



**Board of Health Meeting**  
Tuesday, April 26, 2022, 9:00 a.m.  
13307 Miami Lane, Caldwell, ID 83607

Public comments specific to an agenda item for the April 26, 2022 Board of Health meeting can be submitted at <https://www.surveymonkey.com/r/BoH04262022> 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, April 25, 2022. Limited in-person attendance at the meeting is available. Anyone unable to attend the meeting in-person is invited to view the meeting on their own device through live streaming available on [the SWDH You Tube channel](#).

**Agenda**

<u><b>A = Board Action Required</b></u>	<u><b>G = Guidance</b></u>	<u><b>I = Information item</b></u>
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 – March 15, 2022	Chairman Bryan Elliott
9:10	In-Person Public Comment	
9:15 I	Open Discussion	Board Members
9:20 I	Introduction of New Employees	Division Administrators
9:25 I	March 2022 Expenditure and Revenue Report	Troy Cunningham
9:35 I	WIDCCC Quarterly Update	Sam Kenney
9:45 A	Environmental Health Fees	Colt Dickman
10:10	Break	
10:20 I	Employee Retention and Salary Assessment	Sarah Price, Robert Griffard
10:40 A	Change in Employee Compensation Policy	Nikki Zogg
10:45 A	Fiscal Year 2023 Employee Compensation	Nikki Zogg
10:55 A	Fiscal Year 2023 County Contributions	Nikki Zogg
11:05 A	Fiscal Year 2023 Budget Proposal	Nikki Zogg, Troy Cunningham
11:20 I	Director's Report	Nikki Zogg
	Budget Committee Proxy Forms	
	Board of Health Term Expirations	
	Summer IADBH Meeting Proxy Forms	
	Opioid Settlement Discussion – May Board of Health meeting	
	Behavioral Health Board Update	
11:25	Executive session pursuant to Idaho Code 74-206(b)	
11:55 A	Action taken as a result of Executive Session	
12:00	Adjourn	

**NEXT MEETING: Tuesday, May 24, 2022**

Budget Committee Meeting - 9 a.m.

Board of Health meeting – 9:30 a.m. or following Budget Committee meeting

***Healthier Together***

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## **BOARD OF HEALTH MEETING MINUTES**

**Tuesday, March 15, 2022**

### **BOARD MEMBERS:**

Georgia Hanigan, Commissioner, Payette County – present  
Lyndon Haines, Commissioner, Washington County – present  
Keri Smith, Commissioner, Canyon County – present  
Kelly Aberasturi, Commissioner, Owyhee County – present  
Viki Purdy, Commissioner, Adams County – present  
Sam Summers, MD, Physician Representative – present  
Bryan Elliott, Commissioner, Gem County – not present

### **STAFF MEMBERS:**

In person: Nikki Zogg, Katrina Williams, Halle McDermott, Jeff Renn, Tara Woodward, Charlene Cariou, Josh Campbell, Colt Dickman

Via Zoom: Troy Cunningham, Ashley Anderson, Doug Doney, Chuck Washington

**GUESTS:** Two members of the public attended the meeting.

### **CALL THE MEETING TO ORDER**

Vice Chairman Kelly Aberasturi called the meeting to order at 10:03 a.m.

### **PLEDGE OF ALLEGIANCE**

Meeting attendees participated in the pledge of allegiance.

### **ROLL CALL**

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

### **REQUEST FOR ADDITIONAL AGENDA ITEMS; APPROVAL OF AGENDA**

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

### **APPROVAL OF MINUTES – FEBRUARY 24, 2022**

**MOTION:** Dr. Summers made a motion to approve the February 24, 2022 Board of Health meeting minutes as presented. Commissioner Smith seconded the motion. All in favor; motion passes.

### **IN-PERSON PUBLIC COMMENT**

No members of the public attended the meeting to provide in-person public comment.

## **OPEN DISCUSSION**

Commissioner Smith asked for an update on the status of the implementation of youth crisis centers in our region. Nikki explained that the funding approved by the legislature is structured differently than the funding approved for the adult crisis centers. Funding for the adult crisis center was provided incrementally with two centers funded each year until all regions had a crisis center. The request for youth crisis center funding is expected to be out soon for bid solicitation with the long-term goal being for youth crisis centers to be supported under the behavioral health managed care contract that the Department of Health and Welfare is currently negotiating.

Nikki anticipates a group of state and local officials touring the site of the Southwest Idaho Treatment Center (SWITC). The location is a large campus hosting Juvenile Corrections, Job Corps, and a SWITC residential hospital for children. The property has some unused buildings and under-utilized office space and the state is open to discussions regarding using some of the space for youth crisis centers. Commissioner Smith asked to attend the property tour.

Commissioner Purdy initiated discussion of the statutory authority of health districts to teach sex education courses within schools. She referenced Idaho Statute 33-1608 which indicates that any family life and sex education programs to be introduced into the schools must be approved by the local school board. Commissioner Purdy stated that the health district has no authority to present programs within schools without signed agreements with the respective school board. Charlene Cariou, SWDH Program Manager, responded that SWDH secures Memorandums of Understanding (MOUs) with each school in which the curriculum is presented. Under these MOUs, Southwest District Health is responding as an invited guest.

Nikki provided follow up information regarding Commissioner Purdy's questions at last month's Board of Health meeting regarding trespassing and referenced the SWDH policy stating that the director has the authority to be able to trespass an individual if they are participating in disruptive activities, deliberately attempting to enter an area not designated for public access, or refusing to comply with procedures and may pose a risk to public health and safety. The policy was approved by the Board of Health in August 2020.

## **REDUCING THE RISK CURRICULUM**

Charlene Cariou, SWDH Program Manager, provided follow up information to Board members regarding the Reducing the Risk Curriculum. Data shows after completing the curriculum, youth report being much more likely to resist or say no to peer pressure, better understand healthy relationships and better handle pressure from someone they are in a relationship with. Data also shows that between 2014 and 2018, the birth rates among teenagers decreased in Canyon County but remained steady in Adams, Gem, Owyhee, Payette, and Washington counties.

Charlene explained that SWDH staff do not remove lessons from the curriculum. According to the program adaptation guidebook, removing any of the lessons dilutes the ability to address certain factors and lowers the program's effectiveness.

Survey results completed by student participants are reported through an online survey tool and Idaho Department of Health and Welfare then uses the aggregate data from around the State to report out to the federal funding partner. The data are anonymous and are reported through a secure, confidential reporting site.

Charlene presented an updated draft MOU document with a more complete description of the program and outline of the expectations of each school. The fillable template includes logistic information, when classes might start, and primary teacher contact. The MOU also requires the school to state how the curriculum will be provided to parents for review in advance of the curriculum being presented to students.

Board members discussed opt-in and opt-out. The opt-in provides parents the opportunity to actively enroll students in the program. The opt-out approach allows parents to remove the students from receiving the curriculum.

Board members also discussed how to best incorporate the intent of the statute requiring the school boards to approve curriculum. Board members directed Charlene to include language from statutes 33-1608 through 33-1611 in the MOU and to include a place within the MOU for the school to indicate that the school is in compliance and the school board has reviewed the curriculum. A link to the full language of the statutes can be included in the MOU.

**MOTION:** Commissioner Smith made a motion to approve the curriculum with the addition of an opt-out form required and with the use of the updated MOU as presented with the exception of including a new paragraph regarding compliance with Idaho Statutes and incorporating language from statutes 33-1608 through 33-1611. Commissioner Haines seconded the motion. All in favor; motion carries.

#### **INTRODUCTION OF NEW EMPLOYEES**

Division administrators introduced new employees.

#### **FEBRUARY 2022 EXPENDITURE AND REVENUE REPORT**

Troy Cunningham, SWDH Financial Manager, presented the February 2022 Expenditure and Revenue Report. This month, revenues outpaced expenditures based on receipt of billings from back invoices. Troy explained that in reference to our current revenue percentage, all state appropriation funds have been received. County contributions are slightly down due to the House Bill 316 shift that occurred March 1, 2022. The numbers should start ticking back upward by the end of March. Fees are up higher than the targeted amount and this is largely attributed to the additional work occurring in Environmental Health.

Operating remains low but Troy anticipates some additional expenditures to come through over the remaining months of this fiscal year to balance that out. Nikki explained that capital outlay is impacted by several projects that were budgeted but cannot be completed due to labor or material shortage.

Vice-Chairman Aberasturi noted that the financial reports indicate SWDH is about 7% behind on funding and asked if those revenues will pick up. Troy explained that much of the revenue revolves around specific activities. Due to the federal subgrant through Idaho Department of Health and Welfare (IDHW) those activities are reimbursement driven. As an example, if the work is not being completed and the expenditure is not being incurred then revenue falls behind at the same pace.

#### **QUARTERLY CONTRACTS UPDATE**

Troy Cunningham provided an update on contracts and new revenues. Commissioner Smith asked for clarification regarding the Regional Behavioral Health Board funds and how those funds will be

administered. Nikki explained that the contract is still in place. When the contract is terminated the monthly payments will cease.

#### **PUBLIC INFORMATION OFFICER (PIO) REPORT**

Ashley Anderson, SWDH Public Information Officer, provided an update to Board members. The PIO team utilized a media campaign in English and Spanish across the region to increase awareness regarding the current Syphilis outbreak and to promote testing services. The funding for this campaign was jointly through IDHW and a grant from the Centers for Disease Control (CDC).

Ashley also provided Board members an overview of digital media campaign analytics and explained that February was a high month for impressions.

#### **STATE ASSOCIATION OF LOCAL BOARDS OF HEALTH (SALBOH) GUIDANCE**

Board members discussed participation in SALBOH, which is an arm of the National Association of Local Board of Health (NALBOH). Historically, our agency has been a member of NALBOH. Several years ago when NALBOH was struggling, SWDH suspended its agency membership. The Idaho Association of District Boards of Health (IADBH) continued with its NALBOH membership and has a representative on SALBOH. Nikki explained the ask of the district directors is to reach out to each district's Boards of Health to see if any board members are interested in serving as the SALBOH representative for IADBH.

Board members provided guidance to Nikki to support the IADBH membership in NALBOH. Nikki will pass this information along to the District Director group. Nikki explained that this membership is driven by individuals with a passion for engaging in national level public health. Steve Scanlin and Representative Megan Blanksma have been in that position or back-up position in the past. Dr. Summers shared that the state organization membership helps facilitate that national engagement which can then trickle down to individual health districts. Nikki indicated that district directors acknowledge that ensuring information trickles down in a timely manner is a gap. Due to the gap in meeting times, actionable items and time-sensitive information are not conveyed in a timely manner.

Commissioner Smith agrees we should have a seat at the table and participate. Nikki explained the value of hearing from a peer perspective how other health districts and health departments are being governed. Commissioner Hanigan will be representing the voice of the SWDH Board at the upcoming IADBH executive committee meeting and will convey that Board members have potential interest in being that representative.

#### **YOUTH RECEPTION CENTERS**

The workgroup discussing the youth reception centers has been discussing how organizations can apply for this funding and how it can support the community. Nikki provided an overview of the concept of the reception centers. The goal of these centers is to provide a single point of contact for youth who are at risk of going into the justice or child welfare systems and provide a location where these youth can receive a screening, an assessment, and receive referrals or connections to other resources including local police, juvenile justice, schools, and parents.

The funding is not large enough to support each community. These reception centers will fill an important role in the behavioral health system and will offer early intervention services and support for high-risk youth and their families. Each community cannot financially support their own hub. By utilizing existing resources functioning under a hub and spoke type model, an organization serving as the hub

would receive the funding and provide youth assessments and case management. They would also subgrant or partner with other organizations across the region to serve as spokes. These organizations would provide screenings and referral to assessment centers as needed. Areas with no existing organizations to provide the resources could benefit from SWDH satellite offices which are located in four of its six counties.

Board members discussed sustainability concerns and asked if the district considers applying for these funds without knowing the sustainability piece, could we go back to the State legislature and request continued funding through IDOC or Child Welfare to help achieve outcomes in that group.

Board members agree the crisis centers will help meet an immediate need for the youth. If the funding becomes unavailable the program would need to be scaled back. Commissioner Smith suggested ensuring program providers and participants understand that if the funding goes away the program goes away.

Nikki explained there are existing agencies in our communities – Nampa Family Justice Center, Advocates against Family violence, who might be able to implement some of the youth reception centers with limited cost due to pre-existing infrastructure.

Board members provided guidance to Nikki to plan to work with partners to move forward and keep the board informed if it appears there will be any commitment on the part of SWDH. There may also be other community partners interested in applying for the funding.

#### **IDAHO ASSOCIATION OF DISTRICT BOARDS OF HEALTH (IADBH) DRAFT RESOLUTIONS**

Southwest District Health staff prepared and updated drafts of several resolutions to present at the upcoming IADBH annual meeting.

##### **988 Suicide Hotline and Suicide Prevention Sustainability**

Nikki asked for board member input on supporting the continued funding for suicide prevention methods. Dr. Summers commented that Idaho is near the top of national suicide rates.

**MOTION:** Dr. Summers made a motion to move forward with supporting the resolution for 988 Suicide Hotline and Suicide Prevention sustainability. Commissioner Smith seconded the motion. All in favor; motion carries.

##### **Food Establishment License Fees**

In 2016 and 2017, the districts worked to get the statutorily set fee for food inspections that affect food safety removed from Idaho Statute. The fees were not removed from statute, but health districts did implement a tiered fee structure. Nikki explained that going back to when the food protection program was first established in Idaho, there was a handshake agreement between industry, state legislature, and counties that costs would be born 1/3 between industry, state government, and county government. This agreement means that 2/3 of the fees are being subsidized by taxpayers. With the change of funding under House Bill 316 and the full burden put on counties, Nikki asked if Board members want the difference to be made up by counties or do they support removing the fee from statute and establishing fees based on cost.

Board members disagree with using property tax dollars to subsidize individual business licenses and fees. The requirement is for one annual inspection. The gold standard is at least two annual inspections with more than that for higher risk establishments. For example, a sushi restaurant is higher risk for foodborne illnesses than a movie theater.

The fees that are set in statute cover approximately one-third of our costs for the food inspection program. Our district contributes about \$250,000 to support this program. This resolution would assist with removing the fee from statute to cover costs.

**MOTION:** Commissioner Smith made a motion to move forward with supporting the Food Establishment License Fee Resolution to remove the food inspection fee from Idaho Statute. Commissioner Haines seconded the motion. All in favor; motion carries.

### **Vaping Prevention**

This year the Governor removed 100% of the Millenium Fund appropriation. The board members and legislators worked with Milennium Fund Committee members and the Committee reinstated the health district appropriation and expressed confidence in health districts to implement these programs and added additional funding for health districts to pilot a curriculum to prevent vaping in youth. Nikki asked for support from Boards to ask for continued funding next year.

Typically, our district has received between \$125,000-\$130,000 to support cessation services. The additional grant allocates less than \$500,000 to be shared by all 7 districts and it will be split equally. This amount would support a part-time staff person to provide education. Charlene anticipates working with schools within the region to provide an evidence-based vaping prevention program. Currently, there are five contractors throughout our region providing cessation classes.

Board members suggested a resolution to encourage legislators to consider tobacco and vaping taxes. Nikki will ask Charlene and her team to draft a resolution around vaping tax. Commissioner Haines thought one had been brought forward previously so the language may be already available.

**Action item:** Charlene and her team will provide a draft resolution encouraging parity of tobacco and vaping product taxing.

**MOTION:** Commissioner Purdy made a motion to move forward with supporting the resolution to combat youth vaping. Dr. Summers seconded the motion. All in favor; motion carries.

### **Age of legal access and use of Kratom (*Mitragyna speciosa*)**

This resolution requests that the age to have access and to use Kratom products be moved to 21 years of age. Kratom functions similar to opioids and there is risk for addiction and dependence. At low dose there are not many concerning impacts. High dose effects include nausea, itching, sweating, increased heart rate, and does have the ability to be addictive. Deaths directly related to Kratom have been reported based on a 2019 study reviewing overdose deaths between 2016 and 2019.

Tara Woodward, Health Education Specialist, Sr., explained the basis for this resolution is that Kratom is unregulated and is accessible in herbal stores and smoke shops. Young people are not prevented from purchasing and using the substance.



**MOTION:** Dr. Summers made a motion to move forward with supporting the resolution to increase the age for access and use of Kratom to 21 years of age. Commissioner Haines seconded the motion. All in favor; motion carries.

## **DIRECTOR'S REPORT**

### **Annual Director's Evaluation and Compensation Discussion**

Nikki's annual evaluation is coming up. She asked for board member input. Board members agree input from Nikki's direct reports is helpful. Nikki will work with Sarah Price, HR Manager, to facilitate that process. The compensation piece will be discussed in the future. Nikki will come prepared with information regarding her current rate of pay and with percentages of increase options.

### **Legislative Update**

Currently, two house bills were introduced by Division of Human Resources (DHR) to clarify language around the public health districts and the relationship with the State and DHR following the passing of House Bill 316. One of those clean up bills has been amended to include language that public health districts will continue to have access to State Risk Management which should resolve the last outstanding issue. This bill has been passed by the House and Senate. Following its amendment it was going back for concurrent recommendation. It will require that we have a loss control policy in place which we already have but the State may have more robust policy requirements.

In addition, a house bill to not require proof of vaccination for employees, specifically government employees, would have had a potential impact on public health districts. That bill died. A new bill was introduced specific to COVID vaccinations, and is not as concerning.

A house bill on mask mandates was introduced which would require that health districts not be allowed to require masks in certain provision of care circumstances.

### **Behavioral Health Board Update**

The Executive Committee of the Behavioral Health Board met last week and reviewed a code of conduct complaint filed by SWDH. Nikki expects an executive session at the upcoming Behavioral Health Board meeting.

There being no further business the meeting adjourned at 12:23 p.m.

Respectfully submitted:

Approved as written:

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Nikole Zogg  
Secretary to the Board

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Bryan Elliott  
Chairman

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Date: April 26, 2022





# SOUTHWEST DISTRICT HEALTH

## BUDGET REPORT FOR FY2022

Cash Basis

Mar-22

Target **75.0%**

Fund Balances			
	FY Beginning	Month Ending	Change
General Operating Fund	\$ 65,977	\$ 653,459	\$ 587,482
Millennium Fund	\$ -	\$ 66,432	\$ 66,432
LGIP Operating	\$ 3,187,262	\$ 4,327,511	\$ 1,140,249
LGIP Vehicle Replacement	\$ 99,692	\$ 99,793	\$ 100
LGIP Capital	\$ 1,299,174	\$ 1,299,174	\$ -
<b>Total</b>	<b>\$ 4,652,106</b>	<b>\$ 6,446,368</b>	<b>\$ 1,794,263</b>

State GF, CFAC, Committed

Income Statement Information			
	YTD	This month	
(Less CFAC Funds) <b>Net Revenue:</b>	<b>\$ 7,358,891</b>	<b>\$ 820,201</b>	
<b>Expenditures:</b>	<b>\$ (7,412,470)</b>	<b>\$ (895,280)</b>	
<b>Net Income:</b>	<b>\$ (53,579)</b>	<b>\$ (75,079)</b>	

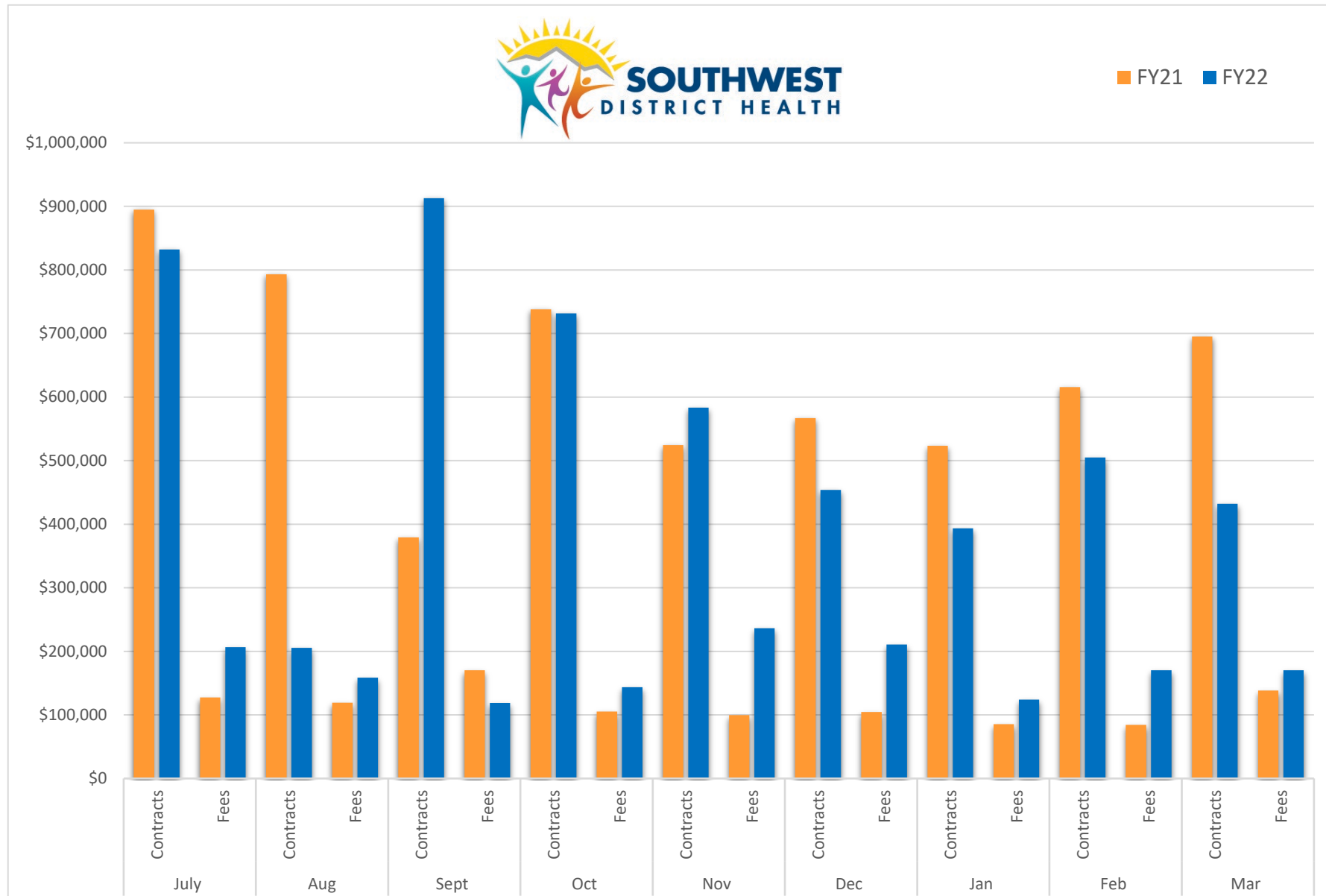
Revenue											
	Board of Health	Admin	Clinic Services	Env & Community Health	General Support	Buildings	Crisis Center	Total	YTD	Total Budget	Percent Budget to Actual
State GF Appropriations	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,005,300	\$ 1,005,300	100%
County Contributions	\$ -	\$ 186,982	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 186,982	\$ 1,121,580	\$ 1,892,992	59%
Fees	\$ -	\$ -	\$ 20,121	\$ 149,664	\$ -	\$ 300	\$ -	\$ 170,085	\$ 1,539,293	\$ 1,789,138	86%
Contracts	\$ -	\$ -	\$ 153,265	\$ 201,351	\$ -	\$ -	\$ 77,642	\$ 432,259	\$ 5,050,148	\$ 6,678,142	76%
Sale of Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20,000	0%
Interest	\$ -	\$ 876	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 876	\$ 5,349	\$ 6,780	79%
Other	\$ -	\$ -	\$ -	\$ 30,000	\$ -	\$ -	\$ -	\$ 30,000	\$ 130,835	\$ 337,833	39%
Monthly Revenue	\$ -	\$ 187,858	\$ 173,386	\$ 381,015	\$ -	\$ 300	\$ 77,642	\$ 820,201	\$ 7,847,205	\$ 11,730,185	
Year-to-Date Revenue	\$ -	\$ 1,615,243	\$ 1,896,482	\$ 3,697,270	\$ 7,706	\$ 2,689	\$ 627,816	\$ 7,847,205	REVISED DIRECT		
Budget	\$ -	\$ 2,659,939	\$ 2,661,838	\$ 5,379,032	\$ 22,968	\$ 4,713	\$ 1,001,695	\$ 11,730,185	REVISED DIRECT		
		<b>60.7%</b>	<b>71.2%</b>	<b>68.7%</b>	<b>33.5%</b>	<b>57.1%</b>	<b>62.7%</b>	<b>66.9%</b>			

Expenditures											
	Board of Health	Admin	Clinic Services	Env & Community Health	General Support	Buildings	Crisis Center	Total	YTD	Total Budget	Percent Budget to Actual
Personnel	\$ 718	\$ 21,252	\$ 196,981	\$ 250,362	\$ 78,713	\$ 10,218	\$ 4,551	\$ 562,794	\$ 5,561,672	\$ 7,931,388	70%
Operating	\$ 846	\$ 13,469	\$ 51,320	\$ 34,464	\$ 33,310	\$ 39,911	\$ 140,110	\$ 313,431	\$ 1,815,948	\$ 2,681,386	68%
Capital Outlay	\$ -	\$ 15,423	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 15,423	\$ 29,992	\$ 359,209	8%
Trustee & Benefits	\$ -	\$ -	\$ -	\$ 3,632	\$ -	\$ -	\$ -	\$ 3,632	\$ 4,858	\$ 62,500	8%
Monthly Expenditures	\$ 1,564	\$ 50,144	\$ 248,302	\$ 288,458	\$ 112,023	\$ 50,129	\$ 144,661	\$ 895,280	\$ 7,412,470	\$ 11,034,483	
Year-to-Date Expenditures	\$ 9,531	\$ 260,328	\$ 2,364,381	\$ 2,951,139	\$ 885,807	\$ 334,287	\$ 606,997	\$ 7,412,470	REVISED DIRECT		
Budget	\$ 11,488	\$ 393,405	\$ 3,495,444	\$ 4,336,867	\$ 1,262,098	\$ 698,100	\$ 837,081	\$ 11,034,483	REVISED DIRECT		
	<b>83.0%</b>	<b>66.2%</b>	<b>67.6%</b>	<b>68.0%</b>	<b>70.2%</b>	<b>47.9%</b>	<b>72.5%</b>				



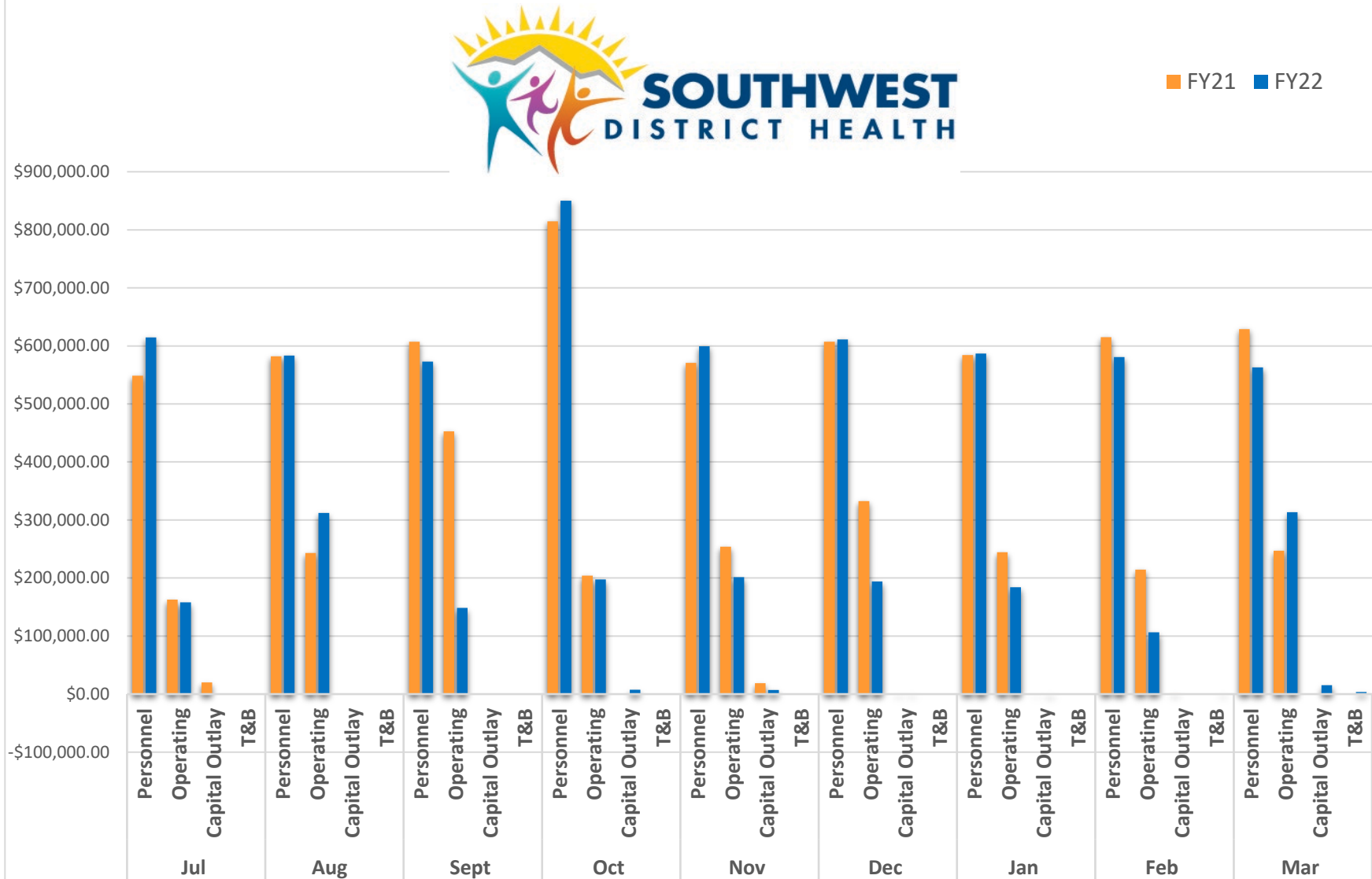
# YTD REVENUES with Prior Year Comparison

Mar-22



# YTD EXPENDITURES with Prior Year Comparison

Mar-22

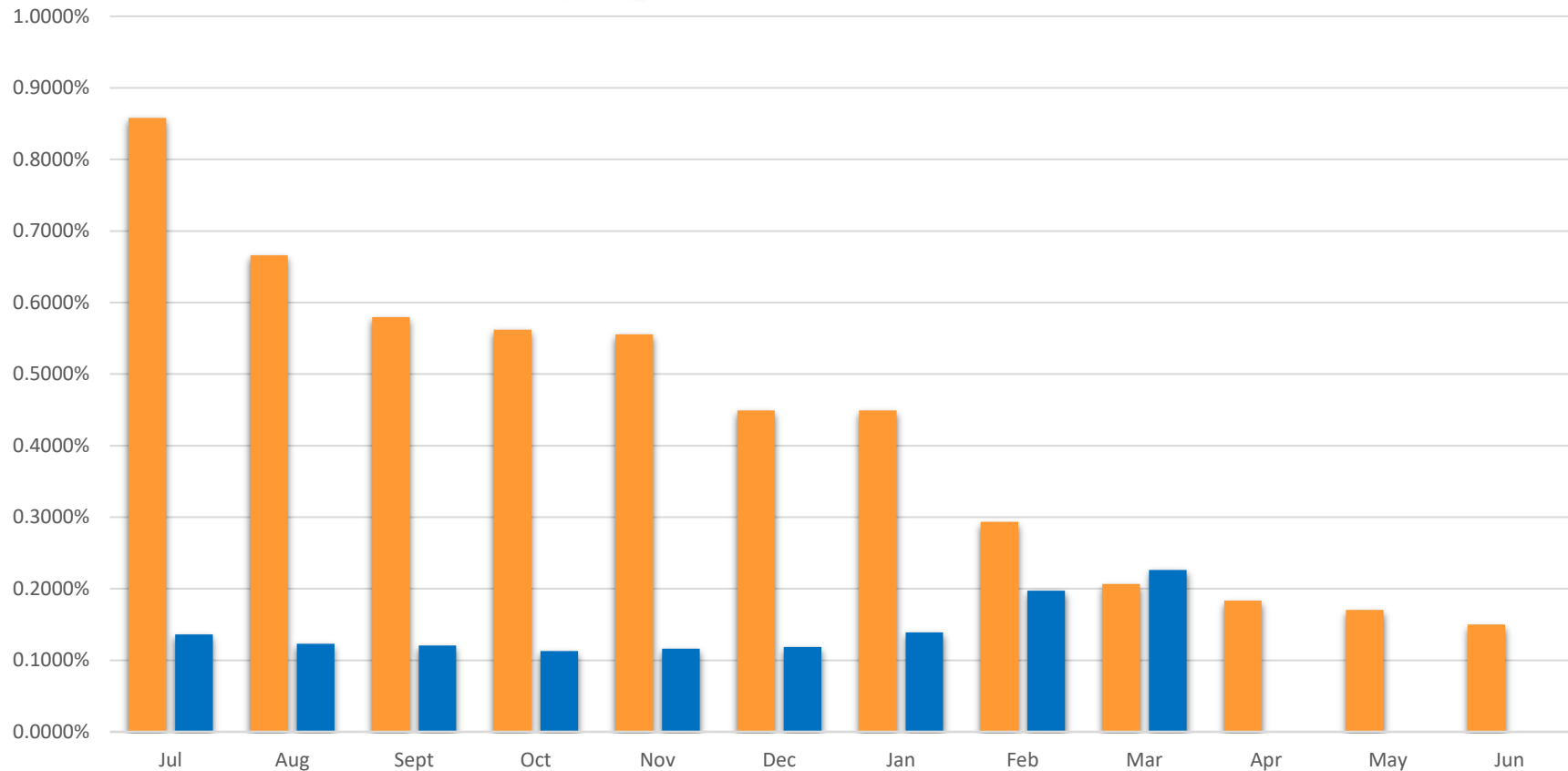


# YTD Investment Yield with Prior Year Comparison

Mar-22



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	\$ 8,399.70	
Parents as Teachers	\$ 66,839.04	
Citizen's Review Panel	\$ 19,350.70	
Kresge Grant	\$ -	
COVID Incentive grant	\$ -	
Crisis Center (CFAC) - rec'd FY21	\$ 28,571.00	
Personnel Updates		\$ -
Weiser Project		\$ 1,000.00
Clinic Medical Supplies/Equipment		\$ 1,614.14
EH Employee Training		\$ -
EH A/V Equipment		\$ 2,380.00
EH Vehicle		\$ 33,790.00
EH Security		\$ 7,500.00
County Collaborations		\$ 70,000.00
Mobile Clinic/Events Unit		\$ 130,000.00
Employee Development & Engagement		\$ 20,000.00
EKG Machine		\$ 1,000.00
27th Pay Period		\$ 180,814.00
Facility Improvements		\$ 153,422.80
	<u>\$ 123,160.44</u>	<u>\$ 601,520.94</u>



Quarter 4/Year End  
2021-2022

HEALTHIER TOGETHER

[SWDH.ORG](http://SWDH.ORG)

# Admissions for first 3 years of Operation

- Unduplicated admissions have been steady over the last two years
- Spike in admissions and readmissions during COVID and with housing concerns

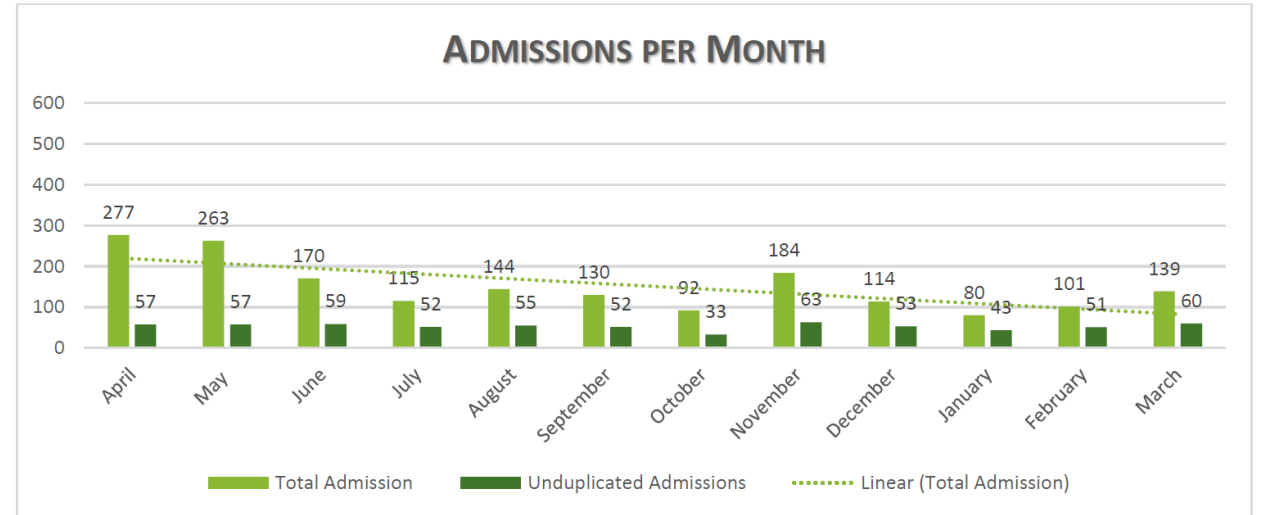
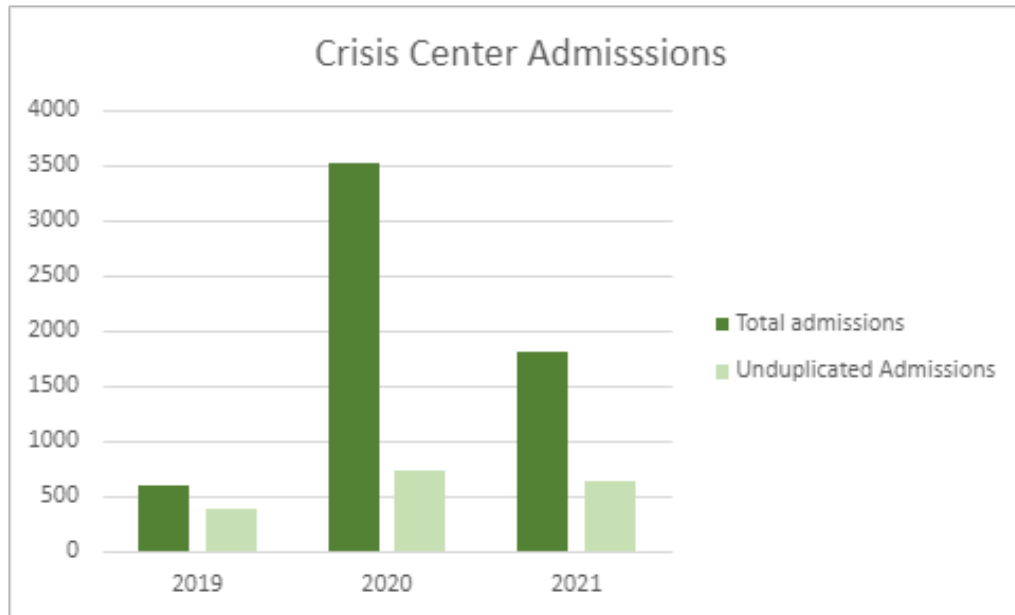


Figure 1: Admissions per Month (April 2021 – March 2022 rolling 12 months)

## Admissions from April 2021 to March 2022

- Unduplicated admissions generally between 50-60 a month
- Reopening of shelters and increased capacity of other services as COVID risks reduce has led to a decline in overall admissions



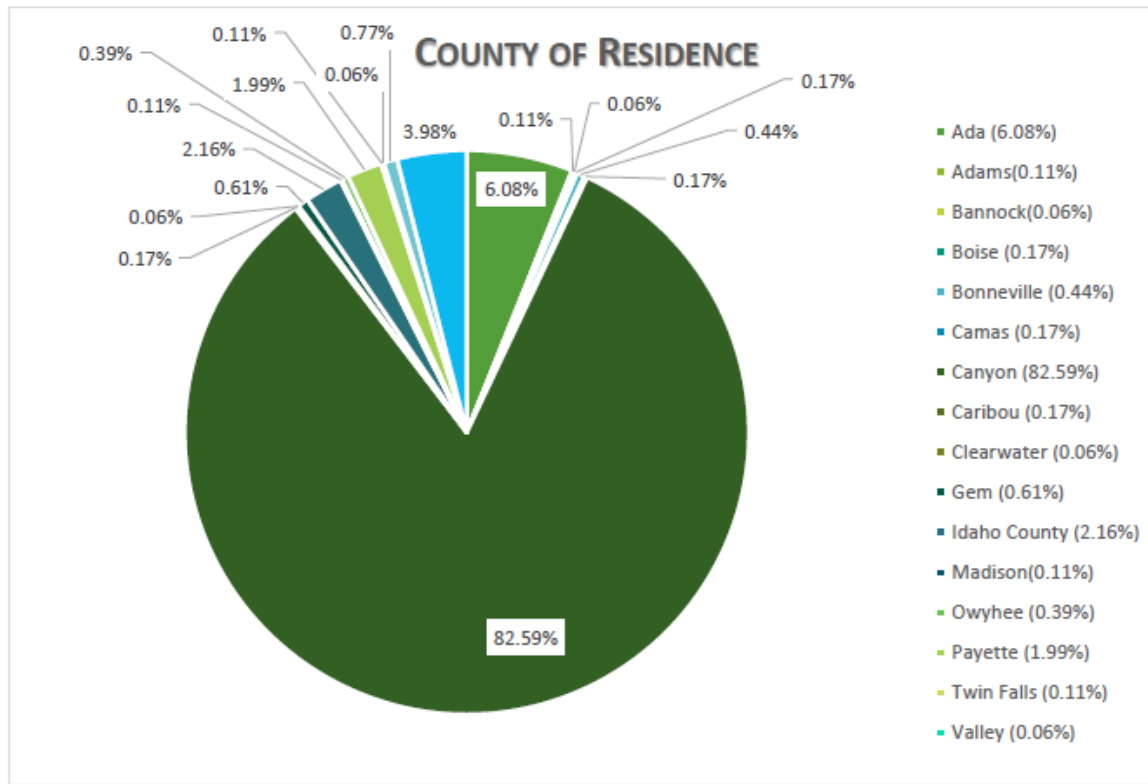


Figure 10: County of Residence for FY 2021-2022

## Annual summary of County Representation

- Average daily census 5
- Average stay 12 hours for the quarter, 16 for the year
- 83% from Canyon County, individuals from 16 counties – more than any other year
- Recently able to provide transportation from Adams County

Nearly 75% of individuals access the crisis center are ages 25-55

Nearly 70% are Male

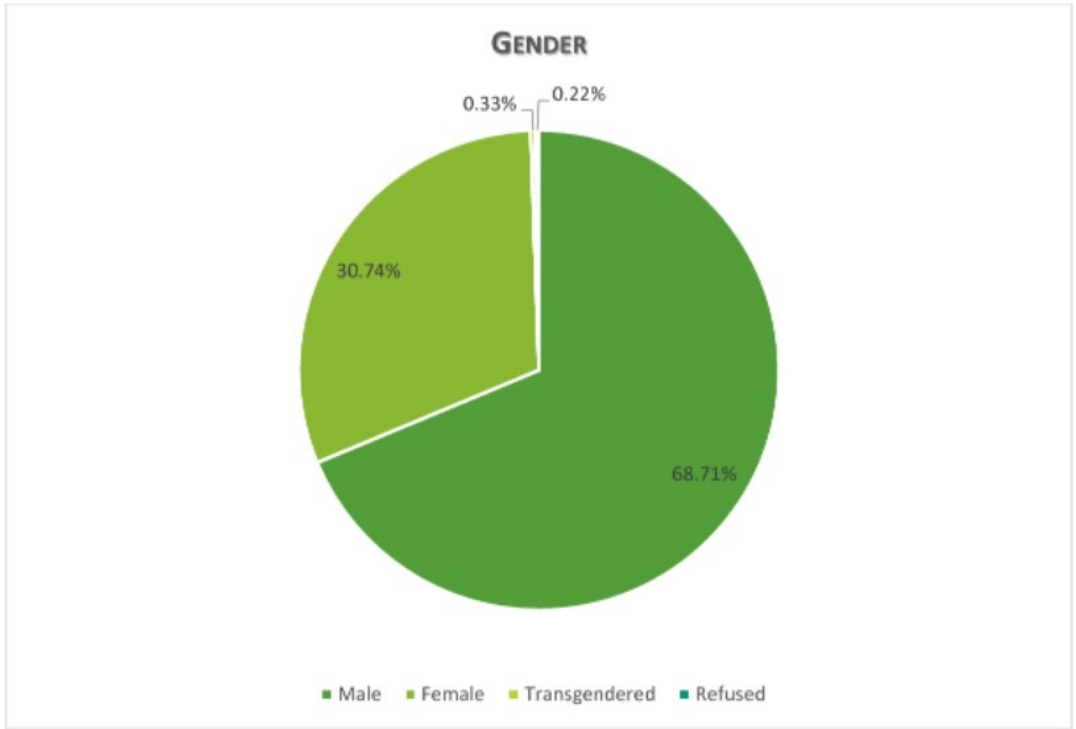
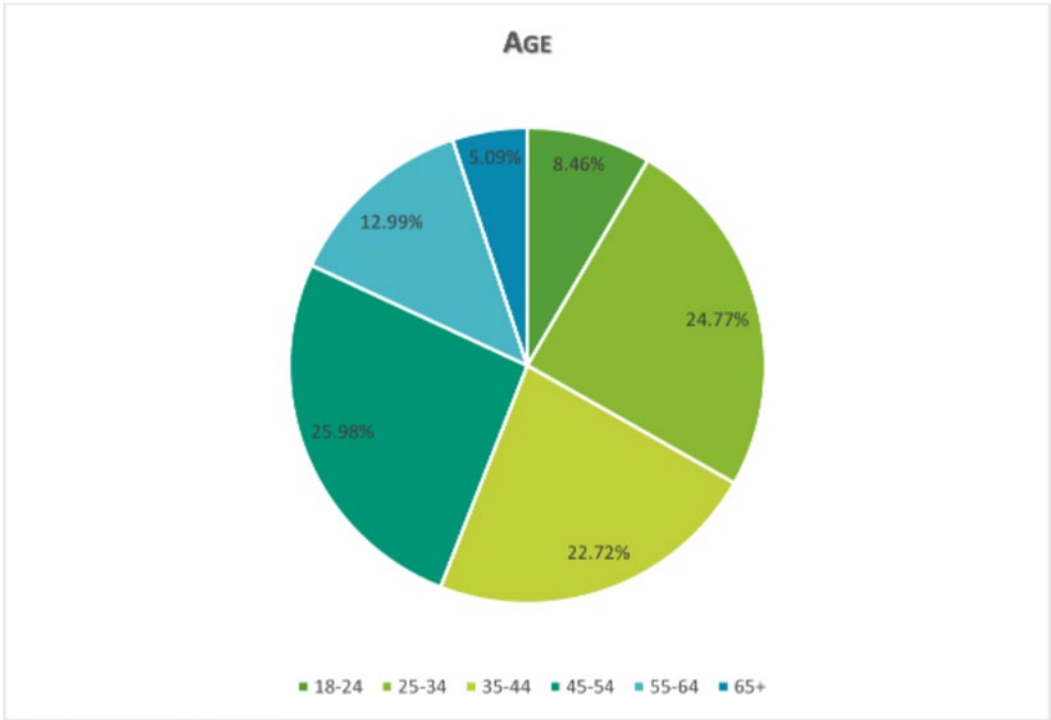


Figure 12: Age for FY 2021-2022

Figure 11: Gender for FY 2021-2022

# Why are people using the crisis center?

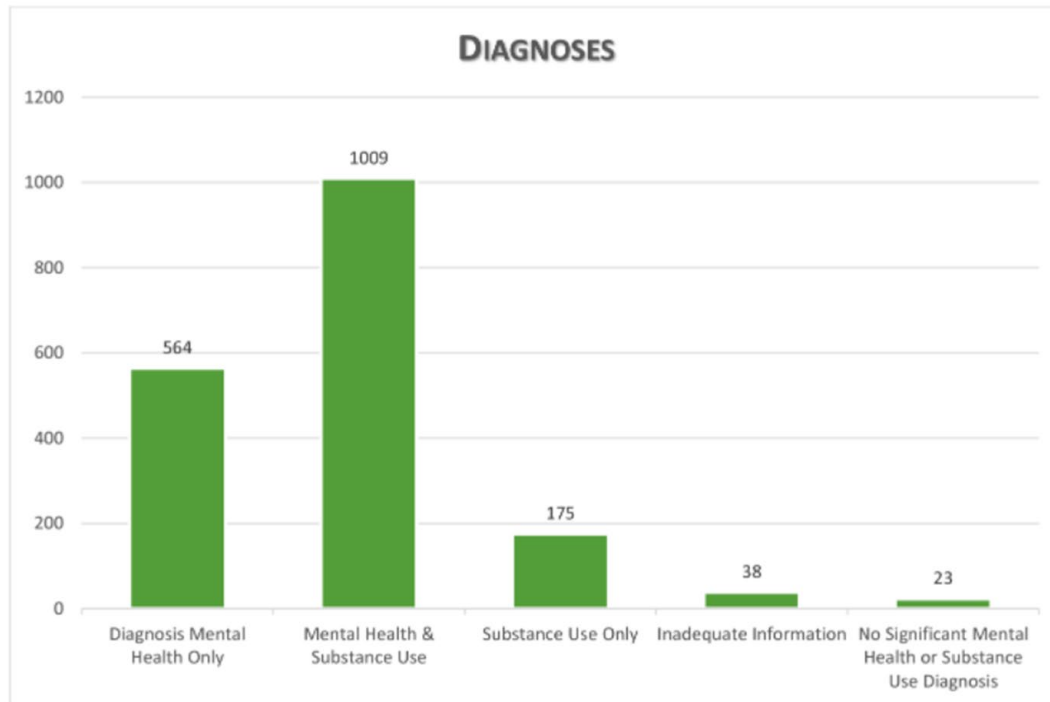


Figure 13: Diagnoses for FY 2021-2022

Majority have a combined diagnosis of mental health with substance use disorder

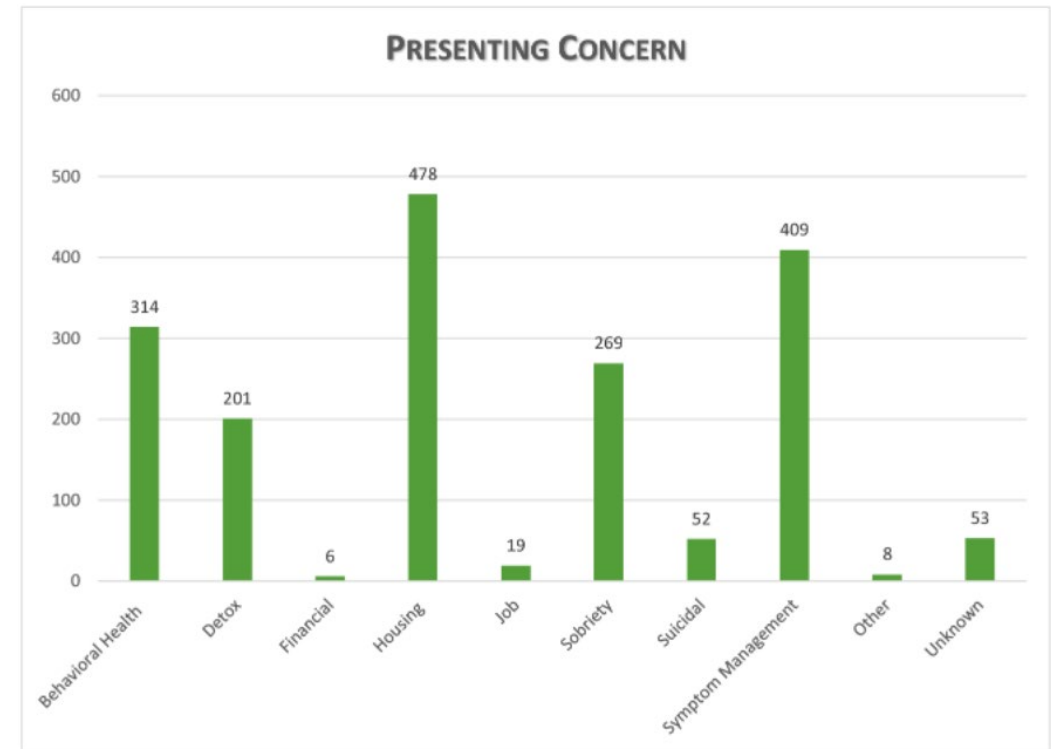


Figure 14: Presenting concerns for FY 2021-2022

## Client's top concerns:

1. Housing
2. Symptom Management
3. Behavioral Health Supports
4. Sobriety Supports
5. Detox

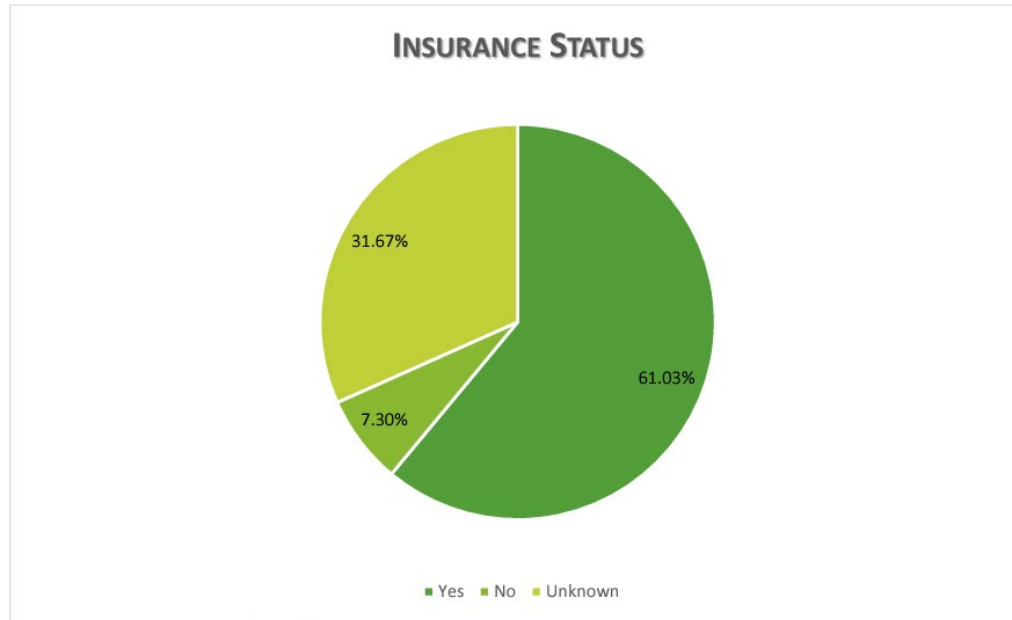


Figure 15: Insurance Status FY 2021-2022

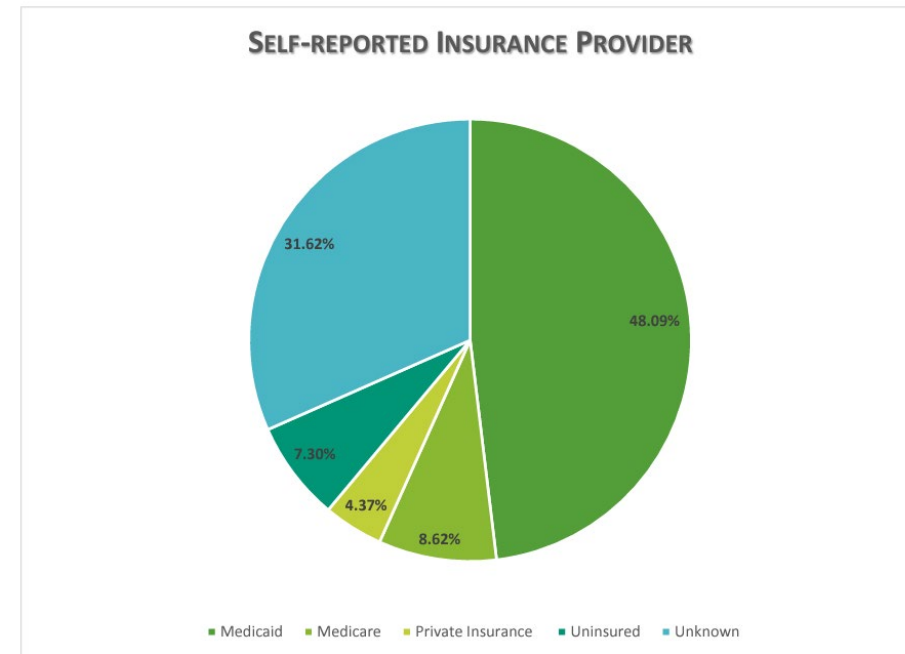


Figure 16: Self-Reported Insurance Provider FY 2021-2022

- Nearly 60% of clients have Medicaid or Medicare
- Of those with private insurance, Blue Cross is the most common
- Reimbursement from Medicaid (Optum), Blue Cross, and the Independent Provider Network (IPN)

# Referral Sources

Referral Sources			
Self/Guardian	742	Hospital	317
Parole/Probation	169	Police (except court or correction agency)	102
Family/Friend	162	Community Mental Health Agency	75
Unknown	79	Other Community Organization	57
SUD Provider	41	Jail	18
Residential Care/Assisted Living	13	Self Help Group	8
Private Mental Health Practitioner	9	Shelter for Homeless	7
Department of Corrections	3	Primary Care Physician	2
Educational Institution	2	Legal Counsel	1
District Health Service	1	Employer/EAP	1

## Annual Estimate of Cost Savings from Diversion

Diversions	Visits	Cost/Visit	Total Cost
From Hospital	317	\$2,600	\$824,200
From Jail	57	\$82/day x 15 days	\$70,100
Law Enforcement	102	\$1,000	\$102,000
<b>Total:</b>			<b>\$996,310</b>

*Figure 18: Estimated Cost Savings*

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



# On the Horizon

- 9-8-8 predicted to increase utilization of the crisis centers, coordination, and improve the crisis care continuum including mobile response
- Reformation of Behavioral Health to combine Region 3 and 4 into a Hub and impacts on crisis response
- Award of the Behavioral Health Managed Care Contract for the state
- Continued impacts of housing with the close of Men's shelter



# Questions?







# **Quarter 4 & Annual 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 fourth quarter of this year, the crisis center experienced a slight decrease in access from 390 admissions in the third quarter to 320 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 12 hours and 13 minutes. WIDCCC serves the entirety of Region III, which includes: Adams, Canyon, Gem, Owyhee, Payette and Washington Counties. The fourth quarter shows 85% 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. WIDCCC is currently expanding transportation options by creating new contracts with additional vendors. Following the termination of the IROC Grant, WIDCCC renewed the contract with Victory Medical Transport and coordinated with SWDH around adding transportation as a line-item to the invoices sent out to SWDH. This will allow for continued rural outreach to surrounding areas in Region III. Almost 3 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, 28% 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. In order to bypass this barrier, WIDCCC will be looking into incorporating PDAP to verify Medicaid status for each admission to the center.

## Admissions

The Western Idaho Community Crisis Center is through the third year of operation. The following admission numbers represent a rolling calendar (Figure 1). WIDCCC processed a total of 320 admissions from 1/1/2022 through 3/31/2022. Of those 320 admissions, 154 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. During the fourth quarter, the men's rescue mission in Nampa opened back up, however, they are only accepting individuals who are on probation or parole and can't leave the county, or individuals experiencing homelessness who are employed full-time with proof of employment. As of April 2022, the men's rescue mission in Nampa has officially closed their doors and they are referring individuals to Boise shelters. The Valley Women and Children's shelter is the only available homeless shelter in Region III. The WIDCCC staff also receive general information calls related to accessing the center for a friend, family member or loved one. In the fourth quarter, the call log reflects 300 calls (not including calls to begin an admission or trouble-shoot access) made, received, and triaged by staff at the crisis center. We should note that during COVID 19 staff were unable to successfully document all calls due to time constraints, much higher census and staff exposures which resulted in running a tighter staffing pattern.

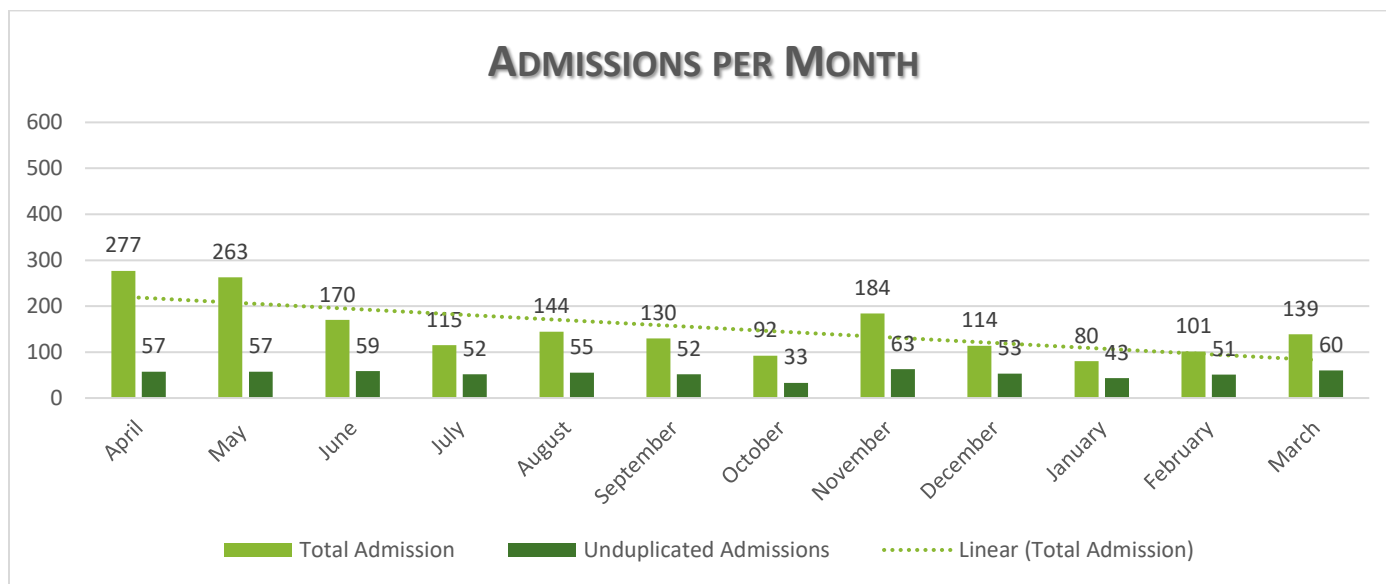


Figure 1: Admissions per Month (April 2021 – March 2022 rolling 12 months)

## Demographics

The average length of stay in the fourth quarter was 12 hours and 13 minutes. The average daily census was 3.58. The number of individuals who were homeless or at risk of being homeless was 239 (75%). The number of identified veterans served was 25 (8%). 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. WIDCCC will be reaching out to rural hospitals across Reg. III in order to provide education and insight into WIDCCC's mission, and to promote continuity of care for individuals being referred. Outreach in the past has been disrupted due to COVID, however, we will be seeking to incorporate certain hospital staff into our virtual community meetings (e.g. CIT meeting). As of April 2022, social workers from West Valley Medical Center, St. Luke's and St. Alphonsus Nampa

have been incorporated into the CITC meetings. This will allow for improved coordination and continuity of care for individuals experiencing BH/SUD crises in the community. The addition of these individuals to the CITC meetings was facilitated through the Canyon County Sequential Mapping Conference which WIDCCC participated in. WIDCCC has 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 twenty individuals sought services at WIDCCC in the fourth quarter, 194 of them identified as male, 123 identified as female, 1 identified as transgendered, and 2 individuals declined a response (Figure 3).

Ninety-two (29%) of fourth quarter WIDCCC recipients were between the ages of 25 and 34 years. Eighty-two (26%) 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, 45 to 54, 55 to 64, and 65+.

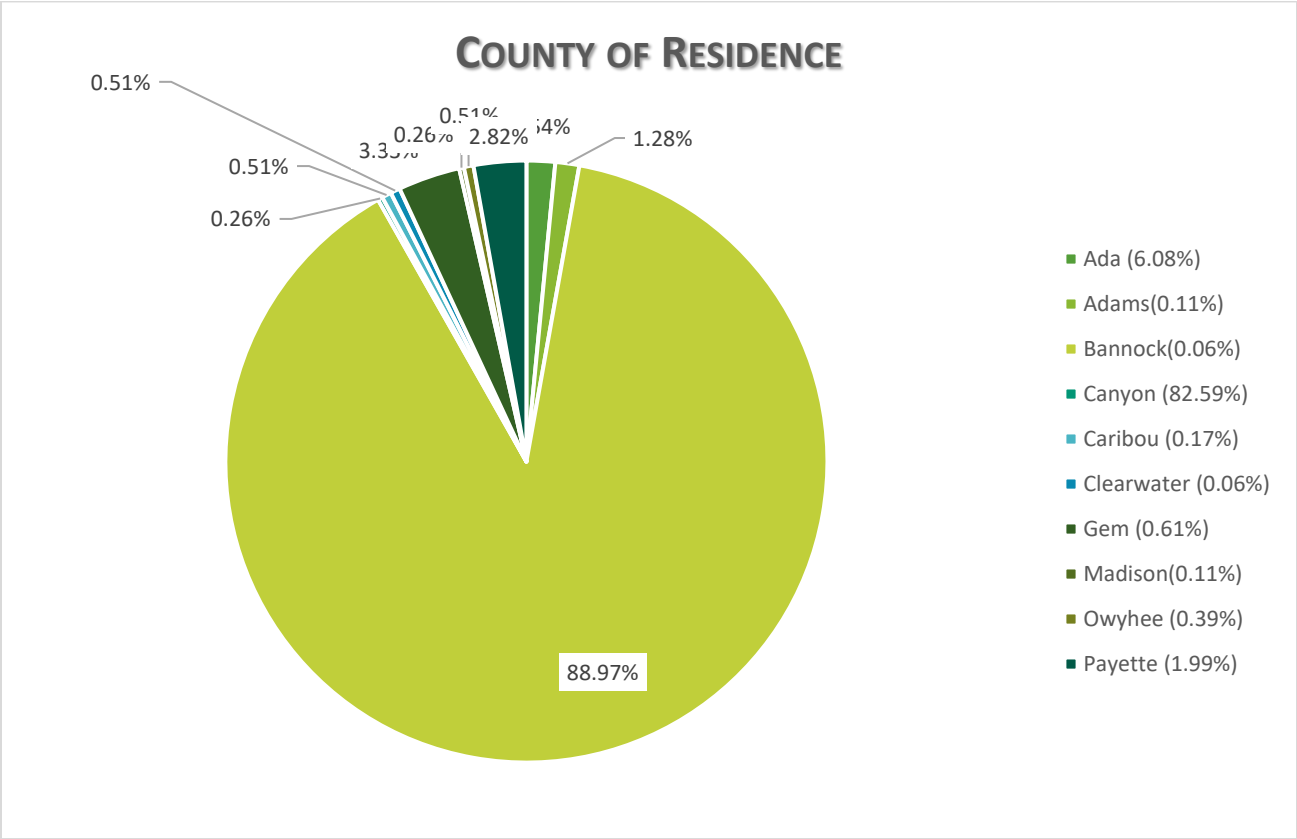


Figure 2: County of Residence for Q4 2021-2022

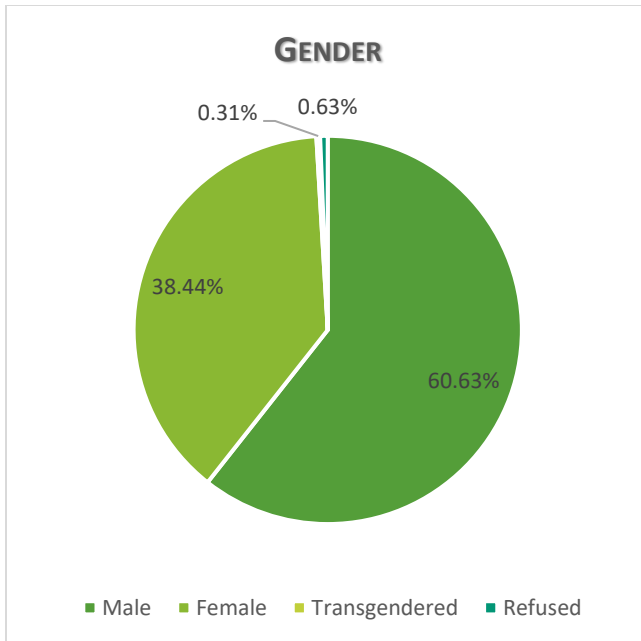


Figure 3: Gender for Q4 2021-2022

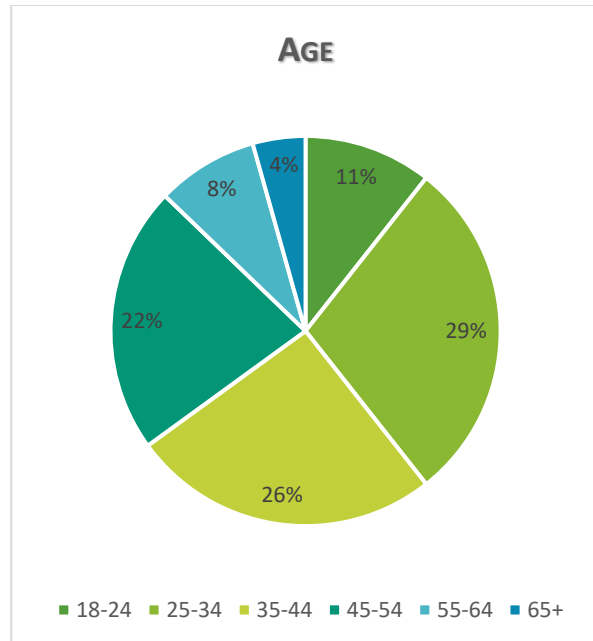


Figure 4: Age for Q4 2021-2022

## 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.

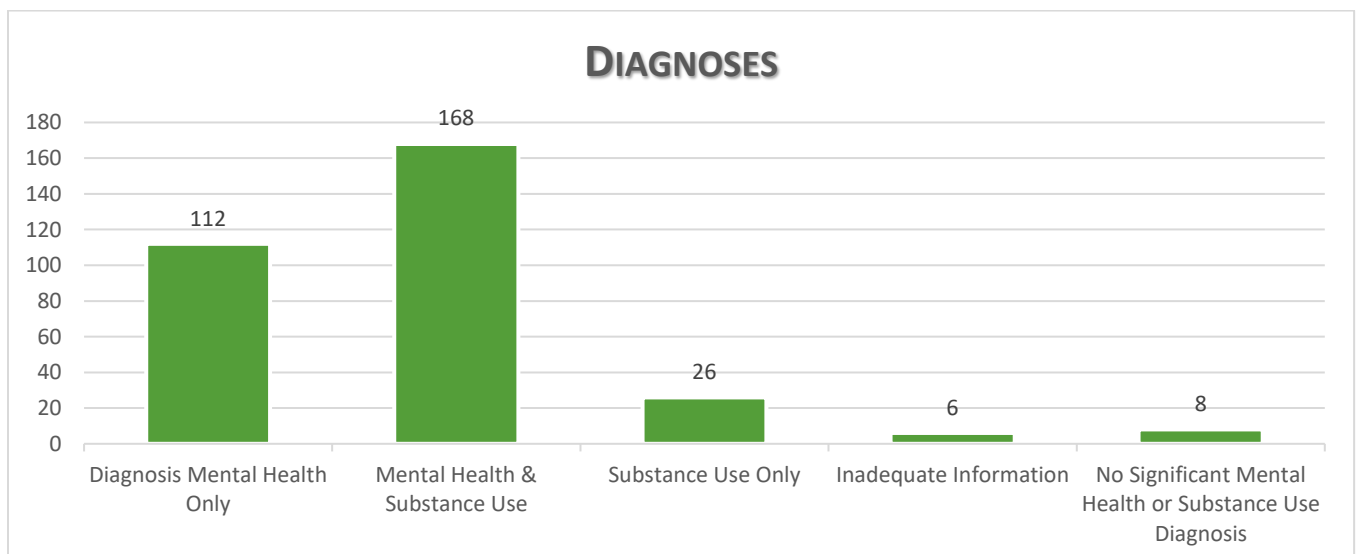


Figure 5: Diagnoses for Q4 2021-2022

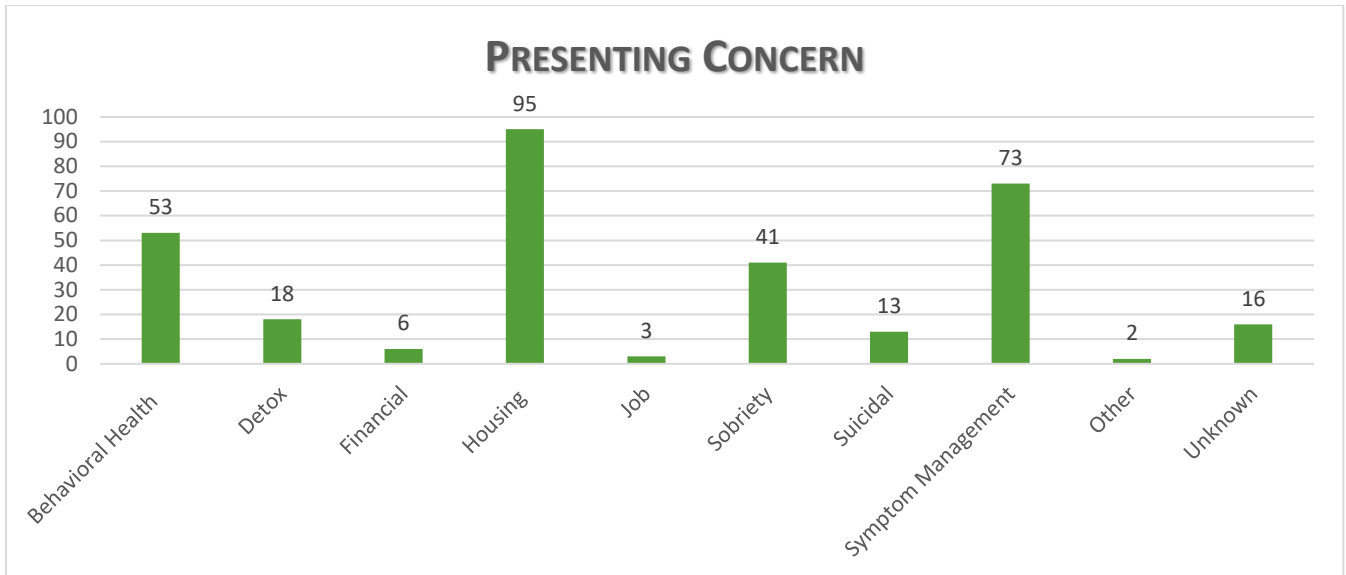


Figure 6: Presenting Concern for Q4 2021-2022

## 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	16	Police (except court or correction agency)	14
Department of Corrections	1	Probation/Parole	17
Employer/EAP	1	Self Help Group	1
Family/Friend	19	Self/Guardian	208
Hospital	28	SUD Provider	2
Other Community Organizations	11	SUD Provider	2

Table 1: Referral Source Q4 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.

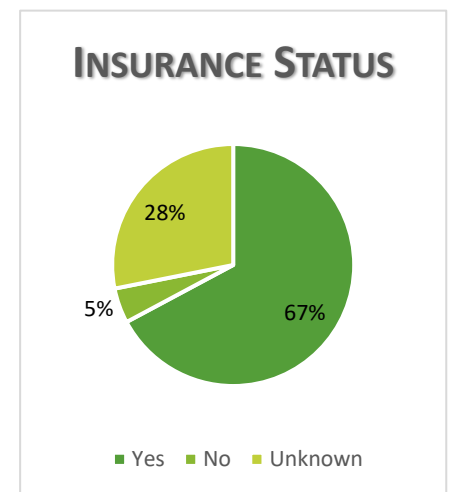


Figure 7: Insurance Status

### SELF-REPORTED INSURANCE PROVIDER

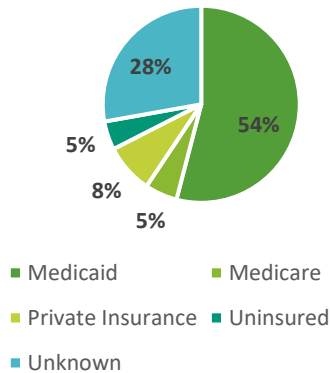


Figure 8: Self-Reported Insurance

### PRIVATE INSURANCE

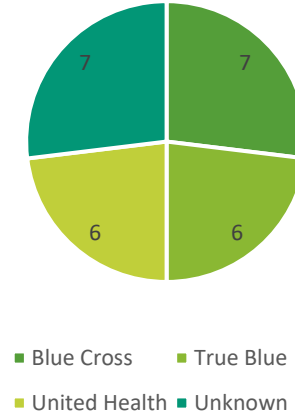


Figure 9: Private Insurance

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 fourth quarter there were 14 law enforcement drop offs to the crisis center, resulting in an estimated savings of \$14,000 (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 fourth quarter, twelve individuals were diverted to the crisis center, in place of jail. This provided an estimated cost savings in the fourth quarter of \$14,760 (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 fourth quarter, 28 individuals were diverted to the crisis center, in place of local emergency departments. This provided an estimated cost savings in the fourth quarter of \$72,800 (Table 2).

Diversions	Visits	Cost/Visit	Total Cost
From Hospital	28	\$2,600	\$72,800
From Jail	12	\$82/day x 15 days	\$14,760
Law Enforcement	14	\$1,000	\$14,000
<b>Total:</b>			<b>\$101,560</b>

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. In the fourth quarter, WIDCCC submitted the annual as well as the sustainability report to the State of Idaho. Medicaid continues to be the leading source of funding for the crisis center.

## **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.

In partnership with Region III DHW Division of Behavioral Health, WIDCCC is coordinating to problem solve around issues related to accessing higher level of care for individuals in need of acute psychiatric hospitalization. Depending upon the circumstance, behavioral health units (BHU's) may require a client to receive medical clearance from a medical provider before said client can access a BHU. This requires WIDCCC to refer such individuals to the ED before they can transition to higher level psychiatric care. This has resulted in difficulties for clients who are attempting to access a BHU with the help of WIDCCC. DHW is exploring whether they would be able to handle medical clearance, in-house, to divert such individuals away from the ED.

## **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 third 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 fourth quarter has required that ongoing safety measures remain in place, as well as additional staff to mitigate the increased utilization and potential for call outs due to exposures. Regarding service provisions, the fourth quarter saw WIDCCC bring case management services in-house. Additionally, an administrative assistant was hired, in-house, in order to monitor documentation practices and correct errors which have acted as barriers to accurate data collection in the past.

## Referrals

Crisis center staff connect individuals who have accessed the crisis center to community resources as part of the aftercare plan. In the fourth quarter, the number of referrals to community resources was 964 (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 22. 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	4
Food Banks	320
Health Insurance	1
Hospital	38
Housing	24
Legal Resources	3
Primary Care	0
Refused	20
Religious	1
SUD/MH	64
Suicide Hotlines	320
Support Agency	10
Other	5

Table 3: Community resource referrals Q4 2021-2022

Referrals to a Higher Level of Care	
Cottonwood Creek	2
Intermountain	1
Lifeways Hospital	4
St. Alphonsus	3
West Valley Medical Center	27
Other	1

Table 4: Referrals to a higher level of care Q4 2021-2022

## Outcomes and Experience

11 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	6	55%
Answered	5	45%
<b>Of those who answered:</b>		
Admitted to ED	0	0%
Arrested/Incarcerated	0	0%
Higher Quality of Life (30-day follow-up call only)	0	0%
Individual Followed through with care plan	3	60%

Table 5: Number of follow-up calls and results Q4 2021-2022

## Annual Information

In the 2021-2022 fiscal year, WIDCCC served 1,809 clients and 635 were unduplicated. The average daily census was 4.96 with the average hours of stay equating to 16 hours and four minutes. The majority of clients resided in Canyon County (82.59%) but we also had clients from 17 other Idaho counties and some from out of state (Figure 10). Most of the clients identified themselves as male (68.71%) (Figure 11). The average age range for WIDCCC clients is 45-54 (25.98%) but we serve clients any from the age of 18 to over 65 (Figure 12). Over half of the clients who seek services through WIDCCC have co-diagnosis (55.78%) and 31.18% have a diagnosis of mental health only (Figure 13). Clients come to WIDCCC from many reasons, but the top two presenting concerns relate to housing (26.42%) and symptom management (22.61%) (Figure 14). Sixty-one percent of our clients state that they have insurance (Figure 15) with the main insurance coverage being Medicaid/Optum (Figure 16). Blue Cross Blue Shield is the most common private insurance when clients supply us with their information (Figure 17). By diverting clients away from the emergency rooms and jails, WIDCCC has provided an estimated cost savings of nearly one million dollars in this fiscal year. In this fiscal year, 179 Individual Experience Surveys were completed; the average score from these surveys was 3.50 out of 4.

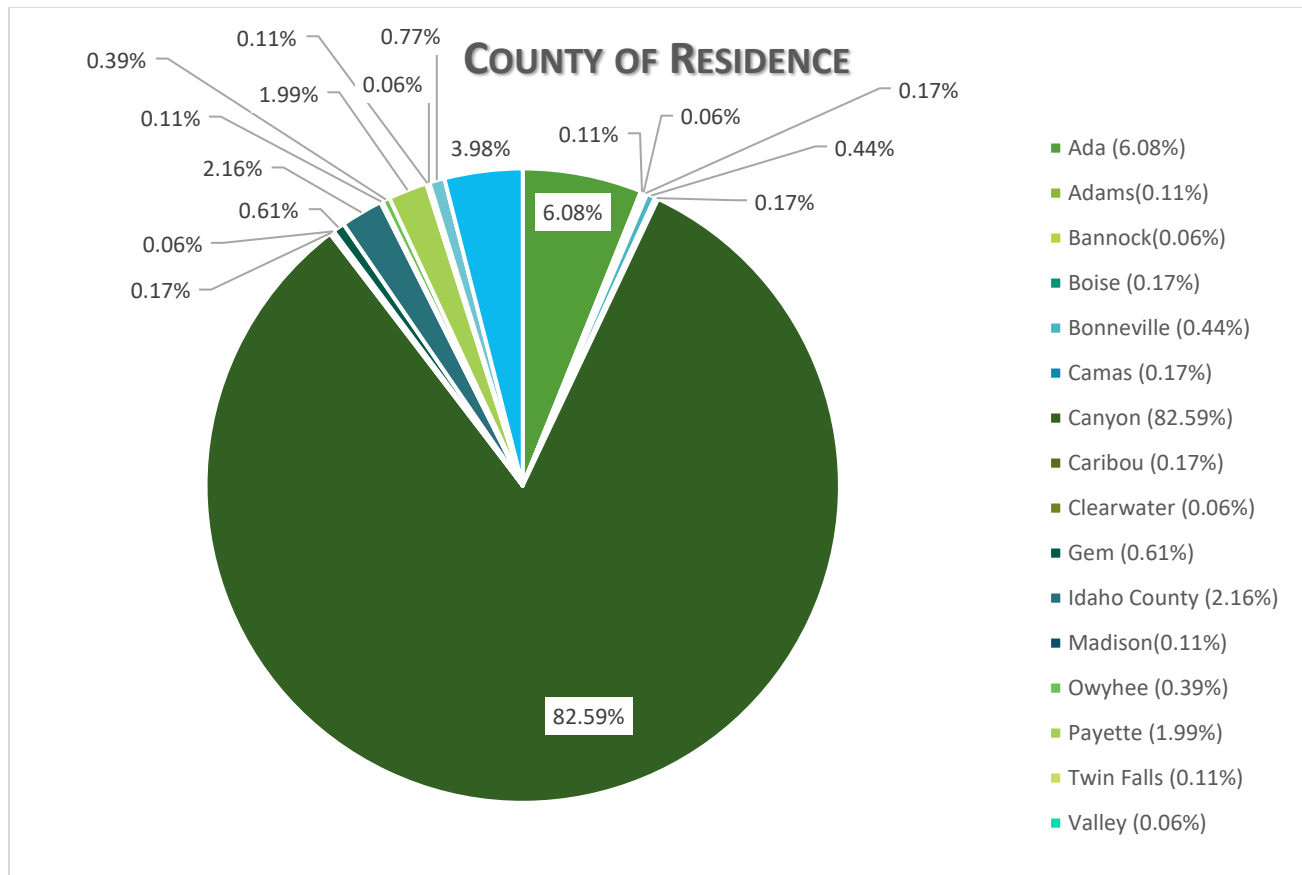


Figure 10: County of Residence for FY 2021-2022

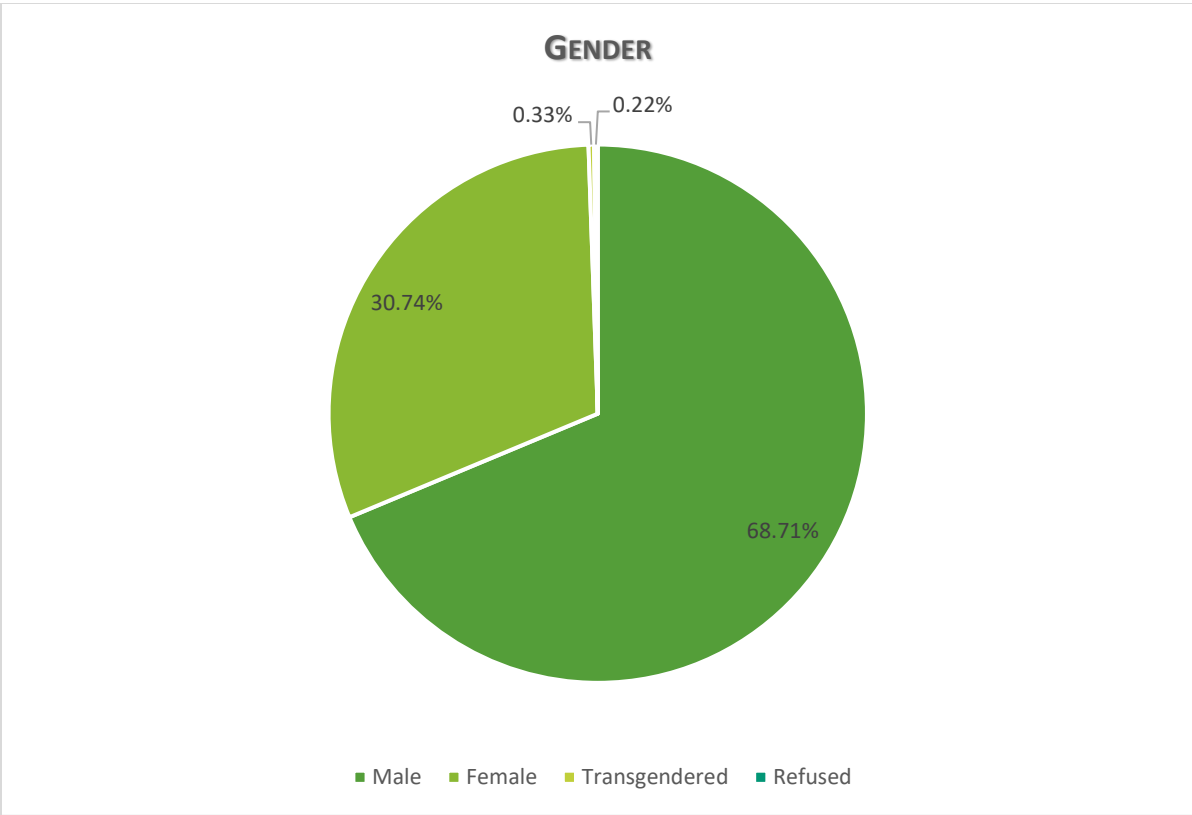


Figure 11: Gender for FY 2021-2022

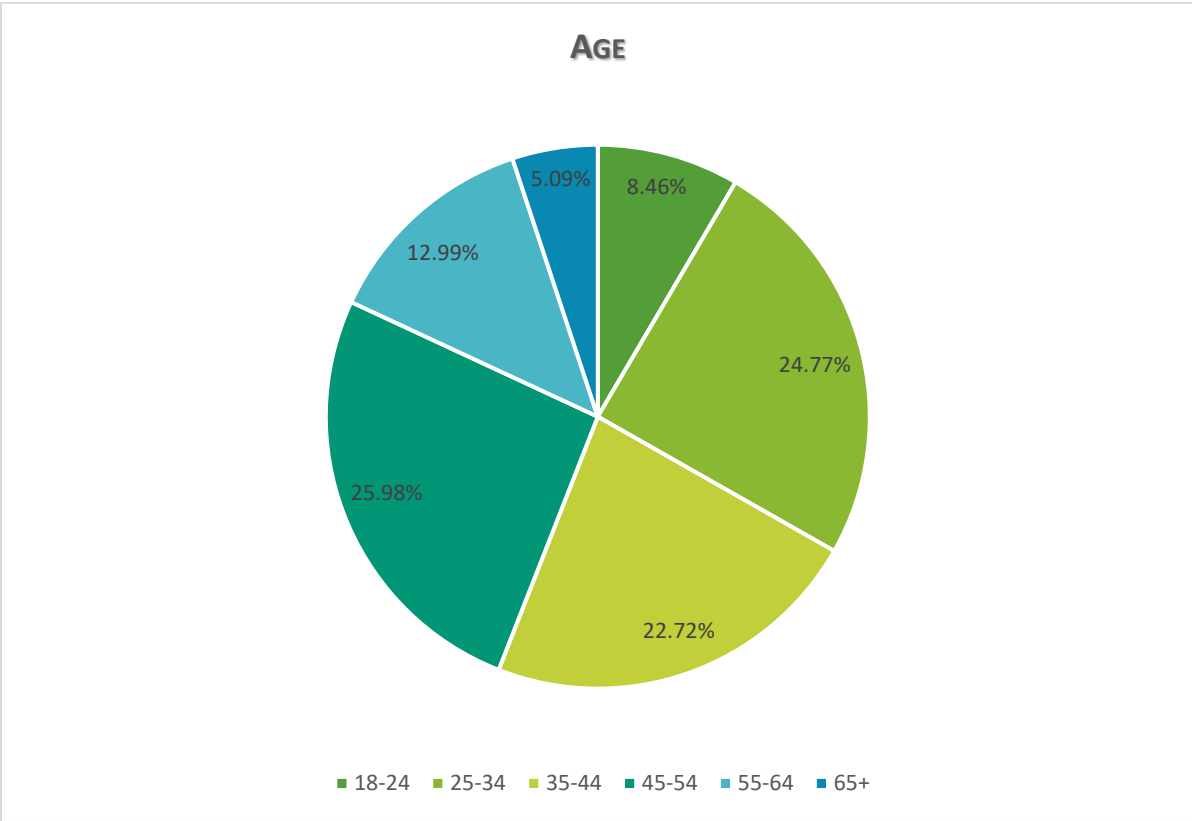


Figure 12: Age for FY 2021-2022

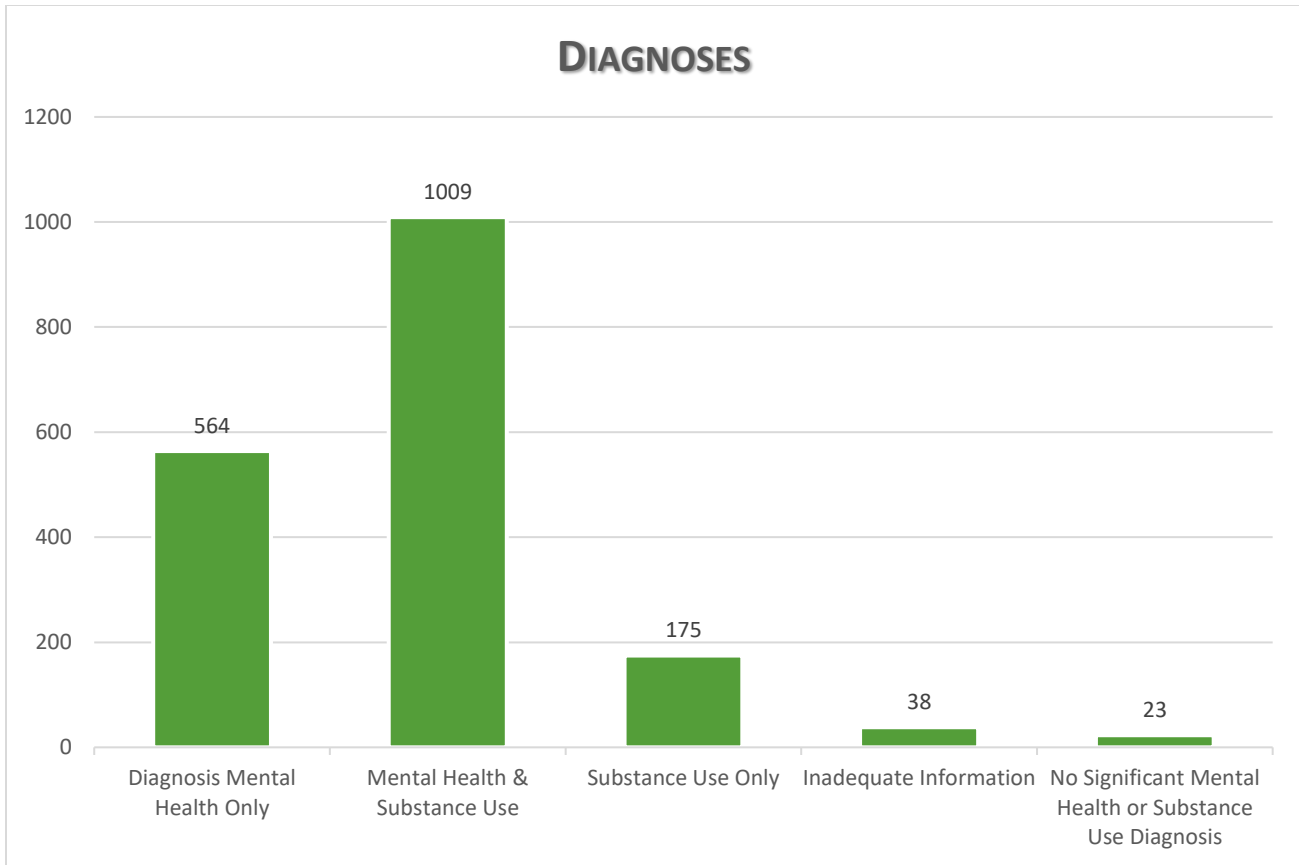


Figure 13: Diagnoses for FY 2021-2022

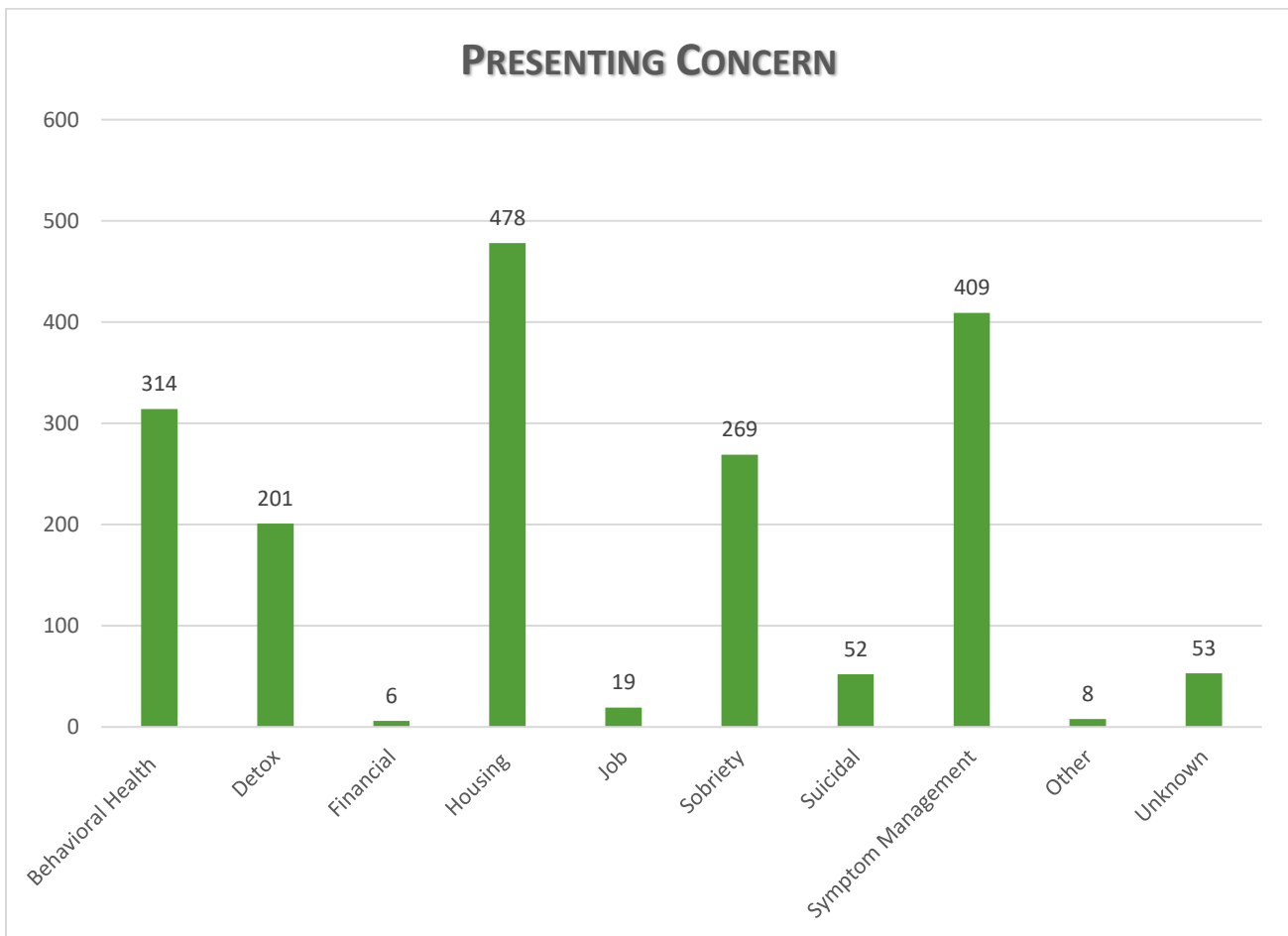


Figure 14: Presenting concerns for FY 2021-2022

## INSURANCE STATUS

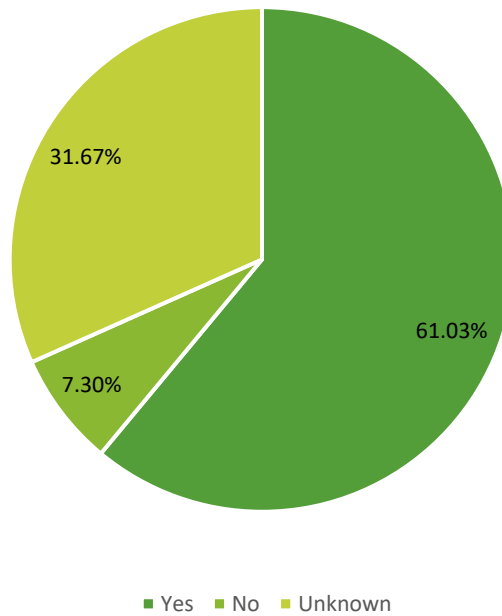


Figure 15: Insurance Status FY 2021-2022

## SELF-REPORTED INSURANCE PROVIDER

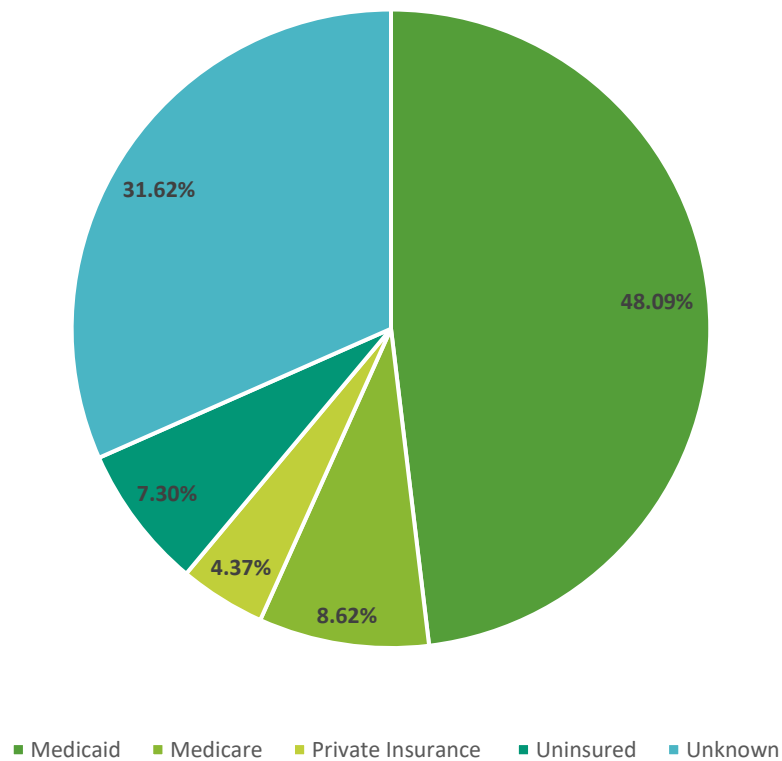


Figure 16: Self-Reported Insurance Provider FY 2021-2022



## PRIVATE INSURANCE

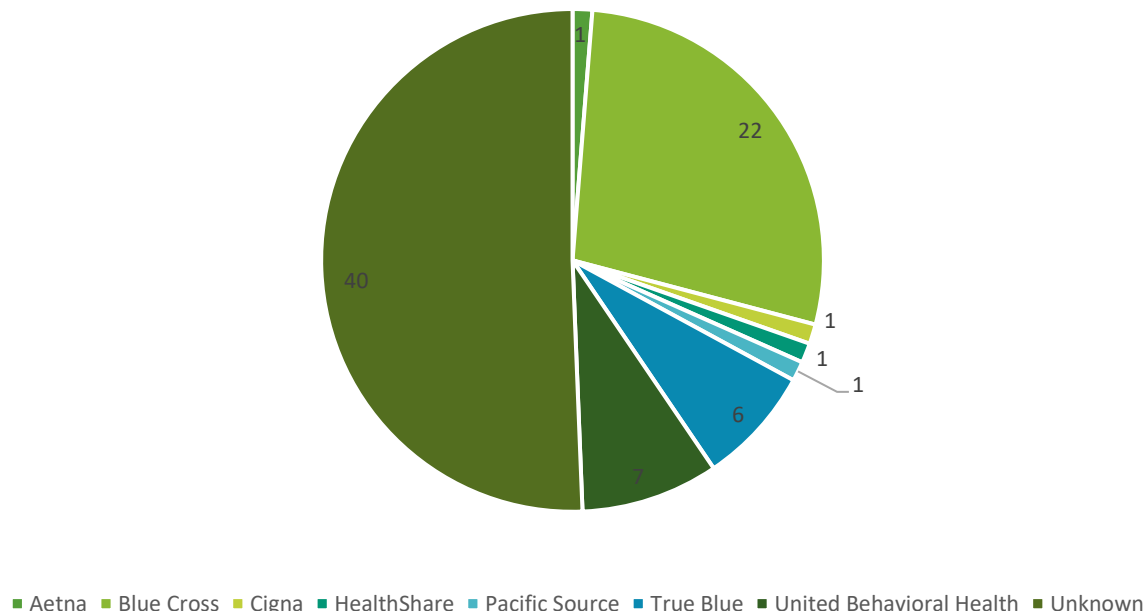


Figure 17: Private Insurance FY 2021-2022

Diversions	Visits	Cost/Visit	Total Cost
From Hospital	317	\$2,600	\$824,200
From Jail	57	\$82/day x 15 days	\$70,100
Law Enforcement	102	\$1,000	\$102,000
<b>Total:</b>			<b>\$996,310</b>

Figure 18: Estimated Cost Savings

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

## INDIVIDUAL EXPERIENCE SURVEY SCORES

ADMISSION	Average Score
1. Admission process was speedy.....	3.15
2. Staff was courteous during admission.....	3.59
FACILITY	Average Score
1. The facility is comfortable.....	3.51
2. Noise level of the facility was satisfactory.....	3.36
3. Overall cleanliness of the facility was satisfactory.....	3.46
4. Overall condition of the facility was satisfactory.....	3.53
STAFF CARE	Average Score
1. Staff treated with courtesy and respect.....	3.65
2. Staff introduced you to the facility and program.....	3.49
3. Staff were prompt in responding to your requests.....	3.50
4. Staff kept you informed about your treatment program.....	3.50

5. Staff were helpful..... **3.59**

**OTHER MEMBERS OF THE TREATMENT TEAM**

**Average  
Score**

1. Peer Support Specialists/Recovery Coaches were courteous and helpful..... **3.36**

2. Case Managers were courteous and helpful..... **3.51**

3. Emergency Medical Technicians (EMTs) were courteous and helpful..... **3.58**

**SOME PERSONAL ISSUES**

**Average  
Score**

1. Staff had concern for your privacy..... **3.49**

2. Staff were sensitive to your language, cultural, and spiritual needs..... **3.56**

3. Staff responded to concerns/complaints made during your treatment..... **3.52**

**DISCHARGE**

**Average  
Score**

1. Information about your plan after discharge was explained in a way you understand..... **3.48**

2. You were provided clear instructions on what to do if you need help after discharge (when to seek help, whom to call, etc.)..... **3.51**

3. Your plan included referrals to resources and providers to continue treatment..... **3.54**

# Solid Waste Fee Adjustment

Facility	2019 BOH Approved Fee Schedule	Proposed New Fee Schedule (FY23)
Vision Recycle	\$ -	\$ 624.00
Republic Transfer	\$ 974.00	\$ 637.00
City of Nampa	\$ 1,461.00	\$ 619.00
Washington County	\$ 1,948.00	\$ 1,001.00
Owyhee County	\$ 4,870.00	\$ 1,027.00
Canyon County	\$ 1,984.00	\$ 1,421.00
Payette County	\$ 3,409.00	\$ 1,537.00
Adams County	\$ 2,922.00	\$ 1,645.00
Gem County	\$ 4,383.00	\$ 972.00
<b>Totals</b>	<b>\$ 21,951.00</b>	<b>\$ 9,483.00</b>

- This fee schedule covers only the cost to conduct required inspections
  - Operational Plan review
  - Inspections
  - Reporting
  - Travel
- Does not cover other aspects of solid waste
  - Nuisances
    - We have begun tracking the allocation of time to each type of nuisance complaint to better inform the board on future decisions
  - Recent Chronic Wasting Disease (CWD) DEQ Trainings and meetings

# Solid Waste Fee Decision

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## **Retain Current 2019 Fee Schedule**

- Fees are more than cost to do inspection-based work
- Some additional costs of actions like CWD related activities are covered

## **Adopt New Recommended Fee Schedule**

- Fees are representative of only inspection-based work
- Fees for other solid waste actions will be collected as district dollars but may be offset by fees in the future as we better understand what causes these additional costs

**Requesting a motion to adopt proposed fee schedule**

# SWDH Environmental Health Consultation Fee Discussion

- Currently, the district does not have a mechanism for being compensated for hours that are spent consulting, beyond the scope of our current fee structure.
- SWDH, ECHS, is asking the BoH to approve a \$72/hr consultation fee to cover the labor costs in these situations:
  - An action is requested by a customer, which SWDH can perform, but does not have a fee structure for
    - Example: Tank inspections, new waste facility preliminary operational plan review
  - An action is requested by a customer which is beyond the scope of a given service, which has already been paid for
    - Example: Septic changes, or extensive consultations over a long period of time
  - Fee will only be allowed after a written quote for services is provided to the customer
    - Work will not exceed quoted price without written approval from the customer
  - Fee is only allowed with Division Administrator approval

# SWDH Environmental Health Consultation Fee Decision

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Requesting a motion to adopt a \$72/hour consultation fee for specific instances where services requested, fall outside the scope of an existing contracted service, or outside of the district's EH fee schedule, and only when approved by Division Administrator, as outlined on previous slide.

# FY 22 Employee Compensation

## TREND ALERT

Employee Turnover Rate



Southwest District Health  
Turnover Rate  
August 2021-December 2021

Southwest District Health  
Turnover Rate  
January 2022-April 2022

## RECRUITING MARKET

Statistics from January 2022-April 2022



9 Vacancies  
Filled



9 Separations  
Processed

## CONSUMER PRICE INDEX CHANGE

March 2022

5.4%

\*Biggest 12 month increase since December 1981

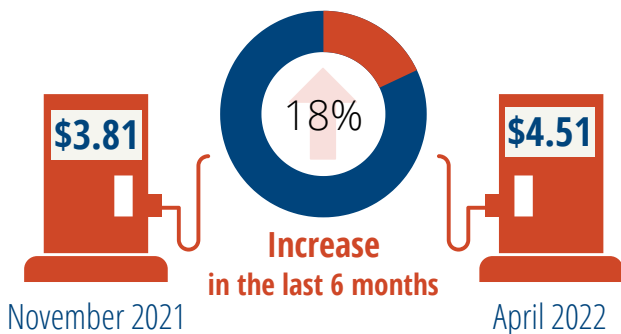
## ANNUAL INFLATION RATE

February 2022

7.9%

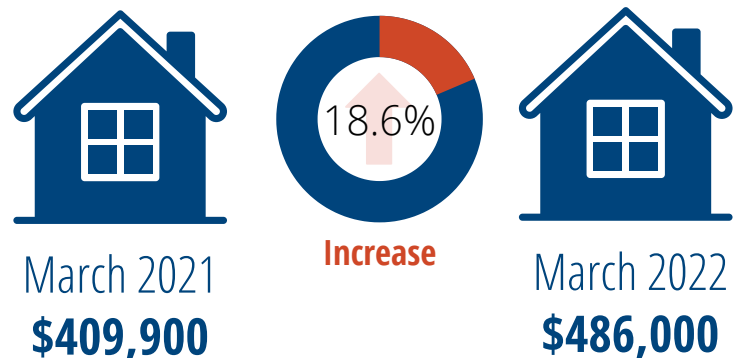
## GAS PRICE IN CANYON COUNTY

AAA Data November 2021-April 2022



## HOME PRICE IN CANYON COUNTY

Canyon County Data 2021-2022



## FY22 COUNTY INCREASES

3%

COLA  
ADAMS COUNTY

7.5%

COLA, STEP INCREASE  
FOR LONGEVITY  
CANYON COUNTY

FTE  
\$2.5K

INCREASE  
PT PRORATED  
GEM COUNTY

2%

COLA  
OWYHEE COUNTY

5%

ON RESERVE FOR  
WAGE STUDY  
OWYHEE COUNTY

4%

COLA  
PAYETTE COUNTY

3.5%

MERIT  
WASHINGTON COUNTY



# Southwest District Health

## Compensation Report

Prepared by Human Resources Pro

March 30, 2022

Southwest District Health (SWDH) engaged Human Resources Pro (HRP) to develop a compensation structure based on Boise metro area market pay data.

Data was obtained from <https://payfactors.com/> which has a full suite of compensation data management tools with a proprietary database of 8,000 jobs in the U.S., U.K., France, Mexico, China and Canada. Payfactors provides comprehensive reporting on 160 diverse industries, 35 company size groupings, and more than 60,000 geographic locales. Benchmarked by internal team of Certified Compensation Professionals. The industry data sourced is from health care providers and services with 100 – 200 employees using the Boise metro geographic area.

Attached to this report is the *Compensation Analysis SWDH.xlsx* spreadsheet which contains all data and calculations which are explained below.

### Job Matching

The first tab of the spreadsheet shows the data obtained by HRP for survey jobs using job descriptions provided by SWDH. This tab shows the final matches of all potential jobs discussed with SWDH.

The survey job titles are shown in column A. The survey base pay 10<sup>th</sup>, 25<sup>th</sup>, 50<sup>th</sup>, 75<sup>th</sup>, and 90<sup>th</sup> percentiles are shown in columns C – G. The reported pay amounts are thousands of dollars.

The matching SWDH titles are shown in column I. Columns J – M contain a grade assignment for each SWDH job along with the pay range associated with the grade. The pay ranges are shown on the 4<sup>th</sup> tab, Pay Ranges.

### Position to Market (PTM)

The pay ranges assigned to SWDH jobs are compared to the market pay data in columns O – S.

Column O compares the pay range minimum to the market 10<sup>th</sup> percentile.  
Column P compares the pay range minimum to the market 25<sup>th</sup> percentile.  
Column Q compares the pay range midpoint to the market 50<sup>th</sup> percentile.  
Column R compares the pay range maximum to the market 75<sup>th</sup> percentile.  
Column S compares the pay range maximum to the market 90<sup>th</sup> percentile.



The pay ranges recommended for SWDH are a symmetrical structure meant to encompass the market pay for all SWDH jobs. The ranges have normalized steps and spreads. Steps are the difference between one grade and the next grade and spreads are the difference between the maximum and the minimum. An individual job's comparison to the market will not be exact. The average of all comparisons indicates the pay structure's Position to Market.

The pay range minimums are 0.5% above of the market 10<sup>th</sup> percentile.  
The pay range minimums are 11.8% below the market 25<sup>th</sup> percentile.  
The pay range midpoints are 3.2% below the market 50<sup>th</sup> percentile.  
The pay range maximums are 1.6% above the market 75<sup>th</sup> percentile.  
The pay range maximums are 8.3% below the market 90<sup>th</sup> percentile.

Min v 10th	Min v 25th	Mid v 50th	Max v 75th	Max v 90th
0.5%	-11.8%	-3.2%	1.6%	-8.3%

This PTM is as of the date of this report. As the market normally increases, the PTM will erode over time. The expected market movement for 2022 is 2.5% - 3.5%.

This pay structure, combined with benefits, should provide a total compensation package that will allow SWDH to employ people whose qualifications meet the minimum requirements of the job. If actual experience proves otherwise, it may be necessary to provide pay that is above the minimum. If attracting and hiring qualified candidates becomes a difficulty, setting pay range minimums closer to or equal to the market 25<sup>th</sup> percentile can be done. Where to set the minimums should be in line with SWDH's Compensation Strategy. (See Attachment A for additional information on Compensation Strategy.)

While the lower end of the pay ranges provides pay opportunities for employees with less experience and lower qualifications, the upper end should provide adequate opportunity for employees with higher experience, higher qualifications, and strong performance. The Compensation Strategy should also address where SWDH wants this to be. Near the 75<sup>th</sup> percentile is appropriate. The 90<sup>th</sup> percentile is a consideration for the highest performing employees with the highest qualifications.

Pay plus benefits comprise total compensation which is a major consideration for employees deciding where to invest their time and their careers. While benefits were not part of this project, SWDH provides significant benefits that when combined with pay, should attract and retain employees.

## Position Lists

The second tab shows SWDH's positions. The first is an alphabetical sort by position title. This view makes it easy to look up the grade of positions. The relationship of similar positions can also be seen. For instance, Customer Service Rep 1 is grade 4 and Customer Service Rep 2 is grade 5. SWDH should review the relationship of similar positions to determine if it is appropriate for their operations.

A list of positions sorted from highest grade to lowest grade is shown in columns G – K. This provides a hierarchal view of positions. Assessing the relationship between positions which have

close market value should be done to ensure that the relationships are appropriate for SWDH. This internal equity analysis can result in grade changes to reflect how SWDH uses and values the various positions. For instance, Environmental Health Specialist Sr, Staff Epidemiologist, and Public Health Program Manager 1 are all grade 19. Does SWDH see these positions as equal from an internal equity standpoint?

Grade adjustments should be made to ensure internal equity. The position lists with hourly pay ranges are shown below the annualized ranges.

## Range Ratios

The third tab shows the Range Ratio analysis. Range Ratio is the relationship of an employee's pay to the position's pay range. The calculation is done with the following formula.

$$\frac{(\text{Employee Pay minus Pay Range Minimum})}{(\text{Pay Range Maximum minus Pay Range Minimum})}$$

Example: Employee pay = \$14.61 and range is \$13.75 – \$19.25 (grade 4)  
 $(\$14.61 - \$13.75) / (\$19.25 - \$13.75) = \$0.86 / \$5.50 = 15.6\%$   
This employee's Range Ratio is 15.6%

- Range Ratio of 0% means that the employee is paid at the minimum of the range and subsequently at approximately the beginning point of the market.
- Range Ratio of 50% means that the employee is paid at the midpoint of the range and in the middle of the market.
- Range Ratio of 100% means that the employee is paid at the maximum of the range and at approximately the top of the market.
- Negative Range Ratio indicates employee pay below minimum.
- Range Ratio above 100% indicates employee pay above maximum.

If an employee's pay is below minimum, we need to ask these questions.

1. Is the employee classified correctly?
2. Does the employee meet the qualifications of this level?
3. If answer to both is yes, then pay should be increased to the minimum, at least. (This can be done immediately, or it can be planned for the next scheduled pay review.)

If an employee's pay is above maximum, we need to ask these questions.

1. Is employee classified correctly?
2. Does the employee meet the qualifications of the higher level?

If the employee is correctly classified, pay can be reduced to maximum, or maintained until the range catches up. ("Red Circle" is generally accepted practice).

If the employee meets the qualifications of a higher-level position, he/she should be reclassified to the higher level. Then his/her pay should be viewed with respect to the new range.

Range Ratio is an easy and valuable way of comparing employee pay to other employees and the average of employees in other departments. Comparing each employee's Range Ratio can

indicate a need to look further into pay variances. This can be helpful in allocating pay increase budgets so that lower position-to-market areas receive a larger portion.

The SWDH overall average Range Ratio is 23%.

25 employees are paid below the pay range minimum and five (5) employees are paid over the pay range maximum. Classifications have been reviewed but it is possible that unique circumstances may exist and other classifications can be implemented.

If all current Range Ratios are correct, the cost to bring employees up to the range minimum (BTM) would be \$92,165 which is 1.8% of total base pay. This amount can be lessened by making sure employees are properly classified, adding more levels, or adjusting the ranges to lower the minimums.

As an assist in determining priorities for increasing pay for those employees below minimum, we have sorted employees by title in rows 108 – 248 on the Range Ratio tab. This view shows two (2) Clinical Assistants below the grade minimum along with the pay for the other six (6) Clinical Assistants. The Range Ratios for all Clinical Assistants is from 7.0% below minimum to 49%, just below the midpoint. Only two Clinical Assistants are below minimum, which means that a small portion of the bring-to-minimum cost is attributable to this classification.

The three (3) Epidemiologists are all below minimum requiring more funds to bring them up to the range.

The average Range Ratio for Clinical Assistants is 12% while Epidemiologist's average is 4.0% below minimum. This should make Epidemiologists a priority for pay actions. Environmental Health Specialist have an average Range Ratio of 13% below minimum. Nurses have an average Range Ratio of 3%.

## **Living Wage**

Massachusetts Institute of Technology produces a Living Wage calculation each year that estimates the cost of living in various communities or regions based on typical expenses. <https://livingwage.mit.edu/>

The Living Wage for one adult with no children in the Boise area is \$14.12 per hour, the equivalent of \$29,369 for working 2080 hours in the year.

## **Attachment A**

### **Compensation Strategy**

A well-developed compensation strategy allows all pay actions to be viewed in light of the company's predetermined criteria. This will ensure conformance, consistency and equity throughout the company. The Compensation Strategy will make it clear what compensation plans are intended by the company and how they are to be developed, communicated, administered, and updated.

Compensation actions in line with the Compensation Strategy will promote the company's achievement of goals and objectives. Included in the strategy should be the requirement to ensure all managers are trained in their role of compensating the company's employees.

Elements of a Compensation Strategy are

- Market Definition
  - Industry
  - Geography
- Market Positioning
- Purpose of Compensation
- Elements of Compensation
- Alignment with Company mission, values, goals and objectives
- Recognition of value of employees
- Feasibility and financial considerations

The potential Compensation Strategy should answer the following key questions:

- Is the strategy equitable, i.e., does it discriminate among employees on any non-work-related criteria?
- Is it legally defensible and fair?
- Is it possible to tweak based on labor market changes?
- Is it possible to communicate to employees and the general public?
- Where does it stand when compared to competitors?

The answers to these questions will yield a well-drafted compensation policy that allows the organization to place itself in the desired market position as an employer, possess the right compensation mix, build a focus on rewards, and ensure differentiation among performers and non-performers.



## **Employee Compensation Plan**

### **Agency Policy**

The compensation plan for Southwest District Health (SWDH) is designed to attract, retain, and recognize employees for their valuable contributions to public health service.

SWDH's compensation policy and pay-for-performance system is reviewed annually with adjustments made, if funding is available, to ensure employees are fairly compensated for their job knowledge, ability, conduct, and overall performance. In preparation for annual change in employee compensation discussions, the Human Resource (HR) office will assess changing market conditions, examine scheduled pay increases among neighboring government entities, and may choose to have a salary assessment completed by a third-party.

### **Staff to Support the Public Health Mission**

Multiple funding sources, along with the unique mission and needs of SWDH, impact the Compensation Plan. There are a variety of professional staff employed by the district performing a wide-range of public health services for the community: Advanced Practice Nurses, Registered Nurses, Licensed Practical Nurses, Registered Medical Assistants, Registered and Licensed Dietitians, Registered Dental Hygienist, and nationally Registered Environmental Health Specialists and Sanitarians. In addition to a range of supporting Administrative Assistants, Office Specialists, Customer Service Representatives, and Clinical Assistants the district also employs technically sophisticated specialists in accounts payable/receivable, medical billing/collections, purchasing, human resources, IT network and information systems, facilities management, community and emergency planning, health education, and epidemiology.

### **Starting/Entry Salary Decisions**

SWDH has a formal written policy for new-hire starting wage determinations (Executive Policy 1-023). It is SWDH's policy to start new employees at a minimum of 80% of policy based on the State of Idaho's pay schedule established by the Idaho legislature or the 10<sup>th</sup> percentile minimum per the regional salary assessment results conducted by a third-party, whichever is higher. The district hires at a rate that reflects the quantity and quality of candidates' experience and education levels. Starting salaries are based on the worth of that particular job to our agency, and are not altered to meet a job applicant's personal, non-job-related situation or expenses. Advanced salary placement may be at the district director's discretion considering available budget, market, applicant's work experience and qualifications, and relation to existing staff salaries within the pay grade assigned to the employee's classification.

### **Performance-Based Salary Increases**

For performance pay purposes, the district considers employees with a performance evaluation rating on file eligible. Employees on entry probation will not be eligible for a performance pay increase unless there are extenuating circumstances. The director will review and determine if extenuating circumstances warrant consideration for a performance pay increase. Employees on a formal "performance improvement plan" are not eligible for performance pay increases. Performance-based increases for the District Director are at the discretion of the Board of Health.

The district HR office is responsible for determining the performance-based salary adjustments of staff based on the Board of Health's direction. The process for determining performance-based salary adjustments is as follows. The HR office prepares a spreadsheet of performance eligible employees identified and sorted by evaluation

Approved by the Board of Health on  
MONTH, DD, YYYY

ratings, pay range (minimum, mid-point, maximum), current hourly pay, current annual wage, and the pay range for that job classification. HR calculates performance increases based on recommendations from the executive leadership team, develops an aggregate report, and the director presents the report to the Board of Health for approval prior to the approval of the proposed budget for the next fiscal year. Although infrequent, the Board of Health may choose to approve performance-based salary increases to staff during the fiscal year.

### **Cost of Living Adjustments**

Cost of living adjustments (COLA) may be proposed by HR and the leadership team to the Board of Health for consideration and approval.

### **Salary Increases-Conditional**

Temporary increases may be provided in recognition of additional assignments or acting appointments. Memorandum of Understanding agreements drawn between SWDH and an employee on a conditional salary increase will include language that if the employee should tender his/her resignation during a time when the temporary increase is in place, the temporary increase will end before the final pay period, and vacation and EAL balances will be paid off at the normal rate of pay.

### **Recruitment Bonus**

SWDH may exercise the option to provide a bonus for recruitment purposes, but only for extremely hard-to-fill positions. Approval for such bonuses will reside with the district director. The district will ensure employees have completed at least six months of work with a performance evaluation on file, before providing recruitment bonuses. Hiring agreements or memorandums documenting conditions for payment of recruitment bonuses will be provided to the employees and placed in their personnel files.

### **Retention Pay**

SWDH will determine the need for retention pay on a case-by-case basis. If an employee indicates another competitive job offer, or if the district deems market conditions exist which may give incentive to employees to leave their employment, management may consider a retention award.

Retention pay may be granted when an employee has completed at least six (6) months of work with a performance evaluation on file, regardless of probationary status.

### **Performance Bonuses**

SWDH will use performance bonuses throughout the year to recognize and reward excellence. Amounts will vary and will relate to the base salary and the individual's performance on a project or overall basis. All performance bonuses will be based on the availability of funds. Performance bonuses up to a total of two thousand dollars (\$2,000) may be awarded to individuals each fiscal year, in recognition of excellent performance. A memo documenting such performance will be provided to the employee and placed in their personnel file. Exceptions above the \$2,000 dollars may be granted under extraordinary circumstances, if approved in advance by the district director.

### **Cost Savings Bonuses**

SWDH has a cost savings bonus program in recognition of an employee's idea to save district/state resources resulting in cost savings or greater efficiencies. Any bonuses (up to \$2,000) will be awarded after savings are recognized and verified, with distributions made out of the associated budget category. Exceptions above the \$2,000 dollars may be granted under extraordinary circumstances, if approved in advance by the district director.

### **Recognition Bonuses**

On November 22, 2016, the SWDH Board of Health approved a new recognition bonus program that will recognize up to two employees twice per year who have demonstrated exemplary performance. Employees are nominated by a co-worker, an internal panel reviews the submissions, and selects the strongest two nominations. The amount of this bonus will be \$250 per recognized employee. This bonus program was implemented to show

Approved by the Board of Health on  
MONTH, DD, YYYY

active performance management. Recognition is crucial to effective engagement and motivation of employees. The intent of this formal recognition program is to recognize employees that exemplify the values of the organization and work to further the overarching goals in a way that is meaningful for those employees.

### **Reclassifications**

When a position is reclassified to a job classification in a higher pay range, the employee's salary will be increased, if necessary, to at least a minimum of 80% of the market policy of the new pay range or the 10<sup>th</sup> percentile minimum per the regional salary assessment results conducted by a third-party, whichever is higher. Any additional increase will be considered on a case-by-case basis and must be approved in advance by the district director.

If an employee's position is reclassified downward, the employee's salary will remain the same unless it is above the new pay range. In these instances, the employee's salary will be adjusted to the maximum hourly rate of the lower pay range.

### **Demotions**

In the event of a reduction in force, an employee may elect to take a voluntary demotion to a position for which they are qualified rather than be laid off. Non-disciplinary demotions will be handled in the same manner as downward reclassifications.

If a classified employee is demoted for disciplinary reasons, the employee's salary shall be adjusted within the lower pay range by the district director.

### **Transfers**

Transfers will be addressed in the same manner as starting salaries.

### **Reinstatements**

Reinstatements will be addressed in the same manner as starting salaries.

### **Promotions**

The health district has a written Executive Policy (1-023) regarding promotions. Upon promotion, the employee's salary will be increased, if necessary, to at least a minimum of 80% of the market policy of the new pay range or 10<sup>th</sup> percentile minimum per the regional salary assessment results conducted by a third-party, whichever is higher. Any additional increase will be determined on a case-by-case basis with consideration of the promoted employee's current salary compared to other employees with similar education and experience or qualifications, market considerations, and budgetary constraints and must be approved in advance.

### **On-call Time**

On-call time is required only for certain specified positions due to SWDH's commitment to respond to all public health emergencies regardless of normal business hours. Employees required to carry the cell phone will be compensated for each weekend day with two hours of on-call time earned for their service. All employees who are contacted outside normal work hours to respond to an emergency will be provided compensatory time as appropriate. Employees who are considered Executive are not eligible for on-call compensation.

### **Overtime Pay**

All SWDH employees will be informed of their status in relationship to overtime expectations as part of their new employee orientation or pre-employment discussions. Unless cash payment is specifically authorized by the district director, all overtime will result in compensatory time awards.

### **Compensatory Time**

All FLSA designated Administrative and Professional employees of SWDH shall earn compensatory time when authorized overtime is worked. Employees designated as Covered employees under FLSA may be authorized to

Approved by the Board of Health on  
MONTH, DD, YYYY

either accrue compensatory time at time-and-one-half or be compensated through payment of their authorized overtime through payroll. Employees designated as Executives shall not earn compensatory time.

It is health district policy that compensatory time balances in the "previous six months" category for employees designated as Covered are to be used by the last pay period in June and December. Management of overtime and comp time balances is a delegated responsibility of division administrators. Division administrators are provided copies of all leave category balances, including compensatory time for the employees assigned to their pay location every payroll processing period.

### **Holiday Pay**

Paid time off for holidays is a benefit, and as such, will be awarded equitably in a substantially similar manner to all employees in the same classification. Holiday pay will be determined in proportion to the number of hours worked during a normal workweek. SWDH employees do not typically work on holidays; however, if an employee is required to work on a holiday the time worked on a holiday will be treated as overtime regardless of the remaining hours recorded for the week in which the holiday falls.

### **Internal Salary Equity and Employee Concerns**

SWDH regularly assesses salary equity and compression and makes adjustments for jobs that are substantially similar for employees who have similar work experience, education, and performance in those jobs.

All employees are encouraged to discuss concerns with their supervisor to reach mutually satisfactory resolution at the lowest level possible. If an employee believes there is a problem with their compensation due to inequities within the organization, they are strongly encouraged to bring this issue to HR. No retaliation will occur for expressing such concerns or using the problem-solving process.

### **Plan Implementation**

After this compensation plan is reviewed and approved by the Board of Health, the change in employee compensation distributions will be effective with the pay period beginning June 12, 2022.



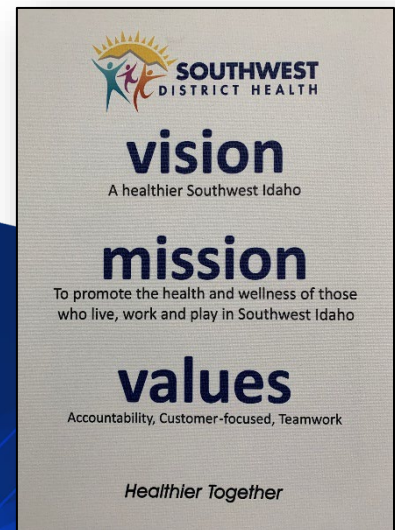
Nikole Zogg

Date: April 26, 2022  
Director





# Fiscal Year 2023 Budget Request



## WHAT'S INSIDE:



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## Fiscal Year 2023 Budget Request

Fiscal Year 2022 continued to be out of the ordinary for Southwest District Health (SWDH) due to ongoing work related to COVID-19 and unprecedented rate of growth across the district. Federal funds continue to be infused into public health across the state to assist with the COVID-19 response and to strengthen public health infrastructure to carry out the core functions and capabilities of local public health districts. On March 1, 2022, House Bill 316 (HB316) went into effect. This decision was made by the 2021 Idaho legislature in collaboration with Idaho counties and aligned with the substantial reduction of claims submitted to indigent fund programs due to Medicaid expansion. With these anticipated savings in mind, counties were given the option to reduce their revenue sharing funds or increase their contributions to the public health districts by taking over the state share, approximately 16% of SWDH's overall budget. The counties supported the decision to increase their contributions to their local public health district. Collectively, the six counties served by SWDH will support approximately 24% of the overall budget.

### **Revenue Highlights**

#### **State Appropriations**

During the 2021 Legislative Session, House Bill 316 (HB316) was passed and signed into law. HB316 eliminates the State General Fund appropriation to local public health and requires counties to contribute more to support the health districts, beginning March 1, 2022. In FY2023, the State General Fund appropriation will be eliminated completely. Counties are expected to pick-up the shortfall created by the elimination of the state general fund appropriation.

#### **County Contributions**

SWDH requested a 0% increase in FY2022 due to the uncertainty of the impact of HB316. SWDH is requesting a 3% increase in County Contributions for FY2023. Despite record-level inflation and the need to compensate staff with higher wages to retain the workforce, SWDH can balance the budget with a conservative 3% increase from counties.

#### **Fees**

For FY2023, we are budgeting a 5% increase in fee revenue due to trending increases for services in several programs. The unprecedented growth across the district has created an upward trend in revenues in the Subsurface Sewage Disposal (Septic), Land Development, and Food Protection programs. Southwest District Health also anticipates a slight increase in fee revenue from clinic services such as immunizations, primary care, and chronic disease management over the previous year.

#### **Sub grants**

This year's budget reflects an overall increase of 16% in subgrant funding over FY2022. This increase is due to additional funding to enhance capabilities in the following areas: communicable disease control, drug overdose prevention, and tobacco education and prevention funded through federal pass-through sub-grants, opioid settlement, and Millennium Fund appropriations.



## **Expense Highlights**

### **Salaries**

Over the past two years, SWDH has experienced extraordinary workforce turnover and staffing shortages in some critically hard to fill positions. To continue to attract and retain an excellent workforce in a rapidly changing and demanding workforce pool, the Board of Health approved salary increases for staff in FY2022. With Idaho's CPI up by 7.9% between February 2021 and February 2022, employees face an uphill battle of staying on pace with rising costs. For FY2023, SWDH is requesting a cost-of-living increase of 3% and a performance-based increase of 2%. The State of Idaho implemented a 3% upward shift in their pay schedule, which SWDH also uses. The 3% cost-of-living increase will provide some relief for staff and help SWDH reduce the impact of salary compression among existing staff.

### **Employee Benefits**

All employer benefit costs have remained nearly unchanged from FY2022 with a slight increase in medical insurance costs charged to the district.

### **Operating Expenses**

Operating costs are the ongoing expenses incurred from normal day-to-day activities. Overall, budgeted operating expenses for FY2023 have decreased slightly over last year. This reduction is the result of decreased costs associated with the district's COVID-19 response efforts.

### **Capital Expenses**

Capital expenditures for FY2023 include building, security, and IT improvements. Most of these are funded using monies committed by the Board of Health in FY2022. Due to workforce shortages and supply delays, two large projects funded for FY2022 are slated to be completed in FY2023.

### **Trustee and Benefit Expenses**

Trustee and Benefit expenses are those costs associated with pass through funding to third parties for activities required by grant/sub-grant deliverables.

## **Summary**

Our outstanding workforce represents our biggest asset, and our largest cost. This budget request works to keep SWDH as good stewards of public resources while continuing to provide excellent and ever-improving services to our communities. SWDH appreciates the collaboration and financial support we receive from our counties and looks forward to an even closer working relationship in the years to come as we work hard to improve the health and well-being of the residents in our communities.



# Southwest District Health FY2023 Budget Request

July 1, 2022 through June 30, 2023

District Summary	FY2021 Budget	FY2022 Budget	FY2022 Revision	FY2023 Request
<b>REVENUE</b>				
Fees	\$1,715,979	\$1,874,852	\$1,789,138	\$1,879,344
Contracts	\$4,152,338	\$5,194,475	\$5,637,794	\$6,589,751
County Funds *	\$1,401,892	\$1,892,992	\$1,892,992	\$2,784,813
State Appropriation **	\$1,442,900	\$985,800	\$1,005,300	\$0
Millennium Fund Appropriation ***	\$129,500	\$130,000	\$124,500	\$71,000
Interest	\$80,000	\$50,000	\$6,780	\$8,000
Sale of Land, Buildings & Equip	\$20,000	\$20,000	\$20,000	\$20,000
Other	\$14,986	\$24,000	\$135,485	\$42,175
Carry-Over Funds	\$70,027	\$169,000	\$158,459	\$165,736
Board Committed Reserve	\$12,900	\$90,000	\$43,889	\$166,917
<b>Total Revenue</b>	<b>\$9,040,522</b>	<b>\$10,431,119</b>	<b>\$10,814,337</b>	<b>\$11,727,736</b>
<b>EXPENDITURES</b>				
Salary & Wage	\$4,657,914	\$5,733,833	\$5,474,514	\$6,273,563
Employee Benefits	\$2,117,263	\$2,631,858	\$2,402,865	\$2,679,678
Operating Expenses	\$2,080,545	\$1,743,528	\$1,819,547	\$2,284,495
Capital Outlay	\$184,800	\$197,400	\$359,209	\$410,000
Trustee Benefits ( <i>Pass-thru funds</i> )	\$0	\$124,500	\$62,500	\$80,000
<b>Total Expenditures</b>	<b>\$9,040,522</b>	<b>\$10,431,119</b>	<b>\$10,118,635</b>	<b>\$11,727,736</b>
<b>CRISIS CENTER</b>				
Contract Revenue	\$1,520,000	\$1,083,289	\$915,848	\$958,081
Expenditures	\$1,520,000	\$1,083,289	\$915,848	\$958,081
<b>GRAND TOTALS</b>				
<b>Revenues</b>	<b>\$10,560,522</b>	<b>\$11,514,408</b>	<b>\$11,730,185</b>	<b>\$12,685,817</b>
<b>Expenditures</b>	<b>\$10,560,522</b>	<b>\$11,514,408</b>	<b>\$11,034,483</b>	<b>\$12,685,817</b>

\* FY22 Includes HB316

\*\* CRP through sub-grant via DHW

\*\*\* MF Supplemental (New). Remaining MF through DHW

	FY22 Budget	FY22 Revision	FY23 Request
FTEs:	116.7	116.7	115.0
COVID	12.0	15.0	12.0
BASE	104.7	101.7	103.0

# FY 22 Employee Compensation<sup>4</sup>

## TREND ALERT

Employee Turnover Rate



Southwest District Health  
Turnover Rate  
August 2021-December 2021

Southwest District Health  
Turnover Rate  
January 2022-April 2022

## RECRUITING MARKET

Statistics from January 2022-April 2022



9 Vacancies  
Filled



9 Separations  
Processed

## CONSUMER PRICE INDEX CHANGE

March 2022

5.4%

\*Biggest 12 month increase since December 1981

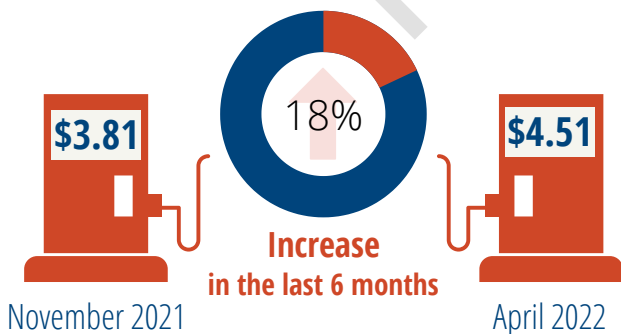
## ANNUAL INFLATION RATE

February 2022

7.9%

## GAS PRICE IN CANYON COUNTY

AAA Data November 2021-April 2022



## HOME PRICE IN CANYON COUNTY

Canyon County Data 2021-2022



## FY22 COUNTY INCREASES

3%

COLA  
ADAMS COUNTY

7.5%

COLA, STEP INCREASE  
FOR LONGEVITY  
CANYON COUNTY

FTE  
\$2.5K

INCREASE  
PT PRORATED  
GEM COUNTY

2%

COLA  
OWYHEE COUNTY

5%

ON RESERVE FOR  
WAGE STUDY  
OWYHEE COUNTY

4%

COLA  
PAYETTE COUNTY

3.5%

MERIT  
WASHINGTON COUNTY



# Southwest District Health Population & Market Value

## FY2023

### Changes in County Population and Net Taxable Market Value (TMV)

County	FY 2022 2020 Pop	FY 2023 2021 Pop	Population Percent	FY 2022 CY 2020	FY 2023 CY 2021	TMV Percent
	Population Estimates		Change	Net Taxable Values		Change
Adams	4,323	4,625	6.5%	\$670,181,179	\$904,621,811	35.0%
Canyon	232,313	243,115	4.4%	\$17,104,468,660	\$21,778,491,171	27.3%
Gem	17,900	19,792	9.6%	\$1,480,679,317	\$1,938,910,270	30.9%
Owyhee	11,792	12,336	4.4%	\$809,239,280	\$986,897,722	22.0%
Payette	23,780	26,350	9.8%	\$1,928,302,133	\$2,415,126,821	25.2%
Washington	10,189	10,898	6.5%	\$957,067,413	\$1,074,284,100	12.2%
TOTAL	300,297	317,116		\$22,949,937,982	\$29,098,331,895	

17-Apr-22

Population: provided by Idaho Department of Commerce - ID39-424

Net Taxable Values: provided by State of Idaho Tax Commission





## County Request - 3% Increase

**Budget Request for County Fiscal Year 2023**  
**Period Covered: October 2022 - September 2023**  
 Based Upon Idaho Code 39-424

County Contribution = 70% Population Distribution + 30% Taxable Market Value (TMV)  
 (TMV)

County	2021 Population Estimate	70%: Population	Dollar Amount	30%: TMV	Dollar Amount	County Fiscal Year Contribution
ADAMS	4,625	1.46%	\$30,272	3.11%	\$27,654	\$57,926
CANYON	243,115	76.66%	\$1,591,253	74.84%	\$665,777	\$2,257,029
GEM	19,792	6.24%	\$129,544	6.66%	\$59,273	\$188,817
OWYHEE	12,336	3.89%	\$80,742	3.39%	\$30,170	\$110,912
PAYETTE	26,350	8.31%	\$172,468	8.30%	\$73,831	\$246,299
WASHINGTON	10,898	3.44%	\$71,330	3.69%	\$32,841	\$104,172
TOTAL	317,116	100.00%	\$2,075,609	100.00%	\$889,547	\$2,965,156

### CHANGE FY 2022 / FY 2023 Scaled to the State Fiscal Year

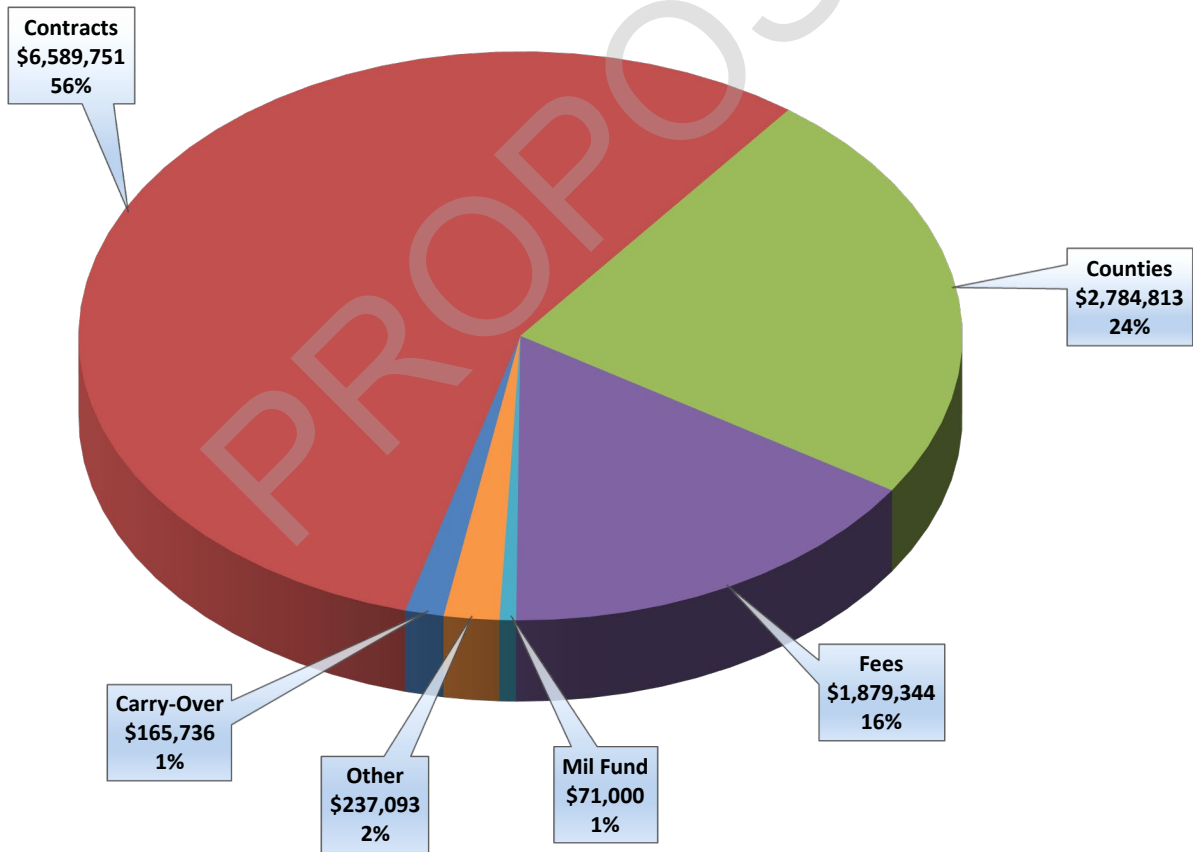
County	Approved FY2022	Requested FY2023		Total FY2023	Dollar Change	Percentage Change
		Jul - Sept	Oct - June			
ADAMS	\$35,659	\$10,566	\$43,445	\$54,011	\$18,351	51.46%
CANYON	\$1,448,358	\$429,189	\$1,692,772	\$2,121,961	\$673,603	46.51%
GEM	\$115,625	\$34,263	\$141,613	\$175,876	\$60,251	52.11%
OWYHEE	\$72,058	\$21,354	\$83,184	\$104,538	\$32,480	45.08%
PAYETTE	\$152,648	\$45,234	\$184,724	\$229,958	\$77,310	50.65%
WASHINGTON	\$68,643	\$20,340	\$78,129	\$98,469	\$29,826	43.45%
TOTAL	\$1,892,992	\$560,946	\$2,223,867	\$2,784,813	\$891,821	47.11%

Total prior year funding = \$2,878,792. This percent increase is based on that number.



# Budget Funding Sources

## FY 2023



*\*Does not include Crisis Center contract funds in the amount of \$915,848*





## Southwest District Health Fund Balances - as of March 31, 2022

<b>Restricted Funds</b>	<b>\$124,580</b>
(Restricted funds include funds for Behavioral Health Board, Parents as Teachers, and Citizen Review Panel)	
<b>Committed Funds</b>	<b>\$601,521</b>
(Committed funds include funds for 27th Payperiod, Medical Equipment, Computer/EMR Replacements, Capital Projects, Website Upgrade, and Auto LGIP)	
<b>Capital Reserve Fund (LGIP)</b>	<b>\$1,299,174</b>
<b>Unrestricted Operating Funds</b>	<b><u>\$4,422,513</u></b>
	<b><u>\$6,447,788</u></b>

**Southwest District Health**  
**Summary of Restricted and Committed Funds - FY 2023**  
*\*As of March 31, 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

	<b>Restricted Funds</b>	<b>Committed Funds</b>
Behavioral Health Board	\$ 9,819	
Parents as Teachers	\$ 66,839	
Citizen's Review Panel	\$ 19,351	
Kresge Grant	\$ -	
COVID Incentive grant	\$ -	
Crisis Center (CFAC) - rec'd FY21	\$ 28,571	
Personnel Updates		\$ -
Weiser Project		\$ 1,000
Clinic Medical Supplies/Equipment		\$ 1,614
EH Employee Training		\$ -
EH A/V Equipment		\$ 2,380
EH Vehicle		\$ 33,790
EH Security		\$ 7,500
County Collaborations		\$ 70,000
Mobile Clinic/Events Unit		\$ 130,000
Employee Development & Engagement		\$ 20,000
EKG Machine		\$ 1,000
27th Pay Period		\$ 180,814
Facility Improvements		\$ 153,423
	<b><u>\$ 124,580</u></b>	<b><u>\$ 601,521</u></b>

## Board of Health



Commissioner Bryan Elliott  
**Chairman** - Gem County



Commissioner Keri Smith  
Canyon County



Commissioner Kelly Aberasturi  
**Vice-Chairman** – Owyhee County



Commissioner Georgia Hanigan  
**Trustee** - Payette County



Commissioner Viki Purdy  
Adams County



Commissioner Lyndon Haines  
Washington County



Dr. Sam Summers  
Physician Representative

# APPENDIX A - SWDH COVID TRANSITION

10



Some COVID personnel reduced, as they find new opportunities



Some COVID functions, and personnel, reduced by grant amendments



COVID related functions continue until grant expiration, or until they no longer align with our mission and vision



Enduring Functions: Clinical Services, Data Analysis, Information Operations, Epidemiology, capabilities to operationalize future emergencies

Likely end  
of FY22  
and FY 23

End of  
FY24

Click to add text



## Appendix B - County Request - 2% Increase

**Budget Request for County Fiscal Year 2023**  
**Period Covered: October 2022 - September 2023**  
 Based Upon Idaho Code 39-424

County Contribution = 70% Population Distribution + 30% Taxable Market Value (TMV)

County	2021 Population Estimate	70%: Population	Dollar Amount	30%: TMV	Dollar Amount	County Fiscal Year Contribution
ADAMS	4,625	1.46%	\$29,978	3.11%	\$27,386	\$57,364
CANYON	243,115	76.66%	\$1,575,804	74.84%	\$659,313	\$2,235,117
GEM	19,792	6.24%	\$128,286	6.66%	\$58,698	\$186,984
OWYHEE	12,336	3.89%	\$79,959	3.39%	\$29,877	\$109,835
PAYETTE	26,350	8.31%	\$170,793	8.30%	\$73,115	\$243,908
WASHINGTON	10,898	3.44%	\$70,638	3.69%	\$32,522	\$103,160
TOTAL	317,116	100.00%	\$2,055,457	100.00%	\$880,910	\$2,936,368

### CHANGE FY 2022 / FY 2023 Scaled to the State Fiscal Year

County	Approved FY2022	Requested FY2023		Total FY2023	Dollar Change	Percentage Change
		Jul - Sept	Oct - June			
ADAMS	\$35,659	\$10,566	\$43,023	\$53,589	\$17,929	50.28%
CANYON	\$1,448,358	\$429,189	\$1,676,337	\$2,105,526	\$657,168	45.37%
GEM	\$115,625	\$34,263	\$140,238	\$174,501	\$58,876	50.92%
OWYHEE	\$72,058	\$21,354	\$82,377	\$103,731	\$31,673	43.95%
PAYETTE	\$152,648	\$45,234	\$182,931	\$228,165	\$75,517	49.47%
WASHINGTON	\$68,643	\$20,340	\$77,370	\$97,710	\$29,067	42.35%
TOTAL	\$1,892,992	\$560,946	\$2,202,276	\$2,763,222	\$870,230	45.97%



## Appendix C - County Request - 1% Increase

**Budget Request for County Fiscal Year 2023**  
**Period Covered: October 2022 - September 2023**  
 Based Upon Idaho Code 39-424

County Contribution = 70% Population Distribution + 30% Taxable Market Value (TMV)

County	2021 Population Estimate	70%: Population	Dollar Amount	30%: TMV	Dollar Amount	County Fiscal Year Contribution
ADAMS	4,625	1.46%	\$29,684	3.11%	\$27,117	\$56,801
CANYON	243,115	76.66%	\$1,560,355	74.84%	\$652,849	\$2,213,204
GEM	19,792	6.24%	\$127,029	6.66%	\$58,122	\$185,151
OWYHEE	12,336	3.89%	\$79,175	3.39%	\$29,584	\$108,759
PAYETTE	26,350	8.31%	\$169,119	8.30%	\$72,398	\$241,517
WASHINGTON	10,898	3.44%	\$69,945	3.69%	\$32,203	\$102,149
TOTAL	317,116	100.00%	\$2,035,306	100.00%	\$872,274	\$2,907,580

### CHANGE FY 2022 / FY 2023 Scaled to the State Fiscal Year

County	Approved FY2022	Requested FY2023		Total FY2023	Dollar Change	Percentage Change
		Jul - Sept	Oct - June			
ADAMS	\$35,659	\$10,566	\$42,601	\$53,167	\$17,508	49.10%
CANYON	\$1,448,358	\$429,189	\$1,659,903	\$2,089,092	\$640,733	44.24%
GEM	\$115,625	\$34,263	\$138,863	\$173,126	\$57,501	49.73%
OWYHEE	\$72,058	\$21,354	\$81,569	\$102,923	\$30,865	42.83%
PAYETTE	\$152,648	\$45,234	\$181,138	\$226,372	\$73,724	48.30%
WASHINGTON	\$68,643	\$20,340	\$76,612	\$96,952	\$28,309	41.24%
TOTAL	\$1,892,992	\$560,946	\$2,180,685	\$2,741,631	\$848,639	44.83%



## Appendix D - County Request - 0% Increase

**Budget Request for County Fiscal Year 2023**  
**Period Covered: October 2022 - September 2023**  
 Based Upon Idaho Code 39-424

County Contribution = 70% Population Distribution + 30% Taxable Market Value (TMV)

County	2021 Population Estimate	70%: Population	Dollar Amount	30%: TMV	Dollar Amount	County Fiscal Year Contribution
ADAMS	4,625	1.46%	\$29,390	3.11%	\$26,849	\$56,239
CANYON	243,115	76.66%	\$1,544,906	74.84%	\$646,385	\$2,191,291
GEM	19,792	6.24%	\$125,771	6.66%	\$57,547	\$183,318
OWYHEE	12,336	3.89%	\$78,391	3.39%	\$29,291	\$107,682
PAYETTE	26,350	8.31%	\$167,444	8.30%	\$71,681	\$239,126
WASHINGTON	10,898	3.44%	\$69,253	3.69%	\$31,885	\$101,137
TOTAL	317,116	100.00%	\$2,015,154	100.00%	\$863,638	\$2,878,792

### CHANGE FY 2022 / FY 2023 Scaled to the State Fiscal Year

County	Approved FY2022	Requested FY2023		Total FY2023	Dollar Change	Percentage Change
		Jul - Sept	Oct - June			
ADAMS	\$35,659	\$10,566	\$42,179	\$52,745	\$17,086	47.91%
CANYON	\$1,448,358	\$429,189	\$1,643,468	\$2,072,657	\$624,299	43.10%
GEM	\$115,625	\$34,263	\$137,488	\$171,751	\$56,126	48.54%
OWYHEE	\$72,058	\$21,354	\$80,761	\$102,115	\$30,057	41.71%
PAYETTE	\$152,648	\$45,234	\$179,344	\$224,578	\$71,930	47.12%
WASHINGTON	\$68,643	\$20,340	\$75,853	\$96,193	\$27,550	40.14%
TOTAL	\$1,892,992	\$560,946	\$2,159,094	\$2,720,040	\$827,048	43.69%



## Southwest District Health Appendix Appendix E - County Funding History

### District Fiscal Year July 1st through June 30th

County Contributions			
Fiscal Year	Base	Change from prior year	Dollar amount of change
2014	\$1,156,713	3.00%	\$33,690
2015	\$1,191,414	3.00%	\$34,701
2016	\$1,227,156	3.00%	\$35,742
2017	\$1,263,970	3.00%	\$36,814
2018	\$1,301,889	3.00%	\$37,919
2019	\$1,340,946	3.00%	\$39,057
2020	\$1,381,174	3.00%	\$40,228
2021	\$1,401,892	1.50%	\$20,718
** 2022	<b>\$1,892,992</b>	<b>0.00%</b>	<b>\$491,100</b>
2023	\$2,965,156	3.00%	\$1,563,264

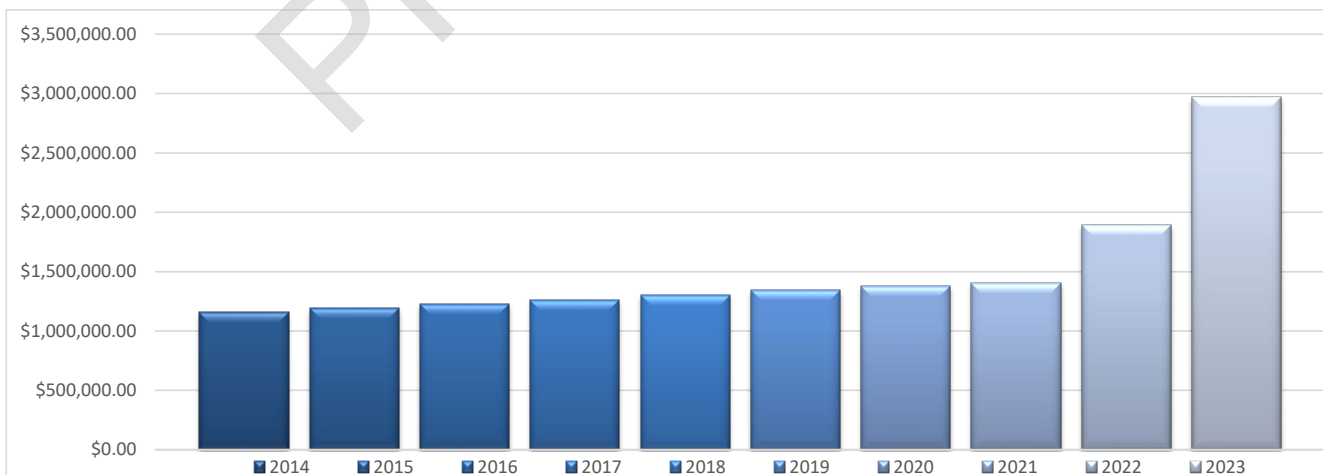
- 27th PPD Year

- HB316 (total = \$2,878,792)

\*\* House bill 316 took effect March 1, 2022 resulting in an additional \$491,100 from the counties. No other increase approved

FY2023 Annualized to county fiscal year contributions = 3% over total prior year funding

### County Contributions



# FY 21 Health Investment in Canyon County

## Environmental & Community Health



**813**  
septic inspections  
and new or  
replaced/repared  
septic systems



**120**  
signed land  
development  
plats or SER's



**216**  
childcare  
inspections



**14**  
pool inspections



**1,080**  
restaurant  
inspections



**25**  
temporary food  
event inspections



**107**  
Fit and Fall Proof™  
participants



**1,955**  
reportable disease  
investigations



**148**  
tobacco cessation  
participants

## Clinic Services



**7,921**  
WIC participants



**\$2.73 Million**  
spent in  
WIC vouchers



**721**  
fluoride varnishes  
applied



**37**  
dental sealants  
applied



**4,703**  
vaccines  
administered

**1,440**  
Nurse Family Partnership  
(NFP) visits



**283**  
Parents as Teachers  
(PAT) visits

## Health Outcomes

Health outcomes are changes in health that result from specific health care investments or interventions.



of Canyon County  
residents report  
poor or fair health



of babies born  
in Canyon County  
have a low birth  
weight



Life expectancy  
in Canyon County  
is 79.1 years



4.7 poor mental health  
days out of 30 days  
reported by  
Canyon County residents



of adults  
in Canyon County  
smoke tobacco



of adults  
in Canyon County  
are considered  
obese



of children  
in Canyon County  
are eligible for free  
or reduced lunch



of Canyon County  
residents  
have access to  
broadband internet

## Health Factors

Health Factors represent those things we can modify to improve the length and quality of life for residents.

County Health Rankings & Roadmaps. 2021. How Healthy is your County? | County Health Rankings. [online] Available at: <<https://www.countyhealthrankings.org/>> [Accessed 24 March 2022]. \*Represents District-wide data



### Healthy Families

- Parents as Teachers home visitors helped parents learn to play meaningfully, engage with, and encourage the development of their young child. These parents are working with DHW to regain custody of a child and appreciate the Parents as Teachers program. The father said "...We are learning something new every day. We appreciate you to the fullest extent and beyond."
- Peer Counseling staff helped a client whose baby had a tongue tie causing breastfeeding to be difficult and painful. The peer counselor spent time talking with the client about different breastfeeding positions she can try, pumping schedules for when it gets to be too much, paced bottle feeding, etc. The client no longer feels burned out, can nurse without pain, and plans to continue breastfeeding her baby.
- Nurse home visitor staff helped guide a client through the process of leaving an abusive relationship. The client received referrals to the Nampa Justice Center, is in counseling, and is receiving legal aide. She now feels safe.
- Tobacco Cessation Program participants can now pick up free diapers and wipes available at the Caldwell, Payette, Emmett, and Weiser satellite offices.
- SWDH staff often help connect children suffering from cavities and who have no insurance or dental provider with a provider willing to provide either service at little or no cost. Cavities can cause pain, discomfort, and tooth infection, disrupt learning and negatively impact mental health.
- "I can't say enough good things about what the Diabetes Prevention Program has meant to me. I am so grateful to finally understand what was holding me back from successful weight loss. For me, the golden key was food journaling. Losing over 30 pounds...I will never look back. I feel good. I am proud of my accomplishments." - Happy Client

### Healthy Communities

- Septic applications are now accepted at satellite offices and our main office! Southwest District Health offices are located in Canyon, Gem, Payette, and Washington Counties.
- Community Health staff helped with Caldwell Health Coalition's project, the Senior Produce Program at the Caldwell Farm to Fork Farmers Market, to reach 1,864 senior households over a 16 week period. This averages out to 116 senior households per week.
- In March 2021 staff confirmed an outbreak of Norovirus linked to a food facility in Caldwell. Environmental Health staff worked with the facility to disinfect and safely reopen while our epidemiologists worked to identify the cause, notify healthcare partners, and stop the spread in the community.
- Thanks to Public Health Emergency Preparedness and Epidemiological Response (PHEPER) team members who taught Community Emergency Preparedness Team units to citizens of Greenleaf, the city now manages its own CERT unit and is able to take care of small disasters and emergencies until first responders arrive.
- The Epidemiology team has revamped its web page on the SWDH website to be more data visualization and provide information specific to outbreaks happening in the community. Check it out at: <https://phd3.idaho.gov/healthy-living/epidemiology/>
- The SWDH Infection Prevention Epidemiologist is able to provide more one-on-one support and consultation for nursing homes, assisted living facilities, and county jails to help with infection control.

## Canyon County Community Health Action Team (CHAT)



### Mission

To build a healthy community through collaboration, access, and education.



### Successes

Senior Produce Program at Caldwell Farmer's Market,  
Walkability Improvement Project at Van Buren Elementary



### Focus Areas

Access to Health Care, Improving Food Access, Addressing Mental Health,  
Housing Options, Underserved Microneighborhoods, Built Environment



### Contact

Contact the community health team to learn more or  
get involved by emailing [communityhealth@phd3.idaho.gov](mailto:communityhealth@phd3.idaho.gov)

# FY 21 Health Investment in Gem County

## Environmental & Community Health



**185**  
septic inspections  
and new or  
replaced/repared  
septic systems



**43**  
signed land  
development  
plats or SER's



**9**  
childcare  
inspections



**111**  
restaurant  
inspections



**13**  
temporary food  
event inspections



**102**  
reportable disease  
investigations

## Clinic Services



**469**  
WIC participants



**12**  
Parents as Teachers  
(PAT) visits



**659**  
vaccines  
administered



**30**  
fluoride varnishes  
applied



Nurse Family Partnership  
(NFP) visits planned to  
expand to additional counties  
in FY 23 *if funding allows*

## Health Outcomes

Health outcomes are changes in health that result from specific health care investments or interventions.



of Gem County  
residents report  
poor or fair health



of babies born  
in Gem County have  
a low birth weight



Life expectancy  
in Gem County is  
78.2 years



4.6 poor mental health  
days out of 30 days  
reported by  
Gem County residents



of adults  
in Gem County  
smoke tobacco



of adults  
in Gem County are  
considered obese



of children  
in Gem County are  
eligible for free or  
reduced lunch



of Gem County  
residents  
have access to  
broadband internet

## Health Factors

Health Factors represent those things we can modify to improve the length and quality of life for residents.

### Healthy Families

- Parents as Teachers home visitors helped parents learn to play meaningfully, engage with, and encourage the development of their young child. These parents are working with DHW to regain custody of a child and appreciate the Parents as Teachers program. The father said "...We are learning something new every day. We appreciate you to the fullest extent and beyond."
- Peer Counseling staff helped a client whose baby had a tongue tie causing breastfeeding to be difficult and painful. The peer counselor spent time talking with the client about different breastfeeding positions she can try, pumping schedules for when it gets to be too much, paced bottle feeding, etc. The client no longer feels burned out, can nurse without pain, and plans to continue breastfeeding her baby.
- Tobacco Cessation Program participants can now pick up free diapers and wipes available at the Caldwell, Payette, Emmett, and Weiser satellite offices.
- SWDH staff often help connect children suffering from cavities and who have no insurance or dental provider with a provider willing to provide either service at little or no cost. Cavities can cause pain, discomfort, and tooth infection, disrupt learning and negatively impact mental health.
- "I can't say enough good things about what the Diabetes Prevention Program has meant to me. I am so grateful to finally understand what was holding me back from successful weight loss. For me, the golden key was food journaling. Losing over 30 pounds...I will never look back. I feel good. I am proud of my accomplishments." - Happy Client

### Healthy Communities

- Septic applications are now accepted at satellite offices and our main office! Southwest District Health offices are located in Canyon, Gem, Payette, and Washington Counties.
- The Drug Overdose Prevention Program partnered with Emmett Police Department to promote the National Drug Take Back Day in the spring and collected over 50 lbs of unused and or unwanted prescription medications.
- Safe opioid prescribing & overdose prevention education and resources were provided to two clinics in Emmett.
- The Gem County CHAT, Gem County Health Coalition (GCHC), assisted Carberry Elementary in embedding a behavioral health specialist at the school to provide counseling, support, and resources to students.
- GCHC presented walkability assessment results to Emmett City Council and made simple safety recommendations to protect pedestrians.
- GCHC and Bi-Rite partnered through a community improvement project called Healthy Store Initiative to increase access to healthier food options. Bi-Rite has shelving in the store that promotes healthier food items and healthy beverages.
- The Epidemiology team has revamped its web page on the SWDH website to be more data visualization and provide information specific to outbreaks happening in the community. Check it out at: <https://phd3.idaho.gov/healthy-living/epidemiology/>
- The SWDH Infection Prevention Epidemiologist is able to provide more one-on-one support and consultation for nursing homes, assisted living facilities, and county jails to help with infection control.

## Gem County Community Health Action Team (CHAT)



### Mission

To help the Gem Community become healthier



### Successes

Suicide prevention murals in all Emmett schools, Emmett High School staff participated in a mental health first aid training, Updated Gem Community Resource Guide, Bi-Rite increasing access to healthier food options



### Focus Areas

Decrease food insecurity and increase access to nutritious food options, Increase mental/behavioral health support to families, Safe and walkable communities



### Contact

Contact the community health team to learn more or get involved by emailing [communityhealth@phd3.idaho.gov](mailto:communityhealth@phd3.idaho.gov)

# FY 21 Health Investment in Adams County

## Environmental & Community Health



**65**  
septic inspections  
and new or  
replaced/repairs  
septic systems



**2**  
signed land  
development  
plats or SER's



**1**  
pool inspections



**50**  
restaurant  
inspections



**3**  
temporary food  
event inspections



**18**  
reportable disease  
investigations

## Clinic Services



**33**  
WIC participants



**3**  
Parents as Teachers  
(PAT) visits



**7**  
vaccines  
administered



Nurse Family Partnership  
(NFP) visits planned to  
expand to additional counties  
in FY 23 if funding allows

## Health Outcomes

Health outcomes are changes in health that result from specific health care investments or interventions.



of Adams County  
residents report  
poor or fair health



of babies born  
in Adams County  
have a low birth  
weight



Life expectancy  
in Adams County is  
80.1 years



4.7 poor mental health  
days out of 30 days  
reported by  
Adams County residents



of adults  
in Adams County  
smoke tobacco



of adults  
in Adams County  
are considered  
obese



of children  
in Adams County  
are eligible for free  
or reduced lunch



of Adams County  
residents  
have access to  
broadband internet

## Health Factors

Health Factors represent those things we can modify to improve the length and quality of life for residents.

### Healthy Families

- Parents as Teachers home visitors helped parents learn to play meaningfully, engage with, and encourage the development of their young child. These parents are working with DHW to regain custody of a child and appreciate the Parents as Teachers program. The father said "...We are learning something new every day. We appreciate you to the fullest extent and beyond."
- Peer Counseling staff helped a client whose baby had a tongue tie causing breastfeeding to be difficult and painful. The peer counselor spent time talking with the client about different breastfeeding positions she can try, pumping schedules for when it gets to be too much, paced bottle feeding, etc. The client no longer feels burned out, can nurse without pain, and plans to continue breastfeeding her baby.
- "I can't say enough good things about what the Diabetes Prevention Program has meant to me. I am so grateful to finally understand what was holding me back from successful weight loss. For me, the golden key was food journaling. Losing over 30 pounds...I will never look back. I feel good. I am proud of my accomplishments." - Happy Client

### Healthy Communities

- "This letter is being written in reference to the success we are having here at Adams County Health Center in Council due to the collaboration between our clinic and SWDH's registered dietician. Having the ability to have the dietician here in the clinic to provide education to our patients provides a greatly needed service for our rural community. With the dietician's knowledge and efforts in working with our patients, we are seeing patient A1Cs improve across the board. In addition, our patients are more engaged and feel motivated regarding their health and addressing their diabetes as well as the changes the dietician helps them make. Her services have allowed several patients to have access to Diabetic Nutrition Education without having to travel for hours. This is a major asset for our clinic and patient population since many are unable to travel due to a lack of reliable transportation, and many suffer from having financial hardships, and/or comorbidities that make travel difficult or near impossible. Our patients regularly tell me they are so happy to have this service available. Moreover, they love the dietician and her approach to addressing their needs. They appreciate that she does not have a one size fits all attitude. In conclusion, this collaboration is serving our population well, as interest is increasing, and we continue to see our patients improve their outcomes as well as engage in the process of their disease management." - Nurse, Adams County Health Center
- The Epidemiology team has revamped its web page on the SWDH website to be more data visualization and provide information specific to outbreaks happening in the community. Check it out at: <https://phd3.idaho.gov/healthy-living/epidemiology/>
- The SWDH Infection Prevention Epidemiologist is able to provide more one-on-one support and consultation for nursing homes, assisted living facilities, and county jails to help with infection control.

## Adams County Community Health Action Team (CHAT) *Planned FY 22-23*



### Contact

Contact the community health team to learn more or  
get involved by emailing [communityhealth@phd3.idaho.gov](mailto:communityhealth@phd3.idaho.gov)

# FY 21 Health Investment in Owyhee County

## Environmental & Community Health



**106**  
septic inspections  
and new or  
replaced/repairs  
septic systems



**2**  
signed land  
development  
plats or SER's



**5**  
childcare  
inspections



**4**  
pool inspections



**105**  
restaurant  
inspections



**7**  
temporary food  
event inspections



**19**  
Fit and Fall Proof™  
participants



**62**  
reportable disease  
investigations



**17**  
tobacco cessation  
participants

## Clinic Services



**481**  
WIC participants



**25**  
Parents as Teachers  
(PAT) visits



**145**  
vaccines  
administered



**38**  
fluoride varnishes  
applied



**Nurse Family Partnership  
(NFP) visits planned to  
expand to additional counties  
in FY 23 if funding allows**

## Health Outcomes

Health outcomes are changes in health that result from specific health care investments or interventions.



of Owyhee County  
residents report  
poor or fair health



of babies born  
in Owyhee County  
have a low birth  
weight



Life expectancy  
in Owyhee County  
is 78.2 years



4.9 poor mental health  
days out of 30 days  
reported by  
Owyhee County residents



of adults  
in Owyhee County  
smoke tobacco



of adults  
in Owyhee County  
are considered  
obese



of children  
in Owyhee County  
are eligible for free  
or reduced lunch



of Owyhee County  
residents  
have access to  
broadband internet

## Health Factors

Health Factors represent those things we can modify to improve the length and quality of life for residents.

### Healthy Families

- Parents as Teachers home visitors helped parents learn to play meaningfully, engage with, and encourage the development of their young child. These parents are working with DHW to regain custody of a child and appreciate the Parents as Teachers program. The father said “...We are learning something new every day. We appreciate you to the fullest extent and beyond.”
- Peer Counseling staff helped a client whose baby had a tongue tie causing breastfeeding to be difficult and painful. The peer counselor spent time talking with the client about different breastfeeding positions she can try, pumping schedules for when it gets to be too much, paced bottle feeding, etc. The client no longer feels burned out, can nurse without pain, and plans to continue breastfeeding her baby.
- SWDH staff often help connect children suffering from cavities and who have no insurance or dental provider with a provider willing to provide either service at little or no cost. Cavities can cause pain, discomfort, and tooth infection, disrupt learning and negatively impact mental health.
- “I can’t say enough good things about what the Diabetes Prevention Program has meant to me. I am so grateful to finally understand what was holding me back from successful weight loss. For me, the golden key was food journaling. Losing over 30 pounds...I will never look back. I feel good. I am proud of my accomplishments.” - Happy Client

### Healthy Communities

- Septic applications are now accepted at satellite offices and our main office! Southwest District Health offices are located in Canyon, Gem, Payette, and Washington Counties.
- Partnered with R3 Behavioral Health/IDHW to facilitate trauma-informed de-escalation training for over 50 first responders and law enforcement officers of the Shoshone-Paiute Tribe of Duck Valley Reservation.
- Distributed 100 gun locks, 150 Deterra Pouches, and 25 medication lock boxes to Duck Valley Reservation. Death by suicide decreased and a trusting relationship was established between SWDH/IDHW and the Shoshone-Paiute Tribe.
- Distributed Be The Parents (BTP) printed material to the Owyhee Community Health Facility in Duck Valley.
- With support from the Partnerships for Success (PFS) grant, Lifeskills for Youth class was taught to 24 ninth-grade students at Homedale High School as an elective. A substance use education video was viewed by 38 students at Homedale High School.
- Partnered with the Idaho State Police and the Canyon Owyhee School Service Organization (COSSA) Regional Technical and Education Center to provide DITEP training to 24 of the COSSA staff.
- The Epidemiology team has revamped its web page on the SWDH website to be more data visualization and provide information specific to outbreaks happening in the community. Check it out at: <https://phd3.idaho.gov/healthy-living/epidemiology/>
- The SWDH Infection Prevention Epidemiologist is able to provide more one-on-one support and consultation for nursing homes, assisted living facilities, and county jails to help with infection control.

## Owyhee County Community Health Action Team (CHAT)



### Mission

To improve access to services, collaboration, and education for a healthier Owyhee County



### Contact

Contact the community health team to learn more or get involved by emailing [communityhealth@phd3.idaho.gov](mailto:communityhealth@phd3.idaho.gov)



### Focus Areas

Support healthy behaviors and decision-making in teens through youth-led anti-vaping education and awareness, Improve equitable access to health resources and increase the availability of services, Increase the community's awareness of and investment in the Well Connected Communities programs



# FY 21 Health Investment in Payette County

## Environmental & Community Health



**102**  
septic inspections  
and new or  
replaced/repared  
septic systems



**10**  
signed land  
development  
plats or SER's



**11**  
childcare  
inspections



**6**  
pool inspections



**118**  
restaurant  
inspections



**10**  
temporary food  
event inspections



**152**  
reportable disease  
investigations

## Clinic Services



**845**  
WIC participants



**33**  
Parents as Teachers  
(PAT) visits



**96**  
fluoride varnishes  
applied



**704**  
vaccines  
administered



Nurse Family Partnership  
(NFP) visits planned to  
expand to additional counties  
in FY 23 *if funding allows*



**45**  
dental sealants  
applied

## Health Outcomes

Health outcomes are changes in health that result from specific health care investments or interventions.



of Payette County  
residents report  
poor or fair health



of babies born  
in Payette County  
have a low birth  
weight



Life expectancy  
in Payette County  
is 76.6 years



4.6 poor mental health  
days out of 30 days  
reported by  
Payette County residents



of adults  
in Payette County  
smoke tobacco



of adults  
in Payette County  
are considered  
obese



of children  
in Payette County  
are eligible for free  
or reduced lunch



of Payette County  
residents  
have access to  
broadband internet

## Health Factors

Health Factors represent those things we can modify to improve the length and quality of life for residents.

County Health Rankings & Roadmaps. 2021. How Healthy is your County? | County Health Rankings. [online] Available at: <<https://www.countyhealthrankings.org/>> [Accessed 11 April 2022].\*Represents District-wide data



### Healthy Families

- Parents as Teachers home visitors helped parents learn to play meaningfully, engage with, and encourage the development of their young child. These parents are working with DHW to regain custody of a child and appreciate the Parents as Teachers program. The father said "...We are learning something new every day. We appreciate you to the fullest extent and beyond."
- Peer Counseling staff helped a client whose baby had a tongue tie causing breastfeeding to be difficult and painful. The peer counselor spent time talking with the client about different breastfeeding positions she can try, pumping schedules for when it gets to be too much, paced bottle feeding, etc. The client no longer feels burned out, can nurse without pain, and plans to continue breastfeeding her baby.
- An SWDH employee working in the Payette office helped connect a young client who just learned she was pregnant to Health and Welfare to apply for Medicaid. The employee also shared information about WIC services which the client had never heard of.
- Tobacco Cessation Program participants can now pick up free diapers and wipes available at the Caldwell, Payette, Emmett, and Weiser satellite offices.
- SWDH staff often help connect children suffering from cavities and who have no insurance or dental provider with a provider willing to provide either service at little or no cost. Cavities can cause pain, discomfort, and tooth infection, disrupt learning and negatively impact mental health.
- "I can't say enough good things about what the Diabetes Prevention Program has meant to me. I am so grateful to finally understand what was holding me back from successful weight loss. For me, the golden key was food journaling. Losing over 30 pounds...I will never look back. I feel good. I am proud of my accomplishments." - Happy Client

### Healthy Communities

- Septic applications are now accepted at satellite offices and our main office! Southwest District Health offices are located in Canyon, Gem, Payette, and Washington Counties.
- There were three active Fit and Fall Proof class sites in Payette County.
- The Epidemiology team has revamped its web page on the SWDH website to be more data visualization and provide information specific to outbreaks happening in the community. Check it out at: <https://phd3.idaho.gov/healthy-living/epidemiology/>
- The SWDH Infection Prevention Epidemiologist is able to provide more one-on-one support and consultation for nursing homes, assisted living facilities, and county jails to help with infection control.

## Payette County Community Health Action Team (CHAT)



### Mission

Identify community needs and create actionable, collaborative solutions to overcome barriers and strengthen our community well-being



### Focus Areas

Behavioral Health Access, Food Access, Transportation, Youth Supports (ACEs, SUDs, and related issues)



### Contact

Contact the community health team to learn more or get involved by emailing [communityhealth@phd3.idaho.gov](mailto:communityhealth@phd3.idaho.gov)

# FY 21 Health Investment in Washington County

## Environmental & Community Health



**55**  
septic inspections  
and new or  
replaced/repairs  
septic systems



**1**  
signed land  
development  
plats or SER's



**5**  
childcare  
inspections



**4**  
pool inspections



**65**  
restaurant  
inspections



**5**  
temporary food  
event inspections



**53**  
reportable disease  
investigations

## Clinic Services



**251**  
WIC participants



**12**  
Parents as Teachers  
(PAT) visits



**16**  
fluoride varnishes  
applied



**521**  
vaccines  
administered



**Nurse Family Partnership  
(NFP) visits planned to  
expand to additional counties  
in FY 23 if funding allows**



**16**  
dental sealants  
applied

## Health Outcomes

Health outcomes are changes in health that result from specific health care investments or interventions.



of Washington  
County residents  
report poor or  
fair health



of babies born  
in Washington  
County have a low  
birth weight



Life expectancy  
in Washington  
County is  
78.7 years



4.7 poor mental health days  
out of 30 days reported by  
Washington County  
residents



of adults  
in Washington  
County  
smoke tobacco



of adults  
in Washington  
County are  
considered obese



of children  
in Washington County  
are eligible for free or  
reduced lunch



of Washington  
County residents  
have access to  
broadband internet

## Health Factors

Health Factors represent those things we can modify to improve the length and quality of life for residents.

County Health Rankings & Roadmaps. 2021. How Healthy is your County? | County Health Rankings. [online] Available at: <<https://www.countyhealthrankings.org/>> [Accessed 11 April 2022].\*Represents District-wide data

## Testimonials & Updates

### Healthy Families

- Parents as Teachers home visitors helped parents learn to play meaningfully, engage with, and encourage the development of their young child. These parents are working with DHW to regain custody of a child and appreciate the Parents as Teachers program. The father said "...We are learning something new every day. We appreciate you to the fullest extent and beyond."
- Peer Counseling staff helped a client whose baby had a tongue tie causing breastfeeding to be difficult and painful. The peer counselor spent time talking with the client about different breastfeeding positions she can try, pumping schedules for when it gets to be too much, paced bottle feeding, etc. The client no longer feels burned out, can nurse without pain, and plans to continue breastfeeding her baby.
- Tobacco Cessation Program participants can now pick up free diapers and wipes available at the Caldwell, Payette, Emmett, and Weiser satellite offices.
- SWDH staff often help connect children suffering from cavities and who have no insurance or dental provider with a provider willing to provide either service at little or no cost. Cavities can cause pain, discomfort, and tooth infection, disrupt learning and negatively impact mental health.
- "I can't say enough good things about what the Diabetes Prevention Program has meant to me. I am so grateful to finally understand what was holding me back from successful weight loss. For me, the golden key was food journaling. Losing over 30 pounds...I will never look back. I feel good. I am proud of my accomplishments." - Happy Client

### Healthy Communities

- Septic applications are now accepted at satellite offices and our main office! Southwest District Health offices are located in Canyon, Gem, Payette, and Washington Counties.
- Safe opioid prescribing & overdose prevention education and resources were provided to one clinic in Weiser.
- The Epidemiology team has revamped its web page on the SWDH website to be more data visualization and provide information specific to outbreaks happening in the community. Check it out at: <https://phd3.idaho.gov/healthy-living/epidemiology/>
- The SWDH Infection Prevention Epidemiologist is able to provide more one-on-one support and consultation for nursing homes, assisted living facilities, and county jails to help with infection control.

## Washington County Community Health Action Team (CHAT)



### Contact

Contact the community health team to learn more or get involved by emailing [communityhealth@phd3.idaho.gov](mailto:communityhealth@phd3.idaho.gov)