki provided an update on discussions held at recent Executive Council meetings. Topics discussed included an anticipated settlement from opioid manufacturers similar to the Millennium Fund Tobacco Settlement, House Bill 316 impacts, and a budget adjustment to the Idaho Association of District Boards of Health (IADBH) to increase spending authority to cover costs of retaining Mike Kane as the lobbyist for IADBH.

DIRECTOR'S REPORT

Subsurface Sewage Disposal Program Update

Nikki provided an update on the subsurface sewage disposal program. All of our agency's subsurface sewage staffing positions have been filled and several staff are undergoing training. SWDH staff are sending notification of receipt of applications within one-business day. SWDH staff are also getting out on-site within seven days of application receipt depending on the homeowner or landowner or permit requestor's ability to coordinate test-hole provider availability.

The Environmental Health Team intends to provide a more detailed update to the Board at next month's meeting.

IAPHDD Update

The Idaho Association of Public Health District Directors (IAPHDD) are meeting regularly to discuss the potential impacts of House Bill 316 (HB 316). Nikki expects District Directors to work with IDHW to modify delegated authority agreements.

Also, the auditing services requirement for Legislative Service Office (LSO) will need clarification to establish which entity public health districts use for auditing services.

Hiring Announcement

Nikki announced that Josh Campbell has been hired as the Clinic Services Division Administrator beginning June 28, 2021.

There being no further business, the meeting adjourned at 11:41 a.m. Board members will have lunch break before reconvening at 1:30 p.m.to attend the virtual Idaho Association of District Boards of Health (IADBH) meeting.

Respectfully submitted: Approved as written:

Nikole Zogg	Bryan Elliott	Date
Secretary to the Board	Chairman	

SOUTHWEST DISTRICT HEALTH
BUDGET REPORT FOR JUNE 2021 (FY21)

Target **100.0%**

Fund Balances	**Beginning Totals**	**Jun 30**
General Operating Fund	$ 66,114	$ 65,977
Millennium Fund	$ 130,000	$ -
LGIP Operating	$ 2,630,723	$ 3,187,262
LGIP Vehicle Replacement	$ 99,207	$ 99,692
LGIP Capital	$ 1,299,174	$ 1,299,174
Total	**$ 4,225,218**	**$ 4,652,106**

Average 3 month:
$11,390,700/12 = $949,300
$949,300 x 3 =$2,850,000
$3,187,300 + $66,000= $3,253,300
Less already committed ($282,500)
3 Month ($2,850,000)
Allocate: $120,800 (FY21)

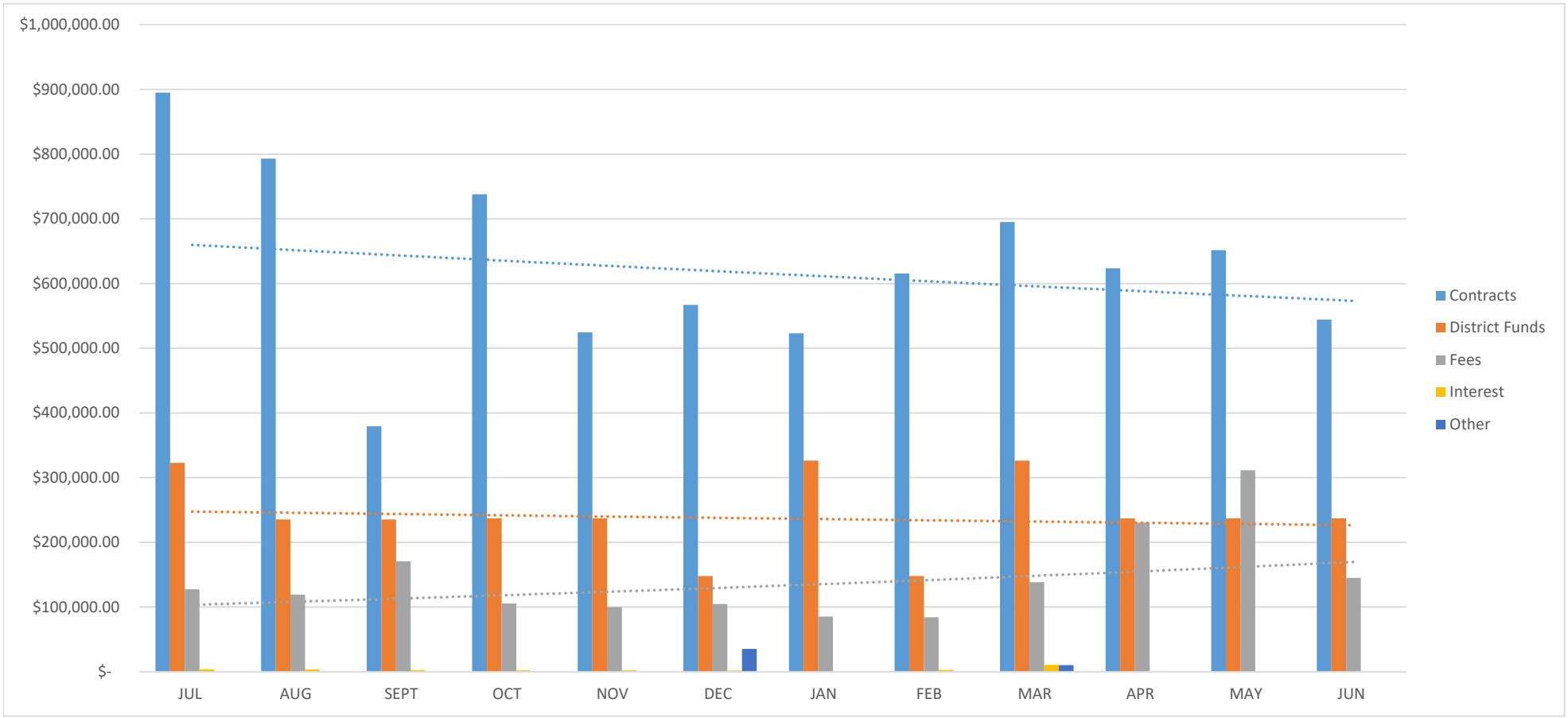
Year-to-Date Cash Position			This month CHANGE
	Revenues:	$ 12,487,238	
Carry Over:	Behavioral Health Board	$ (10,793)	
	CRP	$ (7,102)	
	Parents As Teacher	$ (190,760)	
	Net Revenue:	**$ 12,278,583**	$ 927,357
	Expenditures:	$ (11,390,619)	$ (1,218,629)
	Net Revenues (modified accrual)	**$ 887,964**	**$ (291,272)**

This amount includes allocated District Dollars which cause overall revenue to appear inflated as it relates to cash

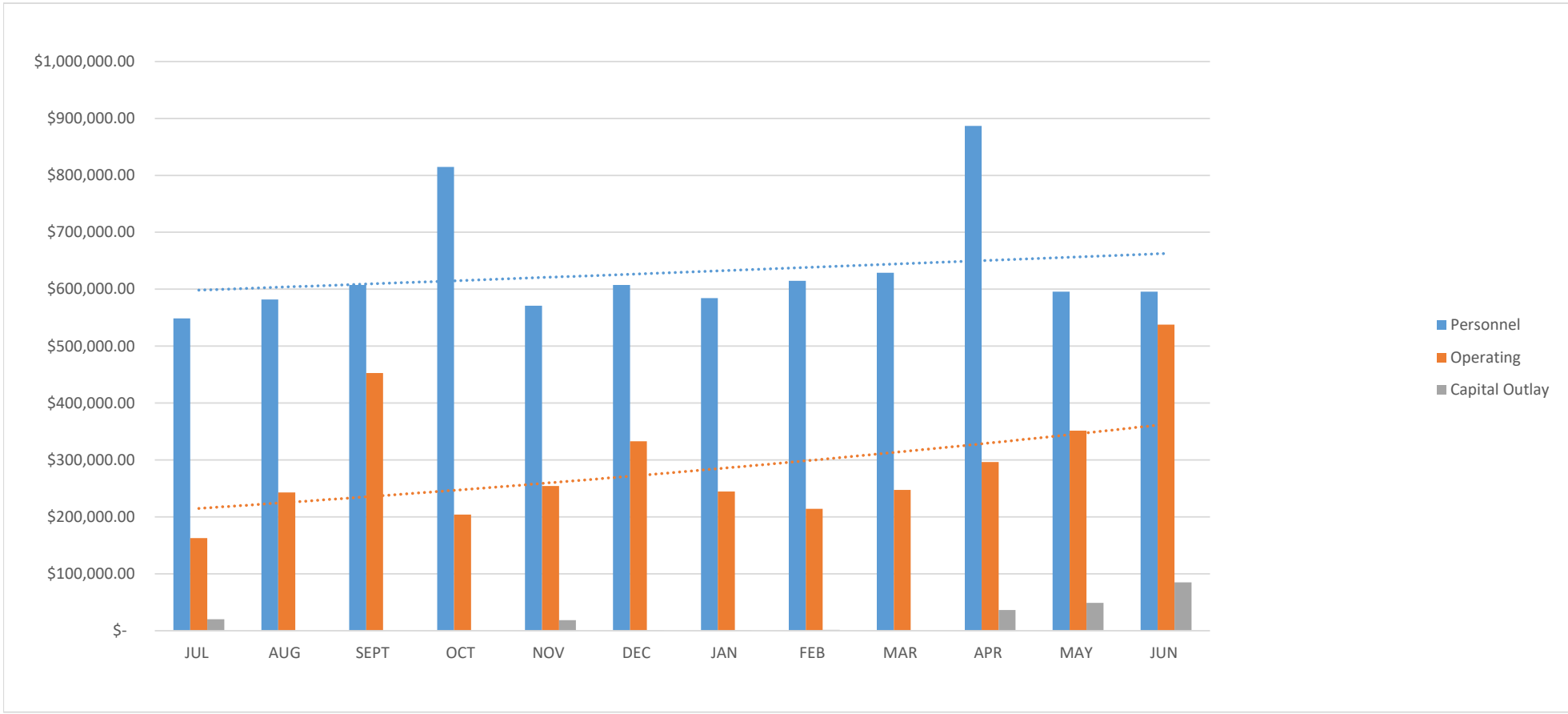
Revenue	**Board of Health**	**Admin**	**Clinic Services**	**Env & Community Health**	**General Support**	**Buildings**	**Crisis Center**	**Total**	**YTD**	**Total Budget**	**Percent of Direct**
Fees	$ -	$ -	$ 49,970	$ 95,182	$ -	$ -	$ -	$ 145,152	$ 1,721,735	$ 1,715,979	100%
Contracts	$ -	$ -	$ 161,461	$ 319,606	$ -	$ -	$ 63,334	$ 544,401	$ 7,550,538	$ 6,861,838	110%
Sale of Assets	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 20,000	0%
Interest	$ -	$ 738	$ -	$ -	$ -	$ -	$ -	$ 738	$ 31,655	$ 80,000	40%
District Funds	$ 806	$ 11,782	$ 100,172	$ 38,677	$ 53,150	$ 32,478	$ -	$ 237,066	$ 2,926,971	$ 4,369,047	
Carry-Over Funds	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 208,655	$ 70,027	
Other/Committed Funds	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 47,687	$ 27,886	171%
Monthly Revenue	$ 806	$ 12,521	$ 311,603	$ 453,465	$ 53,150	$ 32,478	$ 63,334	$ 927,357	$ 12,487,238	$ 13,144,777	95.0%
Year-to-Date Revenue	$ 9,952	$ 177,441	$ 4,123,183	$ 5,928,652	$ 833,328	$ 404,604	$ 1,010,078	$ 12,487,238	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			
	60.8%	**54.4%**	**80.2%**	**148.0%**	**61.9%**	**61.7%**	**61.0%**	**95.0%**			

Expenditures											
Personnel	$ 628	$ 16,016	$ 229,203	$ 264,391	$ 71,796	$ 9,248	$ 4,574	$ 595,857	$ 7,637,117	$ 7,835,177	97%
Operating	$ 423	$ 2,387	$ 56,815	$ 340,316	$ 34,652	$ 50,852	$ 52,300	$ 537,746	$ 3,541,586	$ 5,124,800	69%
Capital Outlay	$ -	$ -	$ -	$ -	$ 85,027	$ -	$ -	$ 85,027	$ 211,917	$ 184,800	115%
Monthly Expenditures	$ 1,051	$ 18,403	$ 286,018	$ 604,707	$ 191,476	$ 60,099	$ 56,875	$ 1,218,629	$ 11,390,619	$ 13,144,777	86.7%
Year-to-Date Expenditures	$ 19,874	$ 222,082	$ 3,198,473	$ 5,472,611	$ 1,123,597	$ 517,530	$ 836,452	$ 11,390,619	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			
	121.5%	**68.1%**	**62.2%**	**136.6%**	**83.4%**	**79.0%**	**50.5%**	**86.7%**			

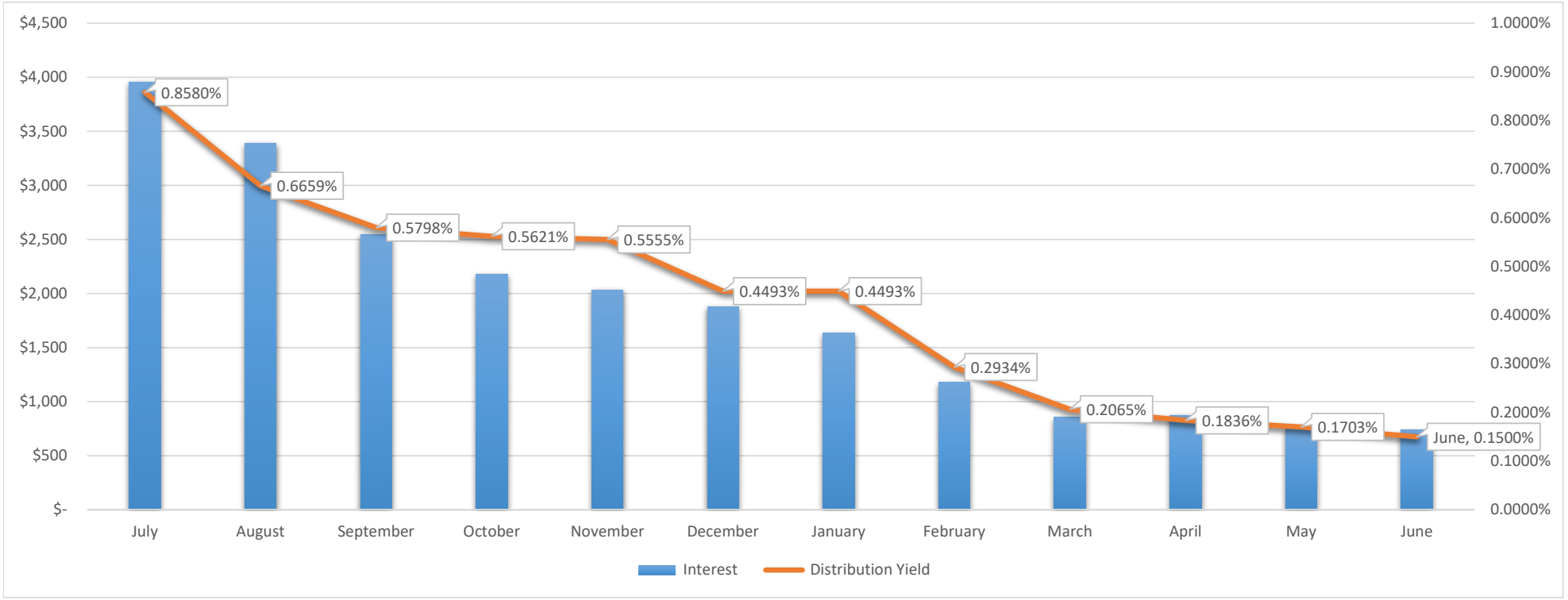
YTD REVENUES



YTD EXPENDITURES



YTD INVESTMENT YIELD TRENDS



Southwest District Health
Summary of Restricted and Committed Funds - FY 2021

Restricted Funds - Third party restricted by contract, grant, or donation terms
Committed Funds - Committed by the Board of Health for a specific purpose

Fund Balances as of last prior month reported

	Restricted Funds	Committed Funds
Behavioral Health Board	$5,178.45	
Parents as Teachers	$107,387.03	
Citizen's Review Panel	$10,902.85	
Kresge Grant (PH1)	$18,607.00	
Crisis Center (CFAC)	$28,571.00	
Medical Equipment & Training		$75,000.00
Computer/EMR Replacements		$138,760.00
Capital Projects		$0.00
27th Payperiod		$51,500.00
Website Upgrade		$17,230.00
	$170,646.33	$282,490.00

Fw: HB 389 impact on public health district budgets

Zogg, Nikole <Nikole.Zogg@phd3.idaho.gov>
Tue 6/22/2021 4:51 PM
To: Williams, Katrina <Katrina.Williams@phd3.idaho.gov>

Hi Katrina,

Can you please add this update to July's BOH meeting agenda?

Thank you,
Nikki

Nikole Zogg | Director | Southwest District Health
13307 Miami Lane | Caldwell ID 83607 | ph: 208.455.5315 | cell: 208.546.8945
Nikole.Zogg@phd3.idaho.gov | ***Healthier Together*** | www.swdh.org

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From: Mike Kane <mkane@ktlaw.net>
Sent: Tuesday, June 22, 2021 3:47 PM
To: Zogg, Nikole <Nikole.Zogg@phd3.idaho.gov>
Subject: RE: HB 389 impact on public health district budgets

389 only applies to taxing districts so it does not apply to SWDH. Also, if I read the bill correctly, the 8% is a cap based upon a reduction of tax on new construction and annexation, which also has no application to the districts.

Michael J. Kane
Michael Kane & Associates, PLLC
Phone: #(208) 342-4545
Fax: #(208) 342-2323

From: Zogg, Nikole <Nikole.Zogg@phd3.idaho.gov>
Sent: Tuesday, June 22, 2021 10:28 AM
To: Mike Kane <mkane@ktlaw.net>
Subject: HB 389 impact on public health district budgets

Hi Mike,

I was asked by my board if we are held to the recent cap that was placed on increases to budgets (8%) per HB 389. Can you please review the new law and let me know your opinion?

Thank you,
Nikki

Nikole Zogg | Director | Southwest District Health
13307 Miami Lane | Caldwell ID 83607 | ph: 208.455.5315 | cell: 208.546.8945
Nikole.Zogg@phd3.idaho.gov | ***Healthier Together*** | www.swdh.org

SOUTHWEST DISTRICT HEALTH
EMPLOYEE COMPENSATION
FY21- FY22

TREND ALERT
Employee Turnover Rate

SWDH - FY20 | **Statewide - FY20**

SWDH FY21 Turnover Rate = 33%

RECRUITING MARKET
Comparison between PHD3 & PHD4 FY22

2% FY22 Merit Increase

CENTRAL DISTRICT HEALTH

6%* FY22 Merit Increase

*** % includes FY21 and FY22 amounts**

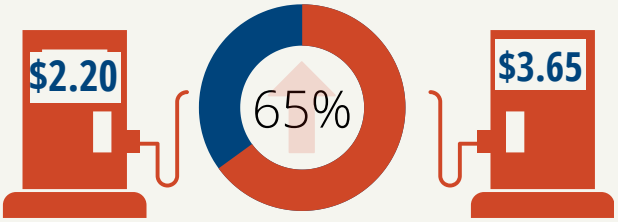
FY21 MERIT INCREASES

SOUTHWEST DISTRICT HEALTH	ADAMS COUNTY	CANYON COUNTY	GEM COUNTY	OWYHEE COUNTY	PAYETTE COUNTY	WASHINGTON COUNTY
0%	3%	2%	3%	4%	3%	3%

CONSUMER PRICE INDEX CHANGE
Since June 2020

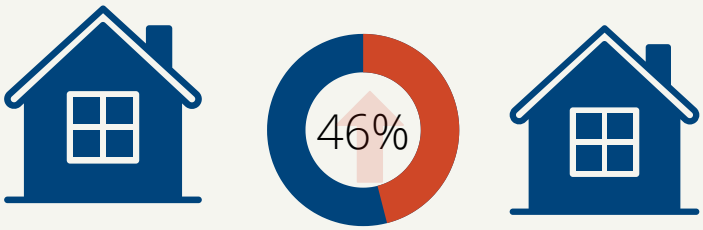
↑ 5.4%

GAS PRICE IN IDAHO
AAA Data 2020-2021



Increase

HOME PRICE IN CANYON COUNTY
Canyon County Data 2020-2021



April 2020
$273,117

Increase

April 2021
$400,000

DID YOU KNOW?

*Canyon County proposed a **5% increase** for current employees for FY22 and a **7.5% increase** for entry-level employee starting pay.

FISCAL YEAR 2021
YEAR END REPORT

DISTRICT SUMMARY:

EXPENDITURES:	Revised **BUDGET**	**ACTUAL**	(+/-) **DIFFERENCE**
PERSONNEL COSTS	$7,835,177	$7,637,117	$198,060
OPERATING EXPENDITURES	$5,124,800	$3,541,586	$1,583,214
CAPITAL OUTLAY	$184,800	$211,917	-$27,117
TRUSTEE BENEFITS	$0	$0	$0
Total	$13,144,777	$11,390,619	

REVENUE:		
Fees	$1,715,979	$2,095,970	-$379,991
Contracts	$6,861,838	$7,056,863	-$195,025
Sale of Assets	$20,000	$0	$20,000
Interest	$80,000	$31,655	$48,345
Miscellaneous Revenue	$27,886	$47,687	-$19,801
Direct Revenue:	$8,705,703	$9,232,175	
District Funds *(Necessary to cover costs)*	$4,369,047	$1,949,789	
Subtotal	$13,074,750	$11,181,964	
Carry-Over Funds	$70,027	$208,655	
TOTAL	$13,144,777	$11,390,619	

	District Funds Received (fees not included as in revenue)	
Millennium Fund	$0	$119,522
County Contributions	$1,483,987	$1,483,987
State General Funds	$1,442,900	$1,442,900
	$2,926,887	$3,046,409
		Including MF
Revenue over Expenditures (Modified Accrual):	**$768,442**	**$887,964**

(Total District Funds Receved less total required)

Reconciliation:

Allocated District Funds (Expenditure Report)	$2,926,971
Actual District Dollars/Carryover Required	$2,158,444
Difference	$768,527
Variance	$84

Jul-21

Restricted Funds - Third party restricted by contract, grant, or donation terms
Committed Funds - Committed by the Board of Health for a specific purpose

Fund Balances as June 30, 2021

	Restricted Funds	Committed Funds
Behavioral Health Board	$5,178	
Parents as Teachers	$107,387	
Citizen's Review Panel	$10,903	
Kresge Grant (PH1)	$18,607	
Crisis Center (CFAC)	$28,571	
Medical Equipment & Training		$75,000
Computer/EMR Replacements		$138,760
Capital Projects		$0
27th Payperiod		$51,500
Website Upgrade		$17,230
	$170,646	$282,490

SOUTHWEST DISTRICT HEALTH
FISCAL YEAR 2021
YEAR END REPORT

RECOMMENDED REALLOCATIONS:

Prior Fiscal Years Commitment:

Medical Equipment & Training	$75,000	*reduce balance to zero
Website Upgrade	$17,230	*reduce balance to zero
Computer/EMR Replacements	$138,760	*reduce balance to zero
	$230,990	**PRIOR**

Recommended reallocation from FY21	**$120,800**	*Expenditure report

Administration:

Drinking Fountain Upgrades ($10,000)	$0
Personnel (3% COLA + 2% Merit)	$285,000
Internet Service for Weiser	$1,000
CHAT Reinvestment ($60,000)	$0
Shower Installation ($15,000)	$0

Clinic:

Medical Equipment	$9,500

Environmental and Community:

Employee Training	$5,000
A/V Equipment	$10,000
Dedicated EH vehicle	$33,790
Upgraded Security	$7,500

Balance	**$0**

Jul-21

SOUTHWEST DISTRICT HEALTH

Report on Audited
Basic Cash Basis
Financial Statements
and
Supplemental Information

For the Years Ended June 30, 2020 and 2019

Summary

Purpose of Audit Report

We have audited the accompanying cash basis financial statements of the governmental activities of Southwest District Health (III) (District) for the fiscal year ended June 30, 2020, in accordance with auditing standards generally accepted in the United States of America. The purpose of our audit is to determine whether the District's financial statements are materially accurate and reliable, and that it complied with laws and regulations affecting fiscal operations. Please see the Independent Auditors Report on page 1 of the audit for more information.

Conclusion

We concluded that the District's financial statements are materially accurate and reliable, and fiscal operations materially comply with related laws and regulations. As a result, we issued an unmodified opinion on the District's financial statements. Please see the Independent Auditors Report on page 1 of the audit for more information.

Findings and Recommendations

Based on the audit procedures performed we did not identify any items that were reported as findings in this report.

While reviewing controls over WIC income certifications we noted 4 instances that did not have a different individual verify the income from the individual that did the intake. It was noted that independent reviews were being done on a regular basis to review applications.

Management's View

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

Other Issues

We discussed other issues which, if addressed, would improve internal control, compliance, and efficiency.

This report is intended solely for the information and use of the State of Idaho, the Southwest District Health (III), the District's Board of Health, and the Legislative Services Office and is not intended to be used by anyone other than these specified parties.

We appreciate the cooperation and assistance of Director Dr. Nikole Zogg and her staff.

Zwygart John & Associates, CPAs PLLC

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ZWYGART JOHN
CERTIFIED PUBLIC ACCOUNTANTS
Zwygart John & Associates CPAs, PLLC
16130 North Merchant Way, Suite 120 ◆ Nampa, Idaho 83687
Phone: 208-459-4649 ◆ FAX: 208-229-0404

Independent Auditor's Report

Director, Board of Health, and Legislative Services Office
Southwest District Health (III)
PO Box 850
Caldwell, Idaho 83606

Report on the Financial Statements

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

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinions

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective cash basis financial position of the governmental activities and the major fund information of Southwest District Health (III), as of June 30, 2020 and 2019, and the respective changes in cash basis financial position thereof for the years then ended in accordance with the cash basis of accounting described in note 2.

Basis of Accounting

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

Other Matters

Our audit was conducted for the purpose of forming opinions on the cash basis financial statements that collectively comprise the District's basic cash basis financial statements. The cash basis budgetary and the Schedule of Expenditures of Federal Awards, as required by the audit requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), are presented for purposes of additional analysis and are not a required part of the basic financial statements.

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

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated July 16, 2021, on our consideration of the District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control over financial reporting and compliance.

Zwygart John & Associates, CPAs PLLC

Nampa, Idaho
July 16, 2021

State of Idaho
Southwest District Health (III)
Statement of Net Position - Cash Basis
As of June 30, 2020 and 2019

	June 30, 2019 Governmental Activities	June 30, 2020 Governmental Activities
Assets		
Cash and Cash Equivalents	$ 4,504,980	$ 4,096,249
Total Assets	4,504,980	4,096,249
Net Position		
Restricted	524,135	211,224
Unrestricted	3,980,845	3,885,025
Total Net Position	$ 4,504,980	$ 4,096,249

The accompanying notes are an integral part of the financial statements

State of Idaho
Southwest District Health (III)
Statement of Activities - Cash Basis

For the Year Ended June 30, 2019

	Disbursements	Program Receipts: Charges for Services	Program Receipts: Operating Grants and Contributions	Net (Disbursements) Receipts and Changes in Cash Balance: Governmental Activities
Primary Government:				
Governmental Activities:				
Administration	$ 949,333	$ 106,490	$ 444,167	$ (398,676)
Public Health Preparedness	-	-	2,151	2,151
Family Health Services	3,777,573	651,475	2,546,244	(579,854)
Environmental Health	2,766,180	1,166,300	1,610,018	10,138
General Support	1,392,170	7,932	134,787	(1,249,451)
Nutrition and Health Promotion	-	-	139,500	139,500
Total Governmental Activities	$ 8,885,256	$ 1,932,197	$ 4,876,867	(2,076,192)
General Receipts:				
State				1,403,671
Interest, Rent, and Investments				110,508
County				1,331,179
Total General Revenues				2,845,358
Change in Net Position				769,166
Net Position, Beginning of Year				3,735,814
Net Position, End of Year				$ 4,504,980

For the Year Ended June 30, 2020

	Disbursements	Program Receipts: Charges for Services	Program Receipts: Operating Grants and Contributions	Net (Disbursements) Receipts and Changes in Cash Balance: Governmental Activities
Primary Government:				
Governmental Activities:				
Administration	$ 1,225,613	$ 17,983	$ 1,132,957	$ (74,673)
Public Health Preparedness	-	-	-	-
Family Health Services	3,364,874	460,602	1,987,224	(917,048)
Environmental Health	3,342,040	1,132,413	1,788,734	(420,893)
General Support	2,057,350	11,535	131,208	(1,914,607)
Nutrition and Health Promotion	-	-	87,720	87,720
Total Governmental Activities	$ 9,989,877	$ 1,622,533	$ 5,127,843	(3,239,501)
General Receipts:				
State				1,446,900
Interest, Rent, and Investments				100,112
County				1,283,758
Total General Revenues				2,830,770
Change in Net Position				(408,731)
Net Position, Beginning of Year				4,504,980
Net Position, End of Year				$ 4,096,249

The accompanying notes are an integral part of the financial statements

State of Idaho
Southwest District Health (III)
Statement of Cash Assets and Fund Balances -
Governmental Funds
As of June 30, 2020 and 2019

	June 30, 2019 General Fund	June 30, 2020 General Fund
Assets		
Cash and Cash Equivalents	$ 4,504,980	$ 4,096,249
Total Assets	$ 4,504,980	$ 4,096,249
Fund Balances		
Restricted	$ 524,135	$ 211,224
Committed	1,396,351	1,398,381
Assigned	2,584,494	2,486,644
Total Cash Basis Fund Balances	$ 4,504,980	$ 4,096,249

The accompanying notes are an integral
part of the financial statements

State of Idaho
Southwest District Health (III)
Statement of Cash Receipts, Cash Disbursements, and Changes In
Cash Basis Fund Balances - Governmental Funds
For the Years Ended June 30, 2020 and 2019

	June 30, 2019 General Fund	June 30, 2020 General Fund
Cash Receipts		
Health and Professional Services	$ 1,932,197	$ 1,622,534
Interest, Rent, and Investments	110,508	100,111
Federal Grants	3,752,041	3,420,740
State Grants	1,124,826	1,707,103
City/County Grants	1,331,179	1,283,758
General Fund Support	1,403,671	1,446,900
Total Cash Receipts	9,654,422	9,581,146
Cash Disbursements		
Administration	949,333	1,225,613
Family Health Services	3,777,573	3,364,874
Environmental Health	2,766,180	3,342,040
General Support	1,392,170	2,057,350
Total Cash Disbursements	8,885,256	9,989,877
Excess (Deficiency) of Receipts Over Disbursements - Net Change in Cash Balance	769,166	(408,731)
Beginning Cash Basis Fund Balance	3,735,814	4,504,980
Ending Cash Basis Fund Balance	$ 4,504,980	$ 4,096,249

The accompanying notes are an integral
part of the financial statements

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2020

NOTE 1. REPORTING ENTITY

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

A. Government-Wide Financial Statements

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

The *Statement of Net Position – Cash Basis* presents the District's cash and cash equivalent balances of the governmental activities at year end. The *Statement of Activities – Cash Basis* demonstrates the degree to which the direct disbursements of a given function are offset by program receipts. Direct disbursements are those that are clearly identifiable within a specific function. Program receipts include fees and charges paid by recipients of goods or services offered by the program. Appropriations, contributions, interest income, and other items not meeting the definition of program receipts are reported as general receipts.

The Special Revenue Fund accounts for all financial resources of the District. In the governmental fund financial statements, receipts are reported by source and disbursements are reported by functions.

B. Fund Financial Statements

Fund financial statements are prepared on a cash basis with a focus on major funds. The major fund is presented in its own column. Functions of the District are financed through governmental funds. The District has one major governmental fund. The General Fund accounts for all financial resources of the District.

In the governmental fund financial statements, receipts are reported by source, and disbursements are reported by function.

C. Basis of Accounting

The cash basis of accounting is applied in preparing the District's financial statements. Receipts are recorded when cash is received, rather than when revenue is earned. Disbursements are recorded when cash is paid, rather than when a liability is incurred.

The cash basis of accounting precludes the inclusion of some assets and liabilities, such as accounts receivable, accounts payable, and accrued liabilities. These items are not included in the presentation of these financial statements.

D. Assets, Liabilities, and Net Assets

Cash and Cash Equivalents

The State Treasurer is the custodian of the District's cash and investments. The District's primary governmental fund cash and cash equivalents are considered to be cash on hand and are on deposit with the State Treasurer's Office. Cash equivalents are reported at book value. Additional disclosure is identified in Note 3.

Capital Assets

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

Compensated Absences

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

Pension Plan

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

Restricted Net Position

Southwest District Health's restricted net position consists of funding for Behavioral Health Board, Citizen Review Panel, State Home Visitation, St. Luke's CHIF Project.

	FY 2020
Citizen's Review Panel	$ 7,102
Behavioral Health Board	$ 10,805
State Home Visitation – Parents as Teachers	$ 190,817
St. Luke's CHIF Project	$ 2,500
TOTAL	$ 211,224

Unrestricted Net Position

Unrestricted Net Position is the remaining amount of net position having no constraints on their use imposed by contributors or enabling legislation.

Net Position Resource Expenditure

The District does not have a policy regarding the preferred first usage of unrestricted or restricted net position. Expense allocation decisions are made on a program-by-program basis when both restricted and unrestricted net positions are available.

Fund Balance Restrictions

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

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

Restricted Fund Balance Policy

In keeping with the definition of restricted fund balance, the District in its financial statements has listed $211,224 for fiscal year (FY) 2020. This funding was paid in advance for the restricted purposes of supporting the Citizen's Review Panel, Behavioral Health Board, State Home Visitation (Parents as Teachers), and St. Luke's CHIF Project.

Committed Fund Balance Policy
Southwest District Health's Committed Fund Balance is fund balance reporting required by the Board of Health due to motions passed at Board of Health meetings to commit funds. The Board of Health has committed funds to purchase medical equipment and training, to purchase, remodel and repair District buildings, to purchase computers and electronic medical record program replacements, to upgrade the District's website, to purchase vehicles, and to prepare for the next 27th pay period. Committed funds totaled $1,398,381.

Assigned Fund Balance Policy
Amounts listed as assigned are those funds left over after the prior categories have been satisfied. These funds are reported in a Special Revenue Fund dedicated to the operation of the District. Assigned funds totaled $2,486,644.

Unassigned Fund Balance Policy
Southwest District Health has no unassigned fund balance.

Order of Spending
When amounts in more than one classification are available for a particular purpose, the District assumes amounts are spent in the following order: restricted, committed and then assigned.

NOTE 3. CASH AND CASH EQUIVALENTS

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

The District also participates in the Local Government Investment Pool (LGIP), which is an external investment pool sponsored by the State Treasurer's Office. In order to earn a higher yield, Idaho governmental entities may voluntarily deposit money not needed to meet immediate operating obligations in this pool.

The LGIP is a short-term investment pool. Participants have overnight availability to their funds, up to $10.0 million. Withdrawals of more than $10.0 million require 3 business-days notification. The LGIP distributes earnings monthly to the participants based on their average daily balance as a percentage of the total pool. Idaho Code restricts the State Treasurer to certain types of investments.

The pool discloses certain risks that may be associated with its deposits and investments. Disclosures are made for the following required risk disclosures:

> *Interest rate risk* occurs when investments are fixed for longer periods. The weighted average maturity for the LGIP is 177 days.

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

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

Custodial credit risk is the risk that in the event of financial institution failure, the District's deposits may not be returned. Some of the District's funds may be exposed to custodial credit risk as some funds invested in the IDLE Pool may not be covered by FDIC insurance.

Southwest District Health has no formal investment policies to mitigate credit risk, interest rate risk, or custodial credit risk.
The Local Government Investment Pool is unrated.

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

Investments at Book Value	June 30, 2020
Local Government Investment Pool	$4,029,104

Additional information, including the investment pool's financial statements, is provided in the *State's Comprehensive Annual Financial Report (CAFR)*, which is available from the Office of the State Controller or its website at www.sco.idaho.gov.

NOTE 4. PENSION PLAN

Plan Description
Southwest District Health contributes to the Base Plan which is a cost-sharing multiple-employer defined benefit pension plan administered by Public Employee Retirement System of Idaho (PERSI) that covers substantially all employees of the State of Idaho, its agencies and various participating political subdivisions. The cost to administer the plan is financed through the contributions and investment earning of the plan. PERSI issues a publicly available financial report that includes financial statements and the required supplementary information for PERSI. That report may be obtained on the PERSI website at www.persi.idaho.gov.

Responsibility for administration of the Base Plan is assigned to the Board comprised of five members appointed by the Governor and confirmed by the Idaho Senate. State law requires that two members of the Board be active Base Plan members with at least ten years of service and three members who are Idaho citizens not members of the Base Plan except by reason of having served on the Board.

Pension Benefits

The Base Plan provides retirement, disability, death and survivor benefits of eligible members of beneficiaries. Benefits are based on members' years of service, age, and highest average salary. Members become fully vested in their retirement benefits with five years of credit services (five months for elected or appointed officials). Members are eligible for retirement benefits upon attainment of the ages specified for their employment classification. The annual service retirement allowance for each month of credited service is 2.0% of the average monthly salary for the highest consecutive 42 months. The benefit payments for the Base Plan are calculated using a benefit formula adopted by the Idaho Legislature. The Base Plan is required to provide a 1% minimum cost of living increase per year provided the Consumer Price Index increase 1% or more. The PERSI Board has the authority to provide higher cost of living increase to a maximum of the Consumer Price Index movement of 6%, whichever is less; however, any amount above the 1% minimum is subject to review by the Idaho Legislature.

Member and Employer Contributions

Member and employer contributions paid to the Base Plan are set by statute and are established as a percent of covered compensation and earnings from investments. Contribution rates are determined by the PERSI Board within limitations, as defined by state law. The Board may make periodic changes to employer and employee contribution rates (expressed as percentages of annual covered payroll) if current rates are actuarially determined to be inadequate or in excess to accumulate sufficient assets to pay benefits when due.

The contribution rates for employees are set by statute at 60% of the employer rate. As of June 30, 2020 it was 7.16%. The employer contribution rate is set by the Retirement Board and was 11.94% of covered compensation. Southwest District Health's cash contributions were $516,166.

NOTE 5. POST-EMPLOYMENT BENEFITS OTHER THAN PENSIONS

The State of Idaho funds, or partially funds, post-employment benefits relating to health, disability, and life insurance. The District participates in the State of Idaho's post-employment benefit programs. The State administers the retiree healthcare plan which allows retirees to purchase healthcare insurance coverage for themselves and eligible dependents. The State provides long-term disability income benefits for active employees who become disabled, generally up to a maximum age of 70. The State provides basic life and dependent life coverage for disabled employees, generally up to a maximum age of 70. For up to 30 months following the date of disability, an employee is entitled to continue healthcare coverage. Benefit costs are paid by Southwest District Health through a rate charged by the State. The primary government is reporting the liability for the retiree healthcare and long-term disability benefits. Specific details of the OPEB are available in the state CAFR, which is available from the Office of the State Controller or its website at www.sco.idaho.gov.

NOTE 6. LEASES

Operating Leases

Operating leases are leases for which the District will not gain title to the asset. They contain various renewal options, as well as some purchase options. Operating lease payments are recorded when paid or incurred. The District's total operating lease expenditures for fiscal year 2020 were $35,542.

NOTE 7. RISK MANAGEMENT

The District is exposed to various risks of property and casualty losses, and injuries to employees. Accordingly, the District belongs to the State of Idaho Risk Management and Group Insurance internal service funds, available to all State entities. Risk Management provides property and general liability risk coverage for its members. General liability claims are self-insured up to the Idaho Tort Claims Act maximum of $500,000 for each occurrence; property damage claims up to $250,000 per occurrence annually; and physical damage to covered vehicles at actual cash value. The District also participates in the Idaho State Insurance Fund, which purchases commercial insurance for claims not self-insured by the above coverage, and for other identified risks of loss, including workers' compensation insurance. Details of the Risk Management and Group Insurance coverage can be found in the statewide *CAFR*.

SUPPLEMENTARY INFORMATION

State of Idaho
Southwest District Health (III)
Schedule of Cash Receipts and Disbursements -
Budget to Actual - General Fund

For the Years Ended June 30, 2020

	Budgeted Amounts		Actual	Variance with Final Budget
	Original	Final	Amounts	Positive (Negative)
Cash Receipts				
State	$ 1,444,400	$ 1,444,400	$ 1,446,900	$ 2,500
County	1,381,174	1,381,174	1,283,758	(97,416)
Contracts	5,362,633	5,362,633	5,127,843	(234,790)
Fees	1,705,615	1,705,615	1,622,534	(83,081)
Interest, Rent, and Investment Income	70,000	70,000	100,111	30,111
Sale of Land, Building, and Equipment	15,000	15,000	-	(15,000)
Miscellaneous Revenue	497,616	497,616	-	(497,616)
Total Cash Receipts	$ 10,476,438	$ 10,476,438	$ 9,581,146	$ (895,292)
Cash Disbursements				
Personnel Costs	$ 6,921,225	$ 6,921,225	$ 6,459,075	$ 462,150
Operating	3,365,307	3,365,307	2,906,378	458,929
Capital Outlay	189,906	189,906	624,424	(434,518)
Trustee Benefits	-	-	-	-
Total Cash Disbursements	$ 10,476,438	$ 10,476,438	$ 9,989,877	$ 486,561

For the Years Ended June 30, 2019

	Budgeted Amounts		Actual	Variance with Final Budget
	Original	Final	Amounts	Positive (Negative)
Cash Receipts				
State	$ 1,399,100	$ 1,399,100	$ 1,403,671	$ 4,571
County	1,340,946	1,340,946	1,331,179	(9,767)
Contracts	3,885,210	3,885,210	4,737,367	852,157
Fees	1,680,705	1,680,705	1,932,197	251,492
Interest, Rent, and Investment Income	40,000	40,000	110,508	70,508
Sale of Land, Building, and Equipment	20,000	20,000	-	(20,000)
Miscellaneous Revenue	545,769	545,769	139,500	(406,269)
Total Cash Receipts	$ 8,911,730	$ 8,911,730	$ 9,654,422	$ 742,692
Cash Disbursements				
Personnel Costs	$ 6,825,128	$ 6,825,128	$ 6,495,384	$ 329,744
Operating	1,708,096	1,708,096	2,229,111	(521,015)
Capital Outlay	269,764	269,764	109,787	159,977
Trustee Benefits	108,742	108,742	50,974	57,768
Total Cash Disbursements	$ 8,911,730	$ 8,911,730	$ 8,885,256	$ 26,474

The accompanying notes are an integral
part of the financial statements

NOTE TO SUPPLEMENTARY INFORMATION

NOTE 1. BUDGET COMMITTEE

The chairmen of the boards of county commissioners located within the District serve as the Budget Committee for the District. The District Board of Health submits the budget to the Budget Committee. The budget is prepared on a cash basis. The budget for the District is approved by a majority of the Budget Committee, and any adjustments to the budget are approved by the District Board of Health.

FEDERAL REPORTS

State of Idaho
Southwest District Health (III)
Schedule of Expenditures of Federal Awards
Cash Basis
For the Year Ended June 30, 2020

Program Title	CFDA Number	CFDA Title	Contract Number	Pass-Through Entities	Total Expenditures
US Department of Agriculture					
WIC	10.557	WIC Special Supplemental Nutrition Program for Women, Infants, and Children	HC124200	1	$ 1,216,928
SNAP Cluster					
Healthy Store Initiative	10.561	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	WC089500	4	10,178
Total CFDA 10.561					10,178
Total SNAP Cluster					10,178
Total US Department of Agriculture					1,227,106
US Department of the Treasury					
CARES ACT FUNDING	21.019	Coronavirus Relief Funding	None	6	165
Total US Department of the Treasury					165
US Environmental Protection Agency					
Public Drinking Water	66.432	State Public Water System Supervision	K217	2	106,690
Total CFDA 66.432					106,690
Total US Environmental Protection Agency					106,690
US Department of Health and Human Services					
Preparedness Assessment	93.069	Public Health Emergency Preparedness	HC149900	1	312,465
Syndromic Surveillance	93.069	Public Health Emergency Preparedness	HC149900	1	3,033
Cities Readiness Initiative	93.069	Public Health Emergency Preparedness	HC149900	1	19,172
Total CFDA 93.069					334,670
APP-Prep	93.092	ACA Personal Responsibility Education Program	HC147100	1	19,119
APP-Prep COVID-19	93.092	COVID-19 ACA Personal Responsibility Education Program	HC147100	1	5,977
CUIDATE	93.092	ACA Personal Responsibility Education Program	HC153800	1	13,037
Total CFDA 93.092					38,133
Activate TB - Federal	93.116	Project Grants and Cooperative Agreements for Tuberculosis Control Programs	HC170400	1	5,829
Activate TB - Federal	93.116	Project Grants and Cooperative Agreements for Tuberculosis Control Programs	HC978100	1	6,386
Total CFDA 93.116					12,215
Prescription Drug Monitoring Program	93.136	Injury Prevention and Control Research and State and Community Based Programs	HC121600	1	13,746
Prescription Drug Monitoring Program	93.136	Injury Prevention and Control Research and State and Community Based Programs	HC165500	1	46,428
Total CFDA 93.136					60,174
Sexual Risk Avoidance Education	93.235	Title V State Sexual Risk Avoidance Education (Title V State SRAE)	HC192900	1	13,952
Total CFDA 93.235					13,952
Partnership For Success	93.243	Substance Abuse and Mental Health Services Projects of Regional and National Significance	2020-ADM-45	3	106,611
Total CFDA 93.243					106,611
Immunization Contract	93.268	Immunization Cooperative Agreements	HC156100	1	11,400
Perinatal Hepatitis B	93.268	Immunization Cooperative Agreements	HC927800	1	4,200
State Supplied Immunizations	93.268	Immunization Cooperative Agreements	HC928500	1	41,298
Total CFDA 93.268					56,898
BioSense 2.0 Pilot Project	93.283	CDC Investigations and Technical Assistance	HC120700	1	1,036
Total CFDA 93.283					1,036

State of Idaho
Southwest District Health (III)
Schedule of Expenditures of Federal Awards (continued)
Cash Basis
For the Year Ended June 30, 2020

Program Title	CFDA Number	CFDA Title	Contract Number	Pass-Through Entities	Total Expenditures
US Department of Health and Human Services (continued)					
Tobacco Prevention	93.305	National State Based Tobacco Control Programs	HC137900	1	$ 47,895
Total CFDA 93.305					47,895
Mosquito Surveillance	93.323	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	HC141400	1	3,114
NEDSS	93.323	COVID19 - Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	HC956900		18,080
NEDSS - COVID - 19	93.323	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	HC956900	1	199,931
Total CFDA 93.323					221,125
Prescription Drug Overdose Crisis Response	93.354	Public Health Emergency Response: Cooperative Agreement for Emergency Response	HC121600	1	13,034
Total CFDA 93.354					13,034
Oral Health	93.366	State Actions to Improve Oral Health Outcomes and Partner Actions to Improve OH	HC152700	1	11,223
Total CFDA 93.366					11,223
Diabetes & Heart Disease	93.426	Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease	HC123600	1	1,913
Diabetes & Heart Disease	93.426	Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease	HC151800	1	37,125
Total CFDA 93.426					39,038
TANF Cluster					
Adolescent Pregnancy Prevention	93.558	Temporary Assistance for Needy Families	HC147100	1	28,228
Wise Guys - TANF	93.558	Temporary Assistance for Needy Families	HC981600	1	14,931
Total CFDA 93.558					43,159
Total TANF Cluster					43,159
CCDF Cluster					
Child Care - Health and Safety Inspections	93.575	Child Care and Development Block Grant	WC089900	4	70,062
Child Care - Complaints	93.575	Child Care and Development Block Grant	WC089900	4	6,515
Total CFDA 93.575					76,577
Total CCDF Cluster					76,577
Colorectal Cancer Screening	93.800	Organized Approaches to Increase Colorectal Cancer Screening	HC148400	1	11,535
Total CFDA 93.800					11,535
HPP Ebola Preparedness	93.817	Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities	HC976500	1	15,728
Total CFDA 93.817					15,728
Nurse Family Partnership/Innovation	93.870	Maternal, Infant and Early Childhood Home Visiting Grant	HC133100	1	299,547
Nurse Family Partnership/Innovation	93.870	Maternal, Infant and Early Childhood Home Visiting Grant	HC173100	1	217,084
Total CFDA 93.870					516,631
HPP Subgrant	93.889	National Bioterrorism Hospital Preparedness Program	19-ADM-52	1	12,495
Total CFDA 93.889					12,495
Fit and Fall "Walkability" Meals	93.898	Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations	HC107800	1	9
Women's Health Check	93.898	Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations	HC146100	1	17,080
Fit and Fall Cancer Survivor Pilot	93.898	Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations	HC147800	1	6,428
Comprehensive Cancer Prevention	93.898	Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations	HC148400	1	18,312
Total CFDA 93.898					41,829

State of Idaho
Southwest District Health (III)
Schedule of Expenditures of Federal Awards (continued)
Cash Basis
For the Year Ended June 30, 2020

Program Title	CFDA Number	CFDA Title	Contract Number	Pass-Through Entities	Total
US Department of Health and Human Services (continued)					
RIBHHN	93.912	Rural Health Care Services Outreach, Rural Health Network Development and Small Health Care Provider Quality Improvement	D04RH31647	5	$ 228,329
Total CFDA 93.912					228,329
Hepatitis A Vaccine Outreach	93.917	HIV Care Formula Grants	19-ADM-51	1	3,672
Total CFDA 93.912					3,672
HIV Prevention	93.940	HIV Prevention Activities Health Department Based	HC131000	1	20,738
HIV Prevention	93.940	HIV Prevention Activities Health Department Based	HC169800	1	19,217
HIV Prevention	93.940	HIV Prevention Activities Health Department Based	HC930300	1	6,936
Total CFDA 93.940					46,891
Public Health Crisis Response - COVID-19	93.954	COVID-19 - Public Health Emergency Response: Cooperative Agreement for Emergency Response	HC181700	1	256,746
Total CFDA 93.954					256,746
STD Prevention Activities	93.977	Sexually Transmitted Diseases (STD) Prevention and Control Grants	HC169800	1	17,048
STD Prevention Activities	93.977	Sexually Transmitted Diseases (STD) Prevention and Control Grants	HC131000	1	3,409
Total CFDA 93.977					20,457
Fit and Fall Proof Activities	93.991	Preventative Health and Health Services Block Grant	HC147800	1	26,327
Total CFDA 93.991					26,327
Oral Health Program	93.994	Maternal and Child Health Services Block Grant to the States	HC126000	1	16,500
Pregnancy Resource Program Activities	93.994	Maternal and Child Health Services Block Grant to the States	HC137900	1	6,419
Physical Activity & Nutrition	93.994	Maternal and Child Health Services Block Grant to the States	HC143900	1	1,545
Oral Health Program	93.994	Maternal and Child Health Services Block Grant to the States	HC152700	1	19,271
Total CFDA 93.994					43,735
FDA Inspections	93.U01	FDA Inspections	HC975100	1	4,333
Total					4,333
Total US Department of Agriculture					2,304,448
Total Cash Expenditures					3,638,409
Non-Cash Expenditures					
WIC Food Vouchers	10.557	Sup. Nutrition for Women, Infants, & Children		1	3,733,394
Value of Vaccine	93.268	Immunization Cooperative Agreements		1	184,508
Fair Market Value of ODP Be the Parent Cards	93.243	Substance Abuse and Mental Health Services Projects of Regional and National Significance	2020-ADM-45	3	5,429
Total Non-Cash Expenditures					3,923,331
Total Federal Expenditures					$ 7,561,740

Pass Through Entities Legend
1 = Idaho Department of Health and Welfare
2 = Idaho Department of Environmental Quality
3 = Office of Drug Policy
4 = Central District Health Department (Health District 4)
5 = Direct Grant with Health and Human Services
6 = Cares Act Monies US Department of Treasury

* Some program titles are abbreviated. The full title of each Federal Program listed above can be found at www.cfda.gov

NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

NOTE 1. BASIS OF PRESENTATION

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

The CFDA refers to the *Catalog of Federal Domestic Assistance*, which is a government-wide list of individual federal programs.

NOTE 2. WIC FOOD VOUCHERS

The District uses the Idaho Department of Health and Welfare's determination of eligibility, if one exists, for clients participating in the Women, Infants and Children (WIC) program. If a client has not applied through Idaho Department of Health and Welfare for eligibility in federal programs, the District determines eligibility for participation in the WIC program using federal guidelines specific to the program. Within the WIC program, the District distributes food checks to clients and controls unissued food checks. The Idaho Department of Health and Welfare issues and redeems food checks, controls the food checks issued, and reviews program compliance. The value of the food checks redeemed through the Idaho Department of Health and Welfare was $3,733,394 for fiscal year 2020.

NOTE 3. VALUE OF VACCINE

The Idaho Department of Health and Welfare provides certain vaccines to the District at no cost to the District. The District charges only a flat rate administrative fee to administer the supplied vaccines. The value of the vaccines provided to the District by the Idaho Department of Health and Welfare was $184,508 for fiscal year 2020.

NOTE 4. INDIRECT COST RATE

The District has not elected to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance.

DONATED PERSONAL PROTECTIVE EQUIPMENT: COVID-19 Response

The District received donated personal protective equipment (PPE) from the Idaho Office of Emergency Management as part of its ongoing efforts to reduce the spread of COVID-19 during the emergency declaration and worldwide pandemic. The estimated fair market value of the products retained for district use is $2,178 for fiscal year 2020.

ZWYGART JOHN
CERTIFIED PUBLIC ACCOUNTANTS
Zwygart John & Associates CPAs, PLLC
16130 North Merchant Way, Suite 120 ◆ Nampa, Idaho 83687
Phone: 208-459-4649 ◆ FAX: 208-229-0404

Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of the Financial Statements Performed in Accordance with *Government Auditing Standards*

Director, Board of Health, and Legislative Services Office
Southwest District Health (III)
PO Box 850
Caldwell, Idaho 83606

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the cash basis financial statements of the governmental activities and the major fund information of Southwest District Health (III) (the District) as of and for the years ended June 30, 2020, and the related notes to the financial statements, which collectively comprise the District's cash basis financial statements, and have issued our report thereon dated July 16, 2021.

Internal Control Over Financial Reporting

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

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

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

Compliance and Other Matters

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

Purpose of this Report

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

Zwygart John & Associates, CPAs PLLC

Nampa, Idaho
July 16, 2021

ZWYGART JOHN
CERTIFIED PUBLIC ACCOUNTANTS
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Phone: 208-459-4649 ◆ FAX: 208-229-0404

Independent Auditor's Report on Compliance for Each Major Program and on Internal Control Over Compliance Required in accordance with the Uniform Guidance

Director, Board of Health, and Legislative Services Office
Southwest District Health (III)
PO Box 850
Caldwell, Idaho 83606

Report on Compliance for Each Major Federal Program

We have audited Southwest District Health (III)'s (the District) compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of the District's major federal programs for the years ended June 30, 2020. The District's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

Auditor's Responsibility

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

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

Opinion on Each Major Federal Program

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

Report on Internal Control Over Compliance

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

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

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

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

Zwygart John & Associates, CPAs PLLC

Nampa, Idaho
July 16, 2021

State of Idaho
Southwest District Health (III)
Schedule of Findings and Questioned Costs
For the Year Ended June 30, 2020

Section I - Summary of Auditor's Results

Financial Statements

Type of auditor's report issued: Unmodified

Internal control over financial reporting:

Significant deficiency(ies) disclosed? ☐ yes ☑ none reported

Material weakness(es) disclosed? ☐ yes ☑ none reported

Noncompliance material to financial statements noted? ☐ yes ☑ no

Federal Awards

Internal control over major programs:

Significant deficiencies disclosed? ☐ yes ☑ none reported

Material weaknesses disclosed? ☐ yes ☑ none reported

Type of auditor's report issued on compliance for major programs: Unmodified

Any audit findings disclosed that are required to be reported in accordance with 2CFR SECTION 200.516(A)? ☐ yes ☑ no

Identification of major programs:

CFDA Numbers	Name of Federal Program
10.557	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
93.87	Maternal, Infant and Early Childhood Home Visiting Grant

Dollar threshold used to distinguish between Type A and Type B programs: $750,000

Auditee qualified as low-risk auditee? ☐ yes ☑ no

State of Idaho
Southwest District Health (III)
Schedule of Findings and Questioned Costs (Continued)
For the Year Ended June 30, 2020

Section II - Financial Statement Findings

No Matters Reported

Section III - Findings and Questioned Costs for Federal Awards

No Matters Reported

APPENDIX

HISTORY

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

1907 – The State Board of Health and counties that had local boards of health were statutorily authorized joint responsibility for public health.

1947 – A public health district law was enacted that permitted two or more counties to establish a public health district. Participation in the forming of the health districts was voluntary.

1970 – The legislature established a law that created seven mandatory public health districts. In Southwest District Health (III), the counties designated were Adams, Canyon, Gem, Owyhee, Payette, and Washington. The director of the State Department of Health and Welfare was designated fiscal officer for the various districts.

1976 – Legislative intent was expressed that the health districts are not State agencies, and that they be recognized as authorized governmental entities.

1986 – Idaho Code was amended to allow district health departments to promulgate rules and regulations without the State Board of Health's approval.

1993 – The legislature clarified the need for district health departments to use the Idaho Administrative Procedures Act for fees and rules.

2007 – Legislation changing Idaho Code, Section 39-412 to reflect a change in the compensation of Board members, to reference Idaho Code, Section 59-509(I)

2007 – Legislation changing Idaho Code, Section 39-411 composition of Districts' Boards of Health to allow those Districts comprised of eight counties to consist of not less than eight members and no more than nine members.

2008 – Legislation changing Idaho Code, Section 39-414 to change the language "For purposes of this chapter, a Public Health District is not a subdivision of the state and is considered an independent body corporate and politic, in terms of negotiating long term debt financing."

PURPOSE

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

STATUTORY AUTHORITY

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

ORGANIZATION

The District is supervised by a six-member board appointed by the county commissioners of the counties served, plus one physician member, as allowed by Idaho Code, Section 39-411. Board members serve staggered five-year terms, and are reimbursed $75 per working day plus all necessary travel expenses. The board appoints a director to administer and manage day-to-day activities of the District. Physicians and pharmacists provide medical consulting services to the District.

The District is organized into four major sections:

1. Administration – Provides day-to-day managerial guidance for the District.

2. General Support – Provides budget, accounting, billing/collections, accounts payable, building management, as well as administrative, personnel, purchasing, and information technology support for all divisions, sections, and satellite facilities throughout the District.

3. Clinic Services – Provides services such as family planning, immunization, tuberculosis services, sexually transmitted disease (STD) treatment, HIV/AIDS testing, communicable disease treatment and control. This division also provides nutrition assessment health and education services to residents and agencies throughout the District, including the administration of the Women, Infants, and Children (WIC) nutrition program.

4. Environmental and Community Health – Provides solid waste management services, food protection through inspection and licensing of food handling establishments, day care facility inspections, testing, certification and licensing of septic system installers and pumpers, review of subdivision engineering reports, drinking well water testing, and public health preparedness programs. This division also provides risk reduction education and awareness programs such as tobacco cessation, cancer education, diabetes, and physical activity/nutrition programs.

The District's central offices and clinics are located in Caldwell. Additionally, four satellite clinics are located in Emmett, Homedale, Payette, and Weiser. An organizational chart is attached.

STAFFING

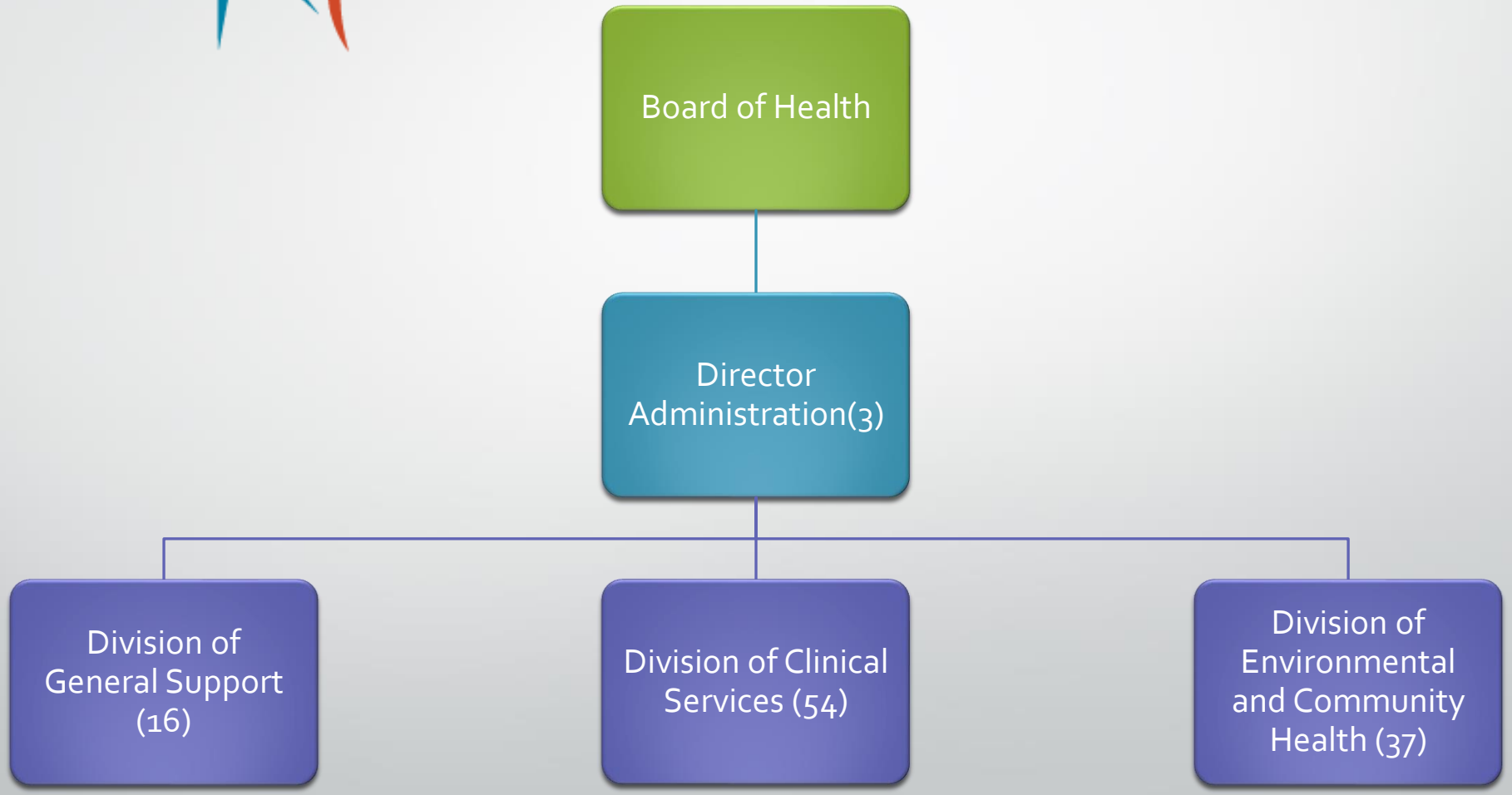
At the end of fiscal year 2020, the District had 81 classified employees, 4 exempt employees, and 25 non-classified employees, for a total of 110 employees.

FUNDING

Financing for the District comes from State General Fund appropriations; county contributions; contracts from federal, State, and private vendors; fees for providing client services; the sale of septic system permits; mortgage survey services; subdivision plan reviews; and food facility inspections. Also, some revenue is generated from donations. The amount included in the District's General Fund appropriation request is determined by Idaho Code, Section 39-425. The legislature sets the District's General Fund appropriation, with can be more or less than the amount requested.

The District also receives funds from contracts with the Idaho Department of Health and Welfare, Idaho Department of Environmental Quality, cities, other governmental agencies, as well as fees for public health services, environmental inspections, and licensing.

SOUTHWEST DISTRICT HEALTH



The numbers indicated in each division reflect the number of people on staff, not FTEs.

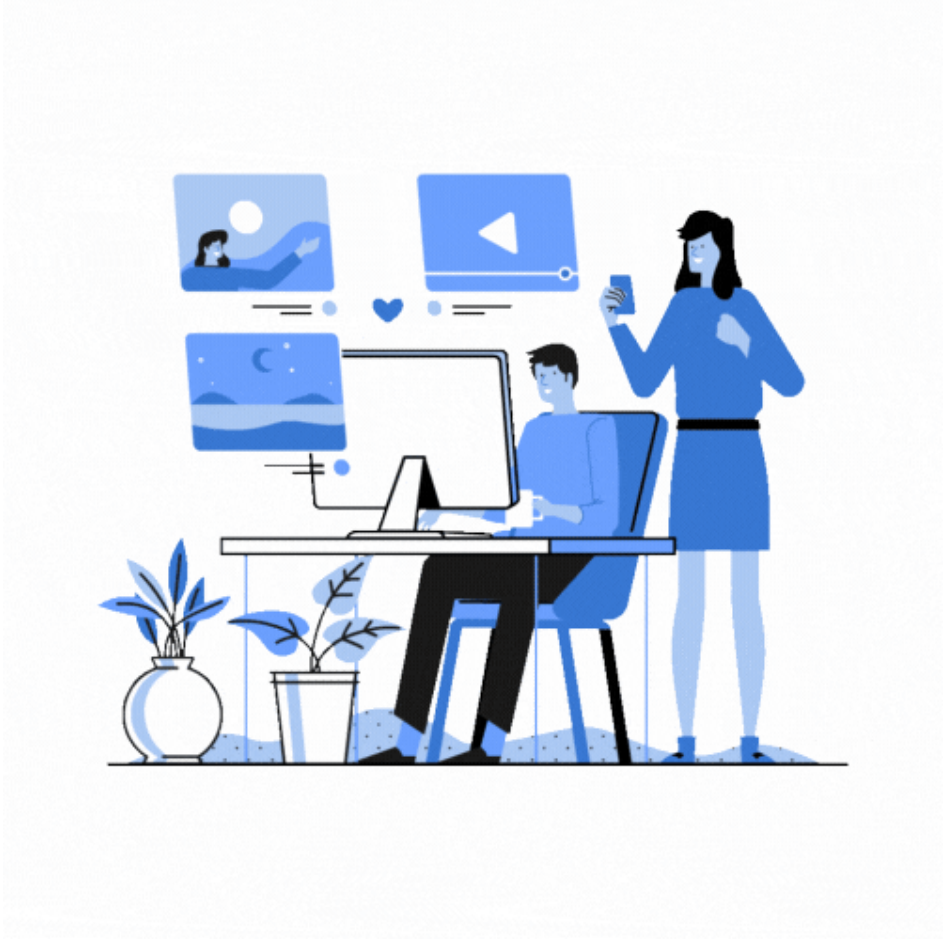
SOUTHWEST DISTRICT HEALTH

Quarterly Media Report

Ashley Anderson

Public Information Officer

Introduction



- Intended goals: Increase the public situational awareness of public health topics relevant to Southwest Idaho. Provide education utilizing evidence-based methods, practices, and resources to inform the public in the counties that Southwest District Health serves. Increase public awareness of Southwest District Health services, programs, and general good health promotion.
- Overall strategy: Identify public health trends, develop content, share content, and utilize existing resources for sharing timely and relevant information externally.
- Summary of tactics: Master the Art of Social Storytelling, Fine-Tune Facebook Presence, Repurpose Our Best Content, Social Media Audit, Utilization SWDH Branding Guide.
- Success metrics: Increased post reach, increased impressions, increased followers, increased engagement with followers.

Data Snapshot – 28 Days in Review

Facebook

People Reached	Engagement
2.2 k	377
3.9 k	322

Twitter

Impressions	Engagement Rate
41.1 K	0.8%
16.7 k	0.4%

Takeaways

- *What happened?* There was a marked increase in public engagement with SWDH across social media platforms.
- *Why did it happen?* Since a COVID-19 vaccines have become more readily available and the majority of individuals that made the choice to get vaccinated have already done so. This led to less engagement on COVID-19 and COVID-19 vaccine content. Although other public health topics and messaging continue to be posted and have gotten increased traffic and engagement.
- *How do we know why it happened?* Social media and web analytics has informed the 'why' and the increase in traffic. Overall, interest in public health messaging has returned to the usual pace/public interest as the District returns to usual public health messaging topics.
- *What did we learn from it?* The SWDH website and social media accounts would benefit from a social media audit and exploring alternative media and messaging to engage audiences as COVID-19 becomes of less interest to the public.

Overall Learnings

1. Educating the public about COVID-19 as well as other relevant public health topics, Southwest District Health as an organization, District 3 activities, and general health topics should continue to be a priority for the PIO team. Social media messaging utilizing a mixture of static media, videos, and live streams are integral in informing the public about the organization and public health topics relevant to the communities SWDH serve.

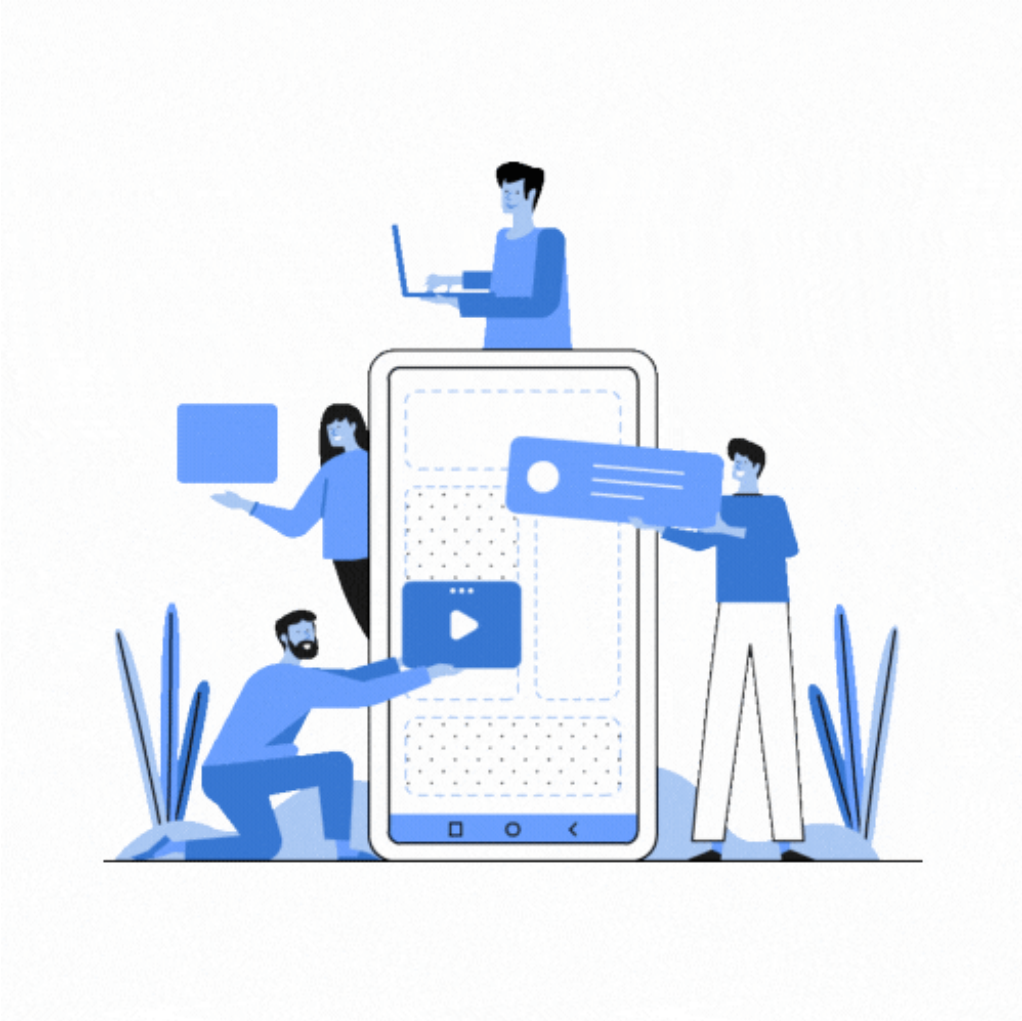
2. Expanding messaging and social media presence on Twitter and more traditional media identified as a priority to continue to spread messaging to a larger audience.

Action Item

We will focus on Facebook, YouTube, swdh.org, Twitter, and Instagram platforms to drive brand awareness. We will focus on digital assets and traditional media to share programs, relevant public health topics, and services SWDH offers such as radio and newspapers.

Connect with us

- SWDH.org
- Facebook.com/southwestdistricthealth
- Twitter.com/swdhidaho
- Instagram.com/swdhidaho
- Youtube.com/southwestdistricthealth



SOUTHWEST DISTRICT HEALTH

Solid Waste Program Overview

Mitch Kiester, Program Manager
Jaime Aanensen, Division Administrator
July 27, 2021

Public Health Impact ?

Municipal vs. Non-Municipal

Can be defined as where it ends up!

- Municipal - final resting place
- Non-Municipal - still in transport

Municipal Landfills

- Municipal Solid Waste Landfills (MSWLF) – Specifically designed to receive household waste, as well as other types of nonhazardous wastes

- In our health district:
  - Subtitle D landfills
    - State and local governments conduct primary planning, regulation, and implementation for the management of nonhazardous solid waste, such as household garbage and nonhazardous industrial solid waste

Municipal Landfills (PHD3)

- Pickles Butte (Canyon County) – 1,394 acres
- Goodrich (Adams County) – 137 acres with 40 acres permitted
- Clay Peak (Payette County) – 1,300 acres
- Bruneau Grandview/Rimrock (Owyhee County) – (closed)

Non-Municipal

Transfer Station: A facility or portion thereof where solid wastes are transferred from a vehicle or container and subsequently transported off-site to another facility. ***A transfer station does not include an authorized rural drop-box or other facilities where persons are authorized to store individual waste for ultimate collection and disposal***, or any other facility that stores solid waste generated at the facility for collection and disposal off-site. A transfer station shall include waste tire collection sites as defined in Section 39-6501, Idaho Code.

Construction and Demolition: "Construction/demolition waste" means the waste building materials, packaging and rubble resulting from construction, remodeling, repair and demolition operations on pavements, houses, commercial buildings and other structures. Such waste includes, but is not limited to, bricks, concrete, other masonry materials, soil, rock, lumber, road spoils, rebar, paving materials and tree stumps. Noninert wastes and asbestos wastes are not considered to be demolition waste.

Rural Drop Box: DEQ has always understood the term “rural drop box” to refer to solid waste collection sites historically-used by county residents, established for the convenience of the county to minimize collection service road miles.

Transfer Stations (PHD3)

- Adams County
  - New Meadows
- Gem County
  - Jackass Gulch
  - Montour
  - Ola
- Canyon County
  - Vision Recycling (private and under review for O&M approval)
- Washington
  - Washington County Midvale/Cambridge
- Owyhee County
  - Homedale
  - Opaline
  - Republic Service (private)

Construction & Demolition Sites

- Canyon County
  - Lake Lowell (City of Nampa use only for road sweepings)
- Gem County
  - Jackass Gulch
- Payette County
  - Clay Peak

Rural Drop Box

- Owyhee County
  - Rimrock
  - Murphy
  - Indian Cove
  - Grandview
  - Oreana
  - Bruneau
  - Three Creek (not included in original fee formula from 2019)

Solid Waste Laws

- 40 CFR 258 (Federal Government)

- 39-7401. LEGISLATIVE FINDINGS AND PURPOSES. (1) The legislature finds: (a) That adverse public health and environmental impacts can result from the improper land disposal of solid waste and that the need for establishing safe sites with adequate capacity for the disposal of solid waste is a matter of statewide concern and necessity. (IDAHO SOLID WASTE FACILITIES ACT)

Municipal – Solid Waste

- Chapter 4, Title 39, Idaho Code, vests the health districts with the primary responsibility for the review of solid waste facility operations plans and the enforcement of solid waste management operations

Once a Year Inspection?

- Depends on if violations are identified
  - DEFICIENCY or RECOMMENDATIONS
- Types of solid waste complaints
  - Open dumping, hoarding, tires, recreational vehicles (RVs)
- Municipal facilities must recertify their operations plans every three years
  - Most of these recertifications include some changes to the existing plans that must be approved
- Trainings through DEQ
- Nuisance complaints

Open Dumping Approach – DEQ & SWDH

INVESTIGATION: Experienced investigators, established procedures, and resources

VIOLATION: Failure to obtain appropriate site authorization prior to disposal of solid waste (*IDAPA 58.01.06 Solid Waste Management Rules)*

OUTCOME: Cleanup requirements, fines, and legal prosecution to force respondent to act

Public health districts may refer cases to DEQ for enforcement and may directly address matters involving human pathogenic potential

SOUTHWEST DISTRICT HEALTH


03/05/2015


03/05/2015


03/05/2015


We Don't
Accept
Tires On
Wheels


We Don't
Accept
Tires On
Wheels


COUNTRY CRU

Open Dumping Approach – County/Municipal

INVESTIGATION: Experience varies, procedures may not be established, sometimes limited resources

VIOLATION: Nuisance law, ordinances…

- 31-4410 Illegal disposal criminal misdemeanor, abatement and 3x civil damages
- 50-310 Hazardous materials
- 50-317 Removal of…Rubbish
- 50-334 Abatement of Nuisances

OUTCOME: Abatement, fines, legal prosecution for reimbursement

Solid Waste Fee Calculation

BOH Approved on 5-21-19

Year	District Dollars Spent On Solid Waste Program
FY 2016	$21,497.00
FY 2017	$26,987.00
FY 2018	$15,310.00
3 year average	$21,265.00

Denominator

A	B	C	D	E	F	G	H	I
Number of Samples	Number of Facilities	AXB	Risk Factor by Tiers	CXD	Total Annual Cost	Risk Cost F/E	Risk Category	GXH
0.29	21	6.1	1	6.1			1	$ 487.00
0.43	21	9	2	18			2	$ 974.00
0.12	21	2.9	3	8.7			3	$1,461.00
0.12	21	2.9	4	11.6			4	$1,948.00
Total		21		44.4	$21,625	$ 487.00		

Numerator

J	K	
Number of Facilities by Tier	Revenue IXJ	
6	$2,922	Tier 1, Rural Drop Box
9	$8,766	Tier 2, Transfer Station
3	$4,383	Tier 3, Construction and Demolition Landfill
3	$5,844	Tier 4, Municipal Landfill
Total 21	Total $21,915	

Solid Waste Fee Calculation

BOH Approval on 5-21-19

Operator	Number of Facilities by Tier	Total Cost
Adams County	T4 @1, T2 @1	$2,922.00
Canyon County	T4 @1	$1,984.00
Gem County	T3 @1, T2 @ 3	$4,383.00
Owyhee County	T2 @ 2, T1 @ 6	$4,870.00
Payette County	T4 @1, T3 @ 1	$3,409.00
Washington County	T2 @ 2	$1,948.00
City of Nampa	T3 @ 1	$1,461.00
West Towns Disposal	T2 @ 1	$974.00
Total	21	$21,915.00

Key Points

- More to the solid waste fee than an annual inspection
- Opportunity for better, quicker outcomes through DEQ (state-level), SWDH, and local collaboration

Future Fees:
What Should Be Included In Solid Waste Fees?

Inspections-only charge?

versus

Nuisance complaints? Review of O&M manual?
Training? Collaboration with DEQ? Reinspection?

2021 PUBLIC MEETING NOTICE

Amended

July 27, 2021

Southwest District Health
Nikole Zogg, Director
13307 Miami Lane
Caldwell, ID 83607

The Southwest District Health Board of Health will hold their monthly Board Meetings on the following dates at 9:00 a.m., unless otherwise noted, at Southwest District Health, 13307 Miami Lane, Caldwell, Idaho.

Tuesday, January 26, 2021*	Tuesday, July 27, 2021
Tuesday, February 23, 2021*	Tuesday, August 24, 2021
Tuesday, March 16, 2021*	Tuesday, September 28, 2021**
Tuesday, April 27, 2021	Tuesday, October 26, 2021
Tuesday, May 18, 2021	Tuesday, November 16, 2021
Thursday, June 17, 2021	Tuesday, December 14, 2021*

This public notice satisfies the notice of meeting requirements in Idaho Code 74-204(1), Open Meeting Law. This document is posted in the principal office of Southwest District Health where the Board of Health meetings are held.

If you have any questions, please contact Nikole Zogg at 208-455-5317.

* These meetings will be held from 10:00 a.m. to 1:00 p.m. to allow for winter driving conditions.

**September meeting date amended to avoid conflict with Idaho Association of Counties Fall Conference.

IDAHO BEHAVIORAL HEALTH COUNCIL

2021 – 2024 STRATEGIC ACTION PLAN

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LETTER FROM THE CO-CHAIRS

On behalf of the Idaho Behavioral Health Council (IBHC), we are pleased to present to you the 2021 – 2024 Strategic Action Plan. With representation from all three branches of state government, as well as community partners, IBHC was tasked with developing and implementing a strategic plan designed to improve access to Idaho's behavioral health resources and provide better outcomes for those who need services.

It is our vision that adults, children, youth, and their families who live with mental illness and addiction receive the behavioral healthcare services they need when they need them. We believe if this vision is realized people in Idaho will have a better quality of life, reduced risk of involvement with the criminal justice system, and make our communities healthier, safer places to live.

Over the last year we have worked across many sectors and agencies to identify a list of recommendations and action items that will serve as a major step towards creating a more organized system. This collaboration will address the growing challenges being faced by individuals with mental illness and/or addiction. We aim to use our precious resources in the most effective, efficient way possible, by maximizing our collaboration and utilizing industry best practices.

The IBHC strategic action plan includes an inventory of current resources including funding directed toward behavioral health, a plan to leverage state and national best practices, and focus on a consumer driven approach to design a cost efficient, coordinated system that more efficiently maximizes the resources to care for people with behavioral health conditions in Idaho.

It is with great excitement and gratitude that we share the 2021 – 2024 IBHC strategic action plan.

Sara Omundson
Administrative Director of the Courts

Dave Jeppesen
Director of Idaho Department of Health & Welfare

ACKNOWLEDGEMENTS

We would like to thank members and supporters of IBHC's development of the 2021 – 2024 Strategic Action Plan. We would also like to specially acknowledge the Advisory Board and Workgroup members who generously provided their time and expertise for this initiative.

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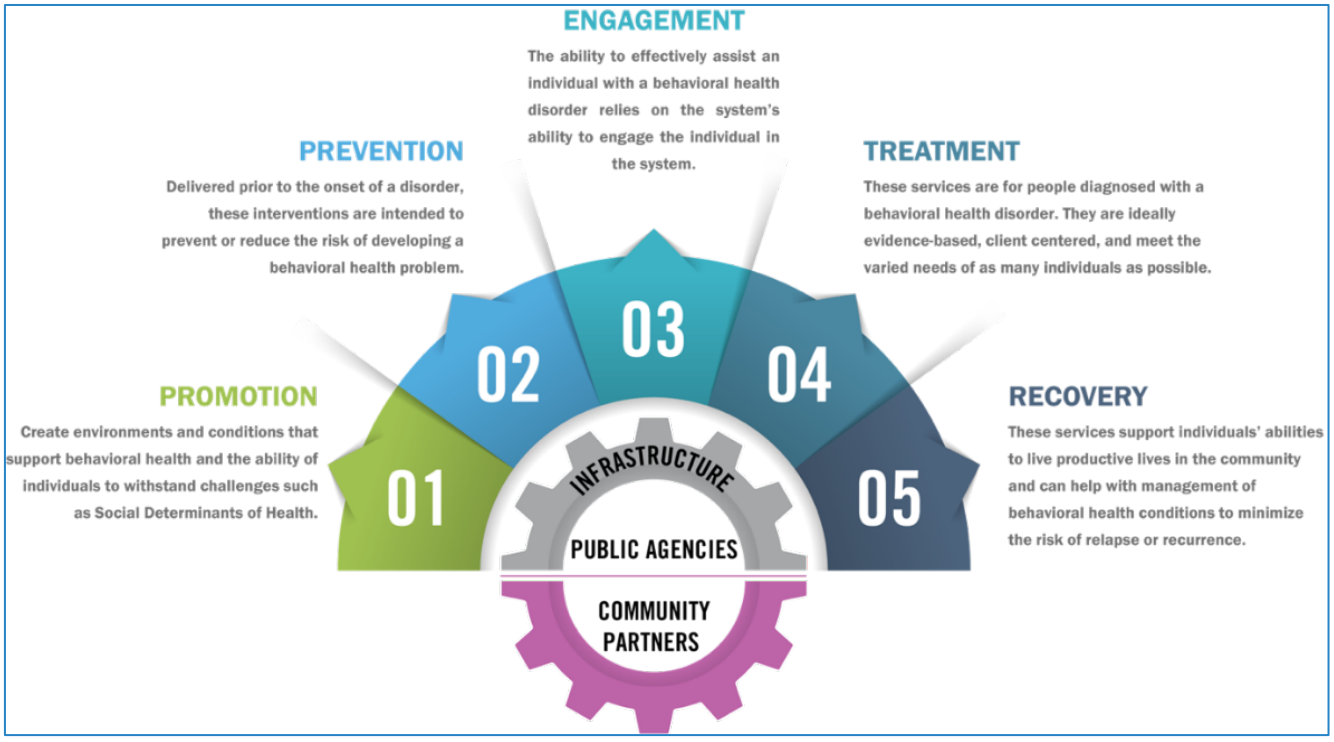
EXECUTIVE SUMMARY

Idaho has many silos in our behavioral health system and significant treatment service access challenges. Lack of access to effective behavioral healthcare has an impact on the corrections system, the judicial system, hospitals, schools, and communities, leading to challenges such as a growing prison population, overdose deaths, and a very high suicide rate just to name a few. There are also a number of strengths and opportunities that reside in many levels of the system where effective care options are occurring.

Idaho's Behavioral Health Framework

Visualizing the steps of the behavioral health system rested on five key focus areas: promotion, prevention, engagement, treatment and recovery. Each of these steps are interconnected in providing comprehensive support to those in need of services. While each area appears in sequential order, IBHC discussed key onramps and off ramps utilized on the journey of care. This framework became the guiding focus in recommendation development.



Strategic Action Plan

The following recommendations have been selected by IBHC as key priority focus for the next three years. Each of these has been prioritized based on impact, effectiveness, and efficiency.

RECOMMENDATION	SPONSOR	TIMELINE
Infrastructure #2 Develop and implement a comprehensive workforce plan to increase licensed and/or certified behavioral health professionals across the full continuum of service care throughout the lifespan in Idaho.	Idaho Department of Health & Welfare	December 31, 2021
Treatment #3 Improve Idaho civil commitment process and procedures by proposing amendments to the Mental Health Act to incorporate the action items.	Idaho Supreme Court, Idaho Department of Health & Welfare, and Commissioner Mendenhall	December 31, 2021
Treatment #7 Develop and implement a crisis response system model for youth. Strengthen and broaden a crisis response system model for adults based on community capacity.	Idaho Department of Health & Welfare	December 31, 2022
Infrastructure #8 Explore piloting a Certified Community Behavioral Health Clinics model.	Idaho Department of Health & Welfare	June 30, 2023
Promotion #4 Conduct Sequential Intercept Model (SIM) Workshops in local communities across Idaho to improve local collaboration between the behavioral health and criminal justice systems and to identify opportunities to improve the local behavioral health system and the criminal justice process.	Idaho Supreme Court	June 30, 2023
Engagement #4 Review and draft or amend statutes and rules to promote earlier engagement of justice involved individuals with behavioral health treatment needs.	Idaho Supreme Court and Idaho Department of Correction	June 30, 2023
Recovery #3 Identify services to support long term recovery for individuals in Idaho.	Idaho Department of Health & Welfare	June 30, 2023
Recovery #5 Identify opportunities to enhance protective factors and promote long-term resiliency in children and youth who have experienced trauma.	Idaho Department of Juvenile Corrections and Idaho State Department of Education	June 30, 2023
Treatment #1 Increase residential treatment options for youth to receive appropriate level of care based on their needs with a preference for services within Idaho.	Idaho Department of Juvenile Corrections and Idaho Department of Health & Welfare	June 30, 2024

GUIDING PRINCIPLES

As the Idaho Behavioral Health Council moves toward its next phase of implementation, the recommendation and action items in the plan will be organized under multiple organizations and projects. To achieve consistency, all project leads/teams are asked to adhere to the following set of guiding principles:

1) Consumer and Family Voice:
   Because the voices of consumers of services and their families are crucial to proper implementation of the Idaho Behavioral Health Council's strategic action plan, **we commit to include** them as indispensable partners in program design, implementation, and evaluation.

2) Cross-System Collaboration:
   We commit to utilize an inclusive and collaborative approach in the implementation of behavioral health strategic action plan.

3) Promote Evidence and Best Practices:
   We commit to using known effective practices through the design and implementation of the strategic action plan, including best practices for funding services and supports.

4) Recovery and Resiliency Oriented:
   We commit to designing a system that focuses on the lifelong process of improving wellness and strives to assist consumers and families in reaching their full potential.

5) Equitable Access:
   We commit to implementing a system with equal access for all Idahoans regardless of race, ethnicity, gender, socioeconomic status, or sexual orientation. We commit to observing all rights as defined in the Americans with Disabilities Act (ADA).

6) Financially Sustainable:
   We commit to designing and implementing a behavioral health system that is effective, efficient, and financially sustainable.

7) Quality, Accountability, and Outcomes:
   We commit to transparent and continuous evaluation of quality and outcome measures in all programs and services to achieve the best possible outcomes for Idahoans and to achieve effective/efficient use of public dollars.

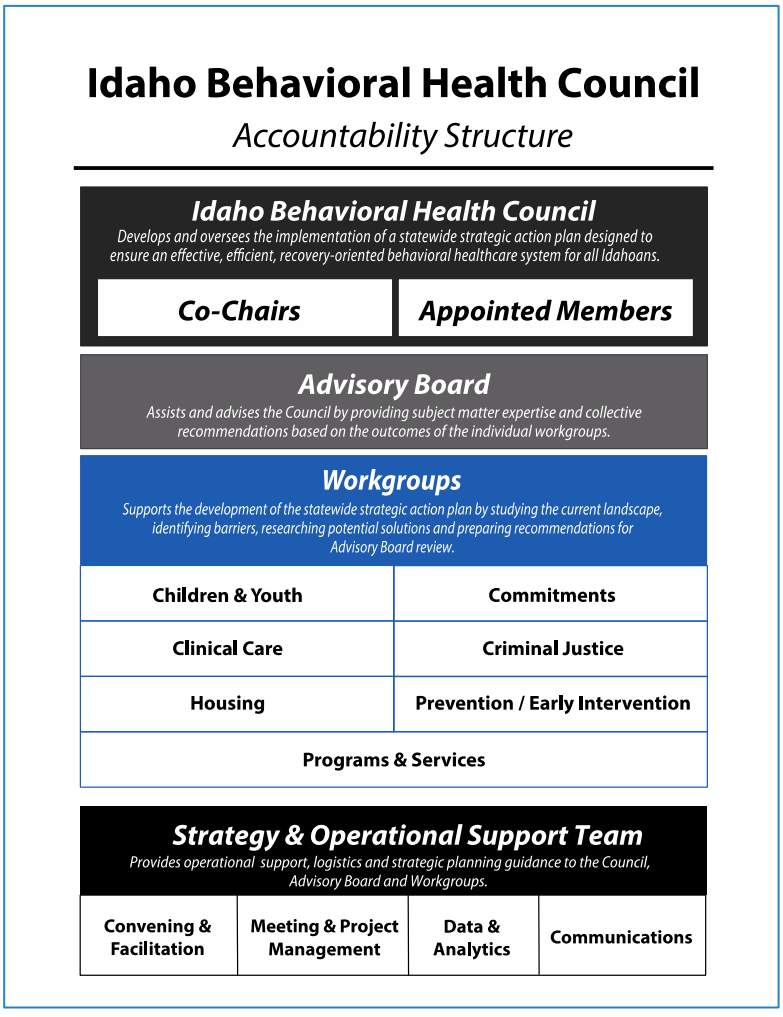
STRATEGIC PLANNING PROCESS & APPROACH

The official kickoff for strategic planning under IBHC began in August 2020 and was completed on June 29, 2021. The Idaho Behavioral Health Council has adopted the recommendations as reflected in bold lettering in this strategic action plan. In addition, under each recommendation adopted appears a list of proposed workgroup action items. During implementation, the council supports the consideration of the proposed action items as possible mechanisms to achieve the adopted recommendations.

The following sections provide context to the methodology used to develop the recommendations and suggested action items.

IBHC Accountability Structure

A clear accountability structure was developed to help ensure clear roles and responsibilities. The graphic below visualizes and describes the roles of each team in drafting recommendations and suggested action items.



Phases to Guide Action Plan Development

The planning process was divided into four key phases to guide the development of the action plan. The work started with taking a system view to determine the parameters and focus areas of behavioral health in Idaho. The second phase was led by the Advisory Board and Workgroups through Systems & Landscape Analysis. The tasks centered on application of a human-centered lens by understanding the experiences of people living with behavioral health challenges. Personas were developed and mapped along the journey to receive services. IBHC then moved into system visioning by defining potential solutions needed to improve service delivery and alignment. This included research into existing models (locally and nationally) as well as evidence-based successes.

SYSTEMS VIEW	SYSTEM & LANDSCAPE ANALYSIS	SYSTEM VISIONING	MODEL RESEARCH
Determine the parameters and focus areas of the behavioral health system.	Persona and journey mapping to understand current reality, limitations, barriers, and opportunities.	Defining potential solutions and what we need / desire for Idaho Behavioral Health.	Research potential solutions / better practices.

Defining the Behavioral Health System

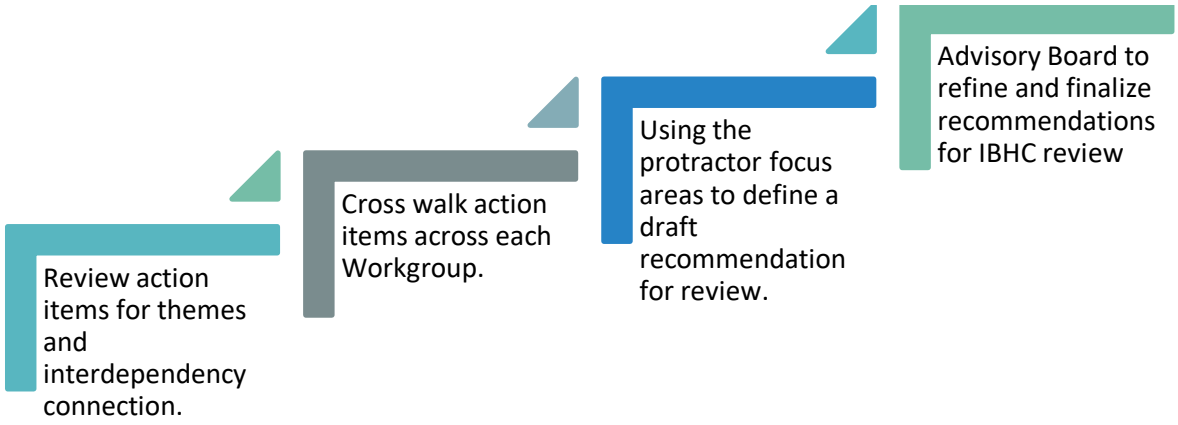
For purposes of developing the three-year strategic action plan, the Idaho Behavioral Health System is defined as publicly funded programs and services as well as collaborations with private entities in the areas of Mental Health and Substance Use Disorder. Our focus will be on programming and policy to drive best practices with a goal to ensure people in Idaho have a better quality of life, reduced risk of involvement with the criminal justice system, healthier communities and safer places to live.

MENTAL HEALTH	MENTAL ILLNESS	SUBSTANCE USE DISORDER
Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.	A syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning.	A problematic pattern of using alcohol or another substance that results in impairment in daily life or noticeable distress.

Recommendation Development Methodology

Workgroups developed a set of 100+ suggested action items that included a rationale and starting list of steps needed to ensure completion. The Advisory Board then refined and prioritized those action items and created a set of recommendations using consensus-based voting.

Note: Many action items span across multiple sections of the protractor. When building recommendations, action items were placed in the system focus area where they are first are relevant.



Structuring the Recommendations

Each of the recommendations and proposed action items were categorized into one of four areas of type to ensure there was clear understanding in how the implementation would be approached.

PROGRAMS	PROJECTS	POLICIES	PARTNERSHIPS
Established and ongoing activities that support community behavioral health.	Time bound activities that help improve community behavioral health.	Statutes, IDAPA rules, regulations, and practices & procedures.	Community / Public Agency partners that are subject matter experts in the area of behavioral health.

Prioritization of Recommendations

Council prioritized each of the draft set of recommendations using categories of effort, impact, effectiveness and efficiency.

EFFORT	IMPACT
Consideration of required investment of time and resources to achieve success of the recommendation.	The ability to positively influence or effect changes to unfavorable circumstances to achieve the intended outcome at a systems level.

EFFECTIVENESS	EFFICIENCY
The degree to which the recommendation has the capability to be successful in producing the desired result of improvement to Idaho's behavioral health system.	Working in a well-organized and competent way while achieving maximum productivity with minimum wasted effort or expense across public agencies.

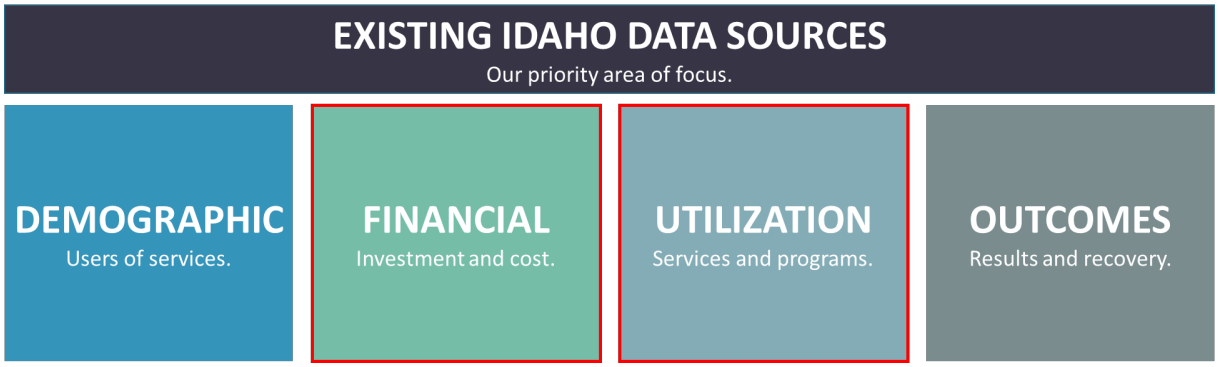
Identifying Public Agency Sponsors

During prioritization, public agencies will select which recommendations to sponsor during implementation.

IDENTIFY THE SPONSOR	SELECT PILOT ACTION ITEMS
The sponsor is the entity that has primary responsibility to lead the program, partnership, policy, or project resulting from the recommendations. The sponsor will oversee the implementation team, set direction & priorities, refine and challenge recommendations for improvement, and removes barriers to progress in achieving outcomes for success.	Review the action items under each recommendation to select the most relevant and feasible to explore during implementation.

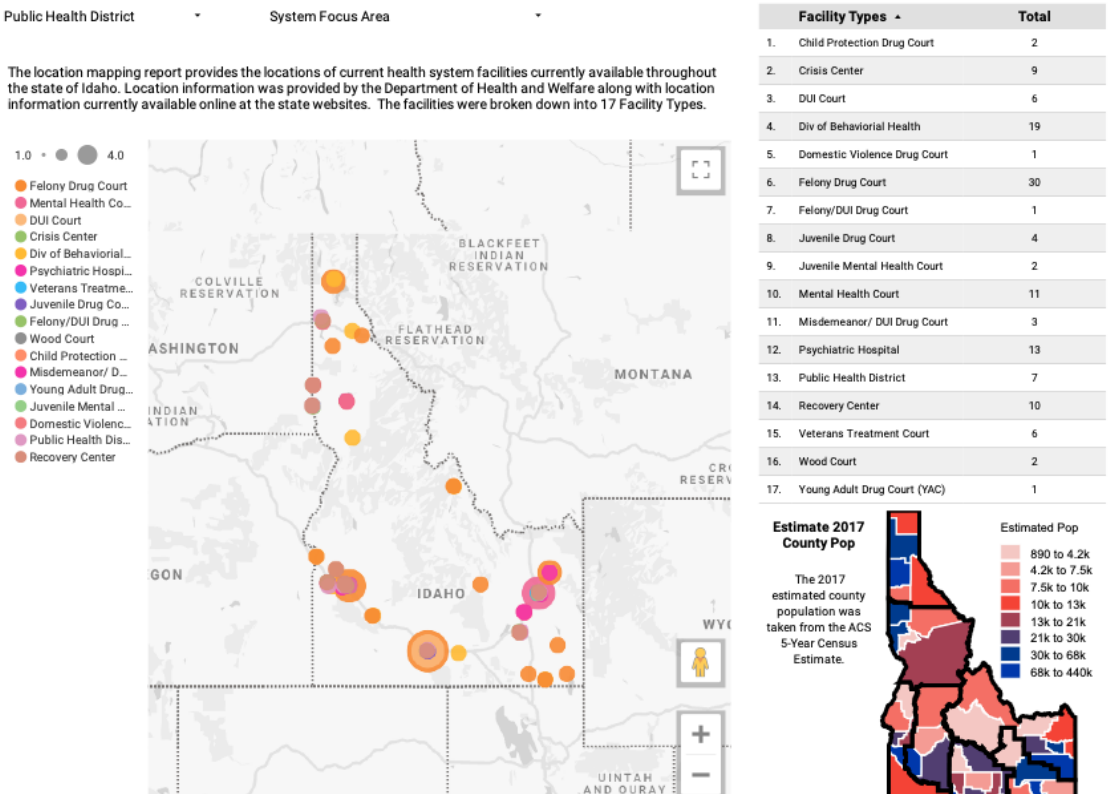
IDAHO BEHAVIORAL HEALTH SNAPSHOT DATA

One of the key tasks of IBHC was to define a plan that includes an inventory of current resources including funding directed toward behavioral health. The data below is a snapshot of available information across a variety of public agencies. The intention was to understand what is available, where gaps are and design a path that allows improved data collection and sharing. The information below is what was discovered and correlated to existing information about behavioral health in Idaho.



Mapping the Behavioral Health System

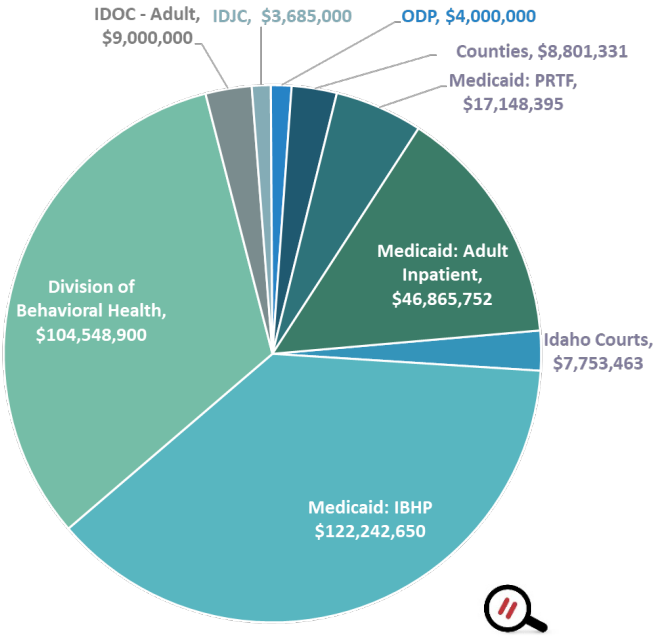
The graphic below is a screenshot of an interactive tool developed to showcase public agency resources across the state. The IBHC Location Map can be found in the following link: https://datastudio.google.com/u/0/reporting/ec26a36c-ea11-4077-91b7-4459e56c4e00/page/p1ysB



Behavioral Health Expenditures Financial Snapshot

The following data was collected from public agencies.

PUBLIC AGENCY	AMOUNT
Medicaid – Idaho Behavioral Health Plan	$122,242,650
Medicaid – Children inpatient (PRTF)	$17,148,395
Medicaid – Adult Inpatient Psychiatric Hospitalization	$46,865,752
Division of Behavioral Health	$104,548,900
Counties	$8,801,331
Idaho Courts	$7,753,463
Idaho Department of Correction (IDOC)	$9,000,000*
Office of Drug Policy (ODP)	$4,000,000*
Idaho Department of Juvenile Corrections (IDJC)	$3,685,000
TOTAL	**$324,045,491**



There are more associated and indirect costs not captured.

Division of Behavioral Health

Financials and utilization for the division. Utilization information for children and adult services.

By Division	FTP	General	Total
Behavioral Health			
Adult Mental Health	209.56	27,590,700	32,274,000
Children's Mental Health	97.67	8,350,200	14,457,500
Substance Abuse	16	500,000	13,064,200
Community Hospitalization		1,069,000	1,069,000
State Hospital South	286.25	11,351,300	30,672,600
State Hospital North	107.1	8,282,700	10,047,000
State Hospital West	50.33	2,964,600	2,964,600
Total Behavioral Health	**766.91**	**$60,108,500**	**$104,548,900**

Division of Behavioral Health Adult Mental Health Services

	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Adults Served	14,358	13,122	13,056	11,750
Supportive Services (meds, housing and employment)	2,107	2,107	2,020	1,737
Assertive Community Treatment	573	585	575	511
Co-occurring Services	2,114	2,097	1,997	1,482

Children receiving mental health services from the Division of Behavioral Health

	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Total Children Served	2,332	3,097	3,743	3,300
Court-ordered 20-511A	509	466	473	373
Parenting with Love and Limits	188	159	166	144
Case Management	1,360	1,292	1,085	810
Alternate Care	52	47	23	19

State Hospital Data

Utilization information for psychiatric, adolescent, and skilled nursing services.

State Hospital North

SHN adult inpatient psychiatric services

	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Adults Patient Days	17,644	16,115	16,407	18,493
Admissions	206	278	263	261
Avg Daily Census	48	44	45	51
Occupancy rate	81%	74%	75%	84%
Median Length of Stay (Days)	55	42	48	51
30-Day Readmission Rate	1.5%	< 1%	< 1%	1.9%
180-Day Readmission Rate	6.3%	7.2%	8.3%	6.9%
Cost Per Patient Day	$558	$ 619	$ 619	$ 557

State Hospital South

SHS adult inpatient psychiatric services

	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Adults Patient Days	27,734	28,753	28,521	29,080
Admissions	582	575	576	639
Avg Daily Census	76	78.8	78.1	79.5
Median Length of Stay (Days)	34	35	39	35
Daily Occupancy Rate	84.4%	87.5%	86.8%	88.3%
30-Day Readmission Rate	1.55%	1.57%	.89%	1.9%
180-Day Readmission Rate	9.97%	13.04%	11.6%	13.8%
Cost per Patient Day	$636	$612	$622	$630

Adolescent unit

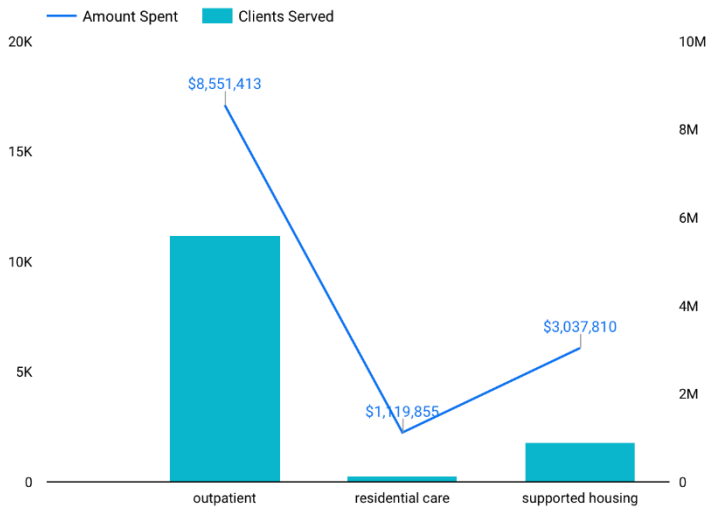
	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Patient Days	3,997	4,088	4,289	4,273
Admissions	116	124	112	93
Occupancy Rate	68.4%	70.0%	73.4%	73.0%
Median Length of Stay (Days)	29	31	33	38
30-Day Readmission Rate	0%	0%	0%	1.1%
180-Day Readmission Rate	7.8%	5.6%	7.1%	6.5%
Cost per Patient Day	$848	$837	$785	$816

Syringa Skilled Nursing

	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Patient Days	9,989	10,294	10,345	10,276
Admissions	16	8	5	10
Occupancy Rate	94.4%	97.3%	97.7%	96.8%
Cost per Patient Day	$623	$604	$612	$621

Substance Use Data

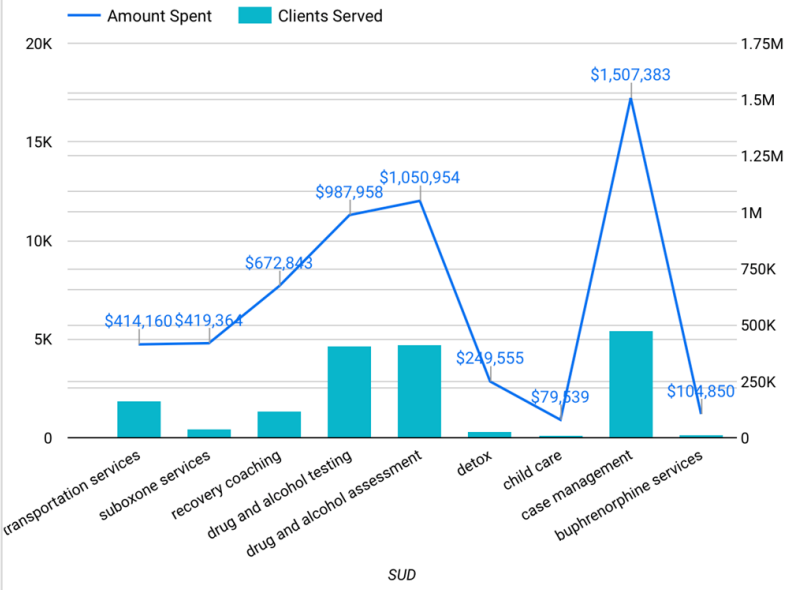
SUD SERVICES
3 Year Total



SUD	SFY	Clients Served	Amount Spent
outpatient	SFY2018	4,726	$3,800,892
	SFY2019	2,641	$2,297,289
	SFY2020	3,797	$2,453,232
residential care	SFY2018	130	$487,962
	SFY2019	60	$218,574
	SFY2020	98	$413,319
supported housing	SFY2018	684	$959,792
	SFY2019	439	$701,042
	SFY2020	673	$1,376,976

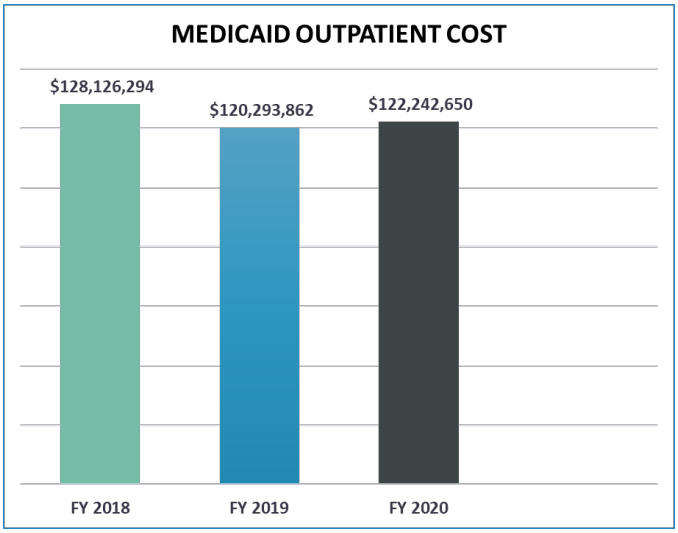
Note: Relating to Outpatient - Client numbers served may be duplicated as a client may receive individual and group therapy during the same episode of care; does not include education or services that include the family.

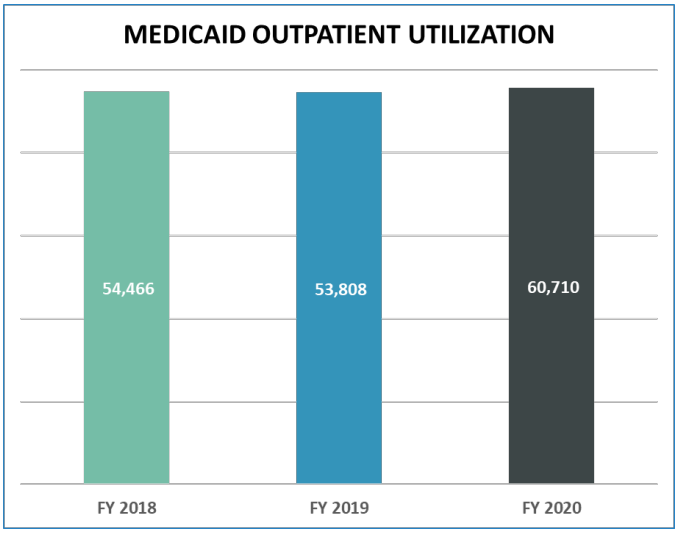
ADDITIONAL SUD SERVICES TO CONSIDER FOR INCLUSION
3 Year Total



SUD	SFY	Clients Served	Amount Spent
buphrenorphine services	SFY2018	45	$31,434
	SFY2019	42	$21,979
	SFY2020	72	$51,437
case management	SFY2018	1,705	$691,530
	SFY2019	2,193	$373,996
	SFY2020	1,517	$441,857
child care	SFY2018	39	$38,212
	SFY2019	26	$21,157
	SFY2020	42	$20,170
detox	SFY2018	85	$74,617
	SFY2019	104	$82,235
	SFY2020	117	$92,703
drug and alcohol assessment	SFY2018	1,776	$421,916
	SFY2019	1,357	$266,315
	SFY2020	1,570	$362,723
drug and alcohol testing	SFY2018	1,776	$421,916
	SFY2019	1,357	$266,315
	SFY2020	1,510	$299,727
recovery coaching	SFY2018	577	$343,742
	SFY2019	340	$166,557
	SFY2020	414	$162,544
suboxone services	SFY2018	88	$93,558
	SFY2019	146	$159,875
	SFY2020	212	$165,931
transportation services	SFY2018	826	$213,422
	SFY2019	515	$103,938
	SFY2020	543	$96,800

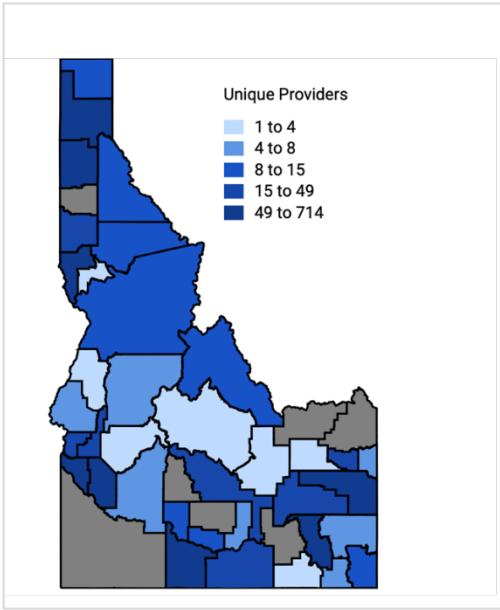
Idaho Medicaid Data

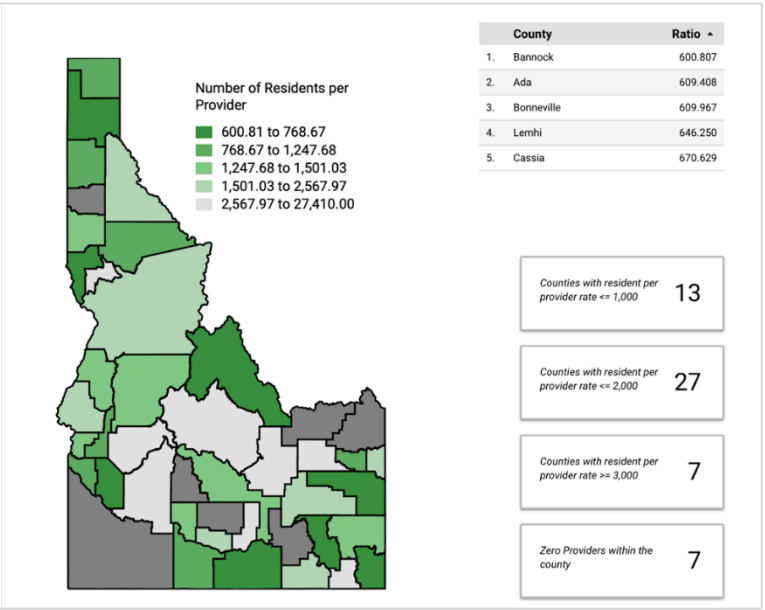




Optum Provider Density

The county graphs below provide a breakdown of the number of unique providers identified per county. The green map displays number of residents per provider per county. The Demographic and housing estimates 2013-2017 American Community Survey 5-Year Estimates was utilized for resident reference. The providers information is strictly based on an Optum September 2020 provider report.

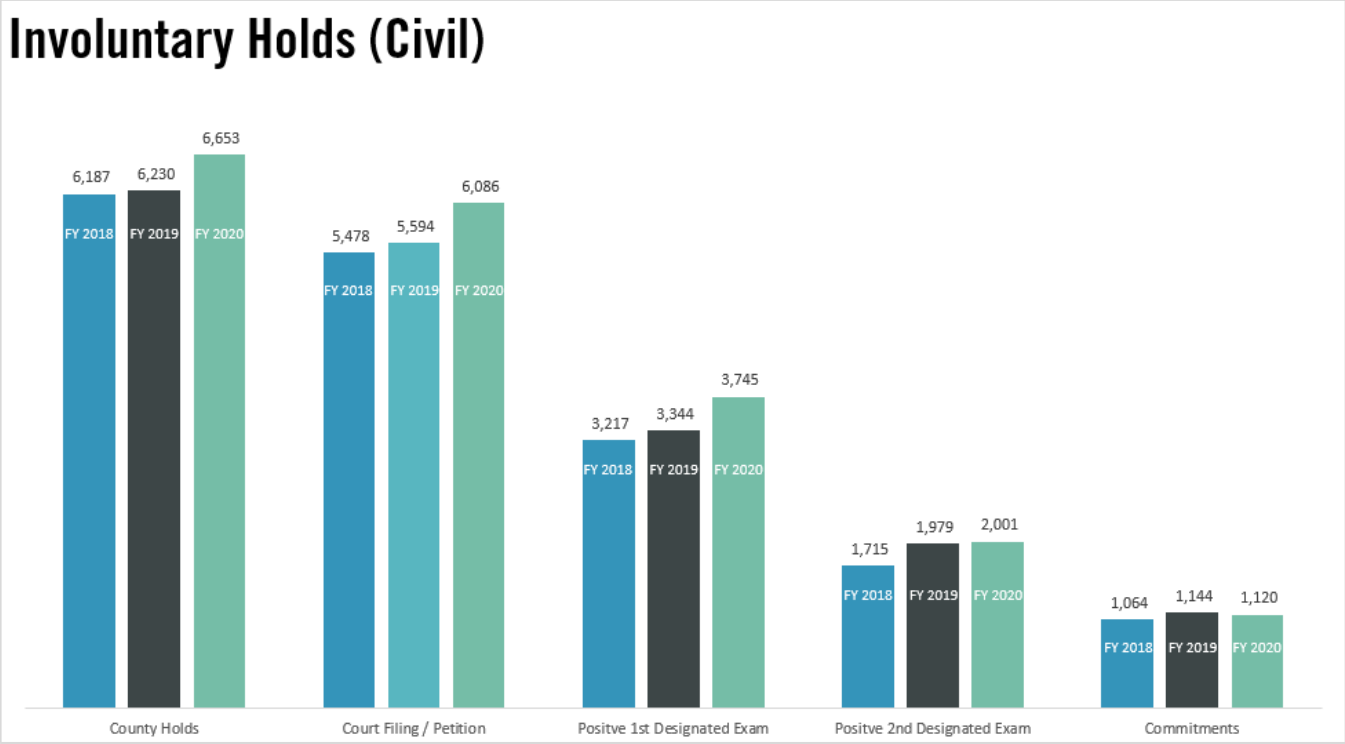




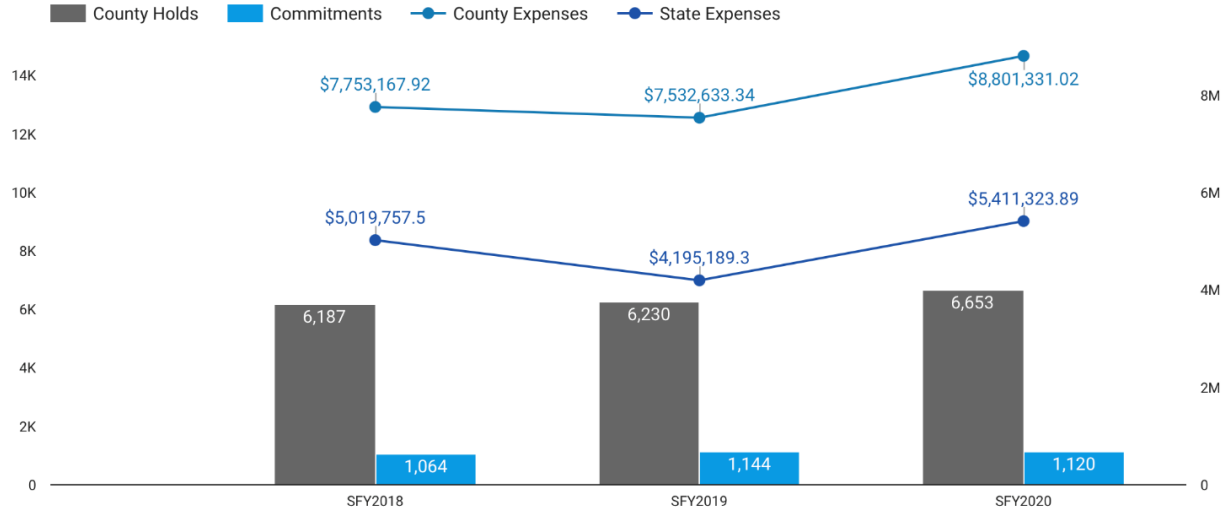
Involuntary Path Data

Civil involuntary path follows the following process.

The charts below provide a count at each stage for three fiscal years.



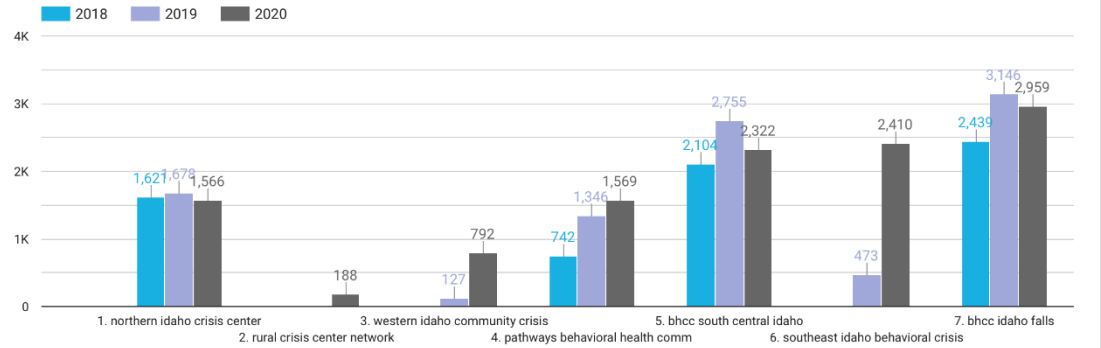
The chart and table below provide county and commitment breakdown along with expenses. Court petition / filing costs was not captured.



SFY	County Holds	County Expenses	Commitments	State Expenses
SFY2018	6,187	$7,753,167.92	1,064	$5,019,757.5
SFY2019	6,230	$7,532,633.34	1,144	$4,195,189.3
SFY2020	6,653	$8,801,331.02	1,120	$5,411,323.89

Crisis Center Intake Data

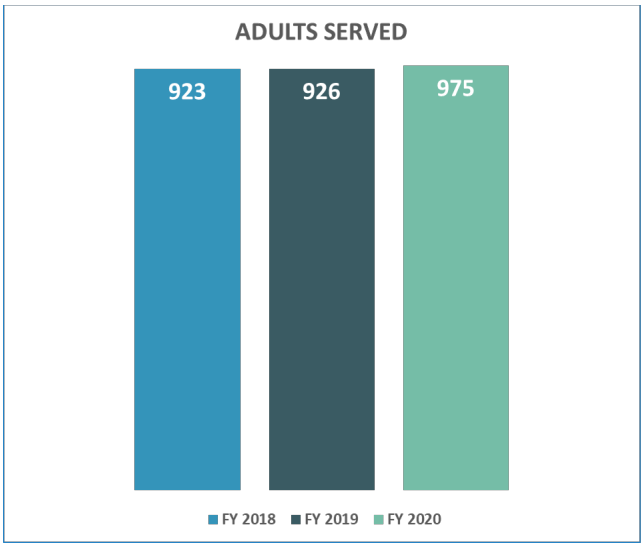
Idaho is currently comprised of seven crisis centers. The chart and table below provide a breakdown for three fiscal years.

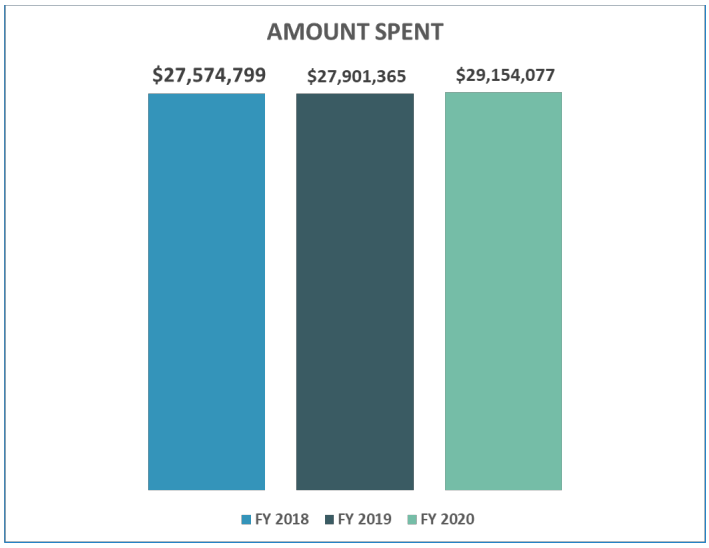


	Fiscal Year / Value		
Field	2018	2019	2020
crisis center visits	6,906	9,525	11,806
mental health and substance use	3,517	5,478	6,491
clients served (unduplicated)	2,819	3,772	4,705
mental health only	2,255	2,630	3,424
substance use only	587	784	1,171
no significant mental health or substanc...	149	283	256
inadequate information	193	164	233

State Hospital Utilization Data

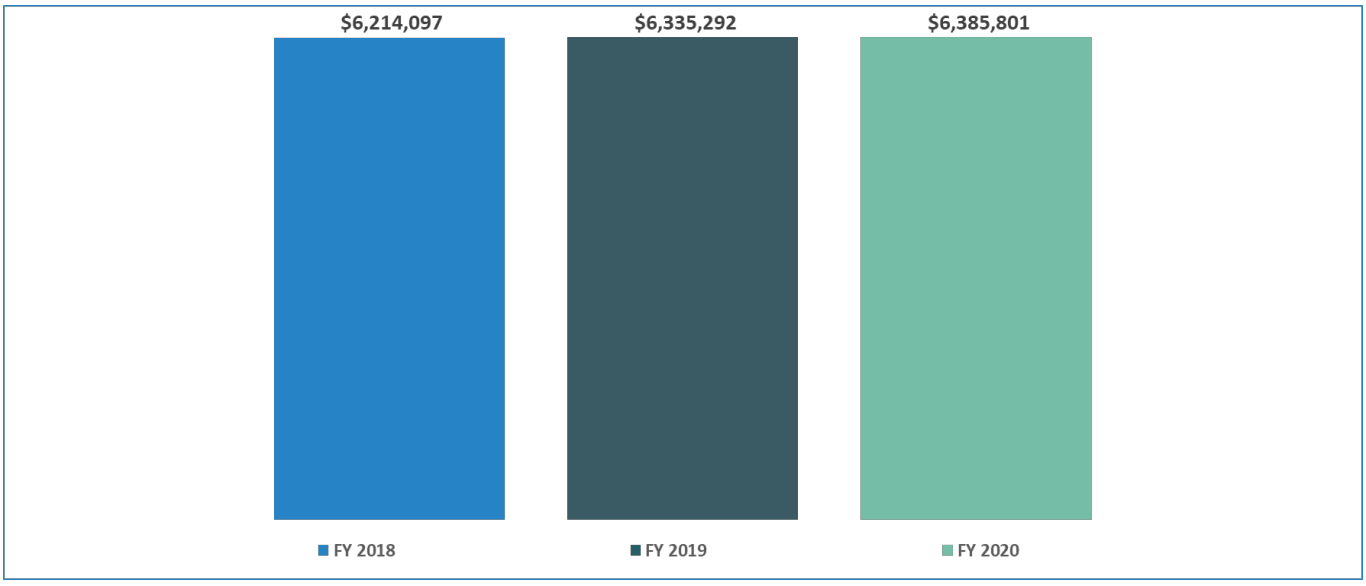
Data is relating to two psychiatric hospitals, State Hospital North and State Hospital South, for people who have been court-ordered into the state's custody. A new adolescent psychiatric treatment hospital, State Hospital West, opened in Spring 2021 in Nampa.





Syringa Nursing Home

Psychiatric skilled nursing facility operated by State Hospital South. The chart below provides the amount spent on clients served in state hospital for three fiscal years. The costs include indirect services.



Idaho Supreme Court

The data and charts below were provided by the Idaho Supreme Court to showcase financial information and utilization of services.

Competency Evaluations Ordered in FY2020

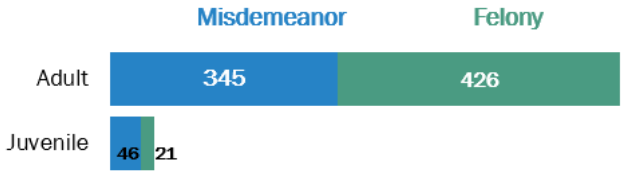
Financial information not available. May not include all competency evaluations.

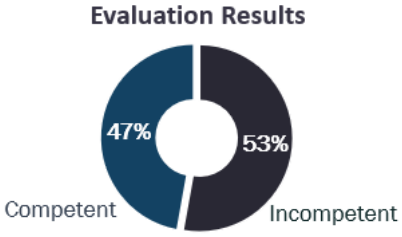
CRIMINAL & JUVENILE CASES FILED

	Misdemeanor	Felony
Adult	49,525	12,889
Juvenile	3,989	944

838 competency evaluations were ordered among the 67,347 adult criminal and juvenile cases filed in FY2020. Approximately 53% resulted in a finding of incompetency.

COMPETENCY EVALUATIONS ORDERED*

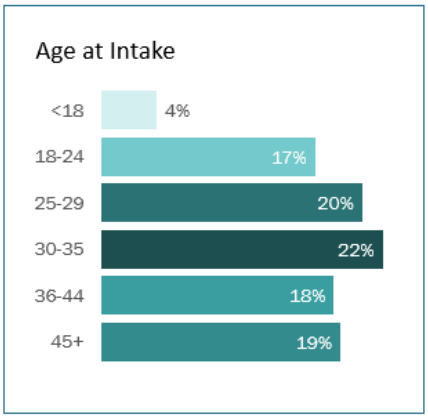


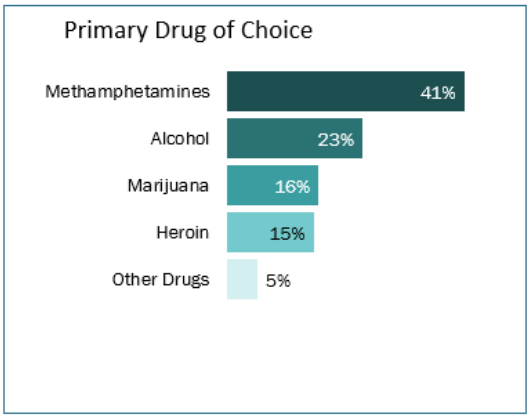


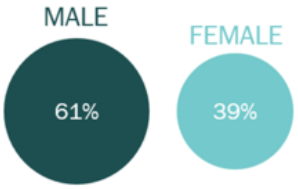
Treatment Courts: Participants Served

	FY2016	FY2017	FY2018	FY2019	FY2020
Felony Drug Court	1,339	1,416	1,444	1,391	1,263
Mental Health Court	420	411	427	398	379
DUI Court	283	273	309	265	224
Veterans Treatment Court	135	151	173	188	170
Misdemeanor/DUI Court	175	181	159	124	102
Juvenile Drug Court	105	99	89	91	73
Child Protection Drug Court	80	54	60	53	72
Young Adult Court	89	69	73	60	61
Juvenile Mental Health Court	45	45	38	35	40
Domestic Violence Drug Court	52	45	37	37	30
Total	2,723	2,744	2,809	2,642	2,414

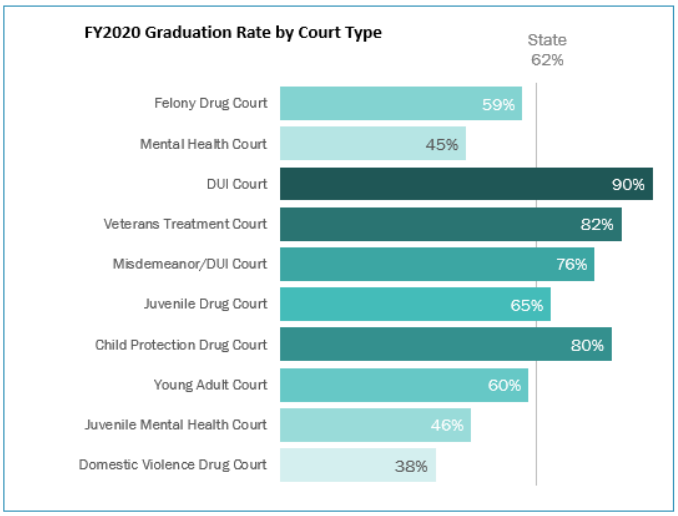
Treatment Courts: FY2020 Demographics

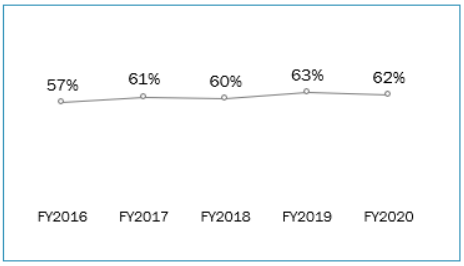






Treatment Court: Graduation Rates

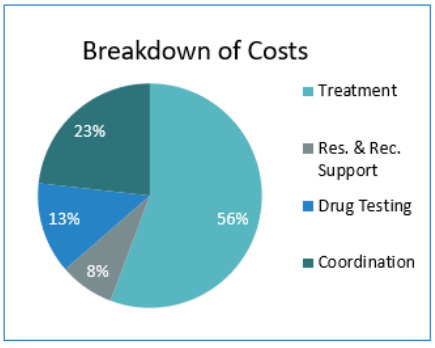




FY2016-FY2020 Graduation Rates

Treatment Court ISC Costs: FY2020

Testing and coordination costs reflect Supreme Court costs only; they do not include costs to the counties. Some drug testing is covered by participant fees. Treatment costs do not include costs borne by IDHW to deliver ACT services to MHC participants.

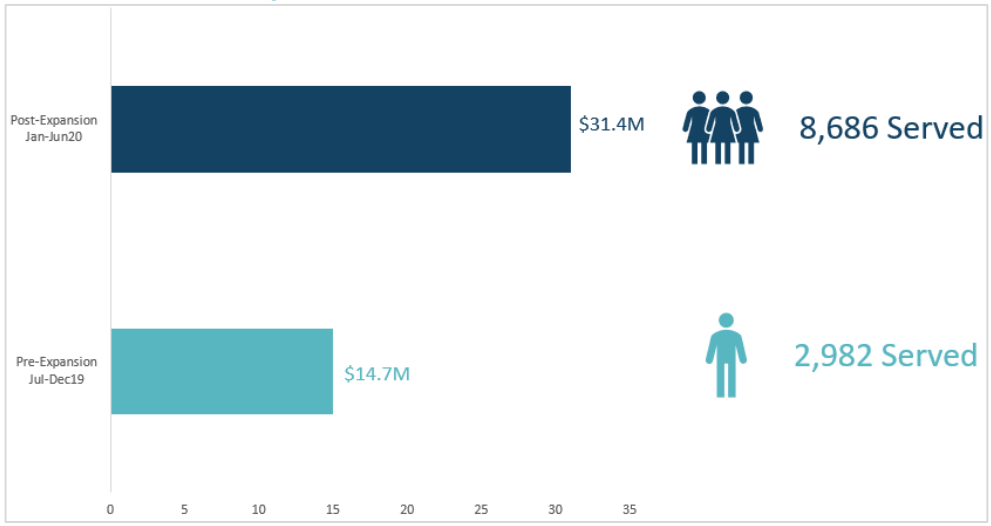


	Treatment	RRSS	Drug Testing	Coordination	Total
District 1	$423,304	$26,116	$119,000	$213,127	$781,547
District 2	$251,583	$13,355	$76,300	$214,209	$555,447
District 3	$438,956	$29,913	$113,400	$226,525	$808,794
District 4	$1,181,707	$78,865	$235,200	$297,054	$1,792,827
District 5	$458,335	$58,561	$108,500	$283,822	$909,219
District 6	$451,433	$219,583	$108,500	$214,215	$993,732
District 7	$1,114,943	$185,998	$259,700	$351,257	$1,911,898
Statewide	$4,320,260	$612,392	$1,020,600	$1,800,211	$7,753,463

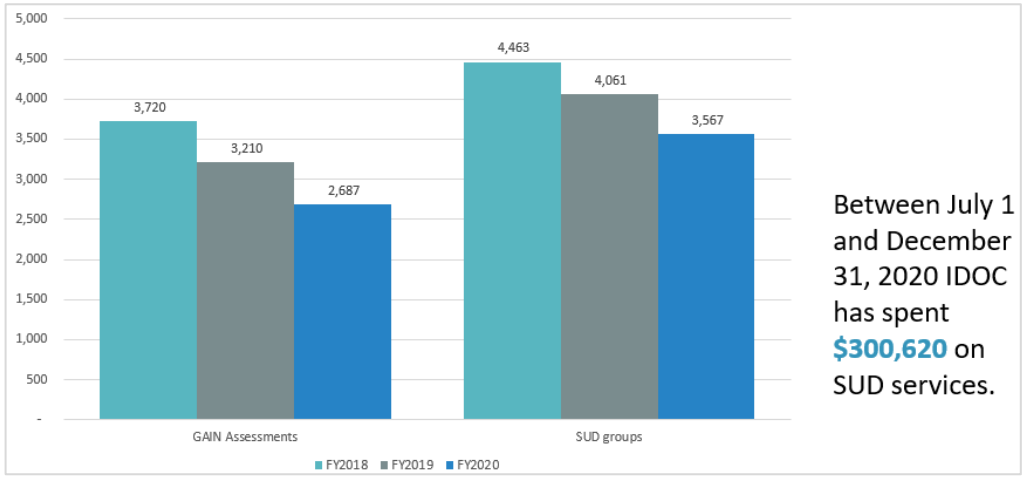
Idaho Department of Correction

The data and charts below were provided by Idaho Department of Correction to showcase financial information and utilization of services.

IDOC – Medicaid Expansion



IDOC – Adult Substance Use Disorder Services for People on Probation & Parole



Between July 1 and December 31, 2020 IDOC has spent **$300,620** on SUD services.

IDOC – Behavioral Health Services in Prisons

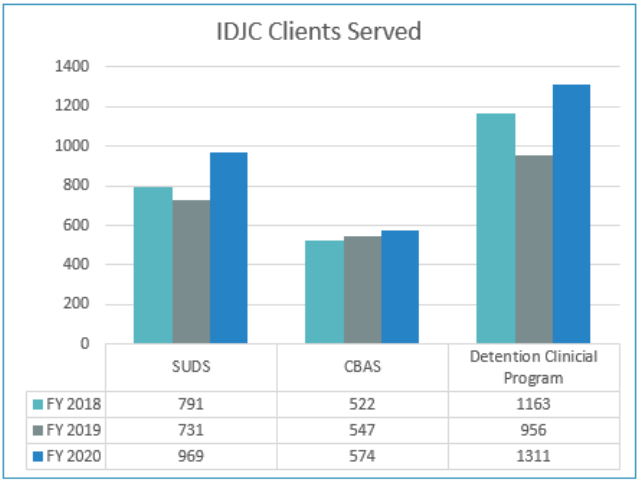
- 3,325 people on psychotropic meds
- 48% of in-state population

- Behavioral Health Unit (ISCI): 227 average daily census
- Acute Behavioral Health Unit (IMSI): 72 average daily census, which includes Idaho Secure Medical Program residents

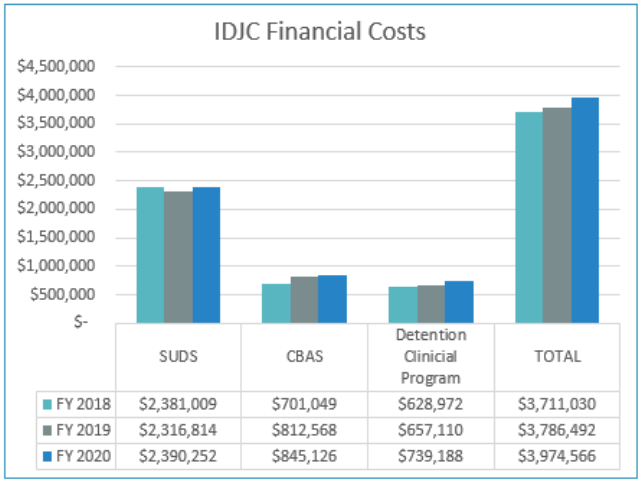
- $1,485,276 spent on psychotropic medications between Jan-Nov 2020
- Estimated MH staffing costs are about $4M annually

Idaho Department of Juvenile Corrections (IDJC)

The charts below were provided by the Idaho Department of Juvenile Corrections to showcase financial information and utilization of services.



	SUDS	CBAS	Detention Clinicial Program
FY 2018	791	522	1163
FY 2019	731	547	956
FY 2020	969	574	1311



	SUDS	CBAS	Detention Clinicial Program	TOTAL
FY 2018	$2,381,009	$701,049	$628,972	$3,711,030
FY 2019	$2,316,814	$812,568	$657,110	$3,786,492
FY 2020	$2,390,252	$845,126	$739,188	$3,974,566

Data Source List

Below are sources that were referenced to provide the snapshots for this report.

- American Community Survey (ACS). "ACS DEMOGRAPHIC AND HOUSING ESTIMATES 2013-2017 American Community Survey 5-Year Estimates." https://www.census.gov/programs-surveys/acs.
- Behavioral Health Offices. Idaho Dept. of Health and Welfare, 2020. Find a Service Location, https://healthandwelfare.idaho.gov/offices?location.
- DBH Community Hospitalization Expenses SFY18, 19, 20. Data source DU 2.0 SFY18, SFY19, and SFY20.
- Facts and Figures 2021. Idaho Dept. of Health and Welfare, 2021. (Unpublished) Report.
- Idaho Behavioral Health Services. Idaho Dept. of Health and Welfare, 2020. XFT DE WITS Data.
- Idaho Problem-Solving Courts Judges & Coordinators List. Idaho Treatment Courts, 2020. Idaho-Txc-Coordinators-Judges_Dec 2020.xlsx.
- Mental Health Hold Expenditures. Dept. of Health and Welfare, 2020. 7Yr Hold Costs - Mental Health Hold Expenditures.xlsx.
- Optum. Optum Medicaid Provider Roster. Optum, 2020. OR54ProviderRoster_Sep2020.xlsx.
- 66-326/329 Records by Fiscal Year. Dept. of Health and Welfare, 2020. FY18-19-20 Holds and Commitments.xlsx.
- Statewide Crisis Centers. Idaho Dept. of Health and Welfare, 2020. Locations, https://healthandwelfare.idaho.gov/services-programs/behavioral-health/statewide-crisis-centers.
- SUD Dashboard. Idaho Dept. of Health and Welfare, 2020. IBHC Data Collection_RLW vs SUD Dashboard.

ADVISORY BOARD RECOMMENDATIONS

The detailed tables on the following pages are the full sets of recommendations and proposed workgroup action items prepared for IBHC by the Advisory Board. This list is of utmost importance to the Council and we aim to keep each of these in our purview.

INFRASTRUCTURE The foundation needed to build the behavioral health system.	
	RECOMMENDATION & PROPOSED WORKGROUP ACTION ITEMS
1	**Continue to evaluate the capacity of Idaho's public behavioral health system necessary to meet the needs of Idahoans and develop a strategy to implement a comprehensive system of care to organize these services efficiently.** • Adequately fund the full continuum of care for behavioral health based on the gaps identified in the rational and intention section. Research and implement with the DHW, third party insurances, managed services contractors, private businesses and all other funding sources. • Increase care coordination capacity and availability of flexible funding to ensure Serious Emotional Disturbed youth are supported by child and family teams. • Expand the use of co-located service for specific populations in need, including children and shelter populations. This should include the expansion of co-located behavioral health services in K-12 schools. • Increase mental health care for pregnant women in general and specifically for those with SUD. • Establish Sobering Centers. • Ensure access to intensive outpatient services across the lifecycle for those in need. • Provide a higher level of behavioral health support as kids and families transition to a post-Covid reality. • Ensure the Mental Health Court program is successfully transitioned from the Department of Health and Welfare. Develop plan to transition treatment for mental health court participants from Idaho Department of Health and Welfare Assertive Community Treatment (ACT) teams to the private provider network.
2	**Develop and implement a comprehensive workforce plan to increase licensed and/or certified behavioral health professionals across the full continuum of service care throughout the lifespan in Idaho.** • Provide incentives to students who attend career tech or higher education institutions for behavioral health or related fields and commit to working in Idaho for a fixed time or period. • Enhance educational and training programs at Idaho educational institutions to train behavioral health providers. • Explore options under current requirements for providers that promotes further workforce development, while preserving oversight. • Explore building an infrastructure to support and secure the professionalization and adequate compensation for the paraprofessional workforce of peer support specialists, and certified recovery coaches, and certified peer recovery coaches, and peer and family support specialists. • Increase state funding for therapists in the college setting. • Develop prevention and treatment resources with professional development for youth with problematic sexual risk factors, including sexting, pornography, etc. • Increase the use of paraprofessionals. • Increase workforce capacity to address rural and frontier county needs for behavioral health professionals. • Assess fees and licensing costs for the therapy professions to make sure they are not a barrier to practice. • Create a task force for well-being for those in the mental and behavioral health professions. • Create phone consult line for child and adolescent, as well as adult psychiatry for pediatricians, EDs and other primary points of entry. • Expand loan repayment to bring more people into out areas. • Increase residency positions for both psychiatry and primary care, as well as provide additional psychiatric training opportunities for primary care residents.

3	**Enhance individualized care coordination among different systems involved in patient and/or client care.** • Identify, develop, and implement a client connect system that will allow for secure and safe communication between clients and providers at crisis centers, hospitals, community providers, peer specialist and recovery coaches, and recovery centers. • Develop a short- and long-term funding strategy for Idaho to implement that reimburses for coordination and communication services for providers. • Establish a regional multi-system collaboration/resource sharing model (utilizing YES Interagency Governance Team membership as a guide).
4	**Implement mental health parity policies and reform provider reimbursement to broaden reimbursable care for mental health and substance use disorders and develop a plan to pay based on key performance indicators.** • Recommendation that the reimbursement matrix for Substance Use Disorder and Mental Health services are equivalent to have a robust workforce to meet the needs of our behavioral health clients and families. • Identify funds or grants for providers that are willing to demonstrate high quality services are provided in the most rural and frontier areas. • Identify funds or grants for incentives or reimbursement rates for those able to demonstrate quality services. • Enforce mental health parity laws
5	**Verify the Telehealth Task Force plan for reimbursement and technology improvements beyond the federal emergency act expiration date in order to maintain or improve the current level of service delivery via virtual care.** • Advocating for the continuation of federal regulations indicated under the HIPAA. • Increase infrastructure for telehealth, telepsychiatry, and teletherapy. • Link to Telehealth Task Force Report, Recommendations and Action Plan: **https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=7824&dbid=0&repo=PUBLIC-DOCUMENTS&cr=1**

6	**Identify and implement a governance structure and methods for sharing critical data across public, private, and nonprofit entities to facilitate care coordination.**
	• Assess existing laws to identify and address barriers to data sharing.
	• Catalog data gathered and stored by participating entities to identify opportunities for reducing redundancies and to define the authoritative data set for the system.
	• Develop MOU for data sharing between participating entities.
	• Review existing data sharing practices between entities to identify gaps and expand on current efforts.
	• Address known gaps, starting with:
	  • Data sharing between Children's Mental Health and Child Welfare programs regarding adoptions
	  • Data sharing between Children's Mental Health and Development Disability programs.

7	**Identify existing or develop a new centralized data platform from multiple sources for purposes of reporting performance indicators and other aggregate level data to inform behavioral health policy and practice.** • Explore the availability and use of CJIDS Data to Develop Policies and Programs. (ITS) • Explore the value and feasibility of incorporating ICANS and other existing data platforms. • Develop and implement data standards to ensure common definitions and usage as well as accurate and consistent reporting. • Implement data quality management processes to ensure data are valid.
8	**Explore piloting a Certified Community Behavioral Health Clinics model.** https://www.thenationalcouncil.org/ccbhc-success-center/ccbhcta-overview/

PROMOTION Create environments and conditions that support behavioral health and the ability of individuals to withstand challenges such as Social Determinants of Health.	
RECOMMENDATION & PROPOSED WORKGROUP ACTION ITEMS	
1	**Develop and implement outreach & marketing strategy to increase awareness of publicly and privately funded programs & services.** • Develop outreach & marketing plan for public to increase awareness of publicly funded programs & services. • Look into developing an app to provide access to services available to the community.
2	**Develop and implement statewide outreach & marketing strategy to increase community awareness and education on behavioral health to reduce mental health and substance use disorder stigma.** • Develop focused marketing towards initial contact providers to increase awareness of programs & services. • Provide training to a variety of fields including k-12 and higher education, social service, legal/judicial, and recreation. This training will include trauma informed services approaches that recognize the impact of childhood trauma and positive childhood experiences (PCE) on both childhood and adult mental health. • Provide training in K-12 and higher education facilities aimed to reduce stigma.
3	**Increase accessibility of behavioral health educational resources in Idaho schools based on local needs.** • DHW and consumers to work with the Office of the Idaho State Board of Education to develop education plan for K-12+ that assessed and addresses gaps in current educational content.
4	**Conduct Sequential Intercept Model (SIM) Workshops in local communities across Idaho to improve local collaboration between the behavioral health and criminal justice systems and to identify opportunities to improve the local behavioral health system and the criminal justice process.** • Plan and conduct Sequential Intercept Model (SIM) Workshops in local communities. • Identify ongoing funding or personnel to conduct SIM Workshops. • Develop local support and identify key local stakeholders to participate in the SIM Workshops. • Support the implementation of priorities developed by local stakeholders to improve the local behavioral health and criminal justice systems. Note: The Sequential Intercept Model (SIM) Workshops examine how individuals with mental and substance abuse disorders interact with the local behavioral health and criminal justice systems and assists local stakeholders in developing a strategic action plan to improve the behavioral health and criminal justice systems. https://www.samhsa.gov/criminal-juvenile-justice/sim-overview

PREVENTION Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem.	
	RECOMMENDATION & PROPOSED WORKGROUP ACTION ITEMS
1	**Expand the collection of Adverse Childhood Experiences (ACEs) and Positive Childhood Experiences (PCEs) data, to increase utilization, reporting and public awareness.** • Review existing Idaho data on ACEs and resilience, and work with Department of Health and Welfare and Department of Education to identify gaps and collect additional data utilizing the CDC sponsored Behavioral Risk Factors surveillance system. • Ensure education and outreach on Adverse Childhood Experiences includes content about the importance of Positive Childhood Experiences as a tool for mitigating impacts. • Engage providers in collecting ACEs data and data of Positive Childhood Experiences for children. • Provide a report on Idaho ACEs data on a biannual basis for community partners to use.
2	**Collaborate across DHW Divisions and Idaho Department of Juvenile Corrections to expand behavioral health services to youth residing in out-of-home placements, in foster care, and adoptive family homes.** • Extension of Foster Care Benefits. • Provide post-adoption support.
3	**Prioritize that Safe and Drug Free Schools (SDFS) funding supports at a minimum, substance use prevention efforts for schools to secure and implement Primary prevention.** • Identify recommended school-based, evidence-based prevention curriculum for delivery in Idaho middle schools. (Target audience: students grade 6-8).
4	**Increase access and distribution of Naloxone kits across Idaho to all communities and patients using prescription and non-prescription opioid.** • Endorse, promote, fund, and distribute naloxone kits for opioid overdose reversal.

ENGAGEMENT

The ability to effectively assist an individual with a behavioral health disorder relies on the system's ability to engage the individual in the system.

	RECOMMENDATION & PROPOSED WORKGROUP ACTION ITEMS
1	**Increase identification, engagement, and access to behavioral health services for 16–25-year-olds across Idaho.** • Add requirement for transition-age support to either of the current support contracts funded by the SAMHSA block grant. • ESMI-Early Serious Mental Illness program expansion.
2	**Form a collaboration with IBHC member organizations to design and implement a centrally located and standardized trauma informed care program and provide an educational curriculum for all providers and public.** • Pilot trauma interventions to correctional staff and residents of IDOC facilities. • Implement a state-wide initiative raising awareness of Trauma Informed Care and encourage practices which meet the needs of trauma survivors.
3	**Increase availability of qualified peer support specialists including recovery coach, youth peer support, and family support partner services across the behavioral health system.** • Increase access to youth peer support and family peer support services. • Gap analysis of peer support specialists including recovery coach, youth peer support, and family support partner services in Idaho.
4	**Review and draft or amend statutes and rules to promote earlier engagement of justice involved individuals with behavioral health treatment needs.** • Review and Draft or Amend Statutes and Rules Regarding Pre-Trial Evaluations for Mental Health and Substance Abuse Issues for Adult Offenders. • Review and Draft or Amend Statutes and Rules Regarding Pre-trial Detention/Release of Juvenile Offender. • Review statutes that govern processes used by courts to assess the behavioral health needs of criminal defendants and recommend revisions for improving processes. • Investigate and Pilot Mental Health Pretrial Courts and Other Pre-adjudication Diversion Options.
5	**Expand access to forensic peer support specialist, recovery coaches, Connection and Intervention Stations, reentry treatment court services for post incarceration, parole, and probation populations with behavioral health conditions.** • Expand "forensic" Peer Support Specialist or Recovery Coach into an IDOC program. • Expand Connection and Intervention Stations (CIS) to all districts, and ensure access to all residents, including rural areas. • Consider piloting a reentry treatment court for the Retained Jurisdiction (Rider) population. (Forensic is specialty in criminal justice system)

TREATMENT

These services are for people diagnosed with a behavioral health disorder. They are ideally evidence-based, client centered, and meet the varied needs of as many individuals as possible.

	RECOMMENDATION & PROPOSED WORKGROUP ACTION ITEMS
1	**Increase residential treatment options for youth to receive appropriate level of care based on their needs with a preference for services within Idaho.** • Review current residential placement contracting/licensing processes to identify barriers to timely placement of youth in quality facilities. • Identify and implement strategies for increasing residential treatment options in Idaho. • Increase availability of community-based intensive treatment for youth with high needs.
2	**Identify existing and new alternatives to the involuntary commitment process under the Mental Health Act that addresses the full continuum of care specific to each community's need or special population.** • Graduated commitments • Alternatives to commitment: system of guardianship • Alternatives to commitment: Ensure availability of Psychiatric Advance Directives • Alternatives to commitment: more flexible timelines • Alternatives to commitment: abeyances • Alternatives to commitment: ensure less restrictive options have been exhausted • Ensuring high fidelity ACT Teams to improve outcomes. • Use existing laws/resources that are little-used but relevant.
3	**Improve Idaho civil commitment process and procedures by proposing amendments to the Mental Health Act to incorporate the action items.** • Update definition of Gravely Disabled (66-317). • Streamline Designated Examiner (DE) process. • Standardize court procedures. • Trained clinicians (Designated Examiners) empowered to initiate holds. • Substance Use Disorder hold of some sort. • Implement a panel to review and draft edits to the Mental Health Act. • Address needs for commitment of individuals who do not require hospital level of care. • Commitment of individuals too dangerous for State Hospital, but not designated as 66-1305 Dangerously Mentally Ill, or were refused admission by IDOC. • The clerk of the court shall provide notification to the court and parties of the location of the patient. • Revise statute so that physicians can drop inappropriately placed mental health holds after an evaluation by 2 physicians.
4	**Improve the efficiency and effectiveness of Idaho's criminal processes related to the determination and restoration of competency to stand trial.** • Update Idaho Code 18-211/212. • Establish training curriculum for restoration which includes a restoration curriculum and competency reports for clinical staff. • Clarify language around "admission" to a facility. • Address Commitment of individuals who are unable to be restored due to chronic impairment or as a result of a non-mental illness. • Address Availability of Facility space for females requiring restoration who are also identified as dangerously mentally ill. • The clerk of the court shall provide notification to the court and parties of the location of the patient. • Consider developing a forensic program for competency restoration and civil commitments that is not under Idaho Department of Correction. • Explore alternatives to the competency restoration process in misdemeanor cases. • Standardization of expert opinion and/or report.

	• Clarify Idaho Code to provide for suspension of court proceedings to allow for community restoration. Research existing systems from other states and evidence informed research. • Differentiation between misdemeanor and felony processes. • Clarify Process for Post-Commitment Placement Determinations. • Standardize court procedures. • Alternatives to commitment: ensure less restrictive options have been exhausted. • Address needs for commitment of individuals who do not require hospital level of care.
5	**Improve the overall efficiency and effectiveness of Idaho's competency restoration processes for juveniles, including the identification of alternatives to commitments that address a full continuum of needs.** • Establish a multidisciplinary group to review statute I.C.20-519, data related to its use, and experiences from stakeholders. • Develop a Bench Card and Parents Guide for Juvenile I.C.20-519 Competency.
6	**Maximize community-based treatment options and ensure continuity of care for those accessing Idaho's behavioral health system.** • Address medication and medical record access and continuity. In order to address medication continuity for justice involved individuals, assess the statewide formulary shared by jails and Idaho Department of Correction prisons – explore the use of regular meetings of stakeholders to review and update formulary. • Increase accessibility of Medication-Assisted Treatment (MAT) for substance abuse disorders to ensure availability for all Idahoans. Build bridges between community, county jails, prisons, misdemeanor probation departments, Juvenile Probation and Probation and Parole to ensure MAT is available for justice involved individuals in custody and while on supervision in the community. • Establish MOU between Department of Health and Welfare and Department of Correction to Develop Diversionary Placements for people in behavioral health crisis who are on supervision. • Examine of community-based options for Technical Parole Violations for parolees with behavioral health needs that are causing the Technical Parole Violations.
7	**Develop and implement a crisis response system model for youth. Strengthen and broaden a crisis response system model for adults based on community capacity.** • Increase utilization of crisis centers. • Develop residential crisis services that last > 24 hours. • LEAD –Law Enforcement Assisted Diversion • Improve Mobile Crisis Response Throughout Idaho. • Pilot a Virtual Crisis Care Program with Probation & Parole and Law Enforcement. • Idahoans who have a non-violent mental health crisis should receive prompt assistance from a mental health professional in conjunction with a law enforcement response. • Improve Crisis Intervention Teams. • Review status of CIT-Collaboratives in each Region. Provide Recommendations to maintain and enhance these collaboratives. • Develop pre-adjudication diversion options for people with behavioral health needs. • Increase availability of non-Law Enforcement crisis response teams throughout Idaho to identify and refer individuals and/or families at first contact. • Identify or develop placement for children who cannot immediately return with their families after behavioral health crisis. • Establish crisis centers for youth.
8	**Develop system to care for patients with co-occurring mental and medical illness, and those with medical illness presenting as mental illness to ensure appropriate care and to avoid use of inappropriate mental health holds.** • Develop medical / psychiatric unit for patients with significant co-morbid psychiatric and medical illness. • Establish medical holds for patients who are determined to be temporarily incapacitated secondary to medical illness.

RECOVERY

These services support individuals' abilities to live productive lives in the community and can help with management of behavioral health conditions to minimize the risk of relapse or recurrence.

	RECOMMENDATION & PROPOSED WORKGROUP ACTION ITEMS
1	**Increase availability of specialized supportive housing for people with behavioral health conditions.** • Apply for a waiver and/or expand the state plan to allow for supportive services for people experiencing homelessness in supportive housing settings. • Develop a strategic plan to fund the affordable and supportive housing at statewide level, including a funding mechanism for the Idaho Housing Trust Fund. • Develop and launch a state of Idaho National Alliance of Recovery Residences (NARR) affiliate in the next 2 years to support certification of Recovery Housing. • Recommend Medicaid benefits for HART Home residents. • Regulatory analysis of current IDAPA and federal regulations codes to identify gaps and bring about consistency in approach to all supportive housing. • Recommend that Idaho Housing and Finance Association to use a dedicated "set-aside" for at least five years of its Low-Income Housing Tax Credits to incentivize the building of permanent supportive housing units across Idaho.
2	**Increase local and accessible recovery services and supports for individuals in recovery.** • Develop additional supervision/treatment options that address the full continuum of risk/responsivity needs of probationers and parolees. • Address the need for more robust supportive services, to include housing, transportation, and childcare.
3	**Identify services to support long term recovery for individuals in Idaho.** • Leverage existing and newly created recovery community centers as a strategy to promote long-term recovery.
4	**Maintain and increase access to recovery community centers in which the voice of recovering persons is integral to program development and service provision.** • Explore use of recovery centers as a co-located service to assist individuals transitioning out of crisis centers.
5	**Identify opportunities to enhance protective factors and promote long-term resiliency in children and youth who have experienced trauma.**

FUTURE ENDEAVORS

We recognize that the workgroups developed several proposed action items that did not make it to recommendations. There were also many discussions about important issues in Idaho that were determined to be out of scope for the Idaho Behavioral Health Council. We do however want to capture those topics and the proposed workgroup action items to highlight the need for continued work in these areas.

1. Modify language defining mental illness to address those situations in which an individual is determined not capable of restoration such as; Traumatic Brain Injury, Dementia, Alzheimer's, developmental disabilities, etc.
2. Creating a Dementia and other long-term diagnoses hold.
3. Expand "dosage probation" model
4. Increase public awareness of the importance of proper disposal of unused, expired, unwanted prescription medications by creating a unified, statewide program that gives Idahoans free, convenient and environmentally responsible options to dispose of unwanted medication.
5. Develop guidelines for care and grow care for dementia patients
6. Through collaborative efforts with early intervention, pediatric health care providers, social service agencies, and child care programs, the early childhood mental health system will be expanded with access to scholarships to cover infant mental health endorsement fees.
7. Apply for the SAMHSA System of Care (SOC) Expansion and Sustainability Grants.

STRATEGIC ACTION PLAN IMPLEMENTATION

After the approval and adoption of the strategic action plan, public agency sponsors will create implementation teams to guide and drive the work forward. A detail implementation plan will be developed by October 1, 2021.

IBHC
(Council, Co-Chairs, Advisory Board)

- Set overall direction and performance expectations
- Facilitate systems level collaboration
- Ensure work meets ultimate objectives

Project Management Team
(Leading public agencies)

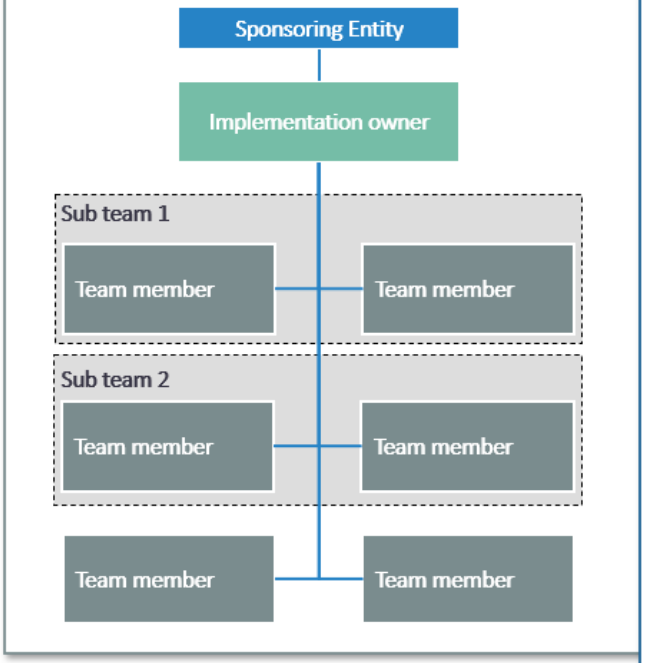
Project Manager and Sponsors

- Manage day to day activities
- Translate IBHC strategic action plan into clear direction for initiative teams (e.g., milestones and deliverables)
- Create transparency on progress across teams – identify issues for Council input and highlight dependencies across teams
- Support staff for IBHC– set agendas, track progress, ensure follow-ups completed

Implementation Teams
(Cross-agency partners and subject matter experts)

- Develop detailed initiative plans and execute
- Provide recommendations on detailed design of initiatives

Implementation team structure



- **Sponsor** will agree to oversee the implementation team
  - Sets direction/ priorities, refines/ challenges recommendations, and removes barriers to progress
  - Drafts reports and updates for council engagement; including outcomes and metrics tracking
  - Engages external subject matter experts as needed for specific recommendations
- Implementation teams led day-to-day by **initiative owner** responsible for developing detailed plans for sub-initiatives (owner may sit on PMT)
  - Strong process manager and problem solver able to resolve issues without significant direction
- **Sub teams** are assigned accountability for sub-initiatives (e.g., the core tasks within the broader initiative)
  - Composed of a sub-set of team members with relevant roles

Appendix

Below you will find a list of acronyms and definitions that have been utilized throughout the draft.

Acronyms

- Idaho Behavioral Health Council (IBHC)
- Idaho Department of Juvenile Corrections. (IDJC)
- Sequential Intercept Model (SIM)
- Adverse Childhood Experiences (ACE's)
- Department of Health and Welfare (DHW)
- Safe and Drug Free Schools (SDFS)
- Idaho Administrative Procedure Act (IDAPA)
- Idaho Department of Correction (IDOC)
- Office of Drug Policy (ODP)
- Psychiatric Residential Treatment Facility (PRTF)
- State Hospital North, South, and West (SHN) (SHS) (SHW)
- Substance Use Disorder (SUD)
- Designated Exam (DE)
- Idaho Supreme Court (ISC)
- Assertive Community Treatment (ACT)
- Idaho Department of Correction (IDOC)
- Idaho Maximum Security Institution (IMSI)
- Mental Health (MH)
- Community Based Alternative Services (CBAS)
- Youth Empowerment Services (YES)
- Health Insurance Portability and Accountability Act (HIPAA)
- Memorandum of Understanding (MOU)
- Criminal Justice Integrated Data System (CJIDS)
- Information Technology Services (ITS)
- Idaho Child and Adolescent Needs and Strengths (ICANS)
- Certified Community Behavioral Health Clinics (CCBHC)
- Positive Childhood Experiences (PCE)
- Center for Disease Control and Prevention (CDC)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Early Serious Mental Illness (ESMI)
- Connection and Intervention Stations (CIS)
- Medication Assisted Treatment (MAT)
- Law Enforcement Assisted Diversion (LEAD)
- Crisis Intervention Teams (CIT)
- National Alliance of Recovery Residences (NARR)
- Home for Adult Residential Treatment (HART)
- System of Care (SOC)
- Program Management Team (PMT)
- Americans with Disabilities Act (ADA)

Definitions

- Naloxone- brand name Narcan. Medication used to block the effects of opioids. It is used to counter decreased breathing in opioid overdose. Can be administered intravenously or spray in the nose.
- Competency restoration - To legally stand trial one must be found to understand the nature and purpose of the legal proceedings and be able to effectively cooperate with one's own counsel. If the person does not meet this standard, his or her competency must be restored as quickly as possible.https://legislature.idaho.gov/statutesrules/idstat/title18/t18ch2/sect18-212/
- Mental Health Holds- A 24-hour mental health hold without a court order can be initiated by a peace officer or by a physician, physician assistant, or advanced practice registered nurse. The party initiating the mental health hold must have reason to believe that the person is either gravely disabled due to mental illness or the patient's continued liberty poses an imminent danger to that person or others as evidenced by a threat of substantial physical harm. The statute does not specifically require that the detention need occur at a mental health facility, however, the statute specifically lays out that detention must not occur in a non-medical unit used for the detention of individuals charged with or convicted of penal offenses. https://legislature.idaho.gov/statutesrules/idstat/title66/t66ch3/sect66-326/
- Recovery Centers- provide a meeting place for those in recovery from alcohol or drug addiction and act as a face for recovery to the community as a whole. These centers connect those in recovery with those seeking recovery to share their strengths and skills and to advocate for the needed resources in the community to make recovery possible for those in need.
- Mental Health, Mental Illness and Substance Use Disorder are defined on pg. 7
- IDAPA - Idaho Administrative Procedure Act; the acronym refers to the compilation of promulgated administrative rules in Idaho.
- Effectiveness, Efficiency, Effort and Impact are defined on pg. 9
- Syringa Chalet Skilled Nursing - The 42 skilled nursing beds offer services to consumers with a history of behavioral or psychiatric illness.
- Optum Idaho – Currently the contractor of the Idaho Medicaid plan. They maintain the provider network for Medicaid behavioral health services.
- Involuntary Holds (Civil) – two types of holds: the traditional 24-hour mental health hold set in Idaho code 66-320 and the 72-hour administrative hold set in Idaho code 66-320.
- Treatment Courts-Treatment Courts divert non-violent, substance abusing offenders from prison and jail into treatment. By increasing direct supervision of offenders, coordinating public resources, and expediting case processing. Treatment Courts can help break the cycle of criminal behavior, alcohol and drug use, and incarceration.
- Children with Serious Emotional Disturbance-from birth up to age 18 who currently or at any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders, that resulted in functional impairment, which substantially interferes with or limits the child's role or functioning in family, school, or community activities.
- Value based payments-programs to reward health care providers with incentive payments for the quality of care they give to individuals. These programs are part of our larger quality strategy to reform how health care is delivered and paid for. These programs aim provide better care for individuals, better health for populations and lower cost.
- Federal emergency act – Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency.
- A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients.
- Psychiatric Advance Directives-Legal documents that allows people with mental illness to state their preferences for treatment in advance of a mental health crisis.

- Mobile Crisis-is a mental health service typically operated by hospital or community mental health agency which services the community by providing immediate response emergency mental health evaluations.

For more information and resources, please visit the Idaho Behavioral Health Council Website at **https://behavioralhealthcouncil.idaho.gov/**

Document Prepared by:

#1

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Time Spent: 00:00:13
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Q1

Public comment

Test

#2

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Started: Monday, July 26, 2021 9:41:52 AM
Last Modified: Monday, July 26, 2021 10:17:43 AM
Time Spent: 00:35:51
IP Address: 50.52.2.254

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Q1

Public comment

Thank you for the opportunity to comment.

In the event that COVID-19 is discussed later, I would like to comment on the following:

1) The FDA is revoking the EUA on the CDC RT-PCR testing on 12/31/2021. This test is considered the gold standard test, but has also shown to display mostly false positives if the cycle threshold is over 24, and according to Fauci, over 34. The CDC recommends the threshold be set at 40. This is what most U.S. labs have used and probably means that non-symptomatic cases above 24 or 34 are false positives. IDHW says in its August 2020 testing guidance that positives in areas of low prevalence are likely false positives and should be confirmed with the (outgoing) PCR test. The IDAPAs on SARS-CoV cases and deaths mandate that suspected (aka probable) cases & deaths must be investigated to validate whether they are confirmed or not. If not, they are to be removed from the statistics. The SWHD has shown no indication it is not violating these IDAPAs, as the Probable cases continue to climb as opposed to moving to confirmed or removed when not confirmed. (I track the data daily.)
2) These has been no notable rise in hospitalizations in the last month. St. Luke's system saw a peak at 8% of its beds from July 16th - July 18th. It was averaging 4% before this and is on a decline at present. Additionally, when considering COVID-19 and other admissions, the total occupancy of the system is around only 50%. The last time the hospitals were afraid of a dramatic increase in COVID-19 admissions that would cause them to enter into Emergency Standards of Care, they vastly overestimated reality. If they rekindle this discussion, the Board needs to verify the claims by checking their admissions data online before jumping to conclusions that may result in inappropriate policy reactions.
3) The IDHW is not making publicly available its data on the variant cases that are "recovered". If alive after 28 days, they are recovered. The IDHW stated to me it is having difficulties with the genomic sequencing of the variants. As a Board, you should ask for these sequencing reports to ensure they are indeed confirmed variant cases and how many of the total are recovered. Without knowing how many have recovered an inappropriate policy might be considered for action. The Delta variant is not as strong as the original SARS-CoV-2 and CDC does not think a booster will be needed for any vaccine yet.
4) There have been 712 breakthrough cases where the fully vaccinated individual contracted COVID-19. Some have been hospitalized and some have died. No vaccine manufacturer has stated that the vaccines Prevent the recipient from contracting COVID-19, just that the symptoms should be lessened to hopefully keep hospitalizations & deaths down. To say they prevent the disease is disingenuous. To blame the new cases on the non-vaccinated is also disingenuous.

5) I do not understand how the Science is considered Settled and others with varying scientific opinions can be considered mis/disinformation without any consideration. This is the only time I've ever seen where scientific debate is flatly disallowed at all levels.

6) This is the 1st time I've seen so many adverse events & deaths (10,991) published in VAERS and the vaccines have not been pulled for investigation. The last pandemic's vaccine was pulled from the market with less than 100 deaths. These experimental vaccines MUST revoked either by the CDC or Idaho or the SWHD; they are killing and maiming too many citizens! The beloved Precautionary Principle has been completely disregarded.

This commenting format (with a tiny box) is not very user friendly.
Thank you,
Jann Higdem, Research Analyst