



Board of Health Meeting

Tuesday, August 24, 2021, 9:00 a.m.
13307 Miami Lane, Caldwell, ID 83607

Public comments specific to an agenda item for the August 24, 2021 Board of Health meeting can be submitted at <https://www.surveymonkey.com/r/BoH08242021> 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, August 23, 2021.

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

Agenda

<u>A = Board Action Required</u>	<u>G =Guidance</u>	<u>I = Information item</u>
9:00 A	Call the Meeting to Order	Chairman Bryan Elliott
9:02	Pledge of Allegiance	
9:05	Roll Call	Chairman Bryan Elliott
9:08 A	Request for Additional Agenda items; Approval of Agenda	Chairman Bryan Elliott
9:10 A	Approval of Minutes – July 27, 2021	Chairman Bryan Elliott
9:15	In-Person Public Comment	
9:30 I	Open Discussion	SWDH Board Members
9:40 A	Congregate Settings Presentation	Nikki Zogg, Lekshmi Rita Venugopal
10:00 I	Idaho Behavioral Health Council Strategic Plan	Gene Petty, District Judge
10:30	Break	
10:40 G	Youth Behavioral Health Trends	Rachel Pollreis, Nikki Zogg
11:00 I	Introduction of New Employees	Division Administrators
11:05 I	July 2021 Expenditure and Revenue Report	Troy Cunningham
11:15 G	Vehicle Fleet Purchasing vs. Leasing	Troy Cunningham
11:20 A	Clinic Fee Schedule Change Approval	Juanita Aguilar
11:25 I	Home Visiting Programs Update	Patty Kennings, Brooke Hansen
11:40 A	Employee Compensation Update and Decision	Nikki Zogg
11:45 I	Website Update	Ashley Anderson
11:55 I	Director's Report	
	House Bill 316 Update	
	Behavioral Health Board Update	
12:00	Adjourn	

NEXT MEETING: Tuesday, September 21, 2021, 9:00 a.m.

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BOARD OF HEALTH MEETING MINUTES

Tuesday, July 27, 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 – not present
Bryan Elliott, Commissioner, Gem County – present

STAFF MEMBERS:

In person: Nikki Zogg, Katrina Williams, Sarah Price, Jaime Aanensen, Josh Campbell, Charlene Cariou, Mitch Kiester

Via Zoom: Troy Cunningham, Ashley Anderson, Chuck Washington

GUESTS: Members of the public attended in person. Guests viewed the live stream via SWDH YouTube page.

CALL THE MEETING TO ORDER

Chairman Bryan Elliott called the meeting to order at 9:03 a.m.

PLEDGE OF ALLEGIANCE

Meeting attendees participated in the pledge of allegiance.

ROLL CALL

Commissioner Aberasturi – present; Dr. Summers – not present; Chairman Elliott – present;
Commissioner Hanigan – present; Commissioner Purdy – present; Commissioner Haines – present;
Commissioner Smith – present

REQUEST FOR ADDITIONAL AGENDA ITEMS; APPROVAL OF AGENDA

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

IN-PERSON PUBLIC COMMENT

Members of the public provided in-person public comment. Chairman Elliott reminded those intending to provide public comment that the public comment per person is intended to be 2-3 minutes.

OPEN DISCUSSION

Board members discussed topics including the guidance being provided to long-term care facilities and voiced concern about SWDH staff elevating concerns for resident and staff health and safety to the Division of Licensing and Certification at the Department of Health and Welfare based on the information provided during the public comment session. Board members discussed holding a special meeting to further discuss this topic. Nikki will compile information regarding Grace Assisted Living and forward it to Board members. Following their review of the material, Board members can respond by email to Chairman Elliott and copy Nikki to indicate whether they feel a need for further discussion at a special

meeting. If no special meeting is requested, Nikki will plan to provide a presentation at the next regularly scheduled Board of Health meeting.

APPROVAL OF MINUTES – JUNE 17, 2021

MOTION: Commissioner Hanigan made a motion to approve the minutes from the June 17, 2021 Board of Health meeting as presented. Commissioner Haines seconded the motion. All in favor; motion passes.

INTRODUCTION OF NEW EMPLOYEES

Division administrators or their designees introduced new employees.

JUNE 2021 EXPENDITURE AND REVENUE REPORTS

Troy Cunningham, Financial Manager, presented the June 2021 Expenditure and Revenue Report. Troy explained for Fiscal Year 2021 our agency experienced revenues outpacing expenditures.

END OF FISCAL YEAR REPORT

Troy Cunningham presented the End of Fiscal Year Report.

ACCOUNTS RECEIVABLE WRITE-OFFS

Troy Cunningham requested approval to write-off \$1,914.50 in accounts receivable.

MOTION: Commissioner Hanigan made a motion to approve the amount of \$1,914.50 in accounts receivable write-offs. Commissioner Purdy seconded the motion. All in favor; motion passes.

HOUSE BILL 389 FOLLOW UP

Nikki provided follow up information regarding whether SWDH is held to the recent cap of 8% placed on budget increases as part of House Bill 389. According to SWDH legal counsel, the budget increase cap included in House Bill 389 applies to taxing districts, so it does not apply to SWDH.

EMPLOYEE RETENTION

Sarah Price, SWDH Human Resources Specialist, discussed the employee recruitment and retention challenges our agency is currently facing. Some of the counties within our health district are experiencing similar challenges. Highlights Sarah mentioned include:

- Fiscal year (FY) 2020 turnover rate of 24% among SWDH staff versus statewide rate of 15%
- FY 2021 turnover rate of 31% among SWDH staff
- 0% merit raise approved for SWDH staff for FY 2021 while counties within the agency's six-county region received between 2% and 4%
- 2% approved FY 2022 merit raise for SWDH staff compared to neighboring recruiting market Central District Health merit raise of 4% - 6%
- 46% increase in Canyon County average home prices between April 2020 and April 2021
- 5.4% increase in the Consumer Price Index since June 2020
- 65% increase in Idaho gas prices in the last year according to AAA data

Board members discussed whether challenges center around starting pay or a lack of raises. The pay schedule issued by Division of Human Resources limits starting wages. Sarah Price, Human Resources Manager, explained that our agency has seen some of our mid-level employees get some initial experience and then leave for higher paying jobs.

Sarah also explained several other non-compensatory pieces being developed to help boost employee retention including promoting work-life balance through flex time availability and exploring telework options for staff whose duties align with that environment.

Commissioner Smith indicated that Canyon County has faced similar retention challenges. Canyon County has proposed a 7.5% across-the-board pay increase for staff and 7.5% upward adjustment to starting wages in an effort to retain qualified staff.

Nikki asked for thoughts and direction from the Board. Going forward, Sarah will plan to provide periodic updates on employee retention.

COMMITTED RESERVE FUNDS

Troy presented a request to reallocate a total of \$230,990 in unused committed funds and combine it with approximately \$120,800 non-committed carryover funds from FY 2021 for a total of \$351,790. Troy clarified that Board committed funds for the vehicle replacement fund and the 27th pay period are not part of this reallocation. Those committed funds remain allocated for those purposes.

The request to reallocate funds includes \$285,000 to be used for personnel cost of living adjustments and merit increases; \$1,000 for upgrades to internet service for Weiser; \$9,000 for medical equipment necessary to deliver safer and comprehensive services; \$5,000 for employee training for Environmental and Community Health Services (ECHS) staff; \$10,000 for audio visual equipment; \$33,790 for a dedicated ECHS vehicle; and \$7,500 for upgraded security.

The reallocation request includes those funds previously board committed funds that are no longer needed for the previously identified purposes. Board members discussed sustainability for the requested personnel increases and revenue projections.

MOTION: Commissioner Smith made a motion to approve the reallocation of funds totaling \$351,790 as presented. Commissioner Haines seconded the motion. All in favor; motion passes.

FISCAL YEAR 2020 FINANCIAL AUDIT

Jordan Zwygart, Zwygart John and Associates, presented the fiscal year 2020 financial year audit report. He provided highlights from the report and asked that board members accept the audit report as presented.

MOTION: Commissioner Purdy moved to accept the 2020 audit report. Commissioner Smith seconded the motion. All in favor; motion passes.

PUBLIC INFORMATION OFFICER REPORT

Ashley Anderson, SWDH Public Information Officer (PIO) presented a report summarizing goals and social media outreach.

SOLID WASTE PROGRAM AND FEE DISCUSSION

Jaime Aanensen, Environmental and Community Health Services Division Administrator, and Mitch Kiester, Solid Waste Program Manager, provided information on the solid waste program and the history of fees. Mitch discussed the potential public health impact of improper storage and disposal of solid waste. The cost of investigating nuisance complaints, how those complaints are tracked, and the potential public health impact of more residents living long-term in recreational vehicles (RVs) was also discussed.

Jaime asked if Board members would like ECHS staff to reevaluate fees and separate out the nuisance complaints. Board members asked Jaime and her staff to develop the narrative that supports the fees and bring it back to the Board for further discussion.

REGION 3 BEHAVIORAL HEALTH BOARD (BHB) UPDATE

Nikki updated Board members that the BHB Executive Committee met last week, and the Board of Health chair and several Board of Health members were there. Nikki shared the letter of memorandum submitted to Division of Behavioral Health (DBH) regarding SWDH contemplation of terminating the contract to continue supporting the administrative support needs of the BHB and shared the reasoning for the memorandum within the executive session.

The BHB Chair cancelled the regularly scheduled BHB July meeting and the BHB will not meet again until the end of August. At that meeting, Nikki anticipates the board members will discuss next steps on their part. Nikki explained that her preference is to delay decisions made by the Board of Health regarding termination of the support contract before the BHB's opportunity to address next steps. Board members agree with this suggestion.

AMEND BOARD OF HEALTH MEETING SCHEDULE

Nikki asked Board members to approve a change to the annual meeting schedule to move the meeting to September 21, 2021, to eliminate a scheduling conflict with the upcoming Idaho Association of Counties (IAC) Fall Conference scheduled for September.

MOTION: Commissioner Haines made a motion to amend the Board of Health meeting schedule to change the September meeting date to September 21, 2021. Commissioner Smith seconded the motion. All in favor; motion passes.

DIRECTOR'S REPORT

District 3/District 4 Workgroup

District 3 is moving forward with looking into how to optimize our services and support systems particularly pertaining to some of the Human Resources (HR) aspects as House Bill 316 is implemented in March 2022. Our first joint workgroup meeting with District 4 is scheduled for Thursday, July 29. In addition, the Idaho Association of Public Health District Directors (IAPHDD) will meet next week with Department of Health and Welfare (DHW) and Department of Environmental Quality (DEQ) to discuss how the work currently delegated in statute to public health districts will look going forward. District Directors will also meet with Division of Financial Management (DFM) and Division of Human Resources (DHR) regarding their interpretations of the public health district's authority within statute.

2022 Public Health Symposium – Tentative Date

The third annual SWDH Public Health Symposium is scheduled for Tuesday, October 26, 2021, following the Board of Health meeting.

Idaho Behavioral Health Council Strategic Plan

The Idaho Behavioral Health Council Strategic Plan is the Governor-appointed Council with representation from all three branches of state government. Nikki provided the plan to Board members for their review. Senator Agenbroad and Judge Petty have been invited to attend the August Board of Health meeting to talk about the vision and future for behavioral health services in our district.

There being no further business, the meeting adjourned at 12:51 p.m.

Respectfully submitted:

Approved as written:

Nikole Zogg
Secretary to the Board

Bryan Elliott
Chairman

Date

DRAFT



Congregate Settings

Nikole Zogg and Lekshmi Rita Venugopal

August 24, 2021

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Congregate Settings

- Congregate settings refer to a range of facilities where people, most of whom are not related, live or stay overnight, and use shared spaces (e.g., common sleeping areas, bathrooms, kitchens) including:
 - Shelters
 - Group homes
 - Correctional facilities
 - Children or youth residential settings
 - Boarding schools, colleges, and universities
 - Long-term care facilities, including assisted living facilities

Why is there Concern for Congregate Settings?

- People living and working in these settings often have challenges with social distancing to prevent disease spread because they gather for
 - Social interaction
 - Leisure
 - Recreational activities
 - Dining
 - Use of shared equipment (e.g., gym, therapy, laundry, kitchen appliances, stairwells, elevators, etc.)
- People living in long-term care facilities such as skilled nursing or assisted living are at heightened risk for exposure to contagious diseases because they:
 - often need regular care (e.g., medication management, physical therapy, and assistance with using the restroom, showering, and eating) and
 - close interaction from people living outside their residence (e.g., staff from the facility, hospital, dialysis center, cancer center, therapy, family, friends, clergy, etc.)
- People working and living in long-term care facilities are at higher risk than many other congregate settings for:
 - Exposure to contagious diseases from infected persons or contaminated surface areas or ventilation systems
 - Adverse health outcomes and premature death due to their vulnerable nature

Diseases of Concern in Congregate Settings

- Viruses

- Influenza A virus
- Influenza B virus
- SARS-CoV-2
- Norovirus
- Parainfluenza virus
- Respiratory syncytial virus
- Rhinoviruses

- Bacteria

- *Streptococcus pneumoniae*
- *Chlamydia pneumoniae*
- *Chlamydia psittaci*
- Methicillin resistant *staphylococcus aureus* (MRSA)
- *Mycobacterium tuberculosis*
- *Legionella species*
- *Haemophilus influenzae*
- *Bordetella pertussis*

>70 reportable diseases in Idaho

IDAHO REPORTABLE DISEASE LIST**

<http://www.epi.idaho.gov>

**Health care providers, laboratorians, hospital administrators, school administrators, and persons in charge of food establishments must report the following diseases and conditions to their local public health district or the Epidemiology Program within the Bureau of Communicable Disease Prevention per IDAPA 16.02.10. Reports must be made within three (3) working days of identification or diagnosis unless otherwise noted below.

For a complete list, see *Idaho Reportable Diseases* (IDAPA 16.02.10): <https://adminrules.idaho.gov/rules/current/16/160210.pdf>

*Suspected cases are also reportable †Cases are reportable by labs only

➡ Forwarding of isolates, suspected select agents, or reactive (positive) clinical specimens to Idaho Bureau of Laboratories is strongly encouraged.

Amebiasis and free-living amebae

Anthrax (immediately)*

Arboviral disease*

Botulism: foodborne, infant, other (immediately)*

Brucellosis (1 day) ➡

Campylobacteriosis ➡

Cancer (Report to Cancer Data Registry, 338-5100)*

Chancroid

Chlamydia trachomatis

Cholera (1 day)* ➡

Cryptosporidiosis ➡

Diphtheria (immediately)*

Echinococcosis

Encephalitis, viral or aseptic

Escherichia coli O157:H7 and other shiga-toxin

producing *E. coli* (STEC) (1 day)* ➡

Extraordinary occurrence of illness including syndromic clusters with or without an etiologic agent (1 day)*

Foodborne illness/food poisoning (1 day)*

Giardiasis

Haemophilus influenzae, invasive disease (1 day)* ➡

Hantavirus pulmonary syndrome (1 day)*

Hemolytic uremic syndrome (HUS) (1 day)

Hepatitis A (1 day)*

Hepatitis B (1 day)*

Hepatitis C

HIV/AIDS: positive HIV antibody, HIV antigen, HIV isolations, and other positive tests, CD4 lymphocyte count of <200 cells/mm³ blood or ≤ 14%

Human T-lymphotropic virus (HTLV-I or -II)

Lead level, elevated

- ≥ 5 µg/dL whole blood in children (<18 yrs)

- ≥ 10 µg/dL whole blood in adults (≥18 yrs)

Legionellosis / Legionnaire's disease ➡

Leprosy (Hansen's disease)

Leptospirosis

Listeriosis ➡

Lyme disease

Malaria

Measles (rubeola) (1 day)*

Meningitis, viral or aseptic

Methicillin-resistant *Staphylococcus aureus* (MRSA), invasive disease†*

Rubella, including congenital rubella syndrome (1 day)*

Salmonellosis (including typhoid fever) (1 day)* ➡

Severe Acute Respiratory Syndrome (SARS)

(1 day)* ➡

Severe or unusual reactions to any immunization

(1 day)*

Shigellosis (1 day)* ➡

Smallpox (immediately)* ➡

Streptococcus pyogenes (group A streptococcus), infections, invasive, rheumatic fever, and necrotizing fasciitis ➡

Syphilis*

Tetanus

Toxic Shock Syndrome (TSS)

Transmissible spongiform encephalopathies (TSEs), including CJD and vCJD*

Trichinosis

Tuberculosis ➡

Tularemia (immediately)* ➡

Waterborne illness (1 day)*

Yersiniosis, non-*pestis*

REPORTING A CASE

What to Report:

All reports are confidential and must include:

- Disease or condition reported
- Patient's name, age, date of birth, sex, address (including city and county), phone number, and date of specimen collection, if applicable
- Physician's name, address, and phone number

When to Report

Immediate Reports / Emergency Notifications

During business hours: Phone or fax all reports.

After hours: State Communications public health paging system (State Comm) at (800) 632-8000. A public health official will be notified.

1 Day Reports (required within 1 working day)

During business hours: Phone, fax, or via electronic reporting system.

After hours: If the reporting period falls on a weekend or holiday report to your public health district or State Epidemiology Program the next working day or you may call State Comm as above.

Routine Reports (required within 3 working days)

Phone, fax, mail, or via electronic reporting system all

Reporting Disease of Public Health Importance

Healthcare provider orders a diagnostic test or provides a clinical diagnosis

Healthcare provider, laboratories, hospitals, and other agencies notify public health districts when a person is diagnosed with a reportable disease

Public health districts collect information about the person and how they became ill

Public Health's Role

- Identify and control disease outbreaks
- Ensure infected persons are effectively treated so disease is not spread to others, develop drug-resistance, or reoccur
- Provide testing and preventive care to those exposed to the disease
- Control sources of exposure (e.g., isolating a contagious person, quarantining a potentially rabid animal, hyperchlorination of a pool, etc.)
- Provide consultation in congregate settings

Consultation in Congregate Settings

- Surveillance, testing, and disease reporting
- Outbreak control
- Isolation and cohorting of sick individuals and quarantine of exposed
- Hand hygiene
- Personal protective equipment (PPE)
- Respiratory and cough etiquette
- Ventilation and air exchange
- Infection control best practices
- Antibiotic stewardship
- Injection safety and point of care testing
- Environmental cleaning
- Infection control education
- Administrative measures including visitations, group activities, screening
- Industry standards
- State and federal regulations and recommendations

IDHW & SWDH's Role, Responsibility, and Authority

- Pertaining to Residential Assisted Living Facilities

Idaho Administrative Code – Chapter 16

- Idaho Department of Health and Welfare
 - Division of Public Health
 - Idaho Reportable Disease – IDAPA 16.02.10.
 - Division of Licensing and Certification
 - Residential Assisted Living Facilities – IDAPA 16.03.22.
- IDAPA 16.02.10.065.01.
 - Investigation and Control of Reportable Diseases
 - The Department will use all reasonable means to confirm in a timely manner any case or suspected case of a reportable disease or condition, and will determine, when possible, all sources of infection and the extent of exposure. Investigations may be made when the Division of Public Health Administrator, Health District Director, or state epidemiologist determines a disease to be of public health significance.

Idaho Administrative Code – Chapter 16

- IDAPA 16.02.10.260.01.a.
 - Extraordinary Occurrence of Illness, Including Clusters (e.g., COVID-19)
 - Reporting requirements: Unusual outbreaks include illnesses that may be a significant risk to the public, may involve a large number of persons, or are a newly described entity.
- IDAPA 16.03.22.335.03.
 - Reporting of Individual with an Infectious Disease
 - The name of any resident or facility personnel with a reportable disease listed in IDAPA 16.02.10, “Idaho Reportable Diseases,” must be reported immediately to the local health district authority with appropriate infection control procedures immediately implemented as directed by that local health authority.

Long-term Care Facilities in Idaho

- 81 skilled nursing facilities
 - 52 intermediate care facilities
 - 270 assisted living facilities
- Skilled nursing facilities and intermediate care facilities are licensed by the state and must also be federally certified by the Centers for Medicare and Medicaid Services
 - Assisted living facilities are only licensed by the DHW's Division of Licensing and Certification

Source: Idaho Department of Health and Welfare, Division of Licensing and Certification

Residential Assisted Living Facilities in Idaho

Residential Assisted Living Facilities in Idaho

- Required to report infectious diseases in accordance with IDAPA 16.02.10.
- Required to have policies and procedures consistent with recognized standards that control and prevent infections among residents and staff
- Required to use standard precautions to prevent disease transmission in accordance with CDC guidelines

Source: Idaho Department of Health and Welfare, Division of Licensing and Certification

Residential Assisted Living Facilities in Idaho – COVID-19

- **386** COVID-19 outbreaks (average 1.4 outbreaks/facility)
- **24** allegations of failing to implement infection control practices since March 2020
- **25** citations for infection control practices since March 2020
- Maximum fine: \$10,800 and can only be imposed for repeat deficiencies
- **0** fines have been imposed for infection control or COVID-19
- Facility survey reports are publicly available for up to 7 years
- 2 reports of assisted living facilities refusing to follow the direction from public health districts
 - Refused to test residents and staff
 - Both were Grace Assisted Living facilities
 - Both instances occurred in 2020

Source: Idaho Department of Health and Welfare, Division of Licensing and Certification

Grace Assisted Living – 2020 to current

- 8 facilities represent 3% of the 270 assisted living facilities in Idaho
- 5 (21%) of the infection control allegations have been against Grace Assisted Living facilities
- 2 of the 5 allegations originated from health districts, both in August 2020
- 8 Grace Assisted Living facilities have had 22 outbreaks, an average of 2.75/facility, higher than the state average overall (1.4/facility)
- 2 current outbreaks as of 8/16/21
- August 2020 – IDHW facility survey reports in PHD3
 - Substantiated findings included:
 - Infection control standards not met
 - Administrator responsibilities – investigations & response to complaints
 - Food not available to meet the menu
 - Neglect
 - Unsecured records
 - Residents not treated with dignity and respect
 - Privacy not protected

Source: Idaho Department of Health and Welfare, Division of Licensing and Certification; FLARES

Appealing a Decision or Changing Law

Appeals and Changing Idaho Statute or Code

- Appeals process is described in IDAPA 16.05.03.
- The Director of DHW and the State Board of Health and Welfare have the power and authority to conduct contested case proceedings and issue declaratory rulings
- Changing Idaho Statute or Code would involve a collaborative approach with the following parties:
 - Industry representatives
 - Resident advocates
 - Division of Licensing and Certification
 - Director of Health and Welfare
 - Legislators



Domestic Violence, Self Harm, and Abuse

Implications of the COVID-19 pandemic on mental wellbeing

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Question

- Public officials have been concerned with the implications the COVID-19 pandemic, and subsequent mitigations strategies, will have on mental wellbeing.
- Anecdotal evidence of increase in mental health issues, suicide, and abuse
- Today, we will look at data collected by local law enforcement, public health advocates, and local hospital groups, as well as a national study, to understand the issues facing our community.

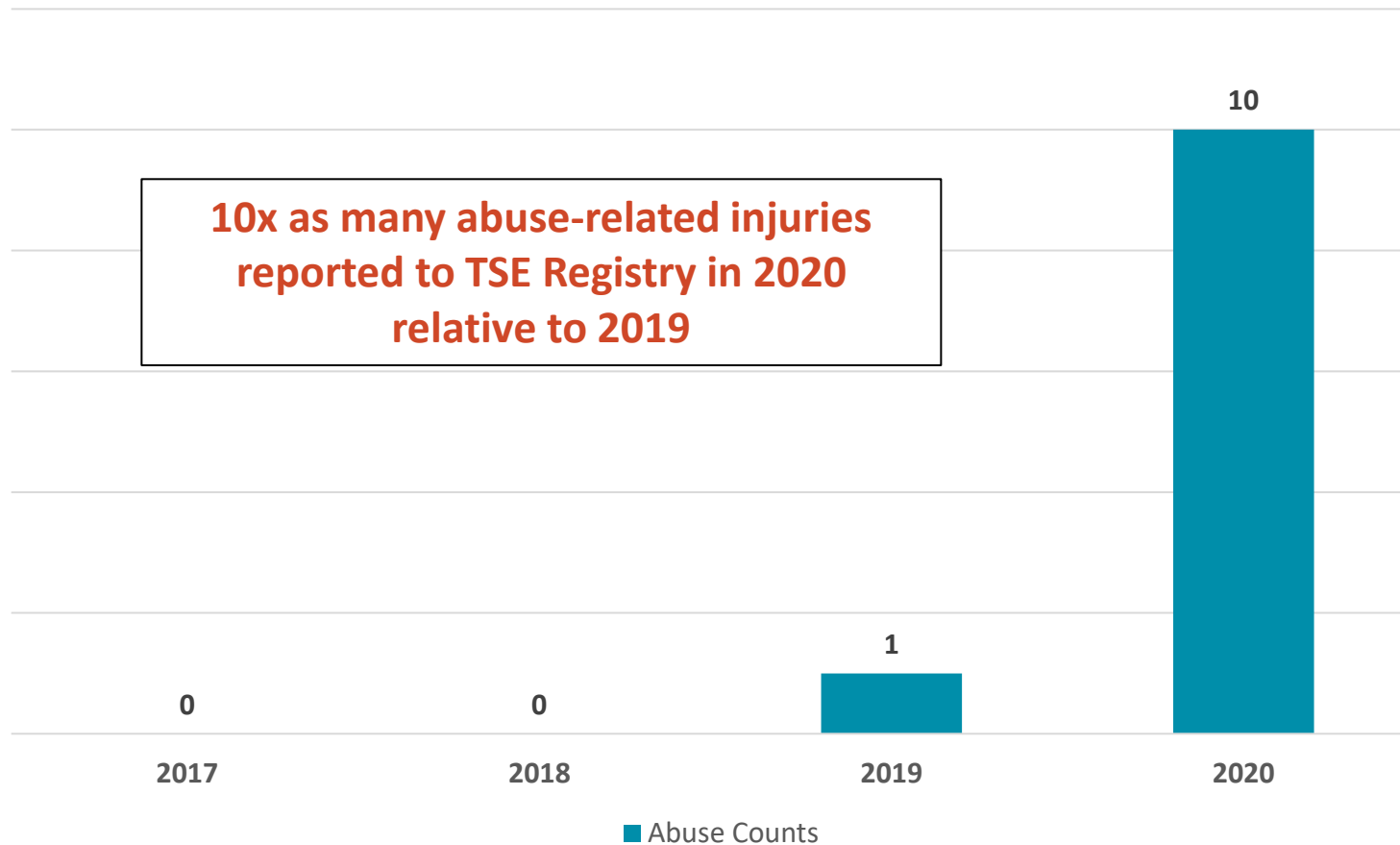
Overview

- Idaho Hospital Association
 - Frequency of abuse and self harm related hospitalizations
- Canyon County Sheriff's Office
 - Severity of domestic violence charges
- Idaho Dept. Health and Welfare
 - Frequency of mental health holds
- CDC MMWR
 - Frequency of self harm hospitalizations in teens 12-17
- Advocates Against Family Violence
 - Frequencies of residents utilizing services such as daycare, shelter, counselling services, etc.

Idaho Hospital Association

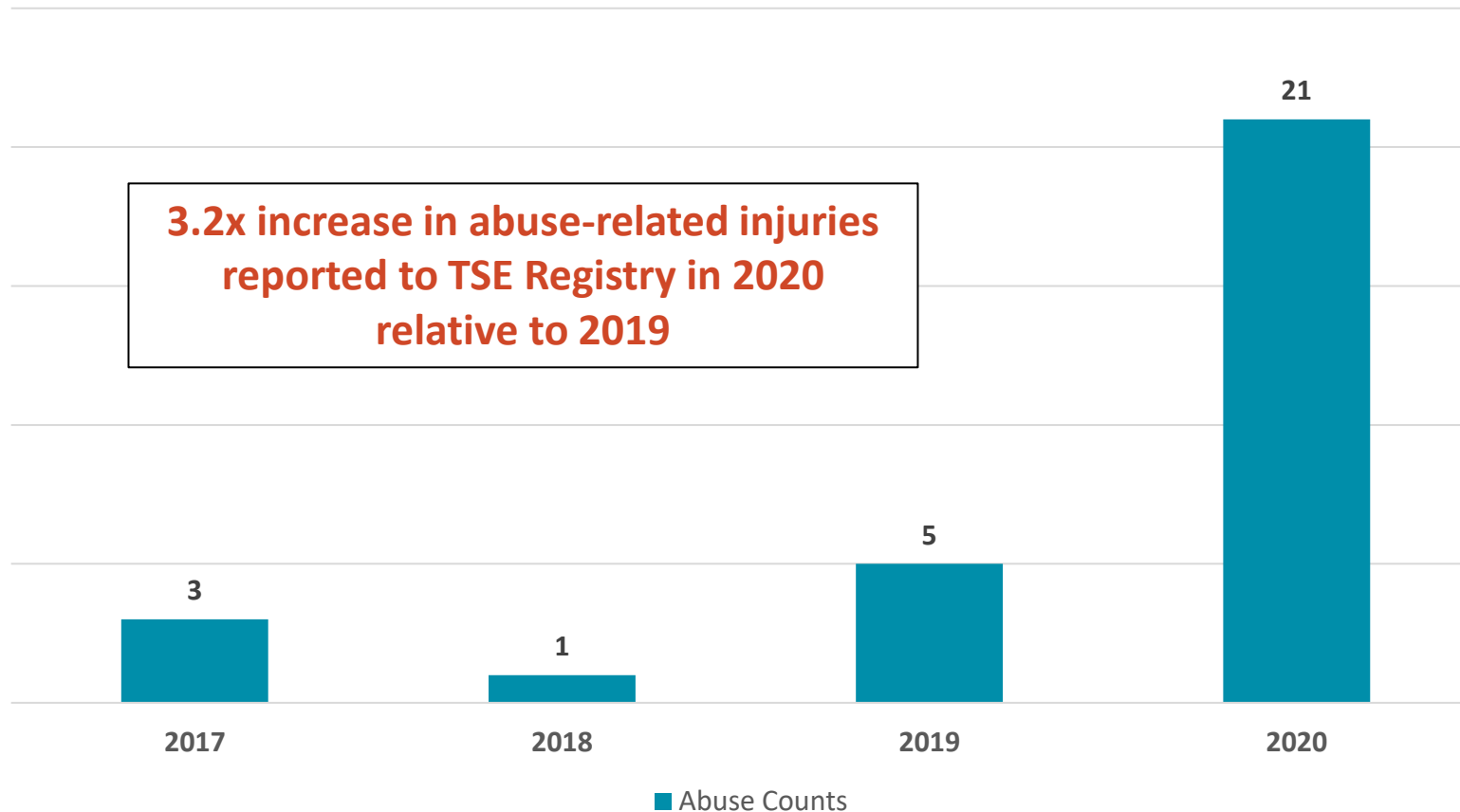
- Medical Coding Analysis (ICD10)

Number of Abuse-related Injuries (T74, T76 cause or injury codes) PHD3 Residents, 2017-2020



- 80% were children under the age of 15
- 60% were male
- 40% were female
- 80% occurred in Canyon County
 - About 80% of SWDH population resides in Canyon County.

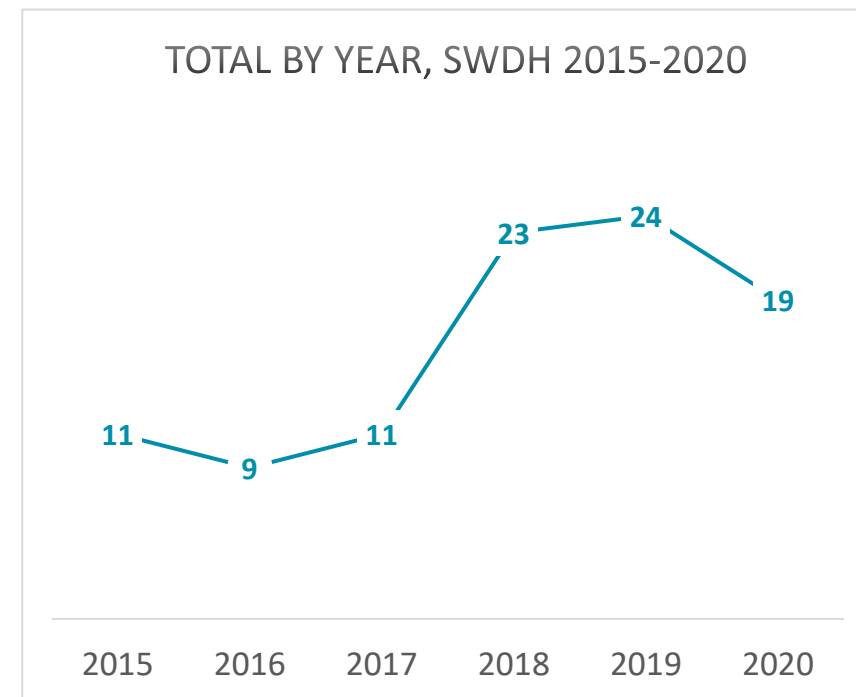
Number of Abuse-related Injuries (T74, T76 cause or injury codes) Idaho Residents, 2017-2020



- 77% were children under the age of 15
- 57% were male
- 43% were female

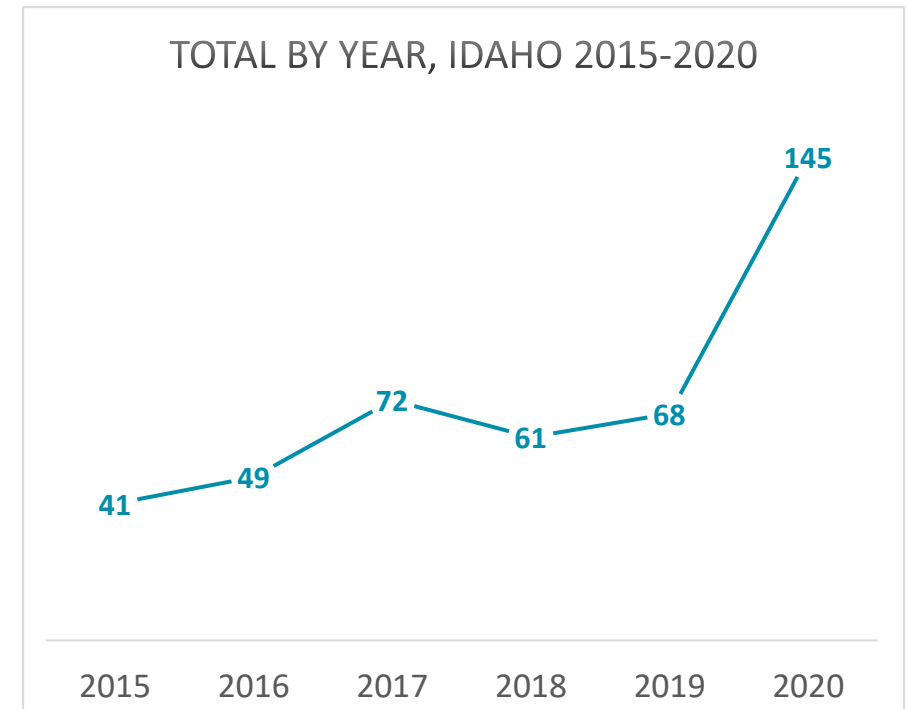
Intentional Self Harm, Treated in Idaho Hospitals, SWDH 2015-2020

	2015	2016	2017	2018	2019	2020	Total
Cut/Pierce	3 27.27	1 11.11	3 27.27	10 43.48	9 37.50	4 19.05	30
Drowning/Submer sion	0 0.00	0 0.00	0 0.00	0 0.00	2 8.33	0 0.00	2
Fall	0 0.00	0 0.00	1 9.09	0 0.00	1 4.17	0 0.00	2
Fire/Burn	0 0.00	2 22.22	0 0.00	0 0.00	0 0.00	0 0.00	2
Firearm	8 72.73	5 55.56	4 36.36	7 30.43	9 37.50	12 57.14	45
Motor Vehicle	0 0.00	0 0.00	0 0.00	1 4.35	0 0.00	0 0.00	1
Other	0 0.00	1 11.11	3 27.27	5 21.71	3 12.50	3 14.28	15



Intentional Self Harm, Treated in Idaho Hospitals, Idaho 2015-2020

	2015	2016	2017	2018	2019	2020	Total
Cut/Pierce	3 7.32	3 6.12	3 4.17	10 16.39	10 14.71	45 31.03	74
Drowning/Submersion	0 0.00	0 0.00	0 0.00	0 0.00	2 2.94	0 0.00	2
Fall	1 2.44	1 2.04	1 1.39	0 0.00	1 1.47	5 3.45	9
Fire/Burn	0 0.00	2 4.08	0 0.00	0 0.00	0 0.00	4 2.76	6
Firearm	27 65.85	37 75.51	50 69.44	39 63.93	37 54.41	51 35.17	241
Motor Vehicle	0 0.00	0 0.00	0 0.00	1 1.64	1 1.47	6 4.14	8
Suffocation	10 24.39	5 10.20	15 20.83	8 13.11	14 20.59	4 2.76	56
Other	0 0.00	1 2.04	3 4.17	3 4.92	3 4.41	30 20.69	37



Canyon County Sheriff's Office

IRAD- Idaho Risk Assessment of Dangerousness

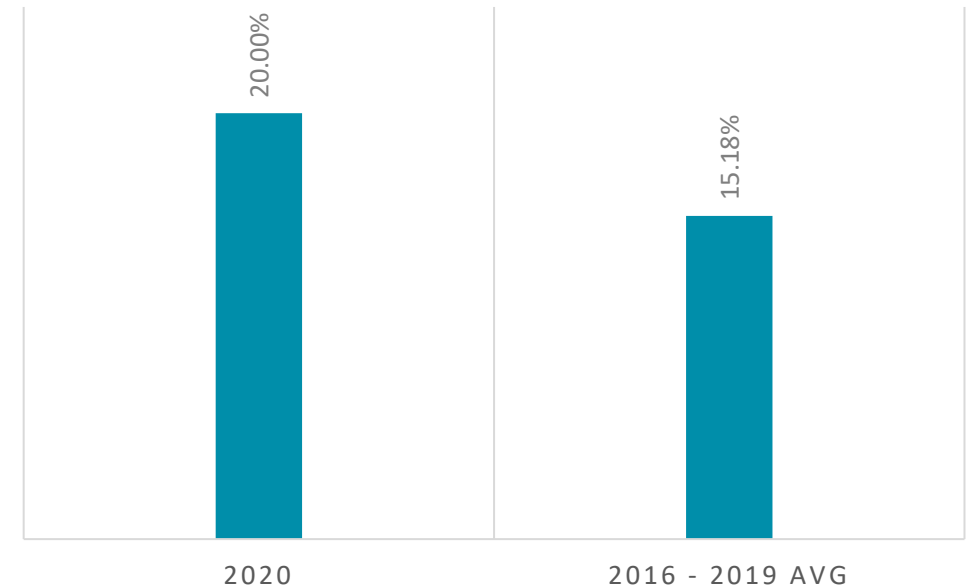
Severity of Domestic Violence Reports

Looked at a sample of IRAD (Idaho Risk Assessment of Dangerousness) reports for 2016 – 2020.

Comparing 2020 to a 2016-2019 average...

- Increased rate of cases where children were present
- Decreased rate of cases where suspect was intoxicated
- Decreased frequency of lethality factors
- Increased in rate of cases where the victim required medical attention from EMT or ED
- Increased in rate of victims reporting a recent escalation in abuse
- Increased in frequency of suspects threatening to kill
- Increased in rate of victims reporting controlling/coercive behavior from suspect.

PERCENT OF VICTIMS WHO REQUIRED MEDICAL ATTENTION



Idaho Department of Health and Welfare

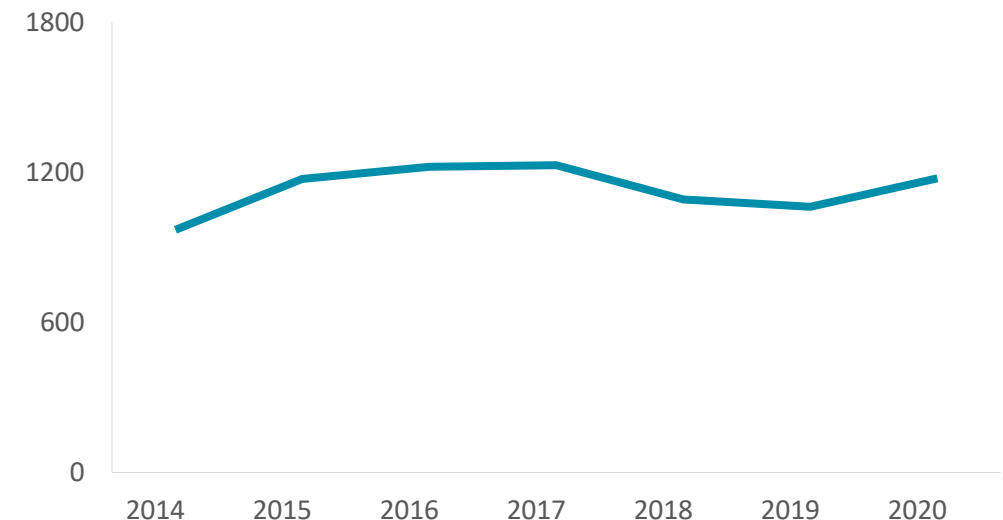
Mental Health Holds in Southwest District Health &
CPS Referrals for Child Abuse/Neglect

Mental Health Holds in SWDH, 2014-2020

A mental health hold occurs when an adult is detained by police or an emergency room physician because their mental illness symptoms are so severe the individual is suicidal, homicidal, or unable to care for their basic needs.

- A slight uptick in mental health holds in 2020, compared with 2019 (not significant).
- Consistency in the frequency of mental health holds in 2020, compared with a 2014-2019 average.

MENTAL HEALTH HOLDS IN SWDH,
2014-2020

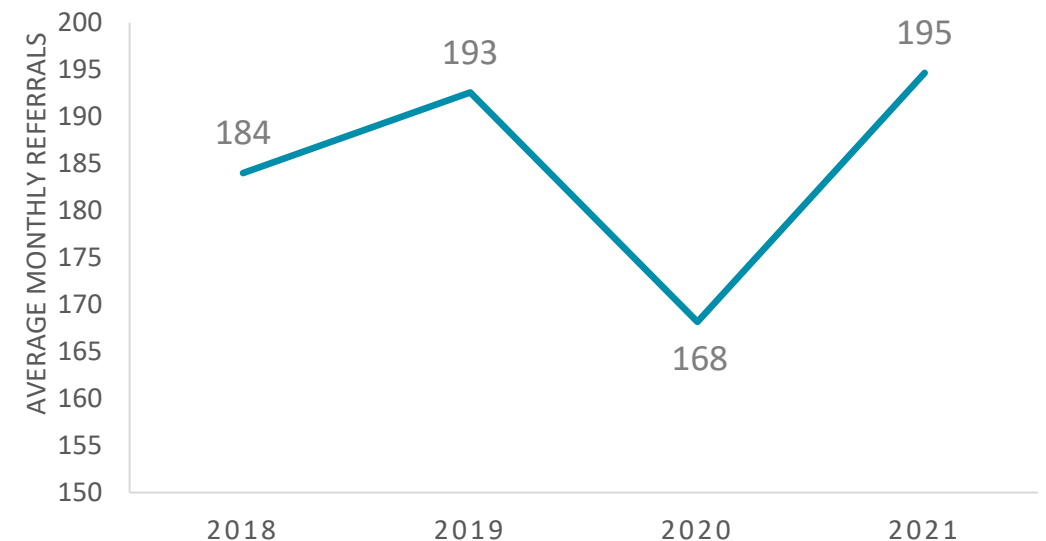


CPS Referrals for Abuse/Neglect in SWDH, 2018-2021

Referrals to CPS can be placed by anyone, but are primarily done by teachers, counselors, therapists, doctors, daycare providers, or relatives.

- A 10.6% decline in referrals was seen during 2020 when compared with a two year average (2018-2019).
 - This is likely due to the children having less interactions with adults outside of their immediate family circle.
- A 15.8% increase in average monthly calls was seen in 2021 when compared with 2020.
 - 2021 data are preliminary and cannot account for seasonal variations.

**AVERAGE MONTHLY REFERRALS TO CPS
IN SWDH, 2018-2021**



National Data/CDC MMWR Publication

Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12–25 Years Before and During the COVID-19 Pandemic — United States, January 2019–May 2021

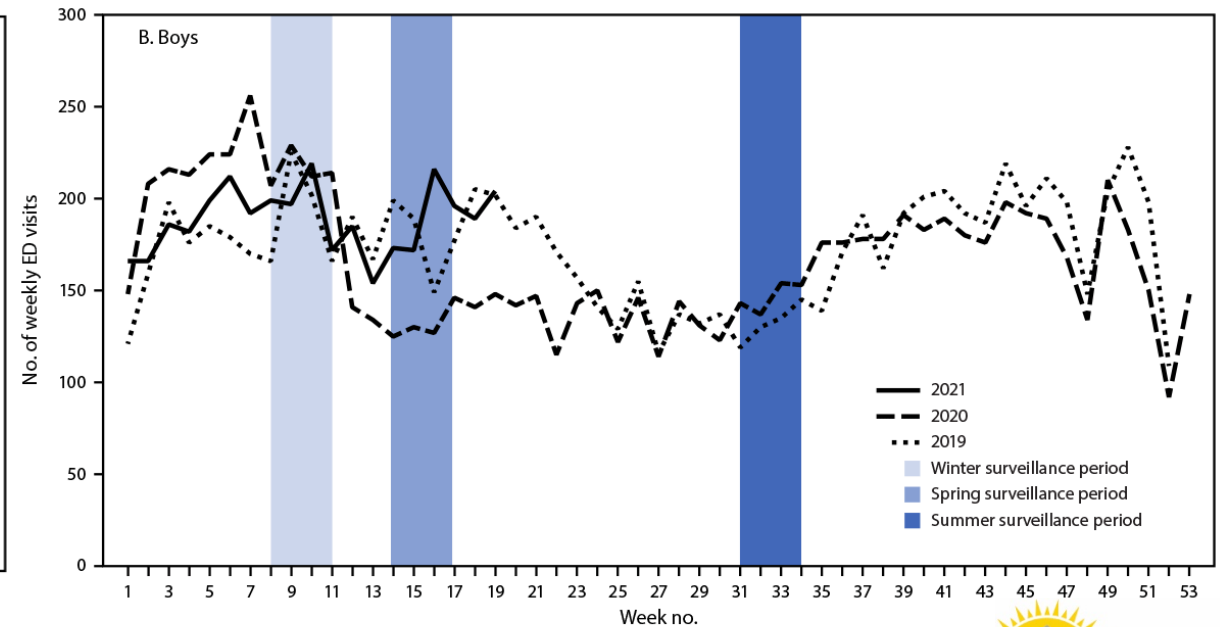
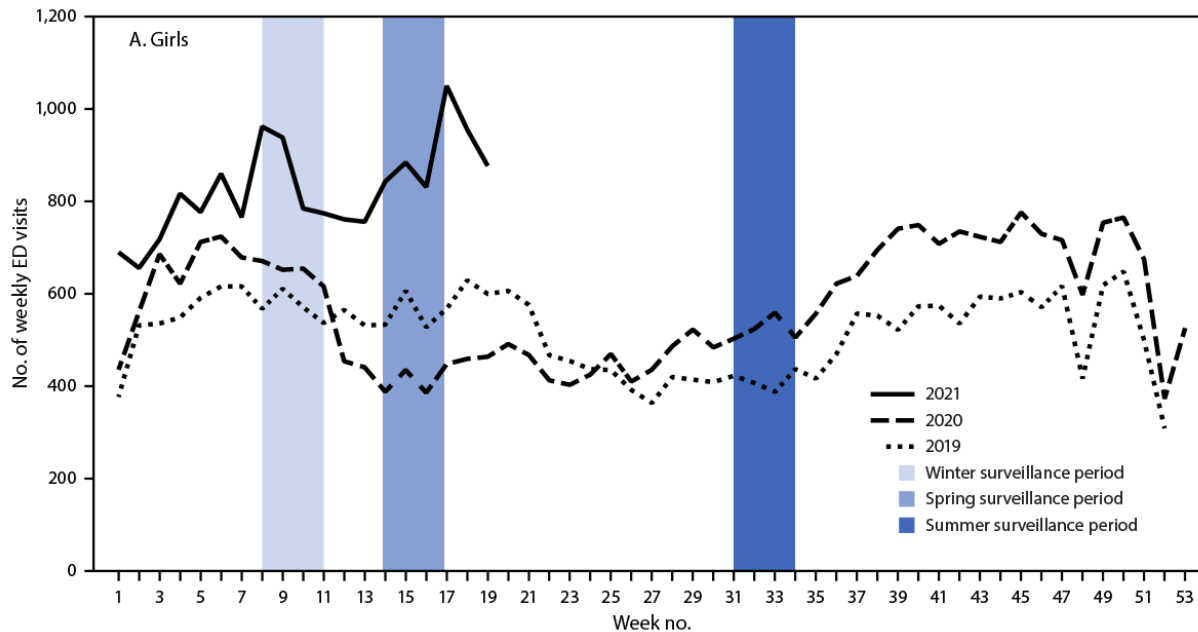
Weekly / June 18, 2021 / 70(24);888–894

On June 11, 2021, this report was posted online as an MMWR Early Release.

Ellen Yard, PhD¹; Lakshmi Radhakrishnan, MPH²; Michael F. Ballesteros, PhD¹; Michael Sheppard, MS²; Abigail Gates, MSPH²; Zachary Stein, MPH²; Kathleen Hartnett, PhD²; Aaron Kite-Powell, MS²; Loren Rodgers, PhD²; Jennifer Adjemian, PhD²; Daniel C. Ehlman, ScD^{1,2}; Kristin Holland, PhD¹; Nimi Idaikkadar, MPH¹; Asha Ivey-Stephenson, PhD¹; Pedro Martinez, MPH¹; Royal Law, PhD¹; Deborah M. Stone, ScD¹ ([View author affiliations](#))

Emergency Department Visits for Suspected Suicide Attempts- USA 12-17 years old (1)

- ED visits for suspected suicide attempts increased among adolescent girls aged 12–17 years during summer 2020 and remained elevated throughout the remaining study period; the mean weekly number of these visits was 26.2% higher during summer 2020 and 50.6% higher during winter 2021 compared with the corresponding periods in 2019.
- The number of ED visits for suspected suicide attempts remained stable among adolescent boys aged 12–17 years compared with the corresponding periods in 2019, although rates of ED visits for suspected suicide attempts increased.



Advocates Against Family Violence

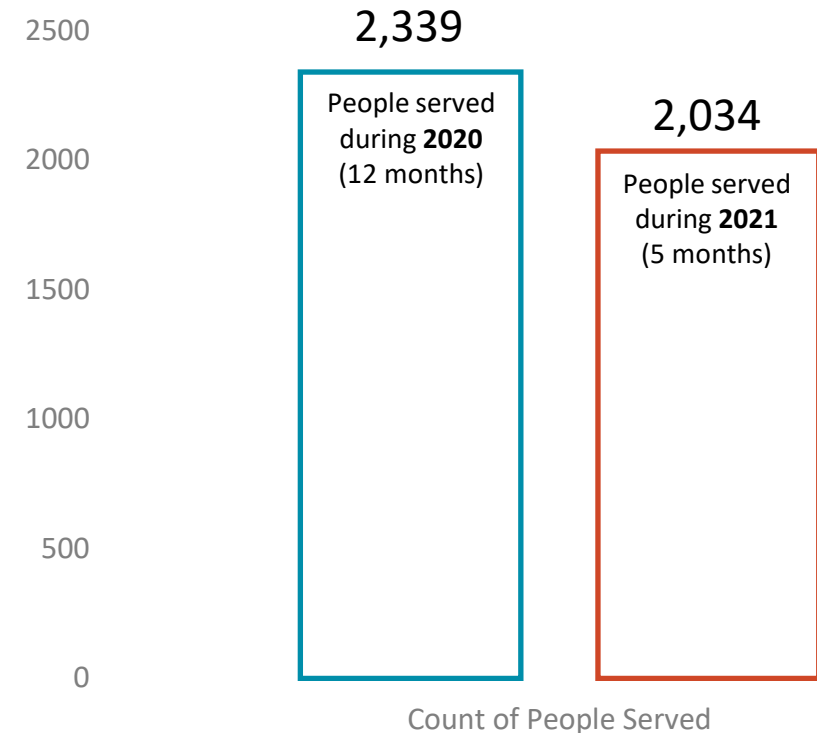
Organization located in Caldwell, Idaho that serves the Treasure Valley by providing shelter, day care, counselling, and education services to our community

Advocates Against Family Violence

- Preliminary data-
 - Number of visitors to AAFV in the first 5 months of 2021 (January-May) has nearly matched the number of visitors to AAFV in 2020 (January-December).
 - Reports of being without housing doubled in 2021 compared with 2020.

“...now that the COVID restrictions are being lifted and individuals are feeling more freedom to report and access services, there has been an increase in demand for services. With schools being back in session child abuse is being reported again and the need for services has increased.”

-AAFV Administration, June 2021



Take Away

- While we saw an increase in abuse during 2020, instances of self harm and suicide among teens are increasing at higher rates during 2021.
 - According to the CDC, adverse childhood events (including abuse, food insecurity, and financial stress) increase the risk of suicide for teens. ⁽²⁾
- We should expect and prepare for the delayed effects of isolation, financial struggles, loss of “normalcy” and loss of loved ones that occurred during the COVID-19 pandemic.

References & Acknowledgements

1. Yard E, Radhakrishnan L, Ballesteros MF, et al. Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12–25 Years Before and During the COVID-19 Pandemic — United States, January 2019–May 2021. MMWR Morb Mortal Wkly Rep 2021;70:888–894. DOI: <http://dx.doi.org/10.15585/mmwr.mm7024e1>
2. Suicide Prevention – Risk and Protective Factors. <https://www.cdc.gov/suicide/factors/index.html>

My sincerest gratitude to:
The Idaho Hospital Association
Canyon County Sheriff's Office
Canyon County Public Information
Advocates Against Family Violence
Idaho Department of Health and Welfare

Western Idaho Community Crisis Center

Advisory Committee Update

Our Most Pressing Needs and Gaps

Transportation to and from the crisis center

- Region 3 Behavioral Health Board received grant that will provide transportation vouchers to those who have transportation needs

Affordable housing

- Engaging with an ad hoc group of community stakeholders

Youth crisis center

- A community behavioral health crisis center for youth under the age of 18 to access up to 23 hours and 59 minutes

Relief nursery

- A safe place for parents/guardians to drop-off their children while accessing crisis services

Next Steps

Opportunities to use ARPA funding

- Support from local legislators, Canyon County Commissioner

Next steps

- Continue to gauge support: Caldwell and Nampa
- Identify ARPA sources
- Identify or develop model programs
- Identify any statute barriers
- Explore sustainable funding options, including third-party payment models
- Develop a plan



SOUTHWEST DISTRICT HEALTH

BUDGET REPORT FOR FY2022

Cash Basis

Jul-21

Target **8.3%**

Fund Balances			
	FY Beginning	Month Ending	Change
General Operating Fund	\$ 65,977	\$ 557,427	\$ 491,450
Millennium Fund	\$ -	\$ 120,703	\$ 120,703
LGIP Operating	\$ 3,187,262	\$ 3,662,860	\$ 475,598
LGIP Vehicle Replacement	\$ 99,692	\$ 99,705	\$ 12
LGIP Capital	\$ 1,299,174	\$ 1,299,174	\$ -
Total	\$ 4,652,106	\$ 5,739,869	\$ 1,087,763

Income Statement Information			
	YTD	This month	
Net Revenue:	\$ 1,156,962	\$ 1,156,962	
Expenditures:	\$ (772,655)	\$ (772,655)	
Net Income:	\$ 384,307	\$ 384,307	
GF & CRP Appropriation:	\$ 502,650	\$ 502,650	
MF Appropriation:	\$ 124,500	\$ 124,500	
	\$ 1,011,457	\$ 1,011,457	

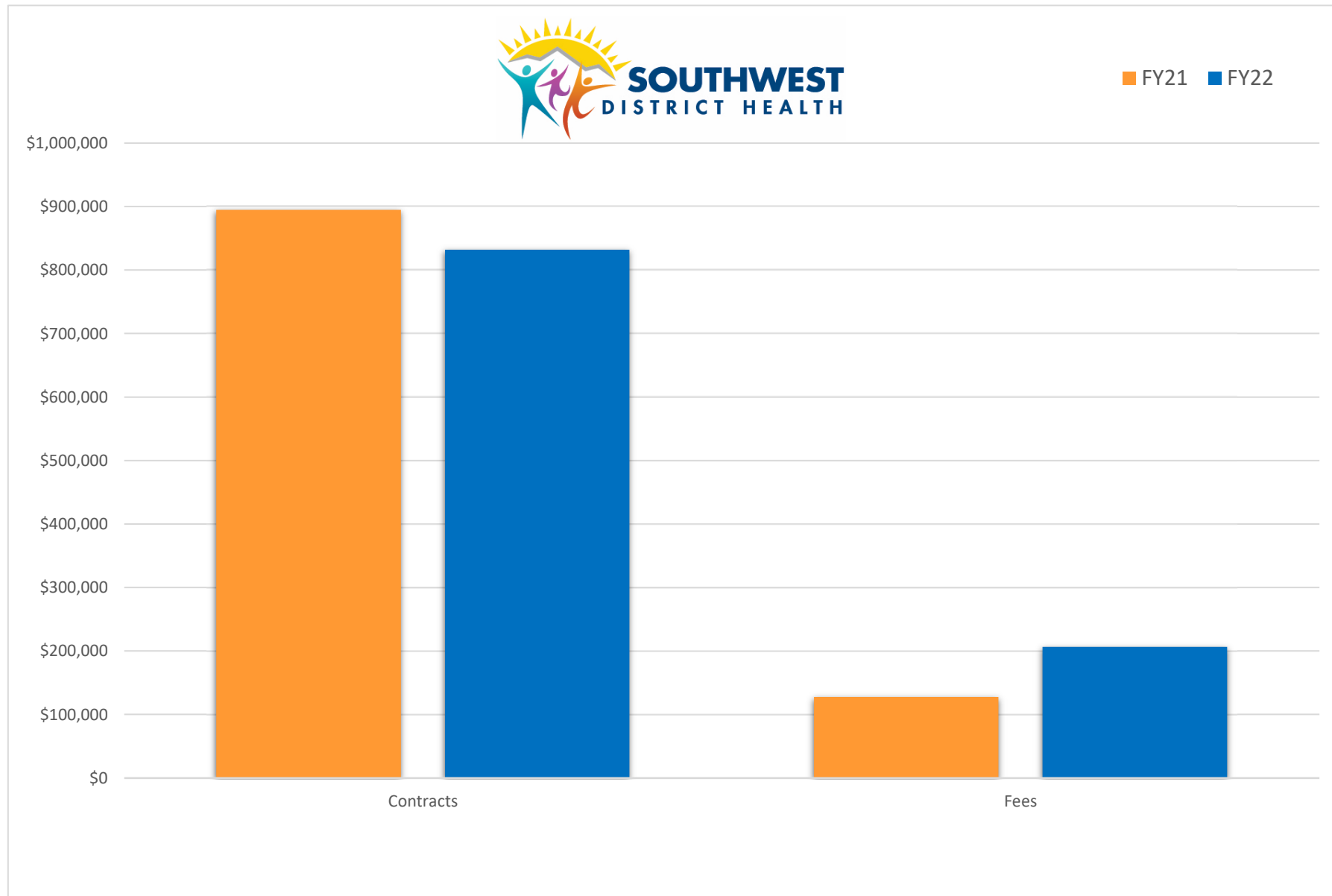
Revenue											
	Board of Health	Admin	Clinic Services	Env & Community Health	General Support	Buildings	Crisis Center	Total	YTD	Total Budget	Percent Budget to Actual
County Contributions	\$ -	\$ 116,824	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 116,824	\$ 116,824	\$ 1,873,492	6%
Fees	\$ -	\$ -	\$ 41,837	\$ 164,747	\$ -	\$ -	\$ -	\$ 206,584	\$ 206,584	\$ 1,874,852	11%
Contracts	\$ -	\$ 173,732	\$ 197,491	\$ 397,614	\$ -	\$ -	\$ 63,334	\$ 832,172	\$ 832,172	\$ 6,407,764	13%
Sale of Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20,000	0%
Interest	\$ -	\$ 610	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 610	\$ 610	\$ 50,000	1%
Other	\$ -	\$ -	\$ 200	\$ -	\$ 572	\$ -	\$ -	\$ 772	\$ 772	\$ 283,000	0%
Monthly Revenue	\$ -	\$ 291,167	\$ 239,528	\$ 562,361	\$ 572	\$ -	\$ 63,334	\$ 1,156,962	\$ 1,156,962	\$ 11,514,408	10.0%
Year-to-Date Revenue	\$ -	\$ 291,167	\$ 239,528	\$ 562,361	\$ 572	\$ -	\$ 63,334	\$ 1,156,962	DIRECT BUDGET		
Budget	\$ -	\$ 379,246	\$ 4,071,532	\$ 4,222,436	\$ 1,295,764	\$ 462,141	\$ 1,083,289	\$ 11,514,408	DIRECT BUDGET		
			5.9%	13.3%	0.0%	0.0%	5.8%	10.0%			

Expenditures											
	Board of Health	Admin	Clinic Services	Env & Community Health	General Support	Buildings	Crisis Center	Total	YTD	Total Budget	Percent Budget to Actual
Personnel	\$ 1,670	\$ 20,524	\$ 244,086	\$ 255,529	\$ 79,165	\$ 10,039	\$ 3,648	\$ 614,662	\$ 614,662	\$ 8,365,691	7%
Operating	\$ 88	\$ 1,429	\$ 21,261	\$ 42,115	\$ 8,387	\$ 17,695	\$ 67,017	\$ 157,993	\$ 157,993	\$ 2,826,817	6%
Capital Outlay	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 197,400	0%
Trustee & Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 124,500	0%
Monthly Expenditures	\$ 1,759	\$ 21,953	\$ 265,346	\$ 297,644	\$ 87,552	\$ 27,735	\$ 70,665	\$ 772,655	\$ 772,655	\$ 11,514,408	6.7%
Year-to-Date Expenditures	\$ 1,759	\$ 21,953	\$ 265,346	\$ 297,644	\$ 87,552	\$ 27,735	\$ 70,665	\$ 772,655	DIRECT BUDGET		
Budget	\$ 19,739	\$ 359,507	\$ 4,071,532	\$ 4,237,848	\$ 1,295,764	\$ 462,141	\$ 1,067,877	\$ 11,514,408	DIRECT BUDGET		
	8.9%	6.1%	6.5%	7.0%	6.8%	6.0%	6.6%	6.7%			



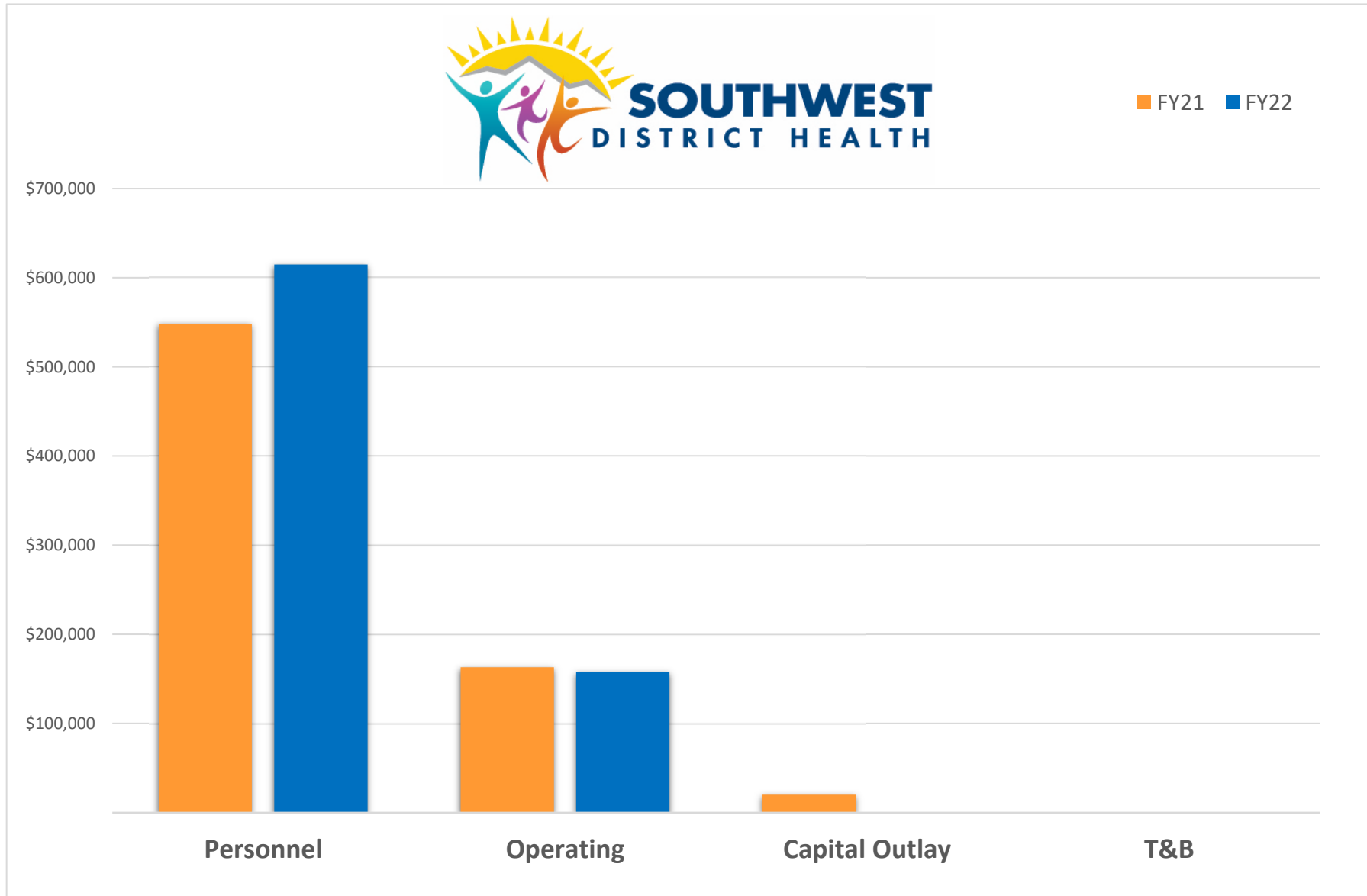
YTD REVENUES with Prior Year Comparison

Jul-21



YTD EXPENDITURES with Prior Year Comparison

Jul-21

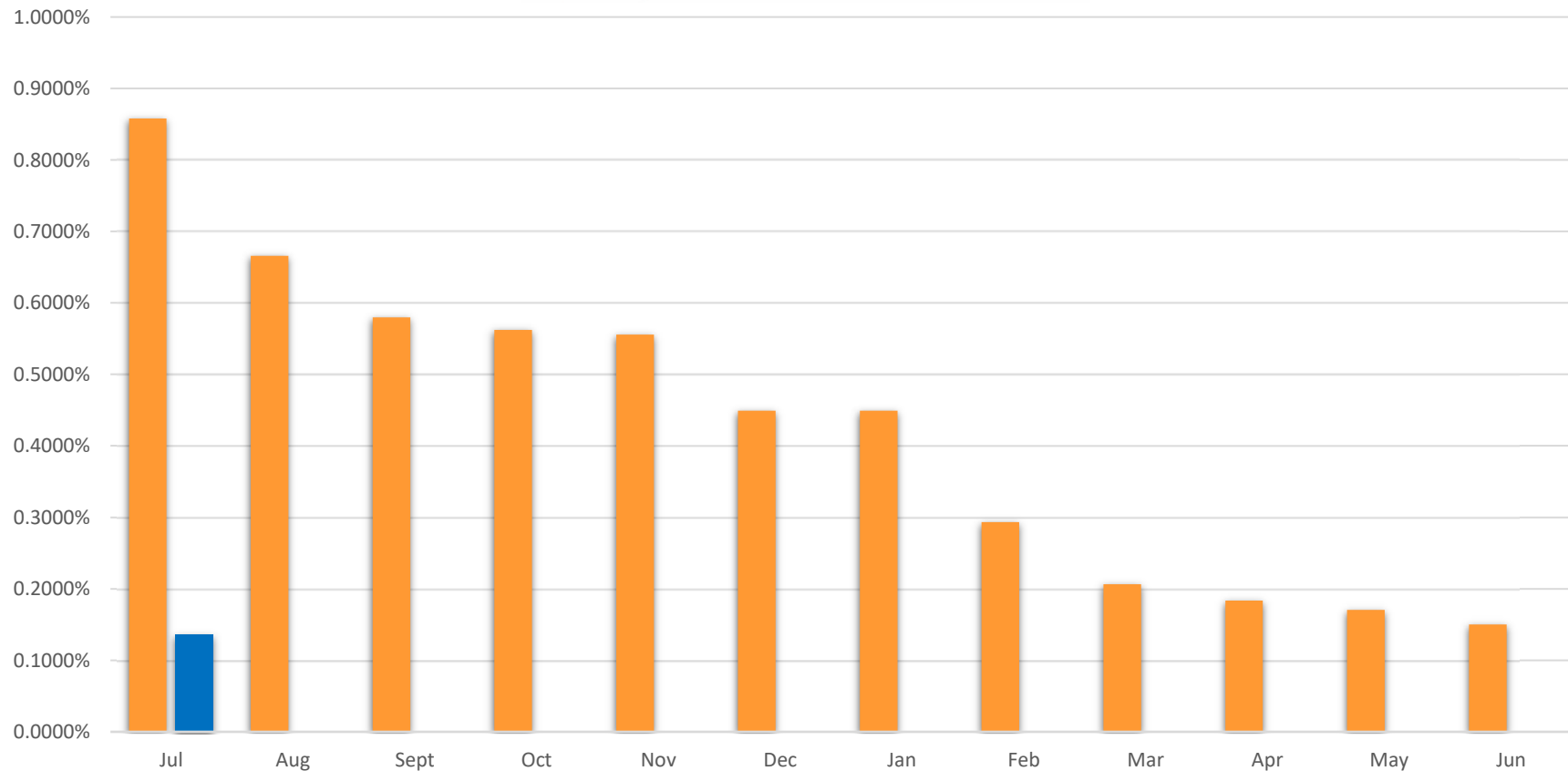


YTD Investment Yield with Prior Year Comparison

Jul-21



FY21 FY22





Southwest District Health
Summary of Restricted and Committed Funds - FY 2022

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	\$5,885	
Parents as Teachers	\$82,087	
Citizen's Review Panel	\$34,117	
Kresge Grant (PH1)	\$18,607	
COVID Incentive grant*	\$152,390	
Crisis Center (CFAC)	\$28,571	
Personnel Updates		\$285,000
Weiser Project		\$1,000
Clinic Medical Supplies/Equipment		\$9,500
27th Pay Period		\$51,500
EH Employee Training		\$5,000
EH A/V Equipment		\$10,000
EH Vehicle		\$33,790
EH Security		\$7,500
	\$321,657	\$403,290

**Not program funds and must be spent by Oct 2021*



August 20, 2021

TO: Region 3 Behavioral Health Board

SUBJECT: Contemplated termination of the contract to deliver Region 3 Behavioral Health Board support

1. Southwest District Health (SWDH) is contemplating termination of contract BC031400 with the Division of Behavioral Health. This contract agreement requires SWDH to deliver administrative support, fiduciary services, and meeting space to the Region 3 Behavioral Health Board (R3BHB).
2. Southwest District Health communicated concerns regarding the relationship between SWDH and the R3BHB to the Division of Behavioral Health on May 18, 2021 in an effort to make our concerns known and work toward a resolution (Attachment).
3. Southwest District Health's Director and Board of Health members have attended two R3BHB executive committee meetings and one regular R3BHB meeting since May 2021. On Tuesday, August 20, 2021, SWDH staff met with the chair and co-chair of the R3BHB and discussed next steps toward resolution. It was agreed that SWDH and the R3BHB would provide their respective expectations if SWDH were to continue to carryout the work of contract BC031400. Below are SWDH's expectations of the R3BHB, which we feel are necessary to foster a professional and collaborative relationship moving forward.
 - a) A leadership change of the Chair and Vice-Chair.
 - b) Improved transparency and input with the R3BHB on matters pertaining to agenda planning, recruiting speakers, potential grant opportunities, needs of SWDH staffing support, etc.
 - c) Respectful written and verbal communication in emails and during meetings to both staff and partner organizations.
 - d) Clear direction of priorities and tasks and clarification of desired role (i.e., primarily administrative support or broader ability to engage in behavioral health efforts, write for and manage grants, etc.).

We look forward to seeing the expectations of the R3BHB.

Sincerely,

Nikole Zogg
Director

Cc: Division of Behavioral Health

Attachment: Memorandum to Division of Behavioral Health dated May 18, 2021

Healthier Together

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



May 18, 2021

MEMORANDUM FOR RECORD

TO: Ross Edmunds, Division of Behavioral Health, Idaho Department of Health and Welfare

SUBJECT: Pertaining to the termination of contract BC031400 with the Division of Behavioral Health

1. Southwest District Health (SWDH) has appreciated the opportunity to serve as the fiduciary organization for the Region 3 Behavioral Health Board (R3BHB) since 2015. This collaborative partnership has historically allowed the two organizations to support each other's efforts in improving behavioral health resources and access across the six-county region.

2. Over the past couple of years, SWDH has experienced a decline in the collaborative relationship that previously existed with the R3BHB. Despite our best efforts to meet the needs, requests, and expectations of the R3BHB, the nature of the relationship has continued to deteriorate.

3. Our primary concerns are:

- a. While we are meeting the expectations and contract deliverables as outlined by the Division of Behavioral Health, SWDH does not appear to be meeting the expectations of the R3BHB.
- b. Employees of SWDH are not treated in a respectful and courteous way by some members of the R3BHB. I am concerned this will result in our inability to retain quality staff to support this work.
- c. Members of the R3BHB are making disparaging comments in public and via email to SWDH's valued partners that undermine SWDH and could put our community partner relationships at risk.

Upon request, evidence can be provided to support our concerns.

4. Today, I presented this dilemma and our concerns to the Board of Health. After thoughtful discussion, I was asked by the board to communicate SWDH's interest in terminating the contract and to initiate conversations with the Division of Behavioral Health to this end. I will plan to provide an update to the Board of Health at their June 17, 2021, meeting.

I will be reaching out to you and the contract monitor to schedule time to discuss this situation and options for moving forward.

Best Regards,

Nikole Zogg
Director

Cc: Melissa Mezo, Board Chairwoman, Region 3 Behavioral Health Board

Healthier Together

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