



Board of Health Meeting

Tuesday, November 16, 2021, 9:00 a.m.
13307 Miami Lane, Caldwell, ID 83607

Public comments specific to an agenda item for the November 16, 2021 Board of Health meeting can be submitted at <https://www.surveymonkey.com/r/BoH11162021> 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, November 15, 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	
9:04	Roll Call	Chairman Bryan Elliott
9:06 A	Request for Additional Agenda items; Approval of Agenda	Chairman Bryan Elliott
9:08 A	Approval of Minutes – October 26, 2021	Chairman Bryan Elliott
9:10	In-Person Public Comment	
9:20 I	Open Discussion and Septic Follow Up	SWDH Board Members
9:30 A	COVID-19 Letter to the Governor Follow Up	Nikki Zogg
9:40 I	Introduction of New Employees	Division Administrators
9:50 I	October 2021 Expenditure and Revenue Report	Troy Cunningham
10:00 A	Zwygart John Letter of Engagement	Troy Cunningham
10:05 I	VAERS (Vaccine Adverse Event Reporting System)	Rachel Pollreis
10:25	Break	
10:40 I	Western Idaho Community Crisis Center Quarterly Update	Sam Kenney
10:50 I	Youth Behavioral Health Update	Sam Kenney
10:55 I	Trustee and Executive Council Update	Georgia Hanigan, Nikki Zogg
11:05 A	Opioid Settlement Sign On	Nikki Zogg
11:25 A	Approve 2022 Board of Health Meeting Schedule	Nikki Zogg
11:30 I	Waste Disposal Sites	Mitch Kiester
11:40 A	Behavioral Health Board Contract	Nikki Zogg
12:00	Adjournment	

(Following adjournment, flu shots will be available for Board members who are interested)

NEXT MEETING: Tuesday, December 14, 2021, 10:00* a.m.

***(Please note beginning of winter meeting hours)**

Healthier Together

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BOARD OF HEALTH MEETING MINUTES

Tuesday, October 26, 2021

BOARD MEMBERS:

Georgia Hanigan, Commissioner, Payette County – present via Zoom
Lyndon Haines, Commissioner, Washington County – present via Zoom
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, Josh Campbell, Alexis Pickering, Jaime Aanensen, Lisa Bahr

Via Zoom: Troy Cunningham, Rachel Pollreis, Ashley Anderson, Doug Doney, Chuck Washington, Jaime Aanensen

GUESTS:

Dennis Owsley, Idaho Department of Water Resources, attended the meeting 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 9:01 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 via Zoom; Commissioner Purdy – present; Commissioner Haines – present via Zoom; Commissioner Smith – not present

REQUEST FOR ADDITIONAL AGENDA ITEMS; APPROVAL OF AGENDA

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

APPROVAL OF MINUTES – SEPTEMBER 21, 2021

MOTION: Dr. Summers made a motion to approve the minutes from the September 21, 2021 Board of Health meeting as presented. Commissioner Haines seconded the motion. Six in favor; one abstained; motion passes.

IN-PERSON PUBLIC COMMENT

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

OPEN DISCUSSION

Commissioner Purdy asked if septic program information will be provided today as some Adams County residents continue to have concerns. Nikki suggested Commissioner Purdy can reach out to Jaime Aanensen to resolve her questions.

Commissioner Purdy also asked if SWDH is considering a permanent COVID-19 response branch. Nikki clarified that our COVID-19 staff are filling limited-service positions due to continued need for COVID-19 response efforts.

COVID-19 SITUATION UPDATE

Data show a very slow decline in case rate and staff are seeing a notable decrease in new cases among the 13-to-18-year-old age group. Planning phone calls have begun to discuss transitioning away from Crisis Standards of Care for the local hospitals. Nikki also discussed natural immunity and breakthrough cases.

Commissioner Purdy asked for VAERS (Vaccine Adverse Event Reporting System) information.

Dr. Summers pointed out that vaccines are not designed to eliminate the disease but rather to reduce the symptoms of the illness and reduce associated death and hospitalizations.

COVID-19 RESPONSE LETTER TO GOVERNOR

Nikki submitted a letter to the Governor requesting implementation of a structured response for the COVID-19 event. The director of Idaho Department of Health and Welfare (IDHW) and director of Idaho Office of Emergency Management (IOEM) responded requesting clarification. Nikki sent a response letter and following that, IDHW reached out to request a phone call be scheduled to further discuss.

INTRODUCTION OF NEW EMPLOYEES

Division administrators introduced new staff.

SEPTEMBER 2021 EXPENDITURE AND REVENUE REPORT

Troy Cunningham, SWDH Financial manager, presented the September 2021 Expenditure and Revenue Report.

WESTERN IDAHO COMMUNITY HEALTH COLLABORATIVE (WICHHC) UPDATE

Alexis Pickering, Health Strategist, provided an update on the Western Idaho Community Health Collaborative (WICHHC). She explained the partners helping to fund the collaborative, the organizations participating in the collaborative, and some of the challenges the collaborative is working to address. Alexis also explained the upcoming Community Health Needs Assessment (CHNA) will be a joint effort and the first of its kind in the Treasure Valley. It will consolidate the assessment efforts by multiple organizations into a single CHNA. The goal of the CHNA is to develop a user-friendly, accessible data dashboard with a joint implementation plan slated for 2023 or 2024.

Commissioner Purdy asked how we are housing workforce and protecting open trails. Alexis explained that our area is currently undergoing an affordable housing crisis. The WICHHC goal is to provide recommendations to an already developed property.

In response to the open trails question, Alexis explained that across the 10-county region of Central District Health and Southwest District Health, people are unaware of where the open trails are and how to access them because they are poorly marked with little signage. The goal is to mark those trails and encourage use and physical activity to help reduce the obesity rate.

Board members asked Alexis to bring the completed CHNA back to board members for review upon completion.

PUBLIC INFORMATION OFFICER QUARTERLY UPDATE

Ashley Anderson, SWDH Public Information Officer, provided board members with a quarterly update.

AQUIFER STABILITY

Dennis Owsley, Idaho Department of Water Resources (IDWR), presented information on aquifer stability focusing on hydrogeology across the Treasure Valley.

PUBLIC DRINKING WATER SYSTEMS

Lisa Bahr, Environmental Health Specialist, Senior, discussed public drinking water systems, the implementation of regulation, and the impact of public drinking water systems on public health.

REGION 3 BEHAVIORAL HEALTH BOARD

Nikki provided an update on the contractual relationship with the Behavioral Health Board (BHB). She summarized the concerns sent to the Division of Behavioral Health (DBH) regarding continuing the contract with IDHW to support the BHB. Nikki provided a summary of the scope of the contract and summarized what is required in the contract. Nikki discussed two options to continue the contractual relationship. She asked for feedback or guidance prior to the Executive Committee meeting for the Behavioral Health Board scheduled for tomorrow, Wednesday, October 27, 2021. Board members support Nikki providing options for proceeding with the SWDH and BHB relationship and hopes that BHB Executive Council members bring some ideas as well.

HOUSE BILL 316

Many logistics for the transition in funding are still being worked out. Nikki shared information regarding a rule change and explained that most of the districts will likely still look to the Department of Human Resources (DHR) to continue to seek support for training and other personnel needs.

Nikki asked for guidance from Board members regarding how much of the House Bill 316 transitions they wish to be involved in. Board members are comfortable with Nikki and Commissioner Hanigan as Trustee to make solid decisions and asked for information and updates on the decisions made going forward.

DIRECTOR'S REPORT

Strategic Plan Update, Goals and Processes

Nikki provided a brief summary on the progress of updating the agency's strategic plan including some of the higher-level goals initially identified. Sam Kenny, SWDH Project Manager, will present more detailed information as the update progresses.

EXECUTIVE SESSION

At 12:03 p.m. Chairman Elliott made a motion to go into Executive Session in accordance with Idaho Code 4-206(1)(f). Commissioner Elliott seconded the motion. Board members were polled. Purdy – aye; Summers – aye; Haines – aye; Hanigan – aye. Elliott – aye. Aberasturi – aye.

At 12:19 p.m. members came out of Executive Session. No decisions were made.

There being no further business the meeting adjourned at 12:20 p.m.

Respectfully submitted:

Approved as written:

Nikole Zogg
Secretary to the Board

Bryan Elliott
Chairman

Date

DRAFT



SOUTHWEST DISTRICT HEALTH

BUDGET REPORT FOR FY2022

Cash Basis

Oct-21

Target **33.3%**

Fund Balances			
	FY Beginning	Month Ending	Change
General Operating Fund	\$ 65,977	\$ 29,397	\$ (36,580)
Millennium Fund	\$ -	\$ 95,072	\$ 95,072
LGIP Operating	\$ 3,187,262	\$ 3,949,459	\$ 762,197
LGIP Vehicle Replacement	\$ 99,692	\$ 99,737	\$ 44
LGIP Capital	\$ 1,299,174	\$ 1,299,174	\$ -
Total	\$ 4,652,106	\$ 5,472,838	\$ 820,733

Income Statement Information			
	YTD	This month	
Net Revenue:	\$ 3,783,438	\$ 994,302	
Expenditures:	\$ (3,444,878)	\$ (1,055,483)	
Net Income:	\$ 338,560	\$ (61,181)	

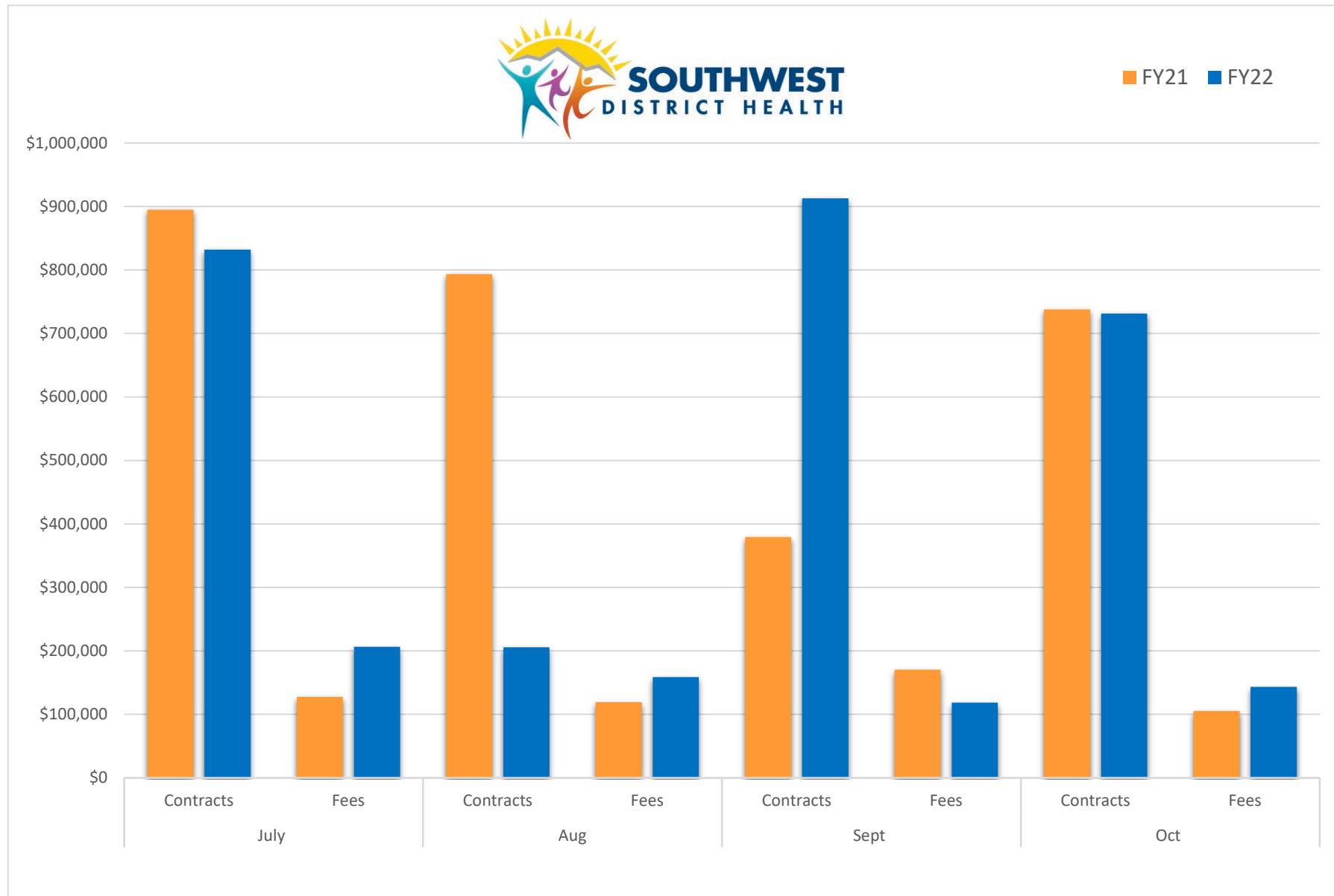
Revenue											
	Board of Health	Admin	Clinic Services	Env & Community Health	General Support	Buildings	Crisis Center	Total	YTD	Total Budget	Percent Budget to Actual
County Contributions	\$ -	\$ 118,773	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 118,773	\$ 469,246	\$ 1,873,492	25%
Fees	\$ -	\$ -	\$ 36,275	\$ 106,885	\$ -	\$ 310	\$ -	\$ 143,470	\$ 627,338	\$ 1,874,852	33%
Contracts	\$ -	\$ 314,582	\$ 68,404	\$ 220,800	\$ -	\$ -	\$ 127,656	\$ 731,442	\$ 2,682,243	\$ 6,407,764	42%
Sale of Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20,000	0%
Interest	\$ -	\$ 516	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 516	\$ 2,241	\$ 50,000	4%
Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 101	\$ -	\$ 101	\$ 2,370	\$ 283,000	1%
Monthly Revenue	\$ -	\$ 433,871	\$ 104,679	\$ 327,685	\$ -	\$ 411	\$ 127,656	\$ 994,302	\$ 3,783,438	\$ 11,514,408	32.9%
Year-to-Date Revenue	\$ -	\$ 959,800	\$ 862,839	\$ 1,704,026	\$ 1,207	\$ 1,241	\$ 254,324	\$ 3,783,438	DIRECT BUDGET		
Budget	\$ -	\$ 379,246	\$ 4,071,532	\$ 4,222,436	\$ 1,295,764	\$ 462,141	\$ 1,083,289	\$ 11,514,408	DIRECT BUDGET		
			21.2%	40.4%	0.1%	0.3%	23.5%	32.9%			

Expenditures											
	Board of Health	Admin	Clinic Services	Env & Community Health	General Support	Buildings	Crisis Center	Total	YTD	Total Budget	Percent Budget to Actual
Personnel	\$ 1,167	\$ 27,463	\$ 291,817	\$ 402,295	\$ 105,715	\$ 14,276	\$ 7,344	\$ 850,076	\$ 2,620,862	\$ 8,365,691	31%
Operating	\$ -	\$ 975	\$ 45,381	\$ 54,950	\$ 14,599	\$ 27,621	\$ 54,261	\$ 197,787	\$ 816,396	\$ 2,826,817	29%
Capital Outlay	\$ -	\$ -	\$ -	\$ -	\$ 7,620	\$ -	\$ -	\$ 7,620	\$ 7,620	\$ 197,400	4%
Trustee & Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 124,500	0%
Monthly Expenditures	\$ 1,167	\$ 28,438	\$ 337,198	\$ 457,244	\$ 127,933	\$ 41,897	\$ 61,605	\$ 1,055,483	\$ 3,444,878	\$ 11,514,408	29.9%
Year-to-Date Expenditures	\$ 4,337	\$ 95,434	\$ 1,182,135	\$ 1,415,840	\$ 397,870	\$ 145,996	\$ 203,266	\$ 3,444,878	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		
	22.0%	26.5%	29.0%	33.4%	30.7%	31.6%	19.0%	29.9%			



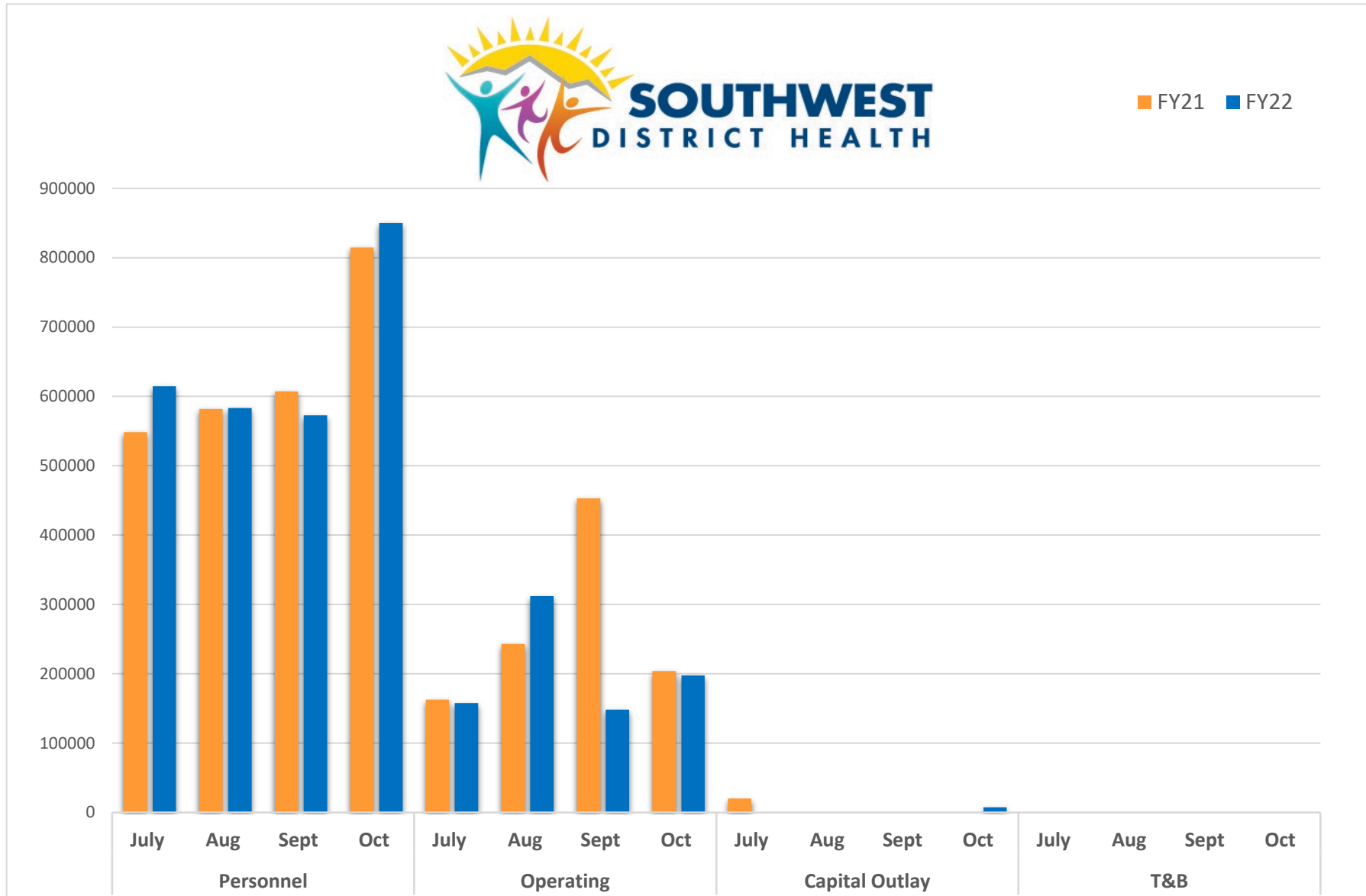
YTD REVENUES with Prior Year Comparison

Oct-21



YTD EXPENDITURES with Prior Year Comparison

Oct-21

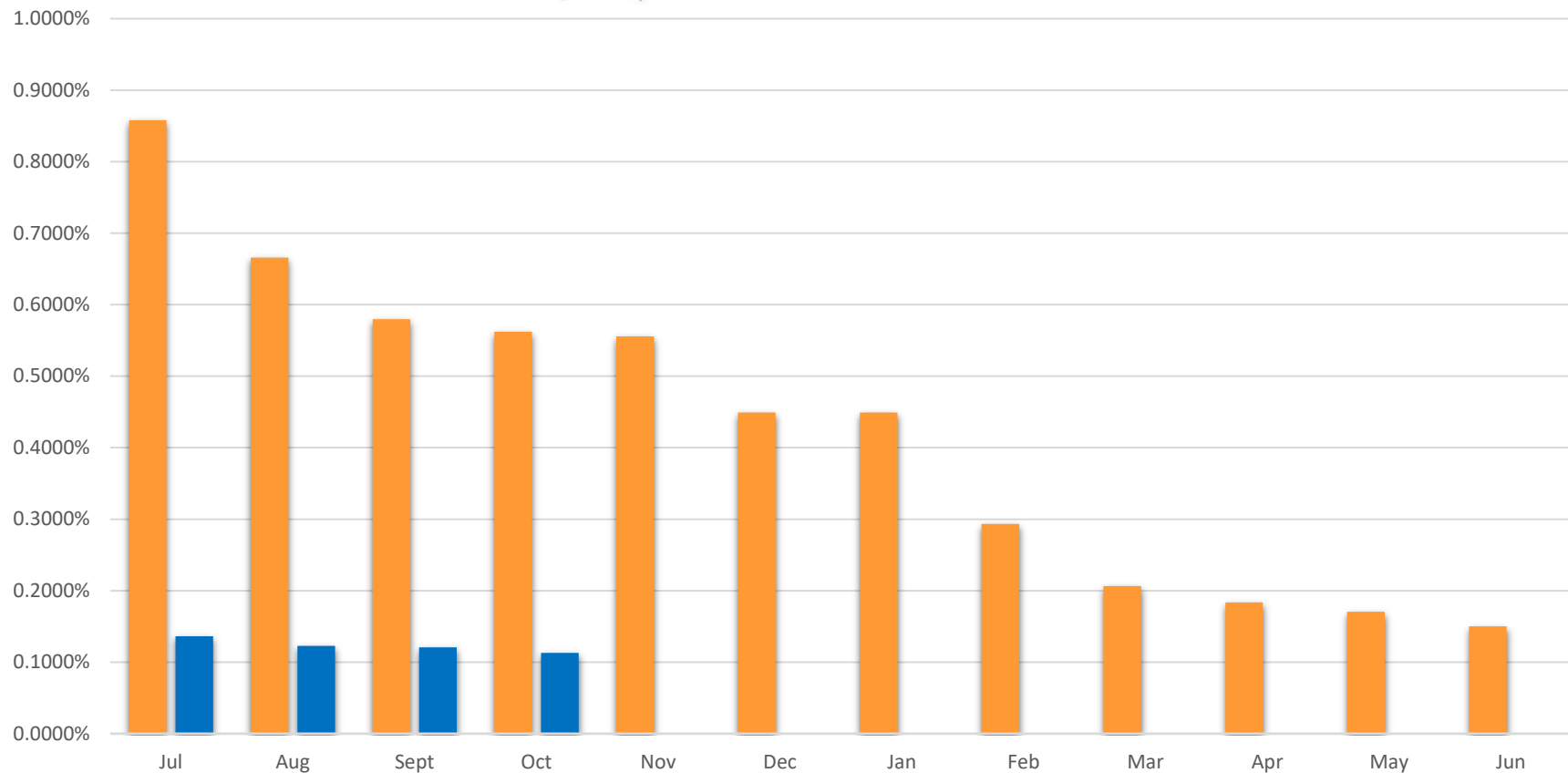


YTD Investment Yield with Prior Year Comparison

Oct-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	\$4,039	
Parents as Teachers	\$187,312	
Citizen's Review Panel	\$29,028	
Kresge Grant (PH1)	\$18,607	
COVID Incentive grant*	\$125,903	
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		\$2,380
EH Vehicle		\$33,790
EH Security		\$7,500
	\$393,460	\$103,720

**Not program funds and must be spent by Mar 1, 2022*



ZWYGART JOHN
CERTIFIED PUBLIC ACCOUNTANTS

Zwygart John & Associates CPAs, PLLC

16130 North Merchant Way, Suite 120 ♦ Nampa, Idaho 83687

Phone: 208-459-4649 ♦ FAX: 208-229-0404

October 8, 2021

Board of Health
Southwest District Health Department (III)
PO Box 850
Caldwell, ID 83606

Dear Board of Health

Management has requested that we perform additional, nonattest services for Southwest District Health Department (III). We are providing this letter to inform you of this request and confirm that you are in agreement with management on the need for these services. In seeking this preapproval, we provide the Board of Health and management with a written description of the scope of the service to be provided, the proposed fee structure, any amendments or side letters to the engagement letter, or any other agreement, written or oral, relating to the services. In addition, we have provided our compensation agreement below. We also have provided assurance that we have discussed with management any potential effect of the service on our firm's independence with regard to our audits of Southwest District Health Department (III)'s financial statements.

With respect to any nonattest services we perform, Southwest District Health Department (III)'s management is responsible for (a) making all management decisions and performing all management functions; (b) assigning a competent individual to oversee the services; (c) evaluating the adequacy of the services performed; (d) evaluating and accepting responsibility for the results of the services performed; and (e) establishing and maintaining internal controls, including monitoring ongoing activities. The services we will provide are:

We will assist management to prepare the annual financial statements for Southwest District Health Department (III). The financial statements will be prepared from the accounting records provided by Southwest District Health Department (III).

Government Auditing Standards require that we document an assessment of the skills, knowledge, and experience of management, should we participate in any form of preparation of the basic financial statements and related schedules or disclosures as these actions are deemed a non-audit service.

We have performed this assessment and have determined that providing this nonattest service will not impair our independents in relation to Southwest District Health Department (III) in accordance with *Government Auditing Standards*.

The fee for these services will be \$2,000. This fee is in addition to any other audit fees.

We are available to discuss with the Board of Health and management the potential effects of this service on our firm's independence at a date of your convenience.

This communication is intended solely for the information and use of the Board of Health and management and is not intended to be and should not be used by anyone for any other purpose.

Respectfully,

Zwysart John & Associates CPAs, PLLC

RESPONSE:

This letter correctly sets forth the understanding of Southwest District Health Department (III).

Southwest District Health Department (III):

Signature: _____

Title: _____

Date: _____



Vaccine Adverse Events Reporting System (VAERS)

Purpose, Uses, Limitations, and Findings

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Purpose

- Purpose and appropriate uses for VAERS

Purpose

- The purpose of VAERS is to monitor the safety of vaccines after they are authorized or licensed for use by the FDA.
 - Assess the safety of a newly licensed vaccine, detect unusual or rare adverse events that happen after vaccination, monitor increases in known side effects (like a sore arm), identify potential risk factors for types of health problems related to vaccines, identify possible reporting clusters
- “VAERS is not designed to determine if a vaccine caused or contributed to an adverse event. A report to VAERS does not mean the vaccine caused the event.”

Limitations

- The limitations of VAERS reported events and their usefulness in statistics

Limitations

- VAERS reports are submitted by anyone and can sometimes lack details or contain errors.
- Medical providers are required by law to report certain events and any deaths that occur post-vaccination, regardless of the cause of death.
- VAERS data alone cannot determine if the vaccine caused the reported adverse event.
 - VAERS accepts all reports of adverse events following vaccination without judging whether the vaccine caused the event.
 - Reported events must be compared to the expected frequency of said event in the general public (background rate).

Limitations – Correlation vs. Causation

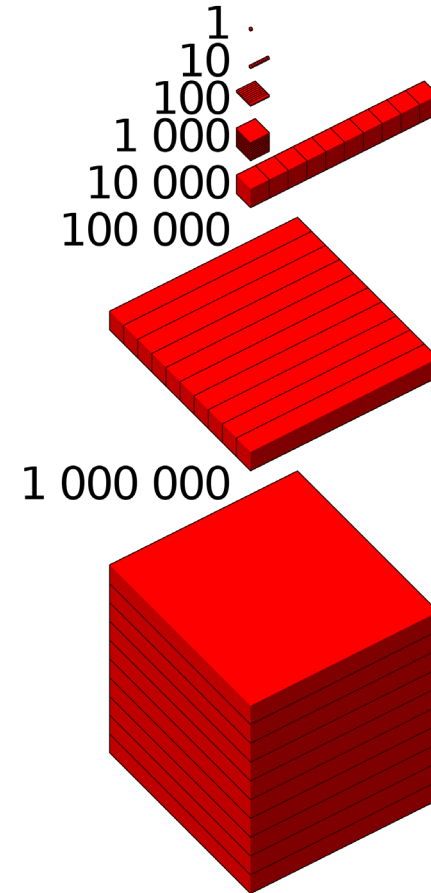
- Correlation doesn't imply causation
 - Correlation is a statistical association between two variables
 - Causation is a change in one variable that causes a change in another variable
- Example: Ice cream sales and rates of drowning are correlated. Does ice cream cause people to drown? No! Instead a **third variable** (warm, sunny weather) influences both variables separately.



Completing the Picture: How to interpret VAERS data

What is the denominator?

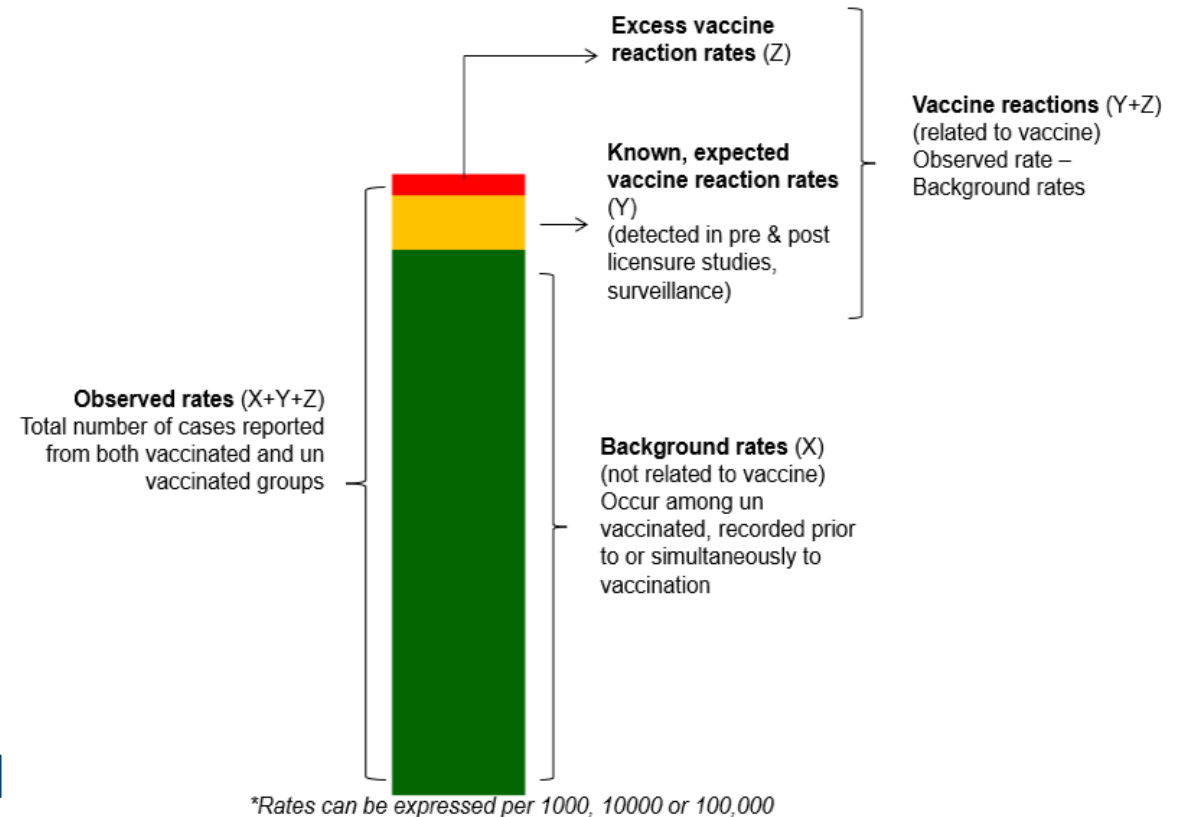
- Scenario: VAERS reports 10 cases of vaccine induced allergic reaction
- If only 20 people received the vaccine, this is very concerning!
- If 10 million people received the vaccine, this is a very rare event!
- The denominator (total number of people vaccinated) is important to interpreting the rate of adverse events.



Completing the Picture: How to interpret VAERS data

What is the background rate?

- Scenario: VAERS reports 10 cases of blood clots out of 10 million vaccinated people
- If we looked at a random sample of 10 million people, how many would have blood clots?
 - This is called the background rate
 - If the event happens as frequently in the background rate, we can tell that the blood clots are not caused by the vaccine.
- If we looked at a random sample of 10 million people who had the disease (but no vaccine), how many would have blood clots?



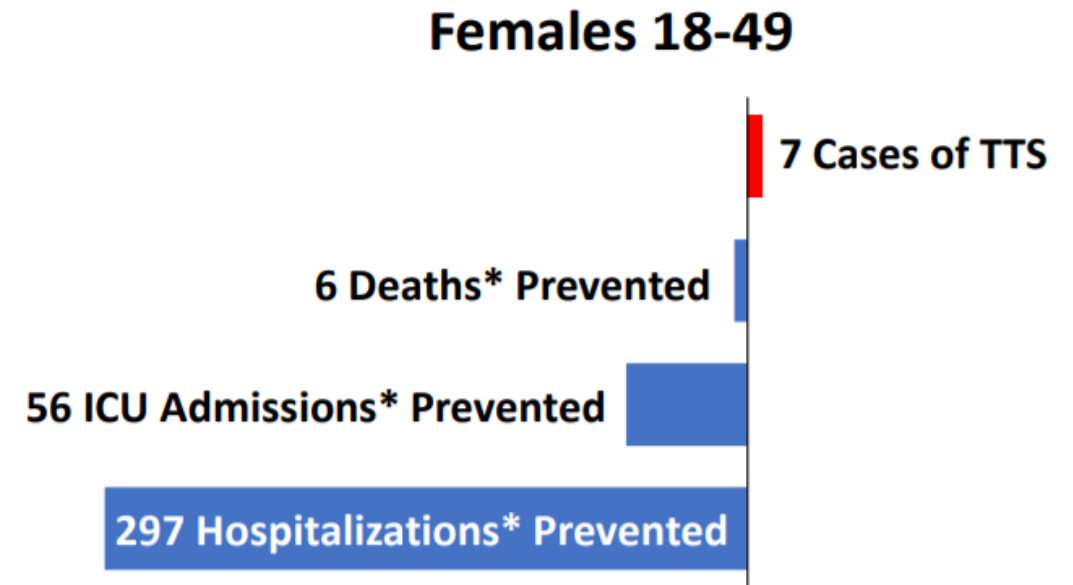
Identified Risks Using VAERS

- What have we learned through VAERS

Identified Risks Using VAERS – Janssen COVID-19 Vaccine

- In April 2021, 15 cases of a rare and severe type of blood clot were reported to VAERS in women who had received the Janssen COVID-19 vaccine, out of 7.98 million doses.
- Administration of the Janssen COVID-19 vaccine was immediately paused, and these data were reviewed. It was determined that the benefits of receiving this vaccine outweigh the potential risks.

For every million doses administered:



VAERS Safety Monitoring Research

- Between December 2020 and June 2021, nearly 300 million doses of mRNA vaccines were administered in the United States.
- The most commonly reported side effects were injection-site pain, fatigue, and headache.
- During this time, 4,472 deaths were reported to VAERS in people who received an mRNA COVID-19 vaccine.
- Compared to expected background rates of death from all causes per million persons, deaths reported to VAERS following mRNA vaccination were consistently 15–30 times less frequent within 7 days of vaccination, and 50 times less frequent within 42 days of vaccination, by age.

Takeaway

- While VAERS is a very useful and sensitive database, there is no claim of causation for events reported to the system.
- The background rate of an event is essential to interpreting VAERS data.
- VAERS reports are being monitored closely and public safety is the first priority.
- The COVID-19 vaccines are extraordinarily safe and effective.

References

- <https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/vaers/index.html>
- <https://www.fda.gov/news-events/press-announcements/fda-and-cdc-lift-recommended-pause-johnson-johnson-janssen-covid-19-vaccine-use-following-thorough>
- <https://www.medrxiv.org/content/10.1101/2021.10.26.21265261v2>
- <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-04-23/06-COVID-Oliver-508.pdf>

Any Questions?



Quarter 2 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 second quarter of this year, the crisis center experienced a decrease in access from 710 admissions in the first quarter to 389 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 15 hours and 3 minutes. WIDCCC serves the entirety of Region III, which includes: Adams, Canyon, Gem, Owyhee, Payette and Washington Counties. The second quarter shows 79% of the individuals accessing WIDCCC identify Canyon County as their county of residence. To address the more limited WIDCCC utilization from outlying counties, ongoing outreach efforts have continued, specifically targeting the access and transportation barriers that present for a rural district with the geographical spread experienced in Region III. Six percent of the individuals who accessed the crisis center, identified their primary residence as outside of Region III. Although these individuals fell outside of the service area identified for the crisis center, they were provided with access and care, keeping true to the Minkoff Model and “no wrong door” philosophy.

Medicaid/Optum continues to be reported as the leading insurance provider of individuals accessing WIDCCC. Self-referrals are the primary source for individuals seeking services. Of the responses provided by consumers, 31% 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 389 admissions from 7/1/2021 through 9/30/2021. Of those 389 admissions, 159 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 2nd quarter, the call log reflects 8 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.

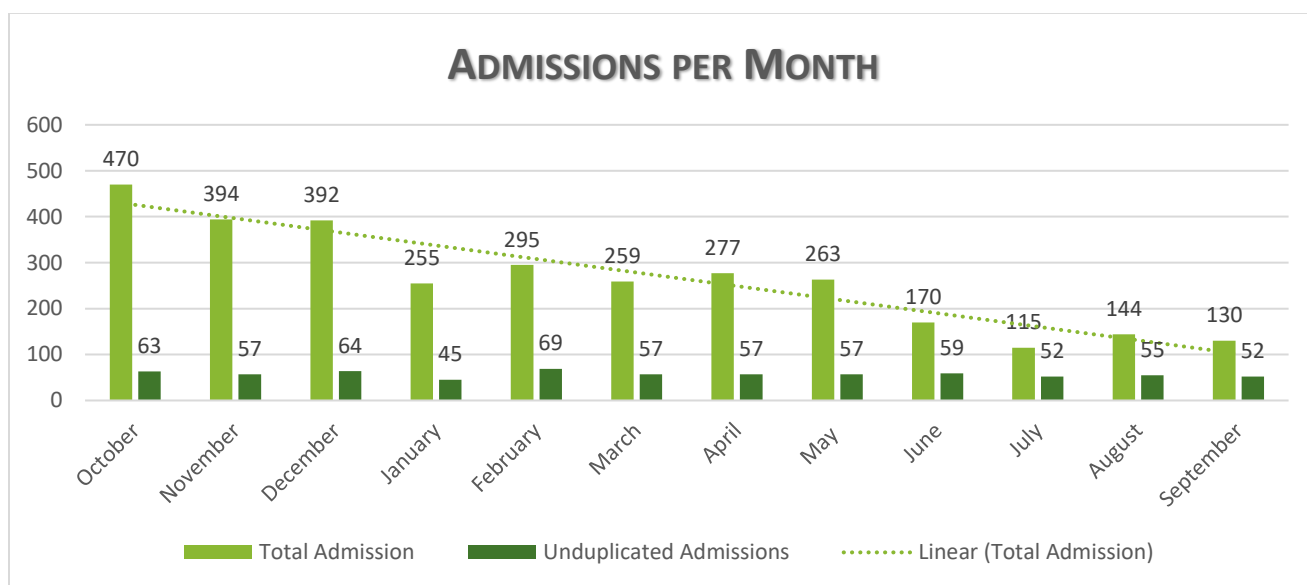


Figure 1: Admissions per Month (October 2020 – September 2021 rolling 12 months)

Demographics

The average length of stay in the second quarter was 15 hours and 3 minutes. The average daily census was 4. The number of individuals who were homeless or at risk of being homeless was 295 (76%). The number of identified veterans served was 15 (4%).

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 continues to be disrupted in the due to COVID. 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.

Three hundred and eighty-nine individuals sought services at WIDCCC in the second quarter, 247 of them identified as male, 139 identified as female, 1 identified as transgendered, and 2 individuals who declined a response (Figure 3).

One hundred and twelve (29%) of second quarter WIDCCC recipients were between the ages of 25 and 34 years. Ninety-five (24%) recipients were between the ages of 45 and 54 years. (Figure 4).

The remainder of recipients were distributed between the age groups: 18 to 24 years, 35 to 4, 55 to 64, and 65+.

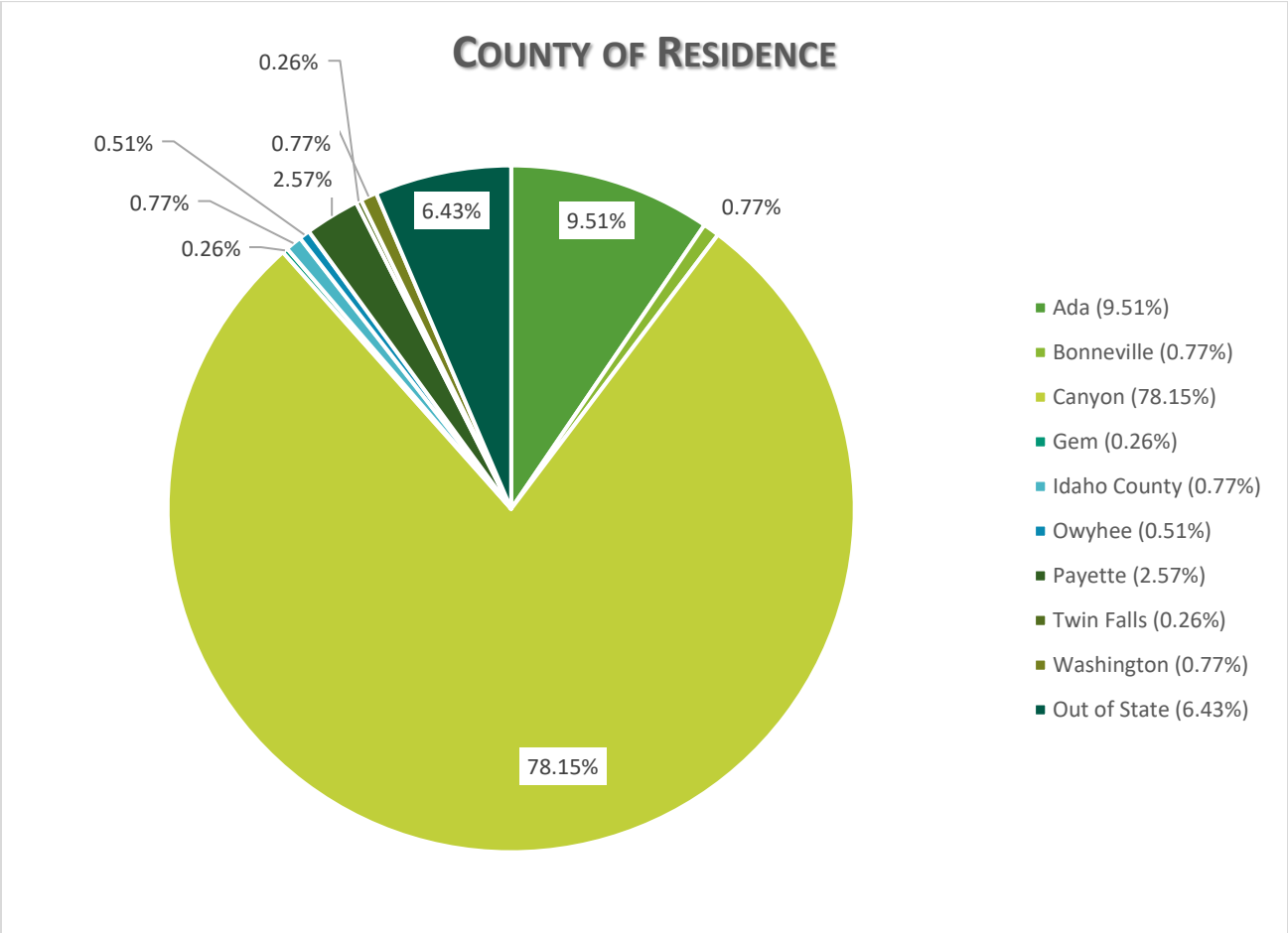


Figure 2: County of Residence for Q2 2021-2022

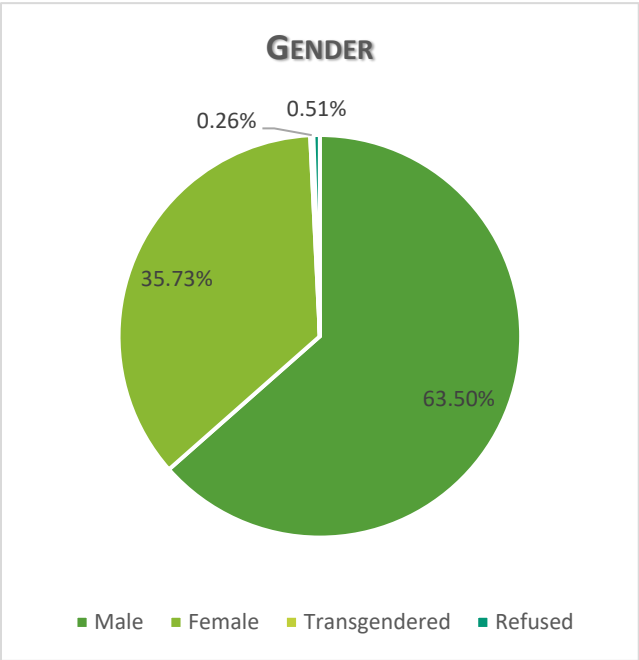


Figure 3: Gender for Q2 2021-2022

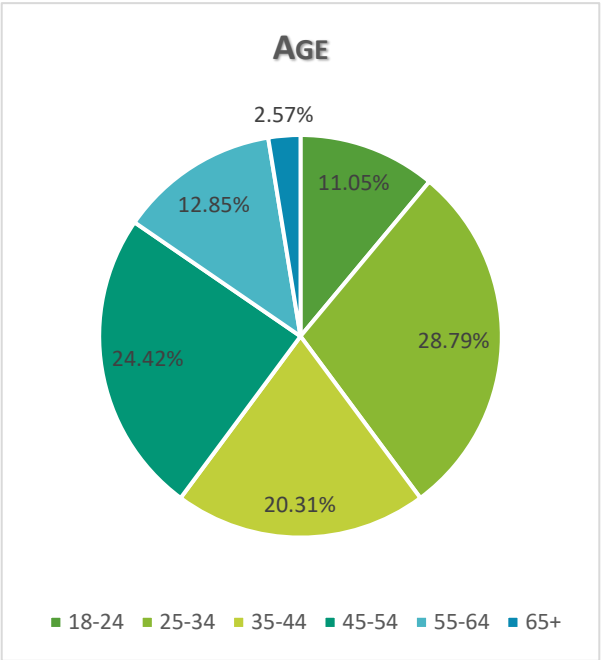


Figure 4: Age for Q2 2021-2022

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.

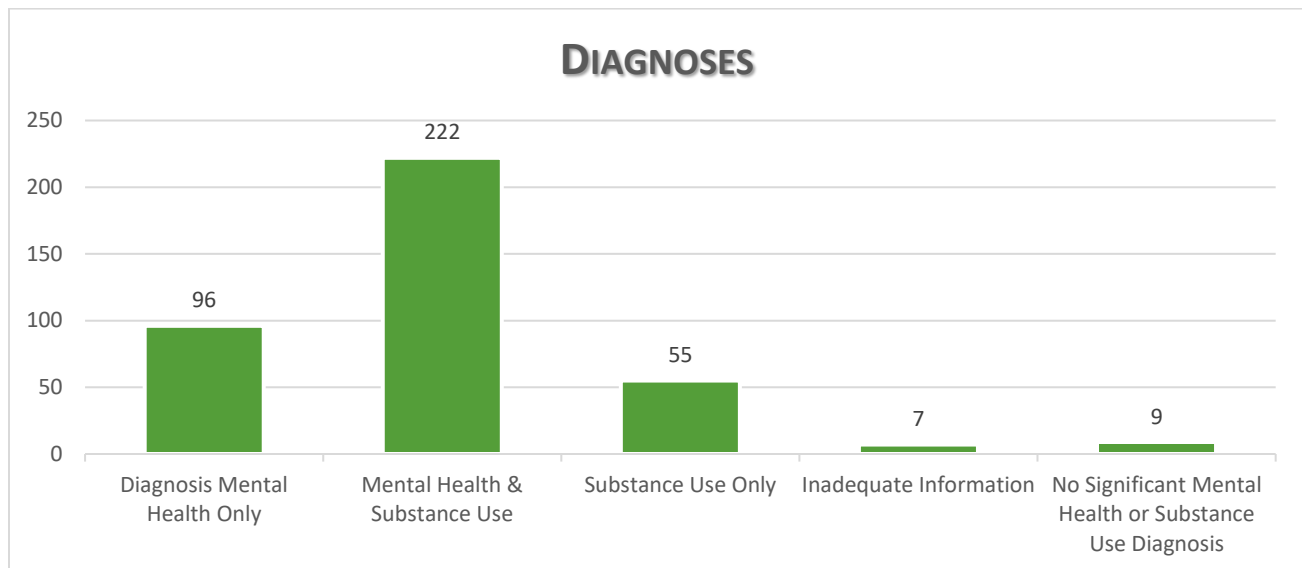


Figure 5: Diagnoses for Q2 2021-2022

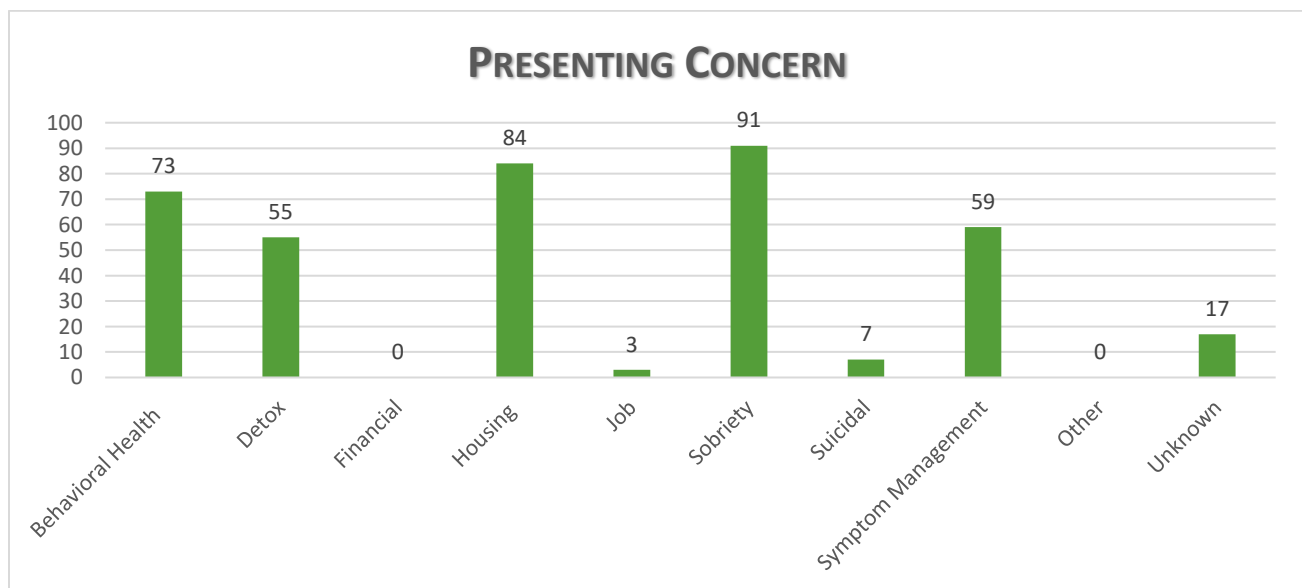


Figure 6: Presenting Concern for Q2 2021-2022

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	21	Probation/Parole	30
Education	1	Residential Care Facility/Assisted Living	9
Family/Friend	30	Self Help Group	5
Hospital	91	Self/Guardian	141
Jail	16	Shelter for Homeless	1
Other Community Organizations	15	SUD Provider	7
Police (except court or correction agency)	18	Unknown	4

Table 1: Referral Source Q2 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.

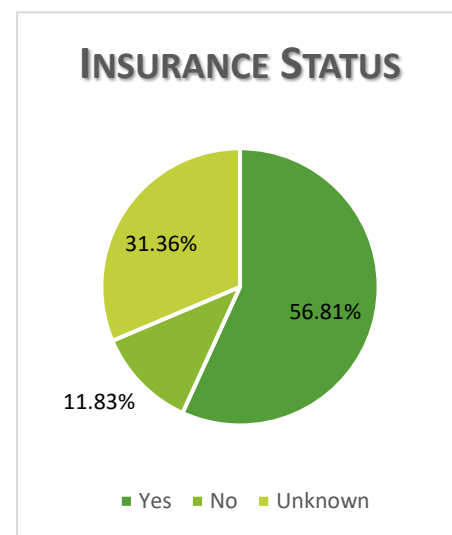


Figure 7: Insurance Status

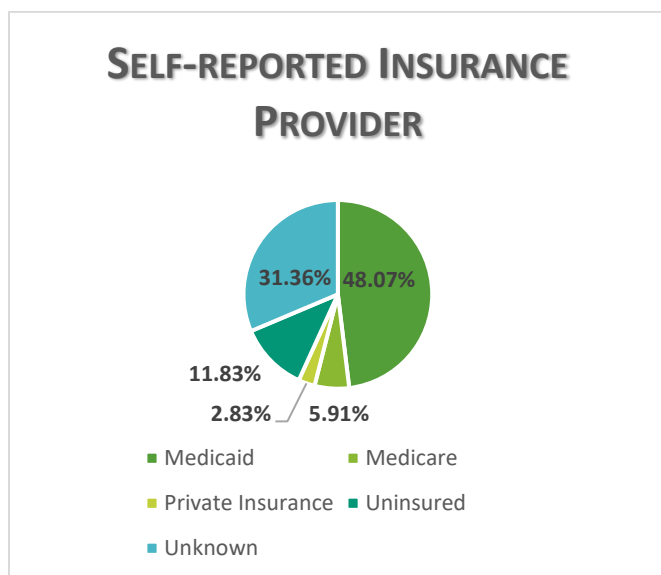


Figure 8: Self-Reported Insurance

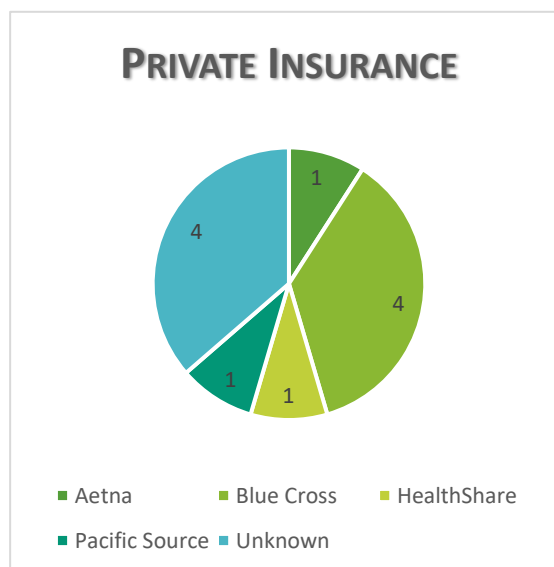


Figure 9: Private Insurance

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 second quarter there were 18 law enforcement drop offs to the crisis center, resulting in an estimated savings of \$18,000 (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 second quarter, sixteen individuals were diverted to the crisis center, in place of jail. This provided an estimated cost savings in the second quarter of \$19,680 (Table 2). For fiscal year 2020, the Idaho Department of Corrections calculates the cost per inmate per day to be \$72.97. The average length of stay in Canyon County Jail is 15 days, with a daily cost of \$82, as reported by Canyon County Sheriff's Office. It cost \$312 per day to house inmates outside of the county.

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

In the second quarter, 91 individuals were diverted to the crisis center, in place of local emergency departments. This provided an estimated cost savings in the first quarter of \$236,600 (Table 2).

Diversions	Visits	Cost/Visit	Total Cost
From Hospital	91	\$2,600	\$236,600
From Jail	16	\$82/day x 15 days	\$19,680
Law Enforcement	18	\$1,000	\$18,000
Total:			\$274,280

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 of 2020, 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 second 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	6
Food Banks	389
Health Insurance	0
Hospital	20
Housing	47
Legal Resources	1
Primary Care	3
Refused	4
Religious	0
SUD/MH	104
Suicide Hotlines	389
Support Agency	2
Vocation	0
Other	5

Table 3: Community resource referrals Q2 2021-2022

Referrals to a Higher Level of Care	
Allumbaugh House	1
Intermountain	2
Lifeways Hospital	2
St. Luke's	1
West Valley Medical Center	15

Table 4: Referrals to a higher level of care Q2 2021-2022

Outcomes and Experience

164 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	152	93%
Answered	12	7%
Of those who answered:		
Admitted to ED	0	0%
Arrested/Incarcerated	0	0%
Higher Quality of Life (30 day follow-up call only)	4	80%
Individual Followed through with care plan	6	50%

Table 5: Number of follow-up calls and results Q2 2021-2022

In the second quarter, 46 Individual Experience Surveys were completed; the average score from these surveys was 3.23 out of 4.

INDIVIDUAL EXPERIENCE SURVEY SCORES	
ADMISSION	Average Score
1. Admission process was speedy.....	2.69
2. Staff was courteous during admission.....	3.33
FACILITY	Average Score
1. The facility is comfortable.....	3.13
2. Noise level of the facility was satisfactory.....	2.98
3. Overall cleanliness of the facility was satisfactory.....	3.24
4. Overall condition of the facility was satisfactory.....	3.24
STAFF CARE	Average Score
1. Staff treated with courtesy and respect.....	3.38
2. Staff introduced you to the facility and program.....	3.20
3. Staff were prompt in responding to your requests.....	3.18
4. Staff kept you informed about your treatment program.....	3.22
5. Staff were helpful.....	3.33
OTHER MEMBERS OF THE TREATMENT TEAM	Average Score
1. Peer Support Specialists/Recovery Coaches were courteous and helpful.....	2.61
2. Case Managers were courteous and helpful.....	3.05
3. Emergency Medical Technicians (EMTs) were courteous and helpful.....	3.16
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.....	3.20
2. You were provided clear instructions on what to do if you need help after discharge (when to seek help, whom to call, etc.).....	3.30
3. Your plan included referrals to resources and providers to continue treatment.....	3.27

Individual Comments

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

“This place saved my life”

“Staff was helpful and gave lots of support”

“Love the staff super helpful”



Opioid Settlement Agreement

November 16, 2021

HEALTHIER TOGETHER

SWDH.ORG

SWDH's Overview & Opportunities Assessment

SWDH staff and a representative from the Division of Behavioral Health and the Region 3 Behavioral Health Board reviewed the settlement agreement and analyzed the opportunities available to the district to address opioid related needs of our communities. The team conducted a high-level brainstorming session on efforts that could be undertaken to address the many issues surrounding opioid prescribing, dispensing, use, and abuse. The team then conducted an effort and impact assessment. Further work is needed if SWDH signs on to receive these funds to better understand the gaps and needs in our community and efforts already underway by other stakeholders/community partners before determining how best to utilize the settlement funds that will be coming into our region.

OUD Support Services

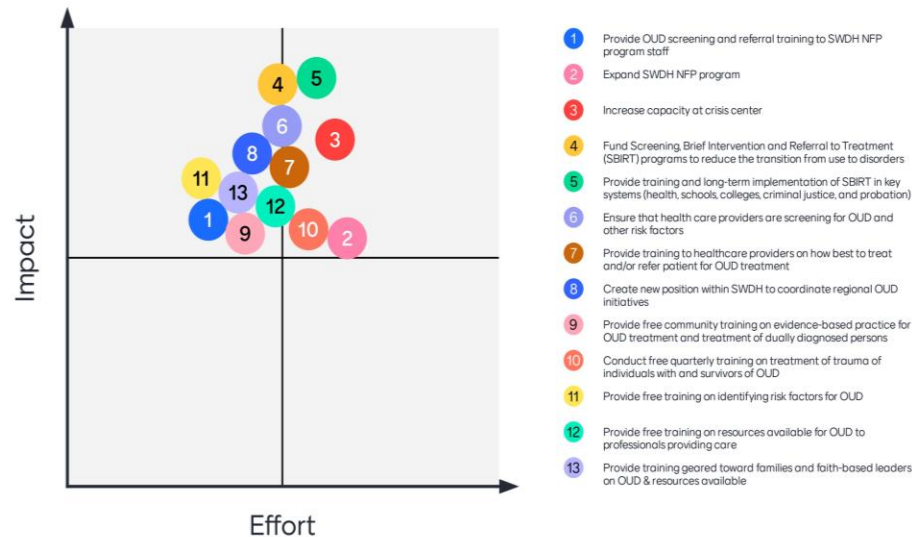
Please rate the the level of impact and effort for the following activities to deliver OUD support services



- High Impact/Low Effort
 - Link individuals with OUD to educational opportunities, basic needs, and medical care
 - Implement stigma reduction campaigns
 - Provide training/support to community-based organizations on how to support those with OUD
- High Impact/High Effort
 - Implement peer recovery coaches in regional emergency rooms
 - Increase the number of peer support specialists
 - Implement a relief nursery
 - Develop a Recovery Center in Payette

Improve Care Coordination

Please rate the the level of impact and effort for the following activities to deliver improve care coordination



- High Impact/Low Effort
 - Fund Screening, Brief Intervention, and Referral to Treatment (SBIRT) programs to reduce the transition from use to disorders
 - Ensure providers are screening for OUD and other risk factors
 - Create a new position within SWDH to coordinate regional OUD initiatives
- High Impact/High Effort
 - Provide training and long-term implementation of SBIRT in key systems (e.g., health, schools, colleges, criminal justice, probation)
 - Increase crisis center capacity
 - Expand SWDH's Nurse Family Partnership program

Treating OUD & Co-occurring SUD/MH

Please rate the the level of impact and effort for the following activities on treating OUD and co-occurring SUD/MH conditions.



- High Impact/Low Effort
 - Identify partners to work with to meet each communities needs based on assessment
 - Increase the number of providers with MAT waiver
 - Improve data systems to identify opioid prescribers
- High Impact/High Effort
 - Increase the number of providers using their MAT waiver
 - Increase OUD treatment opportunities in rural communities via telehealth
 - Assess each out county and determine what the current state of the situation is

Preventing Overdose Deaths & Other Harms

Please rate the the level of impact and effort for the following activities on preventing overdose deaths and other harms



- High Impact/Low Effort
 - Expand harm reduction services in our region (Naloxone distribution, safe needle exchange, HIV/Hep C testing)
 - Provide Naloxone through SWDH mobile clinic visits
 - Increase access to testing for STI/HIV/Hep C
- High Impact/High Effort
 - Open a detox clinic
 - Partner with EMS to expand, improve, or develop data tracking software and applications for overdose/Naloxone revivals
 - Implement a syringe services program

Addressing Pregnant/Parenting Women with OUD

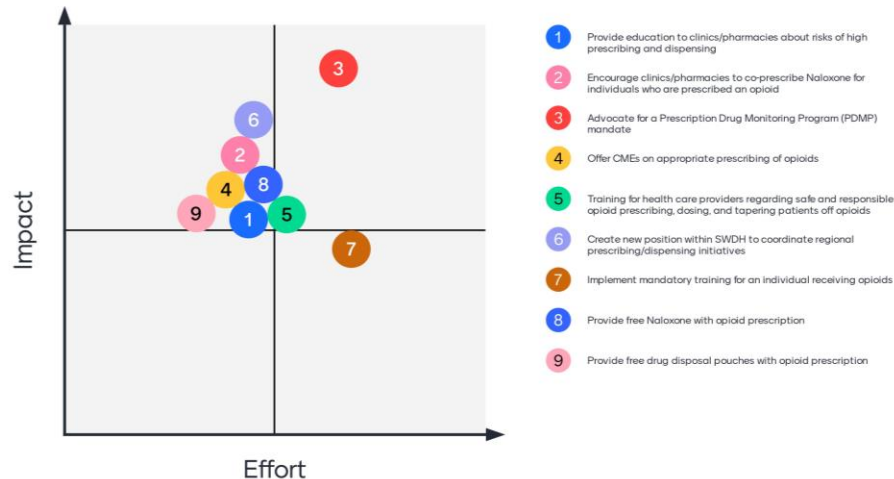
Please rate the the level of impact and effort for the following activities to address the needs of pregnant/parenting women with OUD



- High Impact/Low Effort
 - Offer training to health care providers who work with pregnant women and their families regarding treatment of OUD and any co-occurring MH condition
 - Incentivize OUD treatment during pregnancy (ex. similar to tobacco cessation diaper/wipe program)
 - Provide training to healthcare workers who work with pregnant or parenting women Neonatal Abstinence Syndrome (NAS)
- High Impact/High Effort
 - Ensure access to MAT and treatment in all six counties
 - Expand comprehensive treatment and recovery support for NAS babies

Addressing Prescribing & Dispensing Practices

Please rate the the level of impact and effort for the following activities to address the prescribing and dispensing practices in our district



- High Impact/Low Effort
 - Create new position within SWDH to coordinate regional prescribing/dispensing initiatives
 - Encourage clinics/pharmacies about risks of high prescribing and dispensing
 - Provide free Naloxone with opioid prescription
 - Offer CMEs on appropriate prescribing of opioids
- High Impact/High Effort
 - Advocate for a Prescription Drug Monitoring Program (PDMP) mandate
 - Implement mandatory training for an individual receiving opioids

Recommendations to the BOH and Additional Considerations

- SWDH anticipates receiving funding that is equivalent to the cost of 1 full time employee (with the initial settlements from Johnson & Johnson and three major opioid distributors)
 - More funding will likely be coming to SWDH as additional lawsuits are settled
 - More funding could be reallocated to SWDH from cities or counties within the district
- SWDH would like to coordinate efforts with cities and counties who sign on to receive opioid settlement funds to ensure funds are able to make the greatest impact in our communities
- SWDH recommends signing on to the opioid settlement agreement



2022 PUBLIC MEETING NOTICE

November 16, 2021

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

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

Tuesday, January 25, 2022*
Tuesday, February 22, 2022*
Tuesday, March 15, 2022*
Tuesday, April 26, 2022
Tuesday, May 24, 2022
Tuesday, June 28, 2022

Tuesday, July 26, 2022
Tuesday, August 23, 2022
Tuesday, September 27, 2022
Tuesday, October 25, 2022
Tuesday, November 15, 2022
Tuesday, December 20, 2022*

This public notice satisfies the notice of meeting requirements in Idaho Code 74-204(1), Open Meeting Law. This document is posted in the principal office of Southwest District Health where the Board of Health meetings are held and is made available at <https://phd3.idaho.gov/boh/calendar/>.

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

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

Healthier Together

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