



Board of Health Meeting

Tuesday, September 21, 2021, 9:00 a.m.
13307 Miami Lane, Caldwell, ID 83607

Public comments specific to an agenda item for the September 21, 2021 Board of Health meeting can be submitted at <https://www.surveymonkey.com/r/BoH09212021> 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, September 20, 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

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	
9:05	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 – August 24, 2021	Chairman Bryan Elliott
9:15	In-Person Public Comment	
9:30 I	Open Discussion	SWDH Board Members
9:40 I	COVID-19 Situation Update	Nikki Zogg
10:00 I	Introduction of New Employees	Division Administrators
10:10 I	August 2021 Expenditure and Revenue Report	Troy Cunningham
10:20 I	Contract Funding Source Update	Troy Cunningham
10:30	Break	
10:40 I	Western Idaho Community Crisis Center Quarterly Update	Sam Kenney
10:50 I	Clinic Services Division Update	Josh Campbell
11:00 G	Behavioral Health Board Contract Discussion	Nikki Zogg
11:20 I	Director's Report	Nikki Zogg
	Opioid Settlement Update	
	House Bill 316 Update	
	Public Health Symposium – Revised Date – November 16, 2021	
12:00	Adjourn	

NEXT MEETING: Tuesday, October 26, 2021, 9:00 a.m.

Healthier Together

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



BOARD OF HEALTH MEETING MINUTES
Tuesday, August 24, 2021

BOARD MEMBERS:

Georgia Hanigan, Commissioner, Payette County – present
Lyndon Haines, Commissioner, Washington County – present
Keri Smith, Commissioner, Canyon County – not 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, Lekshmi Rita Venugopal, Emily Geary, Adriana French, Patty Kennings

Via Zoom: Troy Cunningham, Rachel Pollreis, Ashley Anderson, Doug Doney, Juanita Aguilar, Jaime Aanensen

GUESTS:

In person: Judge Gene Petty

Live Stream: Guests viewed the live stream via SWDH You Tube page

CALL THE MEETING TO ORDER

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

PLEDGE OF ALLEGIANCE

Meeting attendees participated in the pledge of allegiance.

ROLL CALL

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

APPROVAL OF MINUTES – JULY 27, 2021

MOTION: Commissioner Haines made a motion to approve the minutes from the July 27, 2021 Board of Health meeting as presented. Dr. Summers seconded the motion. All in favor; motion passes.

IN-PERSON PUBLIC COMMENT

No members of the public provided in-person public comment.

OPEN DISCUSSION

Nikki clarified that Lekshmi Rita Venugopal is providing recommendations based on the most current guidance or research that we have available pertaining to COVID-19. Some of this guidance comes from Idaho Department of Health and Welfare's Division of Licensing and Certification.

Nikki also clarified that Southwest District Health (SWDH) staff will not issue requirements to schools and cannot close schools. Staff are not advocating for specific treatment for COVID-19 infections and refer the public to their healthcare provider for treatment decisions.

CONGREGATE SETTINGS PRESENTATION

Nikki Zogg presented information regarding congregate settings which include correctional facilities, boarding schools, colleges, universities, assisted living facilities, and skilled nursing facilities.

Board members asked for information regarding the PCR testing threshold. Nikki will gather information and email to Board members.

IDAHO BEHAVIORAL HEALTH COUNCIL STRATEGIC PLAN

Gene Petty, Third District Judge, has been participating on the Governor-appointed Idaho Behavioral Health Council. Judge Petty attended the meeting to provide information on the strategic plan that the Council developed and how it might impact District 3. The goal of the Council is to improve the behavioral health system in the state and help remove silos to create a cohesive organization that works together. The Legislature and the Supreme Court supported the development of the strategic plan. The Council worked to prioritize nine recommendations from the approximately 100 recommendations generated by the Council's workgroups.

YOUTH BEHAVIORAL HEALTH TRENDS

Rachel Pollreis, Data Analyst, Senior, presented data on the impact of the pandemic on mental health. Nikki shared plans to begin to meet with SWDH staff and local officials to identify and address gaps and needs in the area of youth behavioral health services across the region.

INTRODUCTION OF NEW EMPLOYEES

Division administrators introduced new employees.

JULY 2021 EXPENDITURE AND REVENUE REPORTS

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

VEHICLE FLEET PURCHASING vs. LEASING

Troy Cunningham explained purchasing and leasing options for the vehicle fleet. There is potential for a combined request for proposal (RFP) with several other health districts. Troy also visited with the City of Nampa Fleet Manager regarding their RFP process.

Troy asked board members if they have fleet managers or points of contact for their county vehicle resources.

CLINIC FEE SCHEDULE CHANGE APPROVAL

Juanita Aguilar presented a request to add a sports physical fee of \$25 flat rate to the clinic fee schedule.

MOTION: Dr. Summers made a motion to approve the addition of the \$25 flat rate sports physical fee to the clinic fee schedule. Commissioner Haines seconded the motion. All in favor; motion passes.

HOME VISITING PROGRAMS UPDATE

Patty Kennings, Parents as Teachers (PAT) Program Manager, and Adriana French, Nurse Family Partnership (NFP) Program Manager, provided board members with an overview and update on the Parents as Teachers and Nurse Family Partnership home visiting programs. Nikki commented that there is a lot of research into these programs showing positive outcomes for enrolled families during and following their participation. The programs reduce adverse childhood experiences and increase high school graduation rates and other success indicators.

EMPLOYEE COMPENSATION UPDATE AND DECISION

At the Board of Health meeting held July 27, 2021, Board members approved the request to reallocate a combination of unused committed funds and remaining funds from Fiscal Year 2021 to be used in part for personnel cost-of-living adjustments and merit increases. Following this approval, Nikki submitted a request to Division of Human Resources (DHR) for approval of a 3% cost-of-living adjustment and a 2% additional merit-based increase for SWDH staff. The request was not approved due to DHR having no mechanism for the use of a cost-of-living adjustment.

The SWDH Finance and Human Resources Teams have worked with DHR to present a proposal that DHR can accept. The DHR point of contact suggested that instead of a cost-of-living adjustment and a merit-based increase that Nikki submit a request for just a merit-based increase. Based on this suggestion, Nikki presented a request to Board members to approve a 4.15% to 5% merit-based increase to be implemented on the pay date of October 1, 2021 for anyone hired before July 1, 2021 and currently employed.

MOTION: Commissioner Haines made a motion to approve the requested employee performance merit-based increase of 4.15 to 5% to be implemented on the pay date of October 1, 2021. Commissioner Hanigan seconded the motion. All in favor; motion passes.

WEBSITE UPDATE

Ashley Anderson, SWDH Public Information Officer, provided a brief overview of recent updates and additions to the Southwest District Health website available at phd3.idaho.gov.

DIRECTOR'S REPORT

House Bill 316 Update

Nikki provided an overview of the recent meetings with the public health district directors and Department of Environmental Quality (DEQ), Department of Health and Welfare (DHW), Division of Human Resources (DHR), Office of Group Insurance (OGI) and the State Controller's Office (SCO) a few weeks ago to discuss the impacts of House Bill 316 as well as interpretations from their respective legal counsels. Efforts to remove delegated authority are being drafted in MOUs and statute, where applicable, and the goal is to have these agreements and statute changes in place by March 1, 2022.

Nikki explained some challenges with defining SWDH's relationship with DHR. Most of the public health districts are in agreement to separate themselves from DHR.

The meeting with OGI went well and OGI foresees no changes to benefits for staff employed by SWDH.

Behavioral Health Board Update

Nikki explained that discussions with the Behavioral Health Board (BHB) as to the nature of the contract between DHW and SWDH continue. Nikki had conversations with the Chair and Vice-Chair of the BHB. At the most recent meeting, Nikki presented the BHB Executive Committee leadership with expectations to outline the relationship between SWDH and the BHB should SWDH opt to remain in the contract. Nikki is anticipating receiving expectations from BHB that outline their needs of SWDH soon.

There being no further business, the meeting adjourned at 12:21 p.m.

Respectfully submitted:

Approved as written:

Nikole Zogg
Secretary to the Board

Bryan Elliott
Chairman

Date

DRAFT

#1

COMPLETE

Collector: Web Link 2 (Web Link)
Started: Sunday, September 19, 2021 7:55:25 PM
Last Modified: Sunday, September 19, 2021 7:58:01 PM
Time Spent: 00:02:35
IP Address: [REDACTED]

Page 1

Q1

Public comment

Hello, please prioritize public health for our district the same way you did a year ago. We are in a crisis and we need you to lead, where our other leaders are failing us. The vulnerable depend on you to keep us safe. We know that masks work and the framework for schools was helpful in slowing the spread of covid. Push harder.

#2

COMPLETE

Collector: Web Link 2 (Web Link)
Started: Sunday, September 19, 2021 7:57:21 PM
Last Modified: Sunday, September 19, 2021 7:58:43 PM
Time Spent: 00:01:22
IP Address: [REDACTED]

Page 1

Q1

Public comment

Please do a mask mandate to help mitigate the tremendous spread of Covid our area is experiencing.

#3

COMPLETE

Collector: Web Link 2 (Web Link)
Started: Monday, September 20, 2021 10:25:03 AM
Last Modified: Monday, September 20, 2021 10:46:38 AM
Time Spent: 00:21:34
IP Address: [REDACTED]

Page 1

Q1

Public comment

Our hospitals state-wide are under crisis care standards. What will you, as the Board of Health, do to help our hospitals and communities? I know many people who still aren't sure where or how to get the Covid vaccines. They still aren't sure which ages are eligible or which vaccine they can get. Please do something to increase the awareness of our community. Many people are unaware of the transmission rate of Covid in our communities or what those number mean, now that you are not using the color-coded alert level. People think that because you aren't speaking out loudly enough/often enough/publicly enough, that it isn't a problem. This is your job. Please do it better.

We need strong recommendations to businesses and schools and community leaders that multiple mitigation strategies need to be in place when we reach certain levels of disease transmission. Perhaps you would be willing to be brave and consider telling schools to mandate masks if their transmission rate is above 3 or 4 per 10,000 students? Right now Nampa School District has a daily incidence rate of transmission just among students of over 10 per 10,000 students. How are you okay with this? How are allowing our children and teachers to attend school without any mitigation strategies in place when the CDC recommends so many options?

Please do something to help. Treat Covid like other infectious diseases our communities and schools have dealt with in the past like lice, chickenpox, measles. This is what health departments traditionally do in situations like this. We know what to do and what works to prevent the spread of Covid 19 (and other illnesses such as flu and RSV (masks help with all these airborne illnesses), please put this knowledge to work, especially while our healthcare systems are so overwhelmed.

We need data to be presented and publicized in a way that people can understand it. Please go back to using the alert tool. To remove any concerns about subjective information, consider posting the information in separate categories. Daily incidence rate, Percent of cases traced/interviewed, information about what the tracing shows, specifics about outbreaks and where the occurred, testing positivity, vaccination rates, etc.

Consider a news release urging parents and schools and others to get vaccinated, wear masks, avoid crowds. As long as you are relatively silent, people believe all is well. It isn't. Please use your power and position as a Health Board to help.

Nampa Parent and Resident



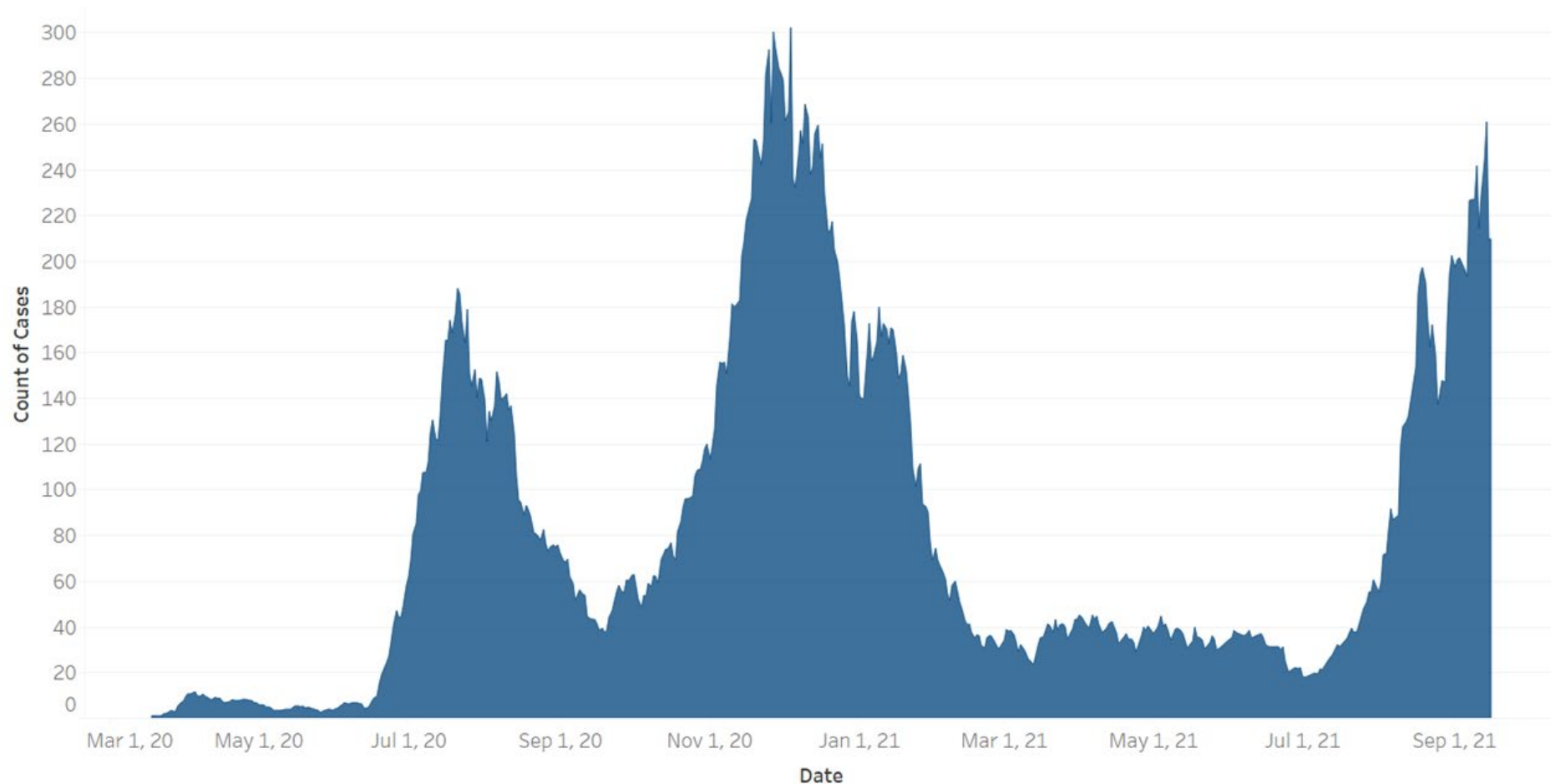
COVID-19 SITUATION UPDATE

September 21, 2021

HEALTHIER TOGETHER

[SWDH.ORG](https://www.swdh.org)

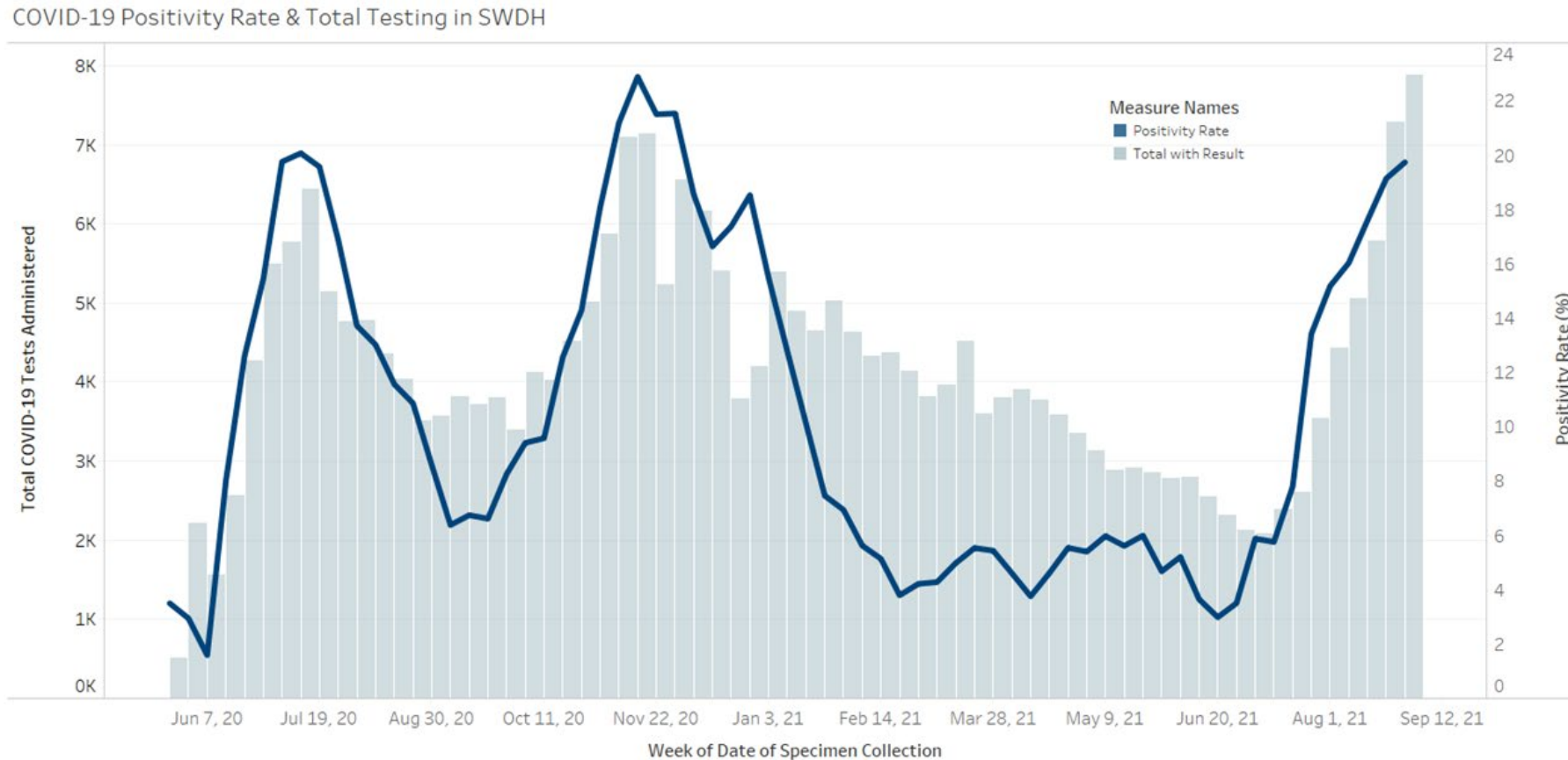
Current Disease Trends – 7 Day Average of Confirmed and Probable Cases



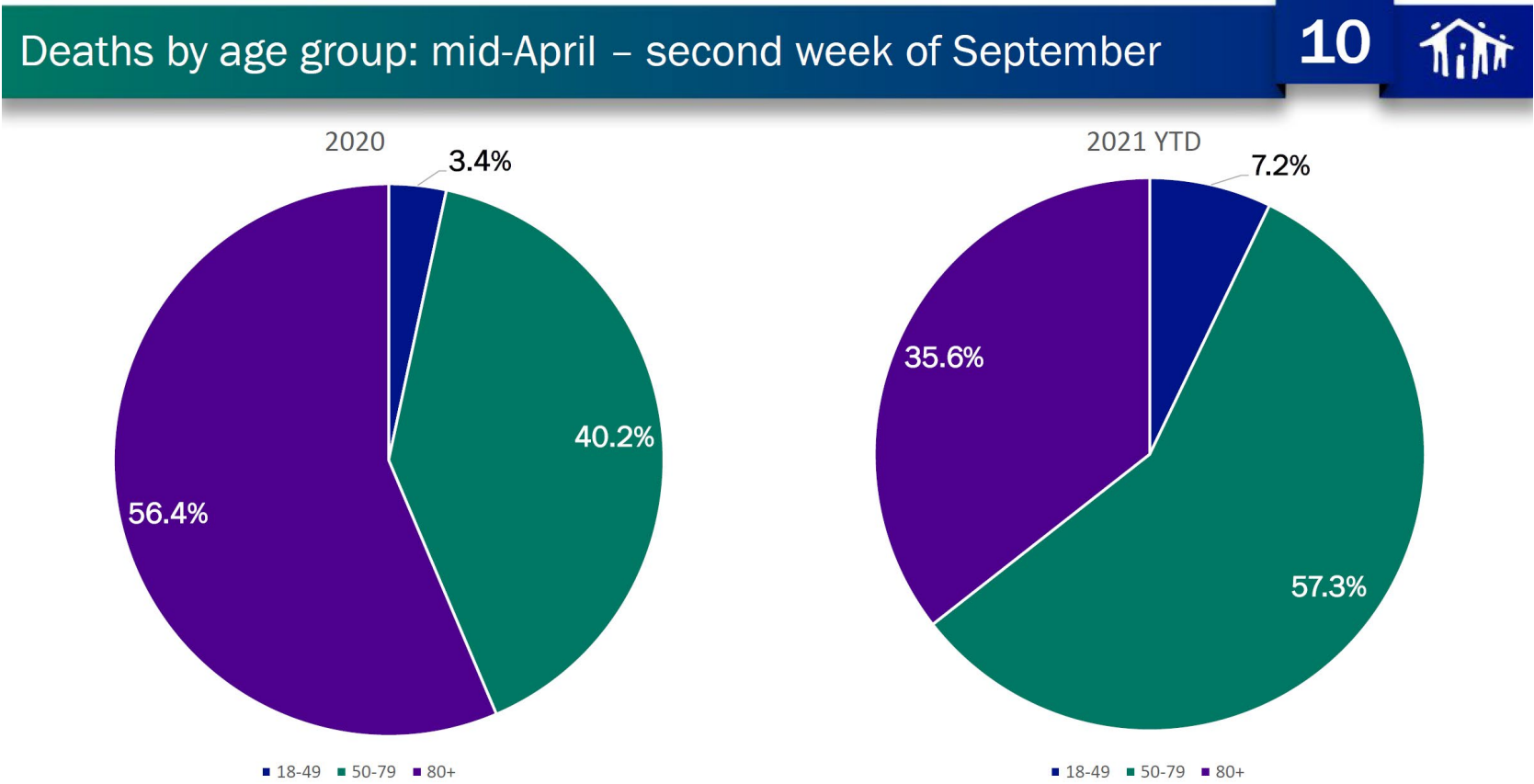
Current Disease Trends – 7 Day Average of Confirmed & Probable Cases, 13-18 years of age



Current Disease Trends – Positivity Rate & Total Testing

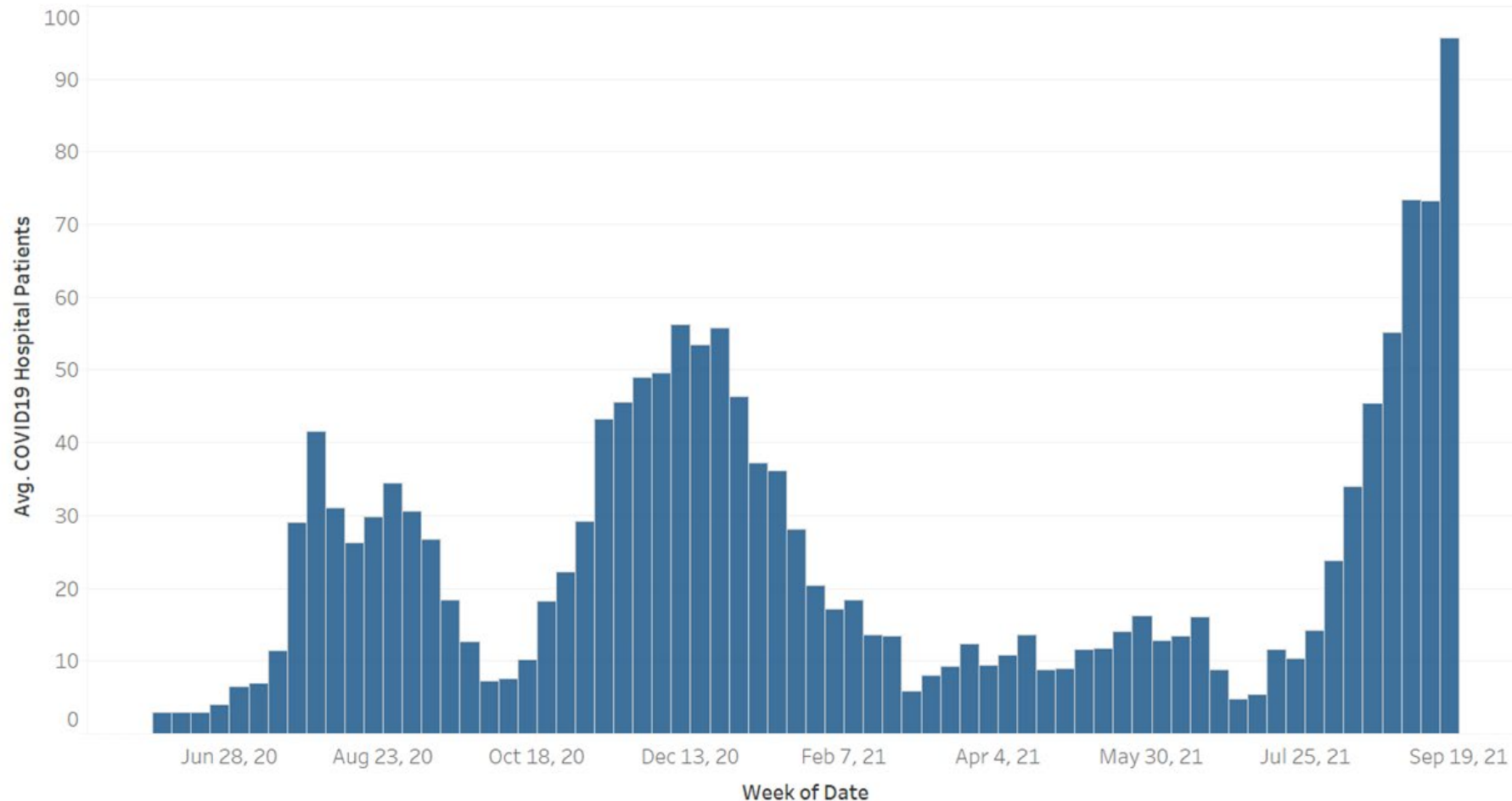


Shifts in Death by Age Group in Idaho, 2020 & 2021



Source: Idaho Department of Health & Welfare, Sept. 13, 2021

Hospitalizations and Crisis Standards of Care – Weekly COVID-19 Hospitalizations

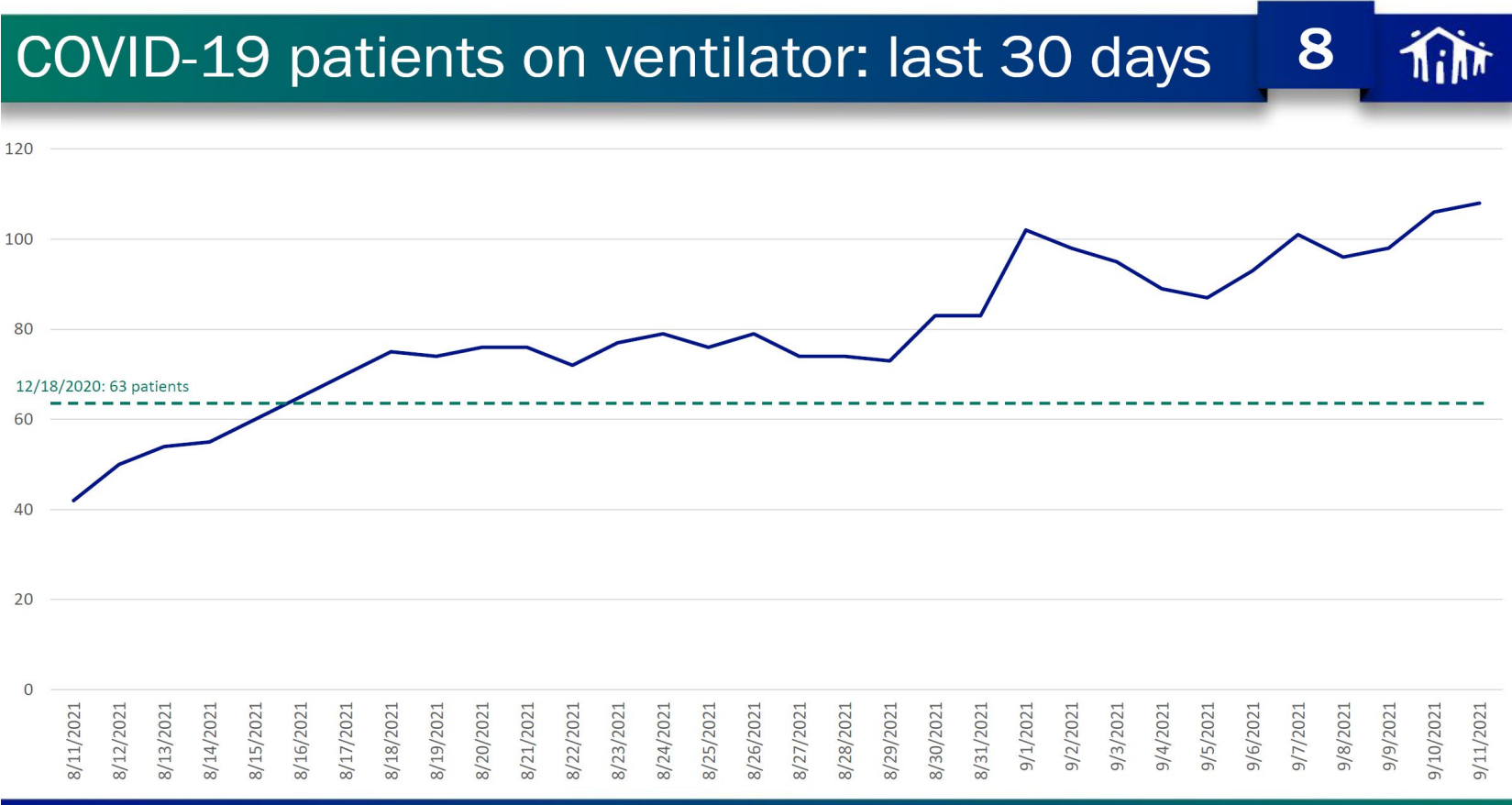


Hospitalizations and Crisis Standards of Care – ICU Occupancy, June 2021 - present

Percentage of Total ICU Beds Occupied (Total & by COVID-19 Patients)

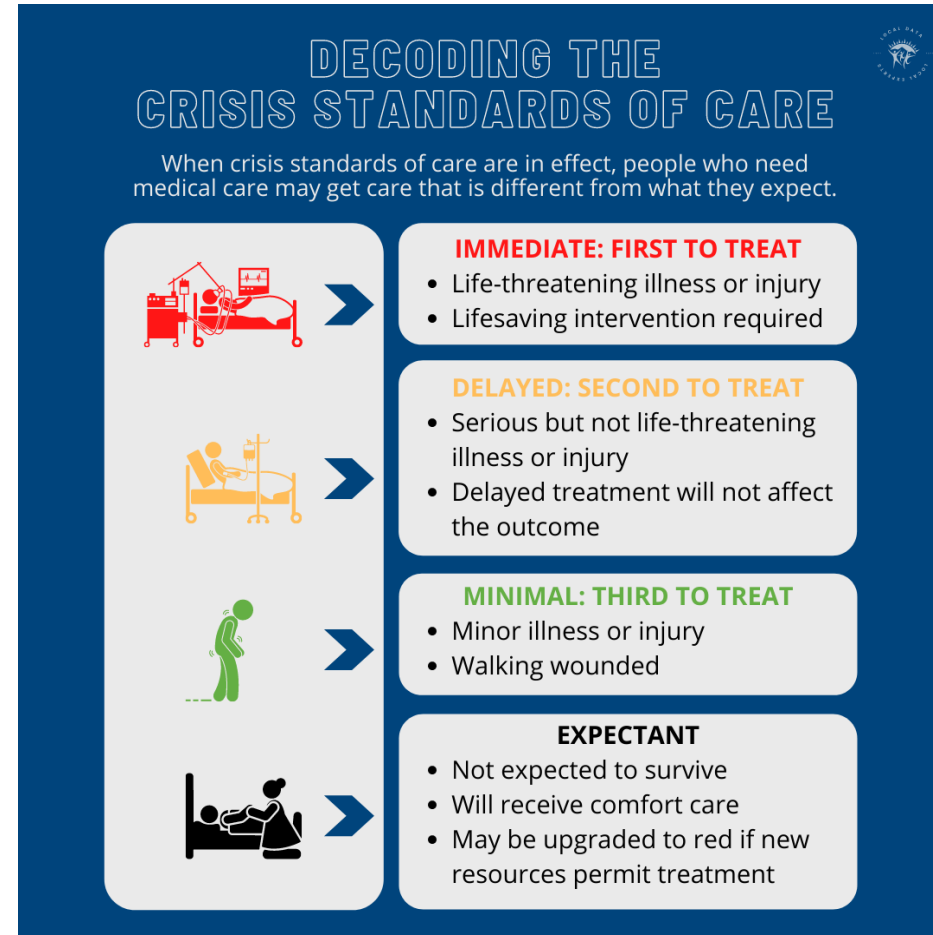


Hospitalizations and Crisis Standards of Care – Ventilator Utilization, December 2020 - present


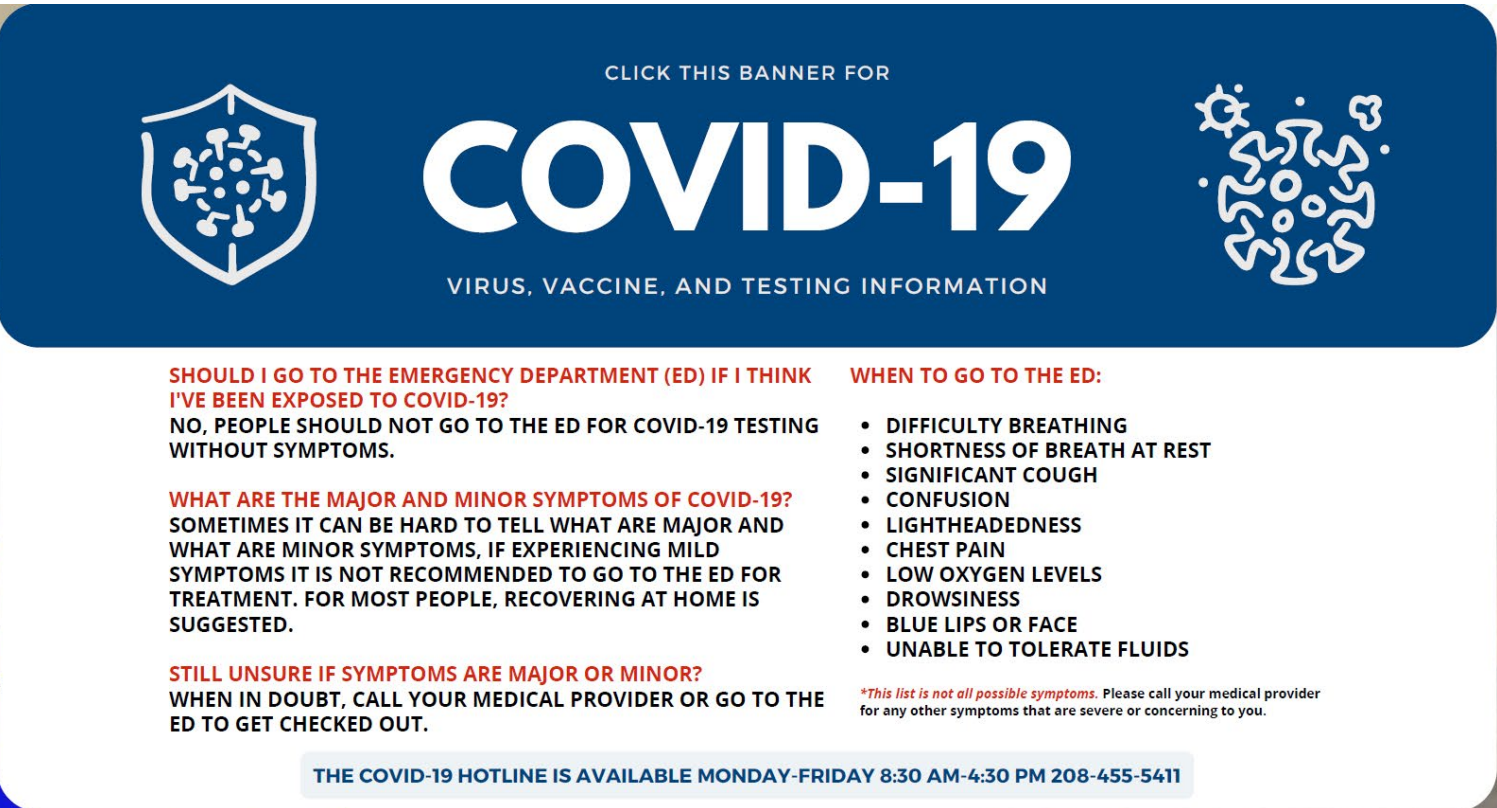
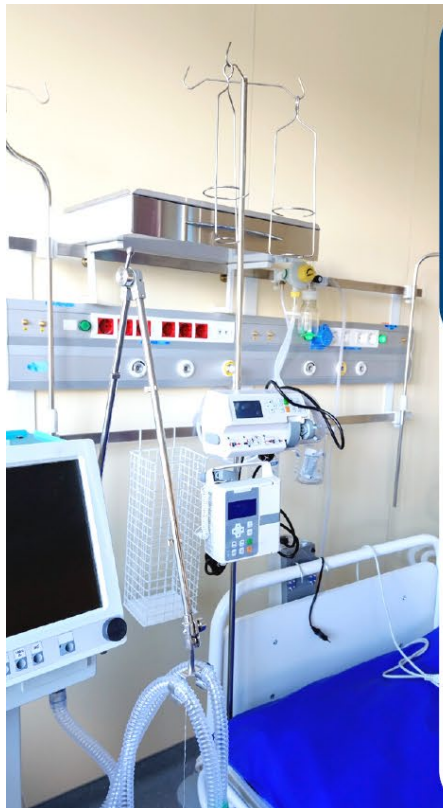


Source: Idaho
Department of Health &
Welfare, Sept. 13, 2021

Crisis Standards of Care – September 16, 2021



Crisis Standards of Care – September 16, 2021



CLICK THIS BANNER FOR

COVID-19

VIRUS, VACCINE, AND TESTING INFORMATION

SHOULD I GO TO THE EMERGENCY DEPARTMENT (ED) IF I THINK I'VE BEEN EXPOSED TO COVID-19?
NO, PEOPLE SHOULD NOT GO TO THE ED FOR COVID-19 TESTING WITHOUT SYMPTOMS.

WHAT ARE THE MAJOR AND MINOR SYMPTOMS OF COVID-19?
SOMETIMES IT CAN BE HARD TO TELL WHAT ARE MAJOR AND WHAT ARE MINOR SYMPTOMS. IF EXPERIENCING MILD SYMPTOMS IT IS NOT RECOMMENDED TO GO TO THE ED FOR TREATMENT. FOR MOST PEOPLE, RECOVERING AT HOME IS SUGGESTED.

STILL UNSURE IF SYMPTOMS ARE MAJOR OR MINOR?
WHEN IN DOUBT, CALL YOUR MEDICAL PROVIDER OR GO TO THE ED TO GET CHECKED OUT.

WHEN TO GO TO THE ED:

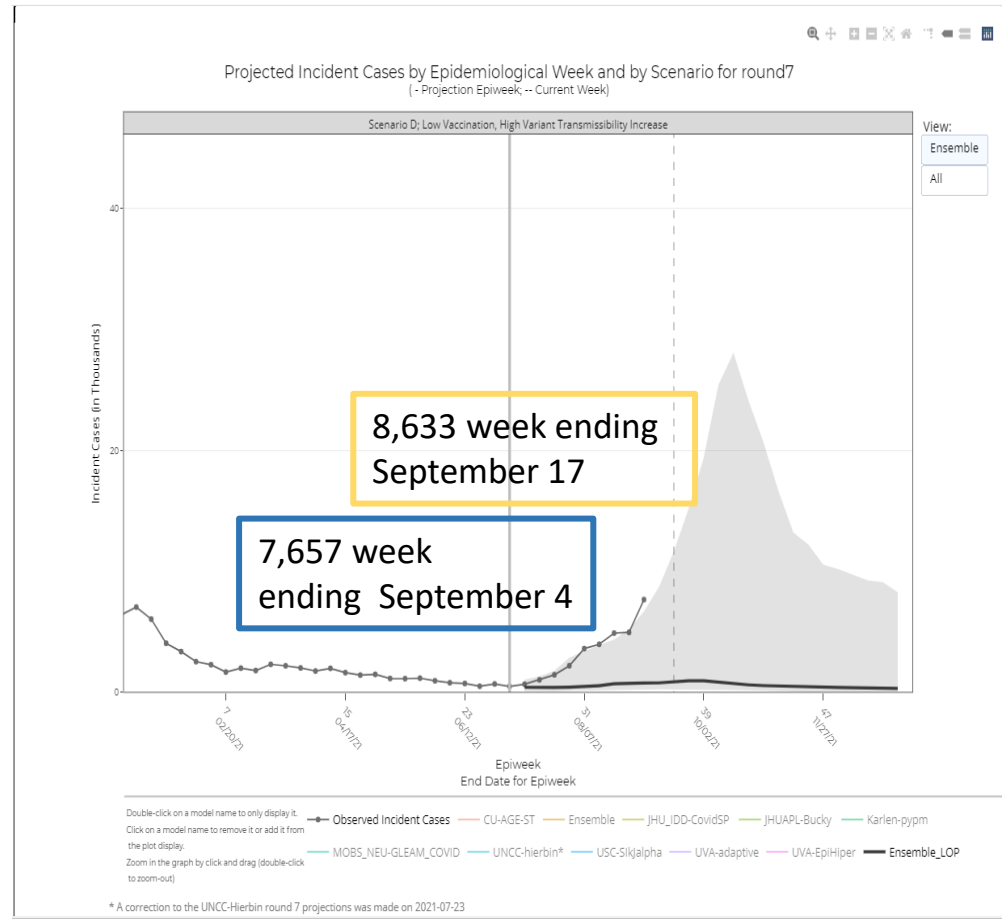
- DIFFICULTY BREATHING
- SHORTNESS OF BREATH AT REST
- SIGNIFICANT COUGH
- CONFUSION
- LIGHTEADEDNESS
- CHEST PAIN
- LOW OXYGEN LEVELS
- DROWSINESS
- BLUE LIPS OR FACE
- UNABLE TO TOLERATE FLUIDS

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

THE COVID-19 HOTLINE IS AVAILABLE MONDAY-FRIDAY 8:30 AM-4:30 PM 208-455-5411

09092021

COVID-19 Projections

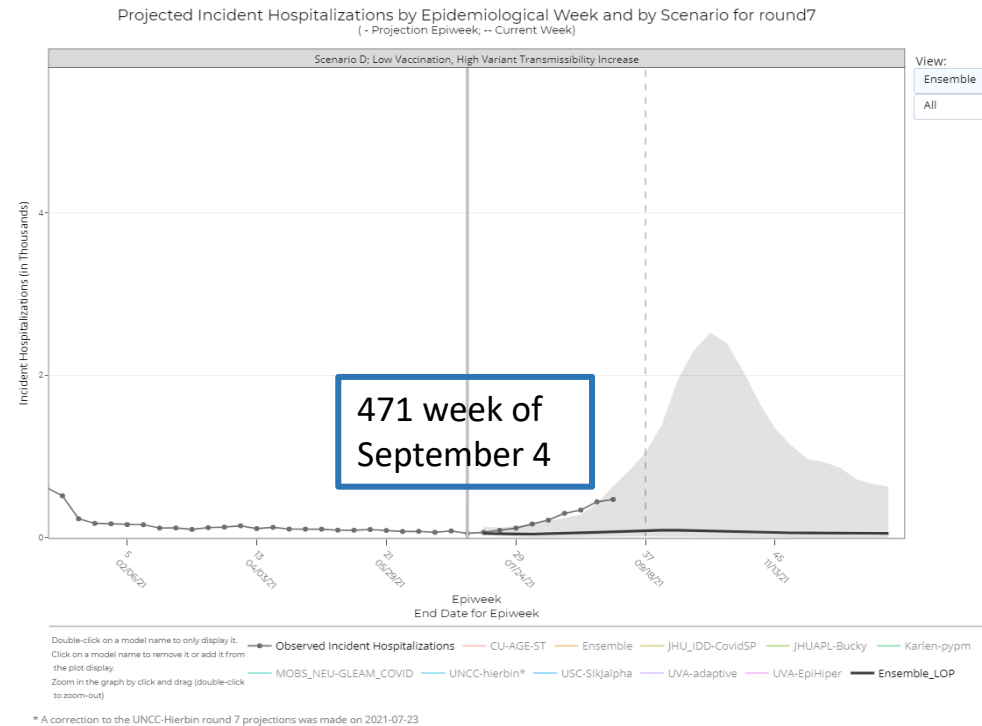


Projected Cases in Idaho

- It has been shown that synergizing results from multiple models gives more reliable projections than any one model alone
- Projection ensemble includes 30+ models
- 4 scenario options based on vaccination rates of the population and transmissibility of the variant
- Incidence of new cases have been trending consistent with the worst-case projections
- Idaho is projected to peak in new cases per week (30,000) by mid-October

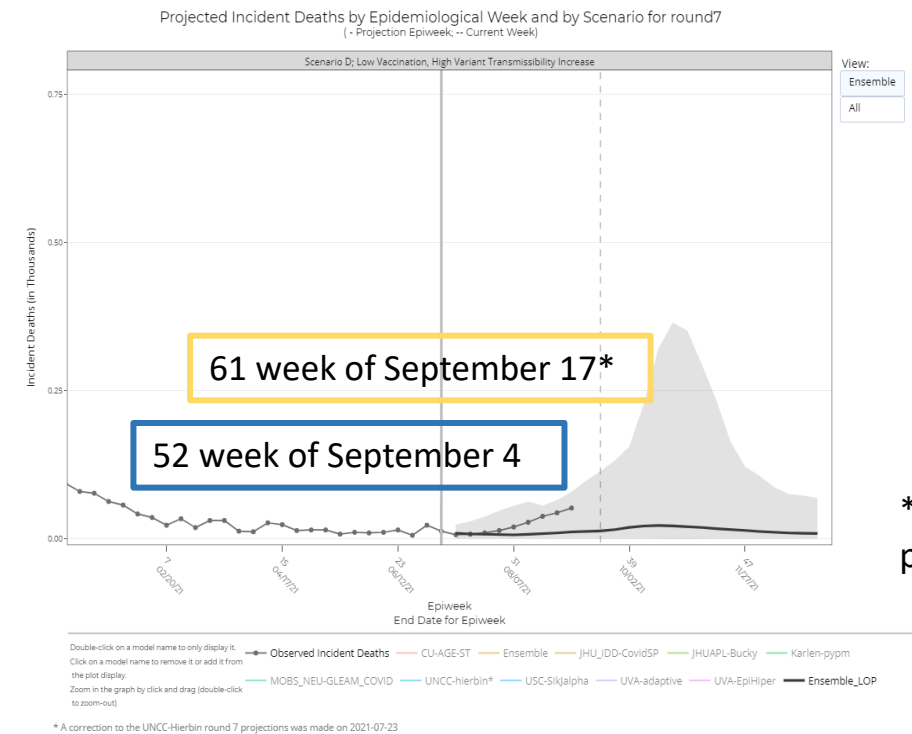
COVID-19 Projections

Idaho Hospitalization Projections



Peak at 2,522 hospitalizations week of October 16

Idaho Death Projections



* Incomplete and preliminary data

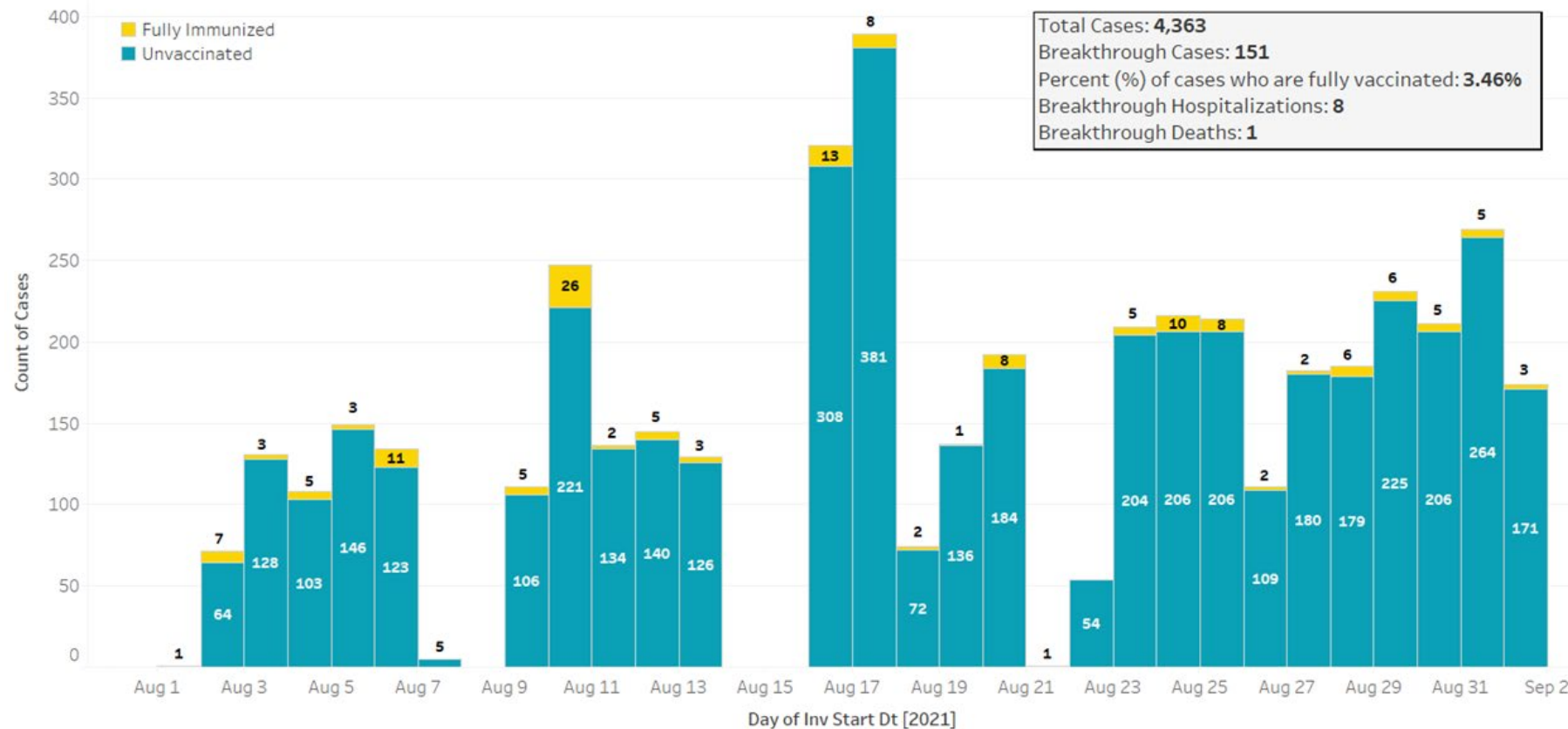
Peak at 365 deaths week of October 23



COVID-19 Vaccinations – Percent (%) Vaccinated by County & Age Group

	Adams	Canyon	Gem	Owyhee	Payette	Washington
12 - 15	17%	27%	15%	18%	11%	16%
16 - 19	36%	37%	26%	19%	20%	34%
20 - 29	20%	41%	22%	28%	20%	25%
30 - 39	26%	43%	34%	30%	27%	27%
40 - 49	39%	52%	35%	33%	23%	36%
50 - 59	38%	59%	45%	40%	39%	43%
60 - 69	60%	77%	64%	52%	52%	61%
70 - 79	74%	81%	70%	57%	75%	76%
80+	70%	90%	81%	61%	78%	76%

COVID-19 Vaccinations – Breakthrough Infections



During the month of August 2021...

A **fully vaccinated** person in SWDH has a **1 in 13,000 chance of being hospitalized** with COVID-19 and a **1 in 100,000 chance of dying** from COVID-19.

An **unvaccinated** person in SWDH has a **1 in 1,200 chance of being hospitalized** with COVID-19 and a **1 in 4,500 chance of dying** from the COVID-19.

SWDH COVID-19 Response

Epidemiology

- 2,373 open case investigations
- 1,700 labs requiring review prior to opening investigations
- Implemented online form to collect essential information to assist with timely data analysis and information dissemination
- Providing congregate settings with technical information on infection control practices, as requested

Other responsibilities

- Continuing to provide consultation to schools, cities, and businesses, as requested
- Providing information: press releases, website updates, dashboard updates and enhancements
- Staffing the call center
- Managing vaccine, testing, and medical supply requests
- Providing testing and vaccinations

SWDH COVID-19 Response

Staffing Peak - December 2020

60 Staff Total (SWDH-37, ING-21, HF-2)

- Incident Commander and staff - 6
- Planning Section - 4
- Logistics Section - 2
- Finance Section - 2
- Agency Representative - 1
- Operation Chief and staff- 6
 - School Task Force - 8
 - Investigations Task Force - 18
 - Testing and Vaccine- 11
 - Data Analyst – 1
 - Call Center –1

Staffing Peak – February 2021

65 Staff Total (SWDH-39, ING-19, HF-7)

- Incident Commander and staff - 9
- Planning Section - 2
 - Technical Specialists - 5
- Logistics Section -3
- Finance Section - 1
- Agency Representative - 1
- Operations Chief and staff – 6
 - School Task Force- 7
 - Investigations Task Force - 16
 - Testing and Vaccine – 14
 - Data Analyst – 1
 - Call Center - 1

SWDH COVID-19 Response

Current Staffing – September 2021

13 Total Staff (SWDH-13, ING/HF-0)

- COVID Program Manager
 - Health Program Specialist - vacant
 - Investigation Team – 7
 - Data Analyst – 1
 - Vaccine & Testing Manager –1
 - Lab Tech & Testing Coordinator – 1
 - Call Center & Testing Supply Coordinator –1
 - Community Resource Coordinator – 1

Anticipated Staffing - October 2021

21 Total Staff (SWDH-21, ING/HF-0)

- COVID Program Manager
 - Health Program Specialist – 1
 - Investigators – 10
 - Data Analyst – 1
 - Data Entry Specialist –1
 - Vaccine & Testing Manager –1
 - Lab Tech & Testing Coordinator – 1
 - Lab Tech – 1
 - LPN – 1
 - Call Center & Testing Supply Coordinator – 1
 - Customer Service Representative – 1
 - Community Resource Coordinator –1



SOUTHWEST DISTRICT HEALTH

BUDGET REPORT FOR FY2022

Cash Basis

Aug-21

Target **16.7%**

Fund Balances			
	FY Beginning	Month Ending	Change
General Operating Fund	\$ 65,977	\$ 6,076	\$ (59,901)
Millennium Fund	\$ -	\$ 115,971	\$ 115,971
LGIP Operating	\$ 3,187,262	\$ 3,978,406	\$ 791,143
LGIP Vehicle Replacement	\$ 99,692	\$ 99,716	\$ 24
LGIP Capital	\$ 1,299,174	\$ 1,299,174	\$ -
Total	\$ 4,652,106	\$ 5,499,343	\$ 847,237

Income Statement Information			
	YTD	This month	
Net Revenue:	\$ 1,639,522	\$ 482,560	
Expenditures:	\$ (1,668,296)	\$ (895,641)	
Net Income:	\$ (28,774)	\$ (413,081)	

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	\$ 233,649	\$ 1,873,492	12%
Fees	\$ -	\$ -	\$ 41,635	\$ 116,603	\$ -	\$ 380	\$ -	\$ 158,618	\$ 365,202	\$ 1,874,852	19%
Contracts	\$ -	\$ -	\$ 142,618	\$ 63,082	\$ -	\$ -	\$ -	\$ 205,700	\$ 1,037,872	\$ 6,407,764	16%
Sale of Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20,000	0%
Interest	\$ -	\$ 557	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 557	\$ 1,167	\$ 50,000	2%
Other	\$ -	\$ -	\$ 861	\$ -	\$ -	\$ -	\$ -	\$ 861	\$ 1,633	\$ 283,000	1%
Monthly Revenue	\$ -	\$ 117,381	\$ 185,114	\$ 179,685	\$ -	\$ 380	\$ -	\$ 482,560	\$ 1,639,522	\$ 11,514,408	14.2%
Year-to-Date Revenue	\$ -	\$ 408,548	\$ 424,642	\$ 742,046	\$ 572	\$ 380	\$ 63,334	\$ 1,639,522	DIRECT BUDGET		
Budget	\$ -	\$ 379,246	\$ 4,071,532	\$ 4,222,436	\$ 1,295,764	\$ 462,141	\$ 1,083,289	\$ 11,514,408	DIRECT BUDGET		
			10.4%	17.6%	0.0%	0.1%	5.8%	14.2%			

Expenditures											
	Board of Health	Admin	Clinic Services	Env & Community Health	General Support	Buildings	Crisis Center	Total	YTD	Total Budget	Percent Budget to Actual
Personnel	\$ 539	\$ 18,860	\$ 227,069	\$ 252,303	\$ 71,588	\$ 9,496	\$ 3,589	\$ 583,444	\$ 1,198,106	\$ 8,365,691	14%
Operating	\$ 664	\$ 6,434	\$ 107,683	\$ 89,204	\$ 29,094	\$ 29,130	\$ 49,987	\$ 312,197	\$ 470,189	\$ 2,826,817	17%
Capital Outlay	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 197,400	0%
Trustee & Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 124,500	0%
Monthly Expenditures	\$ 1,203	\$ 25,294	\$ 334,753	\$ 341,508	\$ 100,682	\$ 38,626	\$ 53,576	\$ 895,641	\$ 1,668,296	\$ 11,514,408	14.5%
Year-to-Date Expenditures	\$ 2,962	\$ 47,247	\$ 600,099	\$ 639,152	\$ 188,234	\$ 66,361	\$ 124,241	\$ 1,668,296	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		
	15.0%	13.1%	14.7%	15.1%	14.5%	14.4%	11.6%	14.5%			



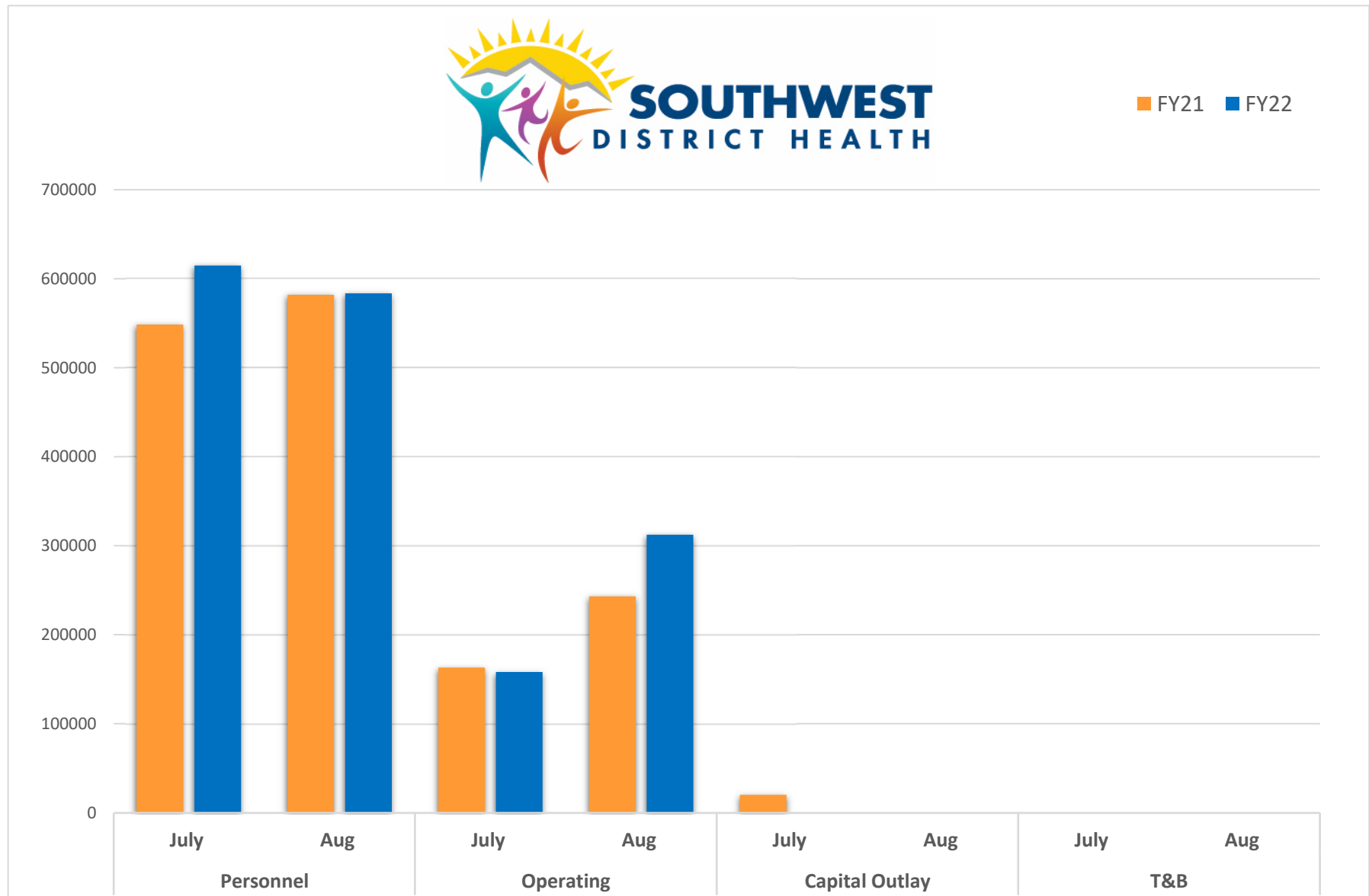
YTD REVENUES with Prior Year Comparison

Aug-21



YTD EXPENDITURES with Prior Year Comparison

Aug-21

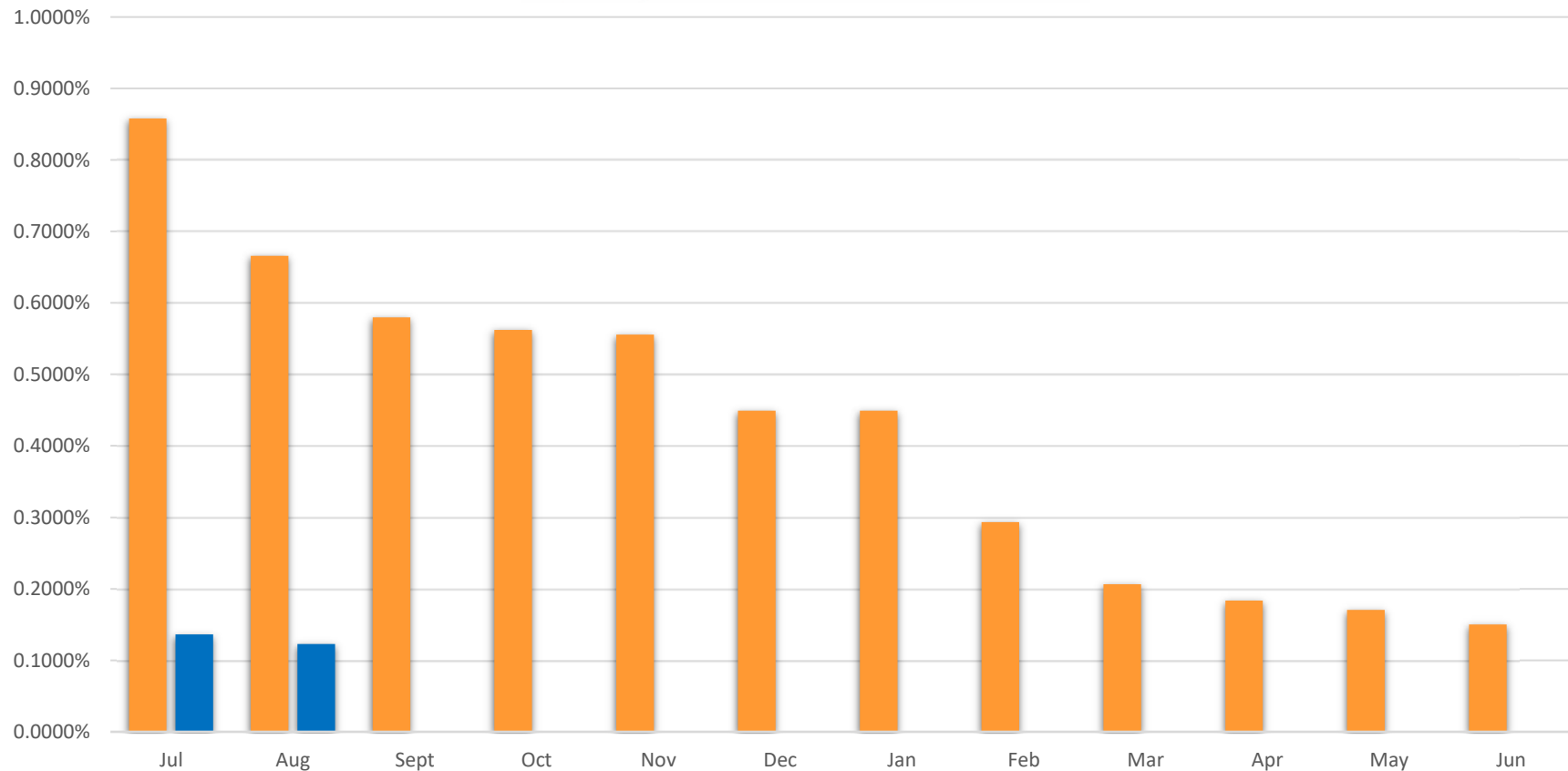


YTD Investment Yield with Prior Year Comparison

Aug-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	\$5,275	
Parents as Teachers	\$52,430	
Citizen's Review Panel	\$32,290	
Kresge Grant (PH1)	\$18,607	
COVID Incentive grant*	\$148,790	
Crisis Center (CFAC)	\$28,571	
Personnel Updates		\$0
Weiser Project		\$1,000
Clinic Medical Supplies/Equipment		\$2,550
27th Pay Period		\$51,500
EH Employee Training		\$5,000
EH A/V Equipment		\$10,000
EH Vehicle		\$33,790
EH Security		\$7,500
	\$285,963	\$111,340

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



Contractual Agreements Revenue Update

Title	Amount	Brief Description	FUNDING SOURCE
STD/HIV Prevention Activities	\$84,431	This subgrant provides access to clinical services, HIV testing, partner services, linkage to care, PrEP/PEP, and STD Testing.	Federal Pass-through Sub-grant
Women's Health Check	\$31,510	This subgrant will provide cancer prevention awareness through client reminders, provider referrals, small media, and collaboration with other community and non-profit organizations.	Federal Pass-through Sub-grant
State Supplied Immunizations and High Risk Seasonal Flu Vaccine	\$60,955	This subgrant will conduct activities (marketing, promotion, education, etc.) in direct support of increasing immunization rates in Idaho, and conduct other activities with a focus on high risk adult populations for influenza.	Federal/State Mix Pass-through Sub-grant
Immunizations	\$12,200	This subgrant will provide site visits to immunization centers to assess their general knowledge, provide technical assistance, and education.	Federal Pass-through Sub-grant
Nurse Family Partnership	\$515,000	This subgrant provides for the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), nurse supervision and training.	Federal Pass-through Sub-grant
Parents as Teachers	\$205,000	State funded home visiting program to improve outcomes and reduce justice involvement for low-income and high-risk families.	State Appropriation
Citizen's Review Panel	\$19,500	State funded program to support the oversight of DHW's foster care program and improve outcomes of children entering the foster care system.	State Appropriation
Oral Health	\$38,600	This subgrant provides dental screenings to school based clinics and parent education.	Federal Pass-through Sub-grant
State Actions to Improve Oral Health	\$18,750	This subgrant will plan and coordinate School-Based/Linked Dental Sealant Clinics to children and adolescents in elementary and middle schools to improve oral health.	Federal Pass-through Sub-grant
Oral Health Workforce *HRSA	\$0	This subgrant will provide increased access to oral health services by developing projects in Dental Health Professional Shortage Areas and employing the utilization of Silver Diamine Fluoride. ENDED 8/31/21	Federal Pass-through Sub-grant



Contractual Agreements Revenue Update

Title	Amount	Brief Description	FUNDING SOURCE
Women, Infants, and Children (WIC)	\$1,151,521	This subgrant will provide general administration, clients services, breastfeeding promotion, nutrition education, and breastfeeding peer counseling to the WIC program.	Federal Pass-through Sub-grant
Public Water Systems Contract	\$228,906	This subgrant provides funding for the oversight, inspection, and related activities to ensure that public drinking water systems comply with applicable state and federal regulations.	Federal Pass-through Sub-grant
RIBHHN - Rural Integrated Behavioral Health Hub Network * HRSA	\$199,999	This grant will provide funding to replicate and implement the Regional Hub for Integrated Behavioral Health in additional Health Districts across Idaho. Grant ended and working on No Cost Extension to be completed early 2023. Approximate remaining = \$32,000	Direct Federal Grant
Regional Behavioral Health Board	\$200,000	This subgrant will provide administrative services and support of the Regional Behavioral Health Board (\$50,000 per year).	Federal/State Mix Pass-through Sub-grant
Regional Behavioral Health Board	\$50,000	This subgrant is a one time subgrant to provide transportation surrounding opioid treatment.	Federal/State Mix Pass-through Sub-grant
Suicide Prevention	\$35,000	This subgrant will organize and coordinate a Districtwide Collective of individuals, businesses, community members, and survivors, whose purpose is to develop a plan with strategies consistent with the Idaho State Suicide Prevention Plan to reduce deaths by suicide.	Federal Pass-through Sub-grant
Drug Overdose Prevention Program	\$110,000	This subgrant will advance opioid prevention work through public and prescriber education, local capacity building, public safety partnerships, and the social determinants of health.	Federal Pass-through Sub-grant
Diabetes, Heart Disease, Stroke	\$52,957	This subgrant will provide community-based diabetes/hypertension prevention and management education.	Federal Pass-through Sub-grant
Child Care Health/Safety Program and Child Care Complaints	\$550,000	This subgrant will provide guidance to outline the respective roles of the public health districts in implementing the Child Care Health and Safety Program throughout Idaho and help ensure that all children in child care settings are in a health and safe environment while receiving care.	Federal Pass-through Sub-grant
Disease Reporting	\$65,791	This subgrant will provide epidemiologic investigation and reporting on all reported cases of disease.	Federal Pass-through Sub-grant



Contractual Agreements Revenue Update

Title	Amount	Brief Description	FUNDING SOURCE
HIV Surveillance	\$9,164	This subgrant will provide activities to detect, securely investigate, and complete documented cases of reported HIV infection.	Federal Pass-through Sub-grant
TB Elimination	\$34,349	This subgrant will allow for directly observed therapy, contact investigations, RVCT reporting, EDN reporting, and attendance at tuberculosis-specific training.	Federal Pass-through Sub-grant
Perinatal Hep B	\$7,050	This subgrant will provide Perinatal Hepatitis B surveillance and case management.	Federal Pass-through Sub-grant
NEDSS - National Electronic Disease Surveillance System	\$65,408	This subgrant will provide vaccine preventable disease surveillance and disease investigation data entry.	Federal Pass-through Sub-grant
Adolescent Pregnancy Prevention - PREP and TANF	\$55,952	This subgrant will conduct activities that support implementation of Reducing the Risk curriculum and Youth-Adult Partnership groups to aid in adolescent pregnancy prevention.	Federal Pass-through Sub-grant
Wise Guys	\$20,969	This subgrant will provide activities to support implementation of Wise Guys curriculum/training and statutory rape presentations.	Federal Pass-through Sub-grant
Sexual Risk Avoidance Education	\$17,074	This subgrant will provide activities that support implementation of the State Sexual Risk Avoidance Education curriculum to Idaho students ages ten to fourteen (10-14) at schools, community sites, youth centers, sports leagues, faith groups, and juvenile justice centers.	Federal Pass-through Sub-grant
Physical Activity & Nutrition	\$72,400	This subgrant will provide programmatic activities to the public. This includes but is not limited to the following: Fit and Fall Proof fall prevention training and coordination; age friendly park assessments; childhood obesity prevention; child and family health.	Federal/State Mix Pass-through Sub-grant
Cancer Prevention Activities	\$22,000	This subgrant will implement evidence-based strategies to increase cancer screening and prevention (sun safety training, HPV vaccination reminders, breast and cervical cancer screening).	Federal Pass-through Sub-grant
Millennium Fund	\$129,500	State appropriated funds to prevent tobacco use among youth and young adults, eliminate secondhand smoke, promote quitting among youths and adults, and identify and eliminate tobacco related disparities among population groups.	State Appropriation



Contractual Agreements Revenue Update

Title	Amount	Brief Description	FUNDING SOURCE
Tobacco Prevention Resource Program Activities	\$81,500	This subgrant will provide activities to: prevent tobacco use among youth and young adults, eliminate secondhand smoke, promote quitting among youths and adults, and identify and eliminate tobacco related disparities among population groups.	Federal Pass-through Sub-grant
Healthy Store Initiative	\$0	This subgrant will support the goals and objectives of Idaho's Supplemental Nutrition Assistance Program State Plan (SNAP-Ed) to improve the likelihood that Food Stamp Program participants have access to and will purchase healthy food choices within a limited budget. ENDED 8/31/21	Federal Pass-through Sub-grant
Cuidate	\$24,142	This subgrant will provide support to the Adolescent Pregnancy Prevention program by providing Cuidate Curriculum, implementation, and education.	Federal Pass-through Sub-grant
Partnership for Success	\$215,271	This subgrant will provide activities for the Be the Parents campaign (parent learning sessions, youth leadership activities), and Youth Mental Health (training, screening, referrals).	Federal Pass-through Sub-grant
Crisis Center	\$1,528,332	This subgrant allows for the Behavioral Health Community Crisis Center to deliver crisis intervention and services to the Region 3 community. \$1,520,000 per year.	State General Fund
Crisis Center - CFAC Funding	\$28,571	This subgrant allows for the Behavioral Health Community Crisis Center to deliver crisis intervention and services to the Region 3 community specifically targeted to COVID-19 barriers.	Federal Pass-through Sub-grant
Preparedness - Preparedness Assessment, Cities Readiness Initiative	\$491,577	This subgrant will provide support to Public Health Emergency Preparedness in the following areas: community preparedness and recovery, incident management and emergency operations coordination, emergency public information and warning management, medical countermeasures dispensing and administration, mass care, fatality management, and public health surveillance and epidemiologic investigation.	Federal Pass-through Sub-grant



Contractual Agreements Revenue Update

Title	Amount	Brief Description	FUNDING SOURCE
ELC Cares Enhancing Support COVID-19	\$3,238,721	This subgrant will support the rapid establishment and monitoring of key activities related to responding to COVID-19 in the areas of epidemiology, laboratory, and informatics.	Federal Pass-through Sub-grant
Kresge Foundation COVID-19 Phase 1	\$35,000	Aims to decrease barriers to education, testing, and vaccine resources among the Hispanic/Latinx community.	Direct Private Foundation Grant
Kresge Foundation COVID-19 Phase 2	\$50,000	Aims to decrease barriers to education, testing, and vaccine resources among the Hispanic/Latinx community.	Direct Private Foundation Grant
Vaccinations Subgrant- COVID-19	\$587,602	This subgrant supports a range of COVID-19 vaccination activities. Through 6/30/2024	Federal Pass-through Sub-grant
Vaccinations DHW - COVID-19 Immunizations	\$148,790	This grant is to support increased COVID-19 vaccination capacity, safe storage and handling of COVID-19 vaccines, ensure equitable distribution and administration, and improve timely reporting into the Immunization Reminder Information System (IRIS). Ended April 2021 - Monies Remain unspent. Must be spent by 12/30/21	Federal Pass-through Sub-grant



Quarter 1 2021-2022

Report Prepared By: Lifeways, Inc.



Executive Summary

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

In the first quarter of this year, the crisis center experienced a decrease in access from 809 admissions in the fourth quarter to 710 individual admissions. Per previous reporting practices, some admissions represent individuals that were served more than one time. In managing concerns related to substance use or mental health, it is a best and safe practice for an individual to return to avoid or following a relapse or to avoid a higher level of care. The average length of stay was 21 hours and 22 minutes. WIDCCC serves the entirety of Region III, which includes: Adams, Canyon, Gem, Owyhee, Payette and Washington Counties. The fourth quarter show 80% of the individuals accessing WIDCCC identify Canyon County as their county of residence. To address the more limited WIDCCC utilization from outlying counties, ongoing outreach efforts have continued, specifically targeting the access and transportation barriers that present for a rural district with the geographical spread experienced in Region III. Nine percent of the individuals who accessed the crisis center, identified their primary residence as outside of Region III. Although these individuals fell outside of the service area identified for the crisis center, they were provided with access and care, keeping true to the Minkoff Model and “no wrong door” philosophy.

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

Admissions

The Western Idaho Community Crisis Center is through the second year of operation. The following admission numbers represent a rolling calendar (Figure 1). WIDCCC processed a total of 710 admissions from 4/1/2021 through 6/30/2021. Of those 710 admissions, 173 were unduplicated visits. It is worth noting that through a majority of 2020 and into 2021, many of the resources that individuals were traditionally referred to as part of a discharge, were not accessible due in part from closures in response to the COVID-19 Pandemic. Region III does not have a men's shelter for individuals experiencing homelessness. The WIDCCC staff also receives general information calls related to accessing the center for a friend, family member or loved one. In the 1st quarter, the call log reflects 0 calls (not including calls to begin an admission or trouble-shoot access) made, received, and triaged by staff at the crisis center. We should note that during COVID 19 staff were unable to successfully document all calls due to time constraints, much higher census and staff exposures which resulted in running a tighter staffing pattern.

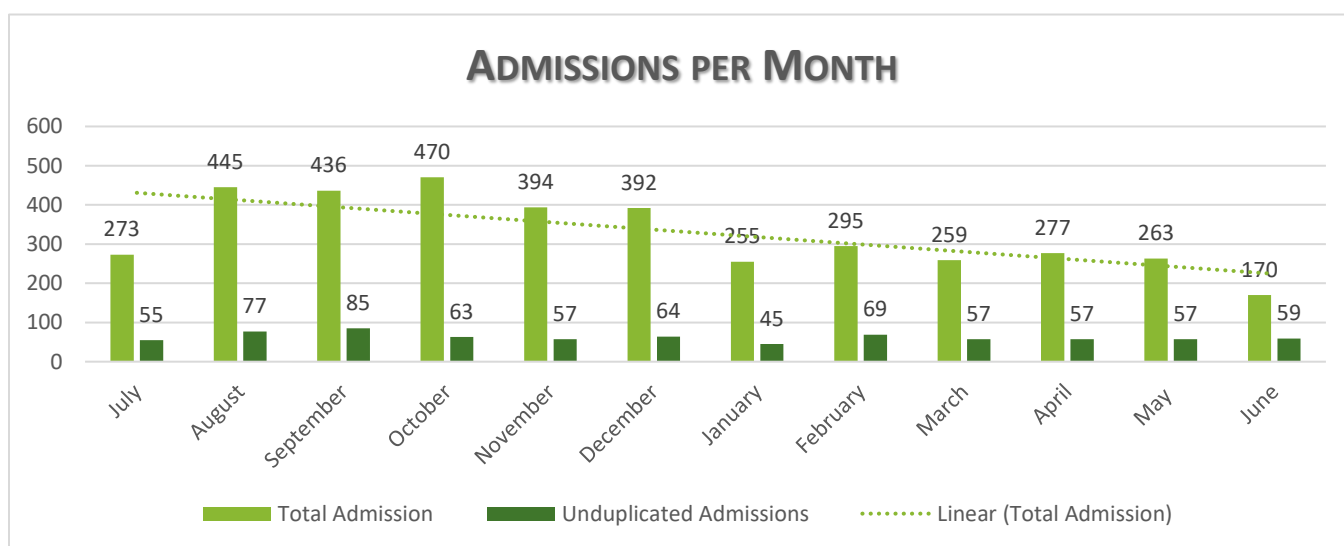


Figure 1: Admissions per Month (July 2020 – June 2021 rolling 12 months)

Demographics

The average length of stay in the first quarter was 16 hours and 49 minutes. The average daily census was 8. The number of individuals who were homeless or at risk of being homeless was 532 (75%). The number of identified veterans served was 36 (5%).

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

Seven hundred and ten individuals sought services at WIDCCC in the first quarter, 562 of them identified as male, 144 identified as female, 4 identified as transgendered, and no individuals who declined a response (Figure 3).

Two hundred and thirty (32%) of first quarter WIDCCC recipients were between the ages of 45 and 54 years. One hundred seventy-four (25%) recipients were between the ages of 35 and 44 years. (Figure 4). The remainder of recipients were distributed between the age groups: 18 to 24 years, 25 to 34, 55 to 64, and 65+.

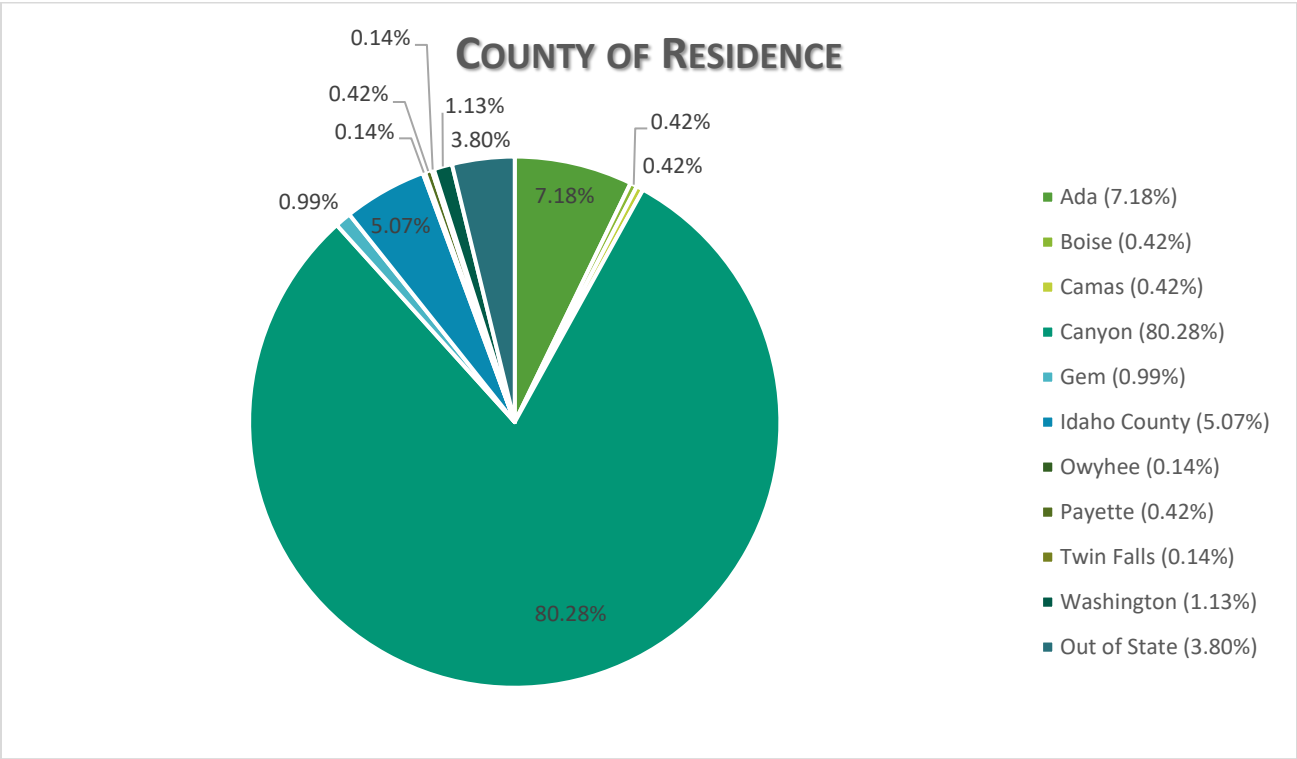


Figure 2: County of Residence for Q1 2021-2022

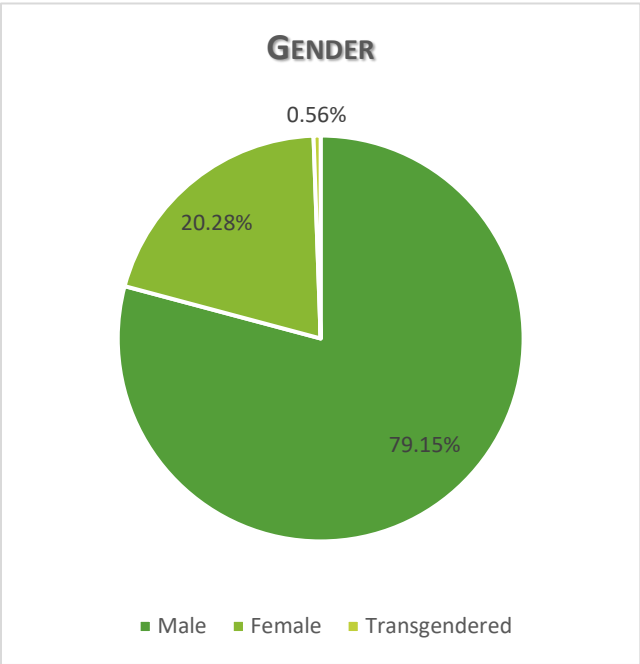


Figure 3: Gender for Q1 2021-2022

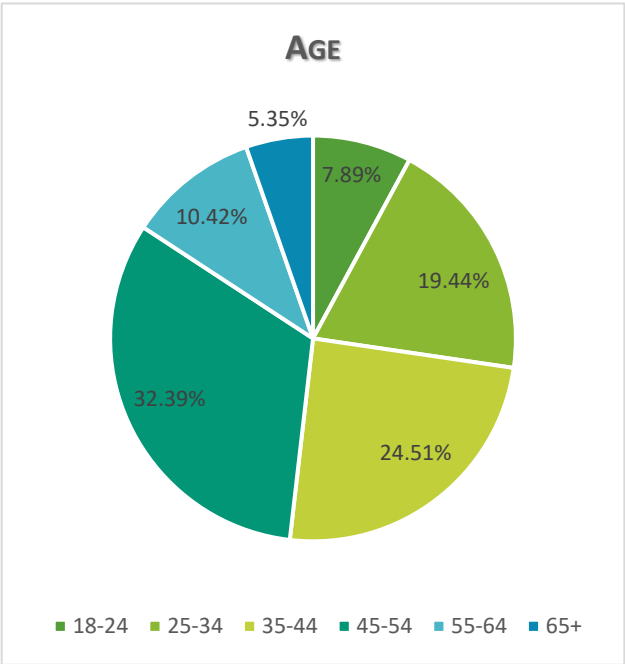


Figure 4: Age for Q1 2021-2022

Diagnoses and Presenting Concerns

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

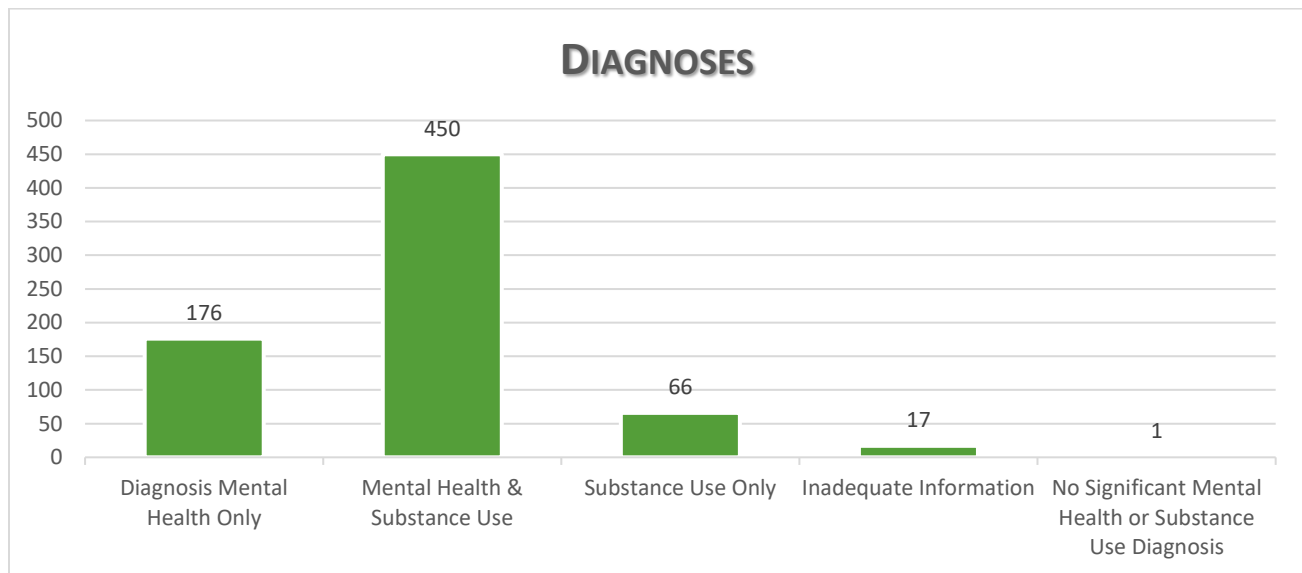


Figure 5: Diagnoses for Q1 2021-2022

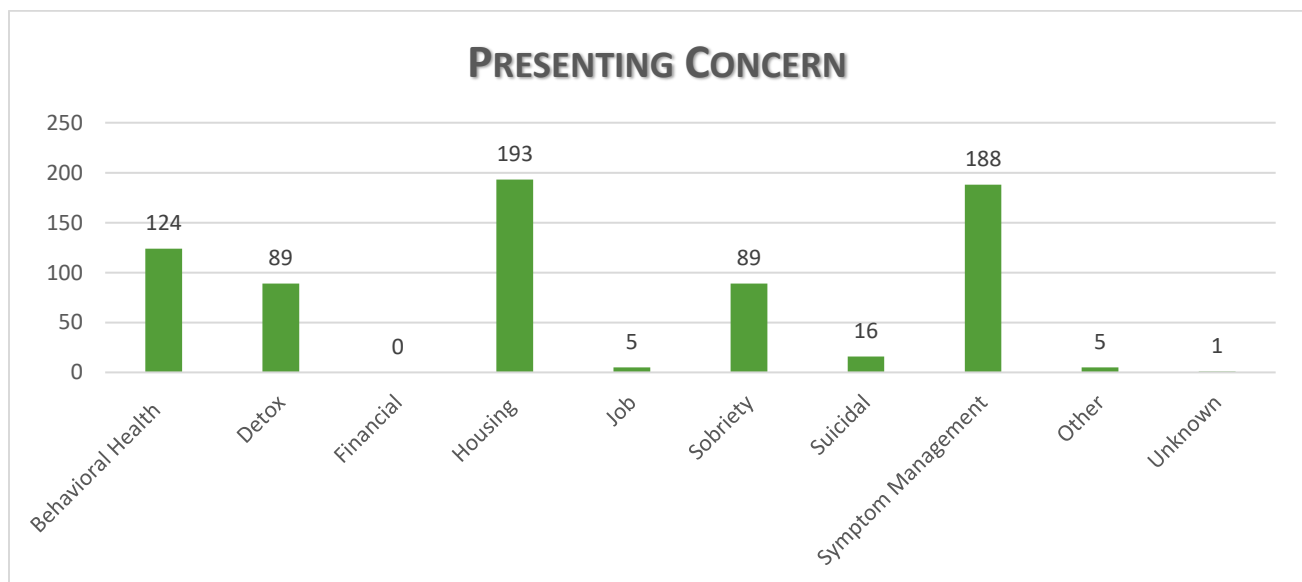


Figure 6: Presenting Concern for Q1 2021-2022

Referral Sources to the WIDCCC

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

Referral Source			
Community Mental Health Agency	29	Police (except court or correction agency)	33
Department of Corrections	1	Private Mental Health Practitioner/Psychiatrist	2
District Health Service	1	Probation/Parole	95
Family/Friend	78	Residential Care Facility/Assisted Living	2
Hospital	157	Self Help Group	1
Jail	2	Self/Guardian	209
Nursing Home/Facility	2	Shelter for Homeless	1
Other Community Organizations	7	SUD Provider	22
Physician	2	Unknown	67

Table 1: Referral Source Q1 2021-2022

Insurance Information

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

Cost Savings Report

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

INSURANCE STATUS

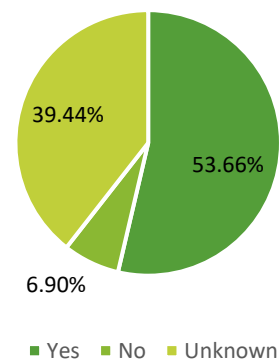


Figure 7: Insurance Status

SELF-REPORTED INSURANCE

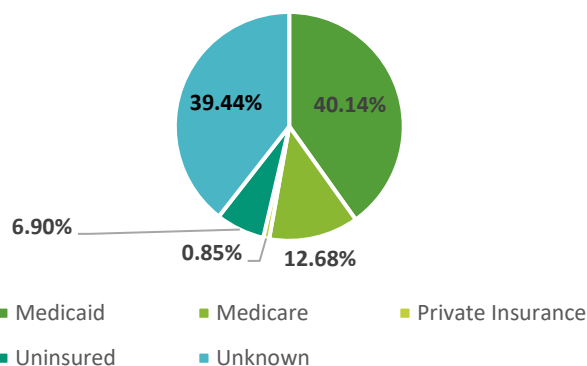


Figure 8: Self-Reported Insurance

PRIVATE INSURANCE

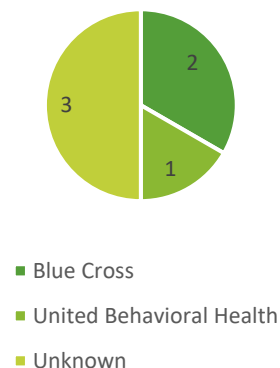


Figure 9: Private Insurance

Presently, local law enforcement agencies report that there are no data specific to the number of hours spent with persons with behavioral health conditions. In the first quarter there were 33 law enforcement drop offs to the crisis center, resulting in an estimated savings of \$33,000 (Table 2). According to an estimate developed by Pathways Community Crisis Center of Southwest Idaho, it costs law enforcement an estimated \$1000 per response to behavioral health related calls. To develop this estimate, Pathways took into account the number of law enforcement officers who report to a call, dispatch, operational and administrative costs. Nampa Police Department is exploring a method to code behavioral health related calls. This would make it easier to pull calls for service and report law enforcement hours spent with persons with behavioral health conditions; however, that is only one agency in Region III.

In the first quarter, two individuals were diverted to the crisis center, in place of jail. This provided an estimated cost savings in the first quarter of \$2,460 (Table 2). For fiscal year 2020, the Idaho Department of Corrections calculates the cost per inmate per day to be \$72.97. The average length of stay in Canyon County Jail is 15 days, with a daily cost of \$82, as reported by Canyon County Sherriff's Office. It cost \$312 per day to house inmates outside of the county.

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

In the first quarter, 157 individuals were diverted to the crisis center, in place of local emergency departments. This provided an estimated cost savings in the first quarter of \$408,200 (Table 2).

Diversions	Visits	Cost/Visit	Total Cost
From Hospital	157	\$2,600	\$408,200
From Jail	2	\$82/day x 15 days	\$2,460
Law Enforcement	33	\$1,000	\$33,000
Total:			\$443,660

Table 2: Estimated Cost Savings

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

Sustainability

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

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

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

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

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

In addition, there has been a work group created with SWDH, WIDCCC, IDHW, Lifeways, and other community partners. The focus of this workgroup is to ensure the continued sustainability for the crisis center related to referrals, services provided, and potential grant funding that could be applied for. Outreach to local community partners is being done with law enforcement, hospitals, the Veteran's Administration, and other community agencies to ensure census averages will continue to grow. Applying for and potentially being awarded grants at either state or federal level is also being researched. It is the hope that these efforts will help the WIDCCC become fully sustainable.

Gaps, Needs and Opportunities

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

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

New Developments

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

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

WIDCCC and Lifeways have continued to work toward problems solving the barrier of geography when it comes to improving access for outlying counties. Lifeways has accessed grant funding to provide taxi, bus vouchers, and secure transportation to provide transportation for individuals accessing the center from outlying counties. For individuals that have Optum Idaho funding, the use of MTM, the provider for transportation for the State of Idaho, has also been utilized increasingly.

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

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

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

Referrals

Crisis center staff connect individuals who have accessed the crisis center to community resources as part of the aftercare plan. In the first quarter, the number of referrals to community resources was 1,899 (Table 3). This does not include referrals back to an established treatment provider that the individual may present with. Every individual accessing the crisis center is offered and encouraged to allow staff to assist in scheduling a follow-up appointment with a community provider in his or her community. For individuals that present without an established provider, staff attempt to offer at least three providers that are a “best fit” financially and geographically for the individual. For individuals who identify that they do not have insurance, staff are trained to assist linking/referring individuals with Medicaid enrollment as part of their case management. The number of referrals to a higher level of care was 25. As an additional development, WIDCCC staff have partnered with the Community Crisis Response Team through Health and Welfare to offer a check in/follow up service to individuals who are interested or would value this.

Community Resource Referrals	
Employment Services	10
Food Banks	706
Health Insurance	2
Hospital	24
Housing	79
Legal Resources	3
Primary Care	32
Refused	4
Religious	1
SUD/MH	288
Suicide Hotlines	706
Support Agency	15
Vocation	3
Other	26

Table 3: Community resource referrals Q1 2021-2022

Referrals to a Higher Level of Care	
Intermountain	1
Lifeways Hospital	3
Lifeways Recovery Center	1
West Valley Medical Center	20

Table 4: Referrals to a higher level of care Q1 2021-2022

Outcomes and Experience

122 follow-up calls were possible with permission and/or accuracy of information provided to staff.

Number of follow-up calls completed and the results of those calls		
Result	Number	Percentage
Unable to contact	109	89.34%
Answered	13	10.66%
Of those who answered:		
Admitted to ED	1	7.69%
Arrested/Incarcerated	0	0%
Higher Quality of Life	0	0%
Individual Followed through with care plan	11	84.62%

Table 5: Number of follow-up calls and results Q1 2021-2022

In the first quarter, 85 Individual Experience Surveys were completed; the average score from these surveys was 3.75 out of 4.

INDIVIDUAL EXPERIENCE SURVEY SCORES	
ADMISSION	Average Score
1. Admission process was speedy.....	3.46
2. Staff was courteous during admission.....	3.79
FACILITY	Average Score
1. The facility is comfortable.....	3.80
2. Noise level of the facility was satisfactory.....	3.60
3. Overall cleanliness of the facility was satisfactory.....	3.70
4. Overall condition of the facility was satisfactory.....	3.82
STAFF CARE	Average Score
1. Staff treated with courtesy and respect.....	3.84
2. Staff introduced you to the facility and program.....	3.72
3. Staff were prompt in responding to your requests.....	3.79
4. Staff kept you informed about your treatment program.....	3.74
5. Staff were helpful.....	3.79
OTHER MEMBERS OF THE TREATMENT TEAM	Average Score
1. Peer Support Specialists/Recovery Coaches were courteous and helpful.....	3.79
2. Case Managers were courteous and helpful.....	3.85
3. Emergency Medical Technicians (EMTs) were courteous and helpful.....	3.86
SOME PERSONAL ISSUES	Average Score
1. Staff had concern for your privacy.....	3.65
2. Staff were sensitive to your language, cultural, and spiritual needs.....	3.73
3. Staff responded to concerns/complaints made during your treatment.....	3.70
DISCHARGE	Average Score
1. Information about your plan after discharge was explained in a way you understand.....	3.78
2. You were provided clear instructions on what to do if you need help after discharge (when to seek help, whom to call, etc.).....	3.83
3. Your plan included referrals to resources and providers to continue treatment.....	3.86

Individual Comments

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

“I didn't know you existed but I'm grateful for the help.”

“Thank you for being here when I needed a place to regroup and get services.”

“Staff is exceptional! sweet, nice, patient, polite and professional. I felt very welcomed, cared for and respected. I cannot thank you enough for having this facility and amazing support available. invaluable resource for the community. Thank you. Thank you. Thank you.”

“I want to thank this program for helping people like me. I will never forget how much your help gave me hope to live sober for my son.”

“Thank you so much for everything. This was my first time being here it was better than i thought it would have been. I thought everything was going wrong with me but they showed me just in the 4 hours of being here it wasn't me in a bad way like i thought.”

“This place has helped me after just moving to Idaho to help keep myself clean and made sure i had a safe discharge plan. I would recommend this place to anyone in need of a safe and comfortable detox. Thank you WICCC”



Quarter 1 Report 2021-2022

HEALTHIER TOGETHER

SWDH.ORG

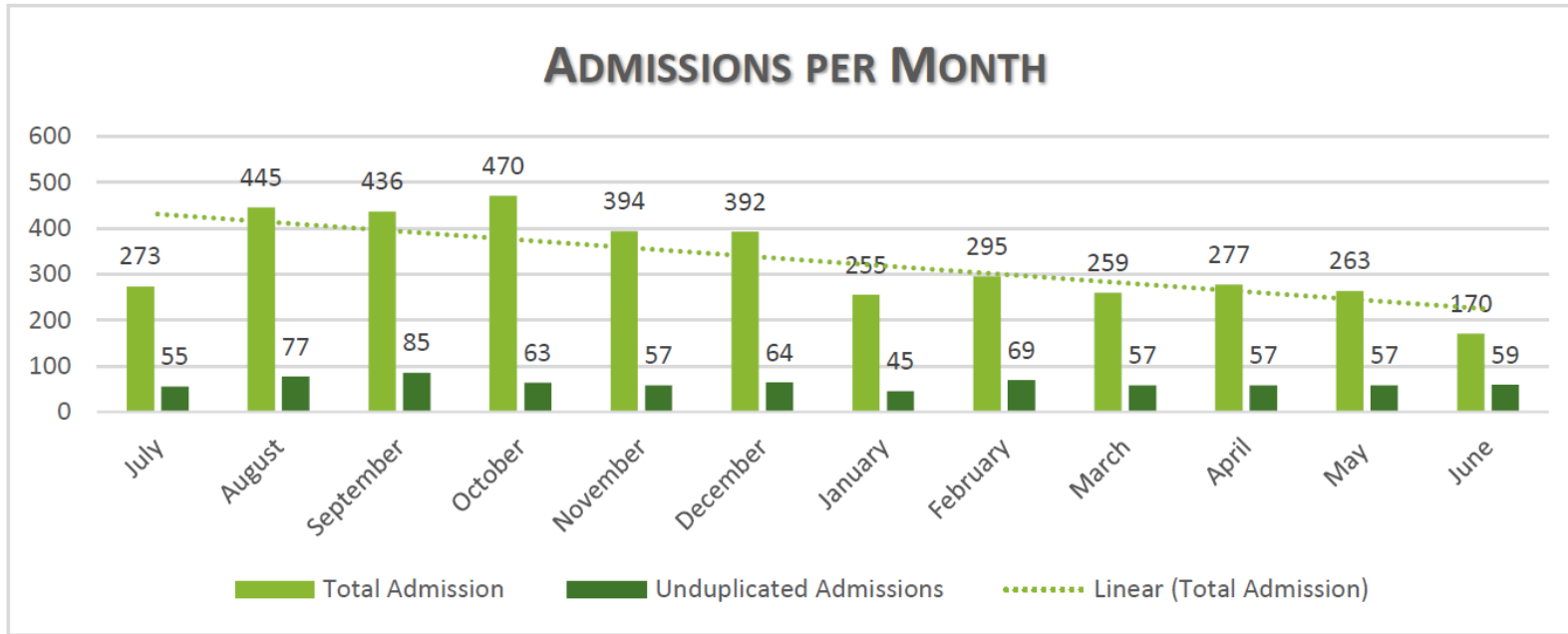


Figure 1: Admissions per Month (July 2020 – June 2021 rolling 12 months)



- Census trending down going into summer months.
- Crisis center team taking the opportunity to re-educate partners about the center's services

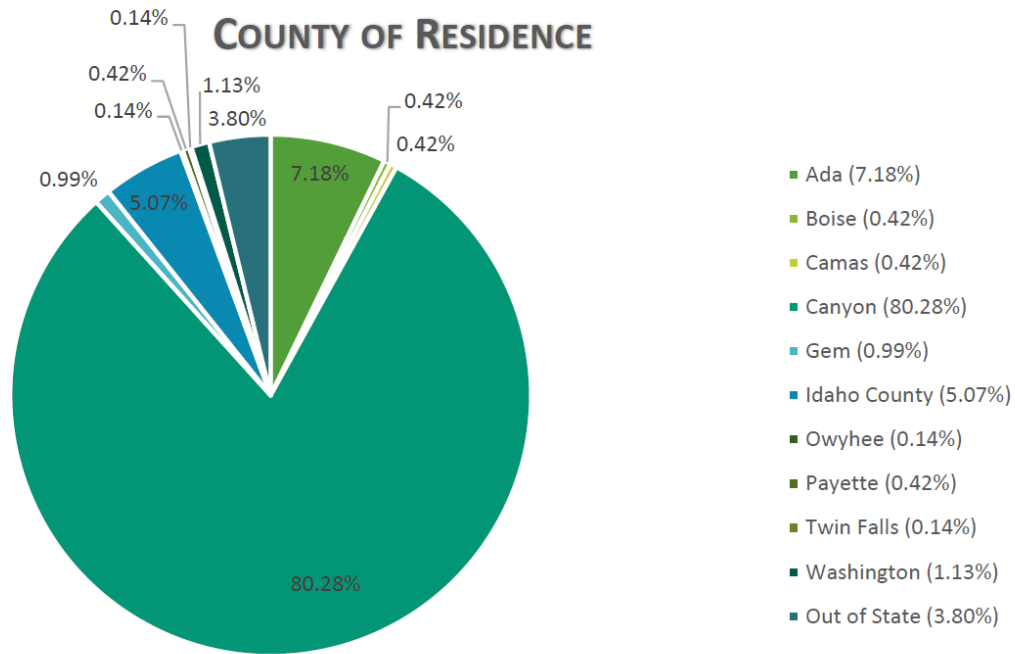


Figure 2: County of Residence for Q1 2021-2022



- Average daily census was 8
- Average stay 17 hours
- 80% from Canyon County

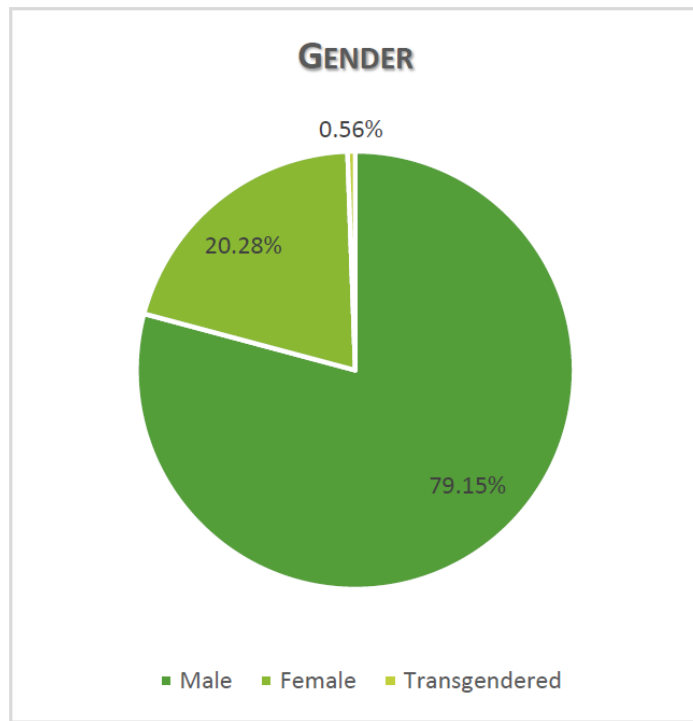


Figure 3: Gender for Q1 2021-2022

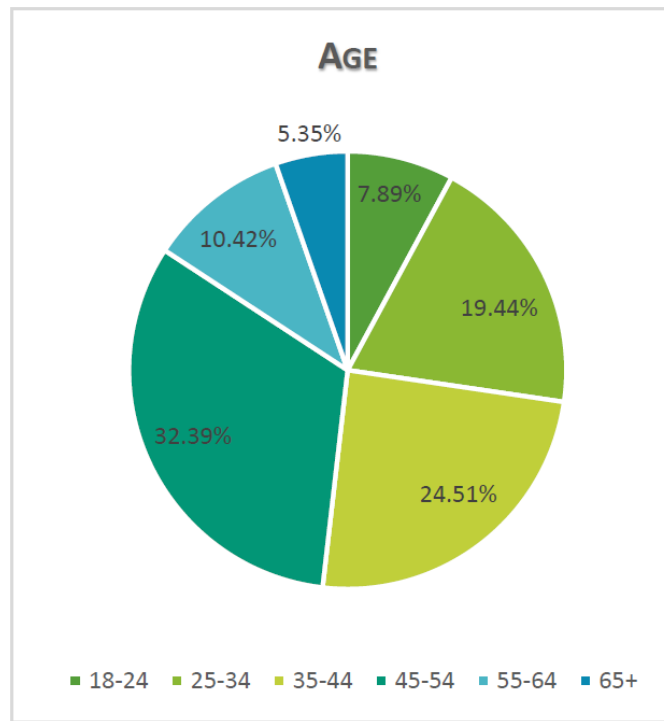


Figure 4: Age for Q1 2021-2022



- Seeing more males than even last quarter
- Increase in ages 25-54 and 65+
- Decrease in ages 18-24 (about half as many as the previous quarter)

Combined diagnoses Mental Health with SUD

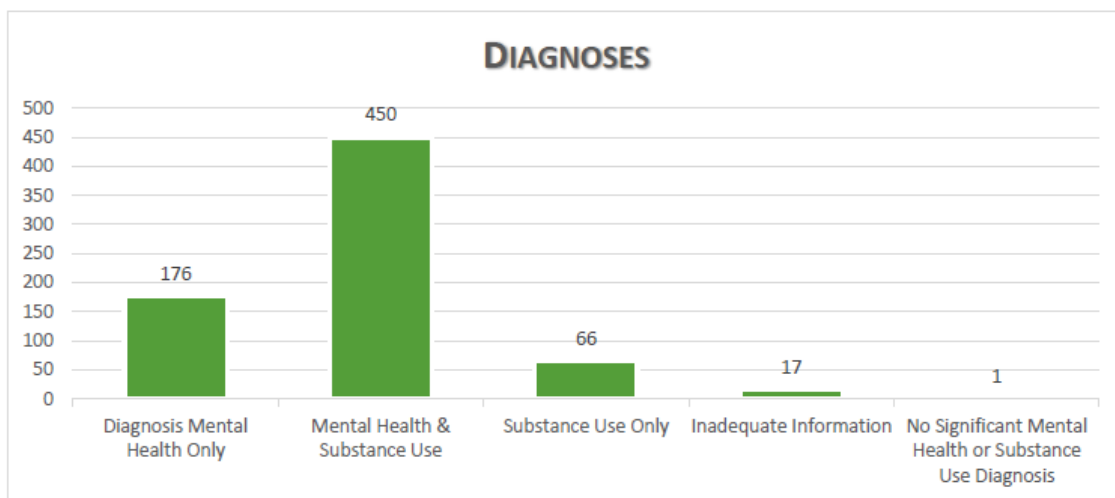


Figure 5: Diagnoses for Q1 2021-2022

Housing still the number one client cited concern

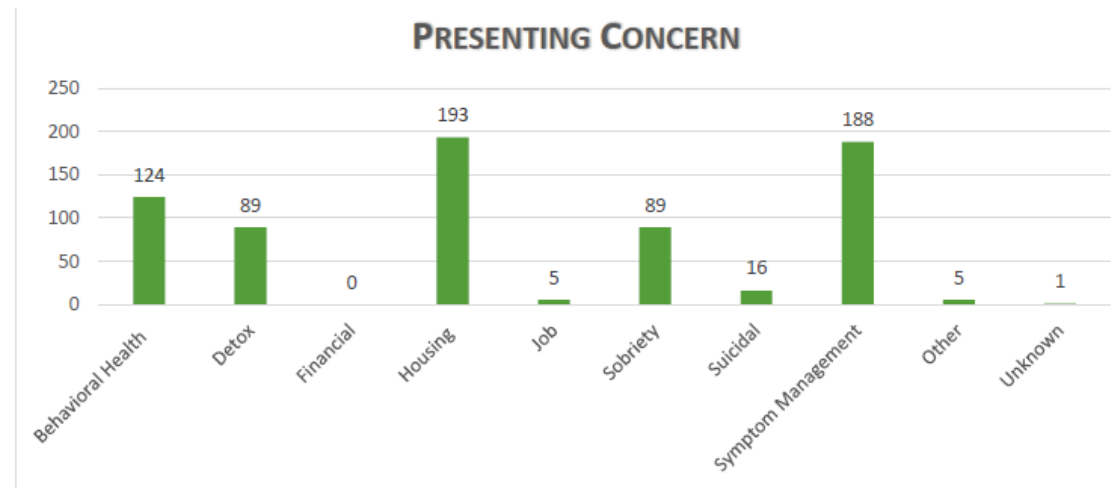


Figure 6: Presenting Concern for Q1 2021-2022

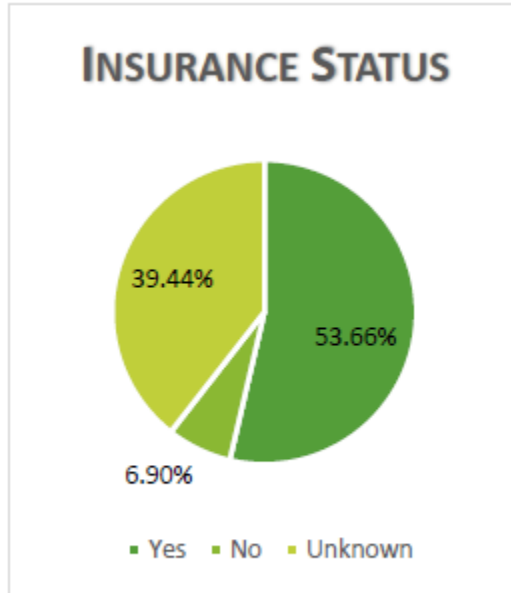


Figure 7: Insurance Status

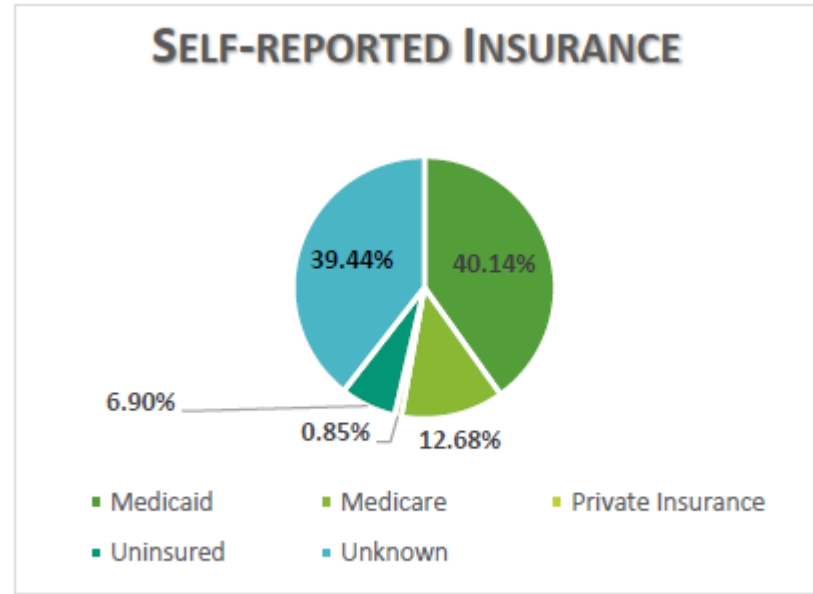


Figure 8: Self-Reported Insurance



- Majority insured through Medicaid
- Continue to work with Optum for reimbursement and compliance

Referral Source			
Community Mental Health Agency	29	Police (except court or correction agency)	33
Department of Corrections	1	Private Mental Health Practitioner/Psychiatrist	2
District Health Service	1	Probation/Parole	95
Family/Friend	78	Residential Care Facility/Assisted Living	2
Hospital	157	Self Help Group	1
Jail	2	Self/Guardian	209
Nursing Home/Facility	2	Shelter for Homeless	1
Other Community Organizations	7	SUD Provider	22
Physician	2	Unknown	67

Table 1: Referral Source Q1 2021-2022



- Increased referrals from Hospital Systems, Parole and Probation, SUD Providers, Self/Guardian, and Residential Care
- Steady referral source from police

Diversions	Visits	Cost/Visit	Total Cost
From Hospital	157	\$2,600	\$408,200
From Jail	2	\$82/day x 15 days	\$2,460
Law Enforcement	33	\$1,000	\$33,000
Total:			\$443,660

Table 2: Estimated Cost Savings

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



- Continuing to increase our cost savings from quarter to quarter
- Previous quarter's cost savings was \$333,410

Community Resource Referrals	
Employment Services	10
Food Banks	706
Health Insurance	2
Hospital	24
Housing	79
Legal Resources	3
Primary Care	32
Refused	4
Religious	1
SUD/MH	288
Suicide Hotlines	706
Support Agency	15
Vocation	3
Other	26

Table 3: Community resource referrals Q1 2021-2022

Referrals to a Higher Level of Care	
Intermountain	1
Lifeways Hospital	3
Lifeways Recovery Center	1
West Valley Medical Center	20

Table 4: Referrals to a higher level of care Q1 2021-2022



- Continue to increase the number of resources we refer clients to
- Fewer clients refusing support services referrals – from 56 refusals the previous quarter to 4 this quarter
- Referring to higher level of care when appropriate

Average Client Satisfaction Score 3.75 out of 4



INDIVIDUAL EXPERIENCE SURVEY SCORES	
ADMISSION	Average Score
1. Admission process was speedy.....	3.46
2. Staff was courteous during admission.....	3.79
FACILITY	Average Score
1. The facility is comfortable.....	3.80
2. Noise level of the facility was satisfactory.....	3.60
3. Overall cleanliness of the facility was satisfactory.....	3.70
4. Overall condition of the facility was satisfactory.....	3.82
STAFF CARE	Average Score
1. Staff treated with courtesy and respect.....	3.84
2. Staff introduced you to the facility and program.....	3.72
3. Staff were prompt in responding to your requests.....	3.79
4. Staff kept you informed about your treatment program.....	3.74
5. Staff were helpful.....	3.79
OTHER MEMBERS OF THE TREATMENT TEAM	Average Score
1. Peer Support Specialists/Recovery Coaches were courteous and helpful.....	3.79
2. Case Managers were courteous and helpful.....	3.85
3. Emergency Medical Technicians (EMTs) were courteous and helpful.....	3.86
SOME PERSONAL ISSUES	Average Score
1. Staff had concern for your privacy.....	3.65
2. Staff were sensitive to your language, cultural, and spiritual needs.....	3.73
3. Staff responded to concerns/complaints made during your treatment.....	3.70
DISCHARGE	Average Score
1. Information about your plan after discharge was explained in a way you understand.....	3.78
2. You were provided clear instructions on what to do if you need help after discharge (when to seek help, whom to call, etc.).....	3.83
3. Your plan included referrals to resources and providers to continue treatment.....	3.86

“Thank you for being here when I needed a place to regroup and get services.”

“Staff is exceptional! sweet, nice, patient, polite and professional. I felt very welcomed, cared for and respected. I cannot thank you enough for having this facility and amazing support available. invaluable resource for the community. Thank you. Thank you. Thank you.”

“I want to thank this program for helping people like me. I will never forget how much your help gave me hope to live sober for my son.”

Recent Projects and Connections



- Housing and shelter connections
- Web presence update
- Collaboration with local Libraries



Clinic Services BOH Update—9/21/21

Josh Campbell--Clinic Services Division Administrator

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Positives

- Regular nursing days established at all clinics (Emmett, Weiser, Payette, Caldwell) with immunizations, reproductive health services, STI testing and more available for patients
- Childhood immunizations available at all clinics; flu shots will be available by early October
- Diabetes education available for clients in Adams, Gem, and Washington counties
- Oral health team held a dental sealant clinic in September for Marsing School District
- Partnering with multiple schools in the district to provide flu shots to students and staff throughout October
- Parents as Teachers caseload currently includes families from all counties in the district
- And so much more...

Challenges and Actions to Address

Staffing Challenges

- Difficult to find people to fill open positions, especially nurses
 - Example – RN posting open for two weeks with just one application received
 - Posting extended for another two weeks.

Actions to Address

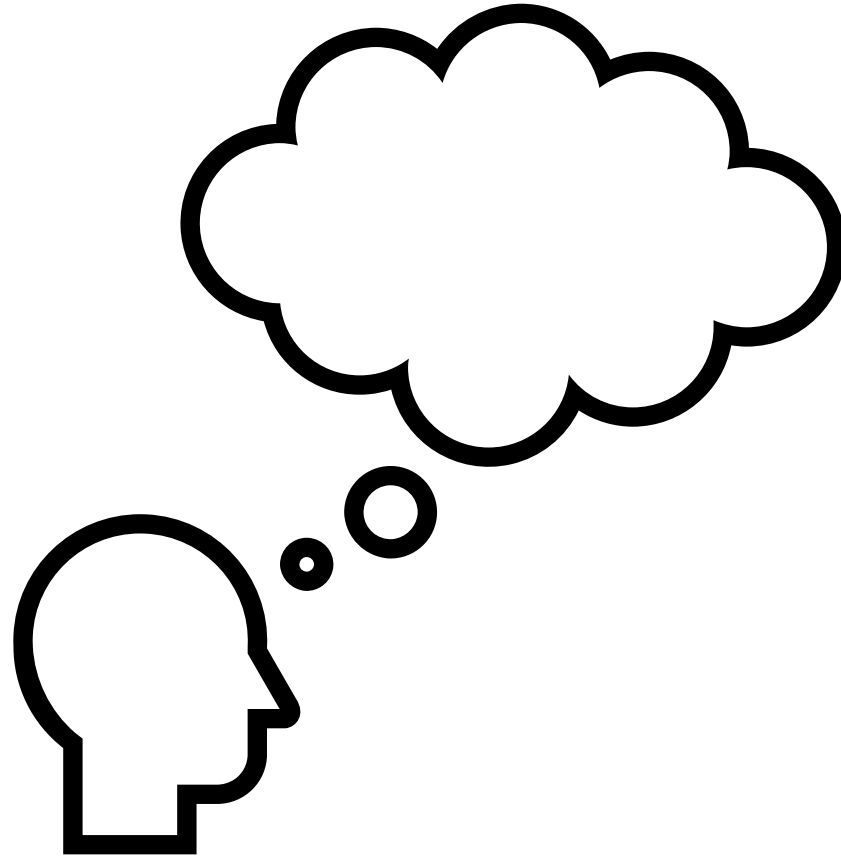
- Offering the higher end of salary limits established by DHR if budget allows
- Sharing candidate pool with Central District Health
- Posting on National Guard and Nursing Association sites
- Utilizing temps until permanent employees can be found

How you can help

- Let us know health needs you are hearing about from your constituents that we may be able to address.
- Spread the word about our open positions, especially for nurses.
- Send an encouraging note or email to SWDH staff that work in your area.
- Keep us in your thoughts and prayers—we can't do this alone.

THANK YOU!

QUESTIONS?





Director's Report – September 21, 2021

Topic	Summary
Opioid Settlement Update (provided by SWDH legal counsel)	<p>On September 20, 2021, the Attorney General's Office started outreach to counties and cities who are eligible to participate in the nationwide opioid settlement agreements with J&J and three major pharmaceutical distributors. As part of this outreach, the Attorney General's Office will start working with non-litigating counties and cities on the allocation of settlement funds within the State. Recently, the Attorney General's Office proposed to the litigating counties and cities that the settlement funds be split: 40% to the State, 40% to participating counties and cities, and 20% to the regional public health districts. The Attorney General's Office strongly supports a percent of the settlement funds going directly to the regional public health districts given the large role the public health districts play in opioid remediation efforts within the State. Moving forward, we will be sharing this same proposal with non-litigating counties and cities.</p> <p>Under the terms of the settlement agreement, the regional health districts would have to agree to participate and to release opioid-related claims against the settling defendants in order to receive settlement funds. I have communicated to our legal counsel that SWDH agrees to sign the release. We would also need to sign off on the allocation agreement once drafted.</p> <p>Additional information about the settlement agreements is posted on the Attorney General's Office website at https://www.ag.idaho.gov/consumer-protection/opioid-settlement/.</p>
HB316 Update	<p>Division of Human Resources (DHR) will be pursuing legislation to fully remove public health districts from the state's merit system. This means public health districts will need to adopt their own merit system and establish classified and non-classified positions and corresponding policies and procedures. The directors are discussing how best to accomplish this task, and largely agree to adopt what DHR has in place for public health districts regarding classification of positions, positions,</p>

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	<p>and position descriptions. The directors are discussing making changes to some pay grades and adding new positions for some professions to build a career ladder. Making changes in these two areas should improve recruitment and retention.</p> <p>With the number of changes that need to be made, the directors felt a request for an extension to delay the transition prudent to ensure we have the appropriate infrastructure in place. The directors will be reaching out to Mike Kane to discuss a potential extension from 3/1/22 to 6/30/22 and possibly out to January 2023.</p> <p>The State Controller's Office (SCO) will work with us as we move toward LUMA activation (the new statewide accounting, payroll, personnel, and procurement system). SCO will be putting together information about how the EIN rollout will affect the public health districts regarding the IRS rules, etc., to be shared at our next planning meeting.</p>
SWDH's Public Health Symposium	<p>Due to the anticipated increase in COVID-19 cases in the coming weeks, I made the decision to push SWDH's Public Health Symposium out to November 16, 2021.</p>

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