



Board of Health Meeting

Tuesday, August 23, 2022, 9:00 a.m.
13307 Miami Lane, Caldwell, ID 83607

Public comments specific to an agenda item for the August 23, 2022 Board of Health meeting can be submitted at <https://www.surveymonkey.com/r/08232022BoH> or by mail to: SWDH Board of Health, Attn: Administration Office, 13307 Miami Lane, Caldwell, ID, 83607. The period to submit public comments will close at 10:00 a.m. on Monday, August 22, 2022.

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

Agenda

A = Board Action Required	G =Guidance	I = Information item
9:00 A	Call the Meeting to Order	Chairman Bryan Elliott
9:02	Pledge of Allegiance	
9:03	Roll Call	Chairman Bryan Elliott
9:05 A	Request for Additional Agenda items; Approval of Agenda	Chairman Bryan Elliott
9:10	In-Person Public Comment	
9:15 I	Open Discussion	SWDH Board Members
9:40 A	Approval of Minutes – July	Chairman Bryan Elliott
9:45 I	Introduction of New Employees	Division Administrators
10:00 I	July 2022 Expenditure and Revenue Report	Troy Cunningham
10:10 A	Carryover Funding Requests	Troy Cunningham
10:25 A	Clinic Fee Formula	Josh Campbell
10:35 I	Home Visiting Program	Patty Kennings, Adriana French
10:55	Break	
11:10 I	Western Idaho Community Crisis Center Quarterly Update	Emily Straubhar
11:25 I	Youth Behavioral Health	Nikki Zogg
11:40 A	Safe Teen Advisory Committee Nominee Ratifications	Nikki Zogg
11:45 I	Director's Report	Nikki Zogg
	Region 3 Behavioral Health Board and Partnership for Success Grant Follow Up	
12:00	Adjourn	

NEXT MEETING: Thursday, September 22, 2022 – 9:00 a.m.

Healthier Together

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



BOARD OF HEALTH MEETING MINUTES

Tuesday, July 26, 2022

BOARD MEMBERS:

Georgia Hanigan, Commissioner, Payette County – present via Zoom
Lyndon Haines, Commissioner, Washington County – present
Keri Smith, Commissioner, Canyon County – present
Kelly Aberasturi, Commissioner, Owyhee County – excused
Viki Purdy, Commissioner, Adams County – present
Sam Summers, MD, Physician Representative – present
Bryan Elliott, Commissioner, Gem County – present

STAFF MEMBERS:

In person: Nikki Zogg, Katrina Williams, Josh Campbell, Colt Dickman, Mitch Kiester, Ricky Bowman, Cate Lewis, Brandon VanSlochteren

Via Zoom: Troy Cunningham, Ashley Anderson, Jeff Renn, Doug Doney

GUESTS: One member of the public attended the meeting.

CALL THE MEETING TO ORDER

Chairman Bryan Elliott called the meeting to order at 9:08 a.m.

PLEDGE OF ALLEGIANCE

Meeting attendees participated in the pledge of allegiance.

ROLL CALL

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

REQUEST FOR ADDITIONAL AGENDA ITEMS; APPROVAL OF AGENDA

Commissioner Elliott asked for additional agenda items. Board members have no additional agenda items or changes to the agenda. Nikki asked that the Youth Behavioral Health Update topic be changed from an Informational item to a Guidance item.

MOTION: Commissioner Haines made a motion to approve the agenda as presented. Commissioner Smith seconded the motion. All in favor; motion passes.

IN-PERSON PUBLIC COMMENT

One member of the public attended but did not provide in-person public comment.

OPEN DISCUSSION

Board members had no topics for open discussion.

APPROVAL OF MEETING MINUTES – JUNE 28, 2022

Board members reviewed meeting minutes from the meeting held June 28, 2022.

MOTION: Commissioner Smith made a motion to approve the June 28, 2022 Board of Health meeting minutes as presented. Dr. Summers seconded the motion. All in favor; motion passes.

INTRODUCTION OF NEW EMPLOYEES

No new employees were introduced.

JUNE 2022 EXPENDITURE AND REVENUE REPORT

Troy Cunningham, SWDH Financial Manager, presented the June 2022 Expenditure and Revenue Report. The target at this point in the fiscal year is 100% for revenues and expenditures. Troy pointed out that revenues exceed expenditures by approximately \$300,000. Troy explained this is largely due to delayed reimbursement from the Coronavirus Fund Appropriation Committee (CFAC) where costs were incurred in FY21 but reimbursed in FY22. Troy anticipates requesting a carryover in committed funds at the August Board meeting.

Revenue comparison between FY21 and FY22 indicates we are very close to the position we were in last year as it relates to fees and contract revenue. Troy also explained that the legislative government investment pool shows the return was higher than the previous year. This is due to increased interest rates.

Troy answered questions regarding restricted funds for the Western Idaho Community Crisis Center (WIDCCC), Citizen Review Panel (CRP), and the Region 3 Behavioral Health Board (BHB). The CRP funds are ongoing funds, and those monies carry over and are not returned. The BHB funds will remain until expended for some aspect of behavioral health related work. Nikki explained that when CFAC funds first became available, healthcare organizations were allowed to request grant funds to make facility modifications or purchase personal protective equipment and cleaning supplies so they could continue to see patients. Lifeways, the contractor managing the WIDCCC, requested and received funds but did not utilize them. Troy is working to identify how to return the WIDCCC funds.

SAFE TEEN ASSESSMENT CENTER (STAC) ADVISORY COMMITTEE

At the Board of Health meeting held in June, Nikki presented the advisory committee applications received for the Safe Teen Assessment Center Advisory Committee. The board directed Nikki to review those applications and come back to the Board with a recommendation. Nikki reported the applications have been reviewed and the out-of-area applicants are not included in the recommendations to the Board. Nikki is working to identify a law enforcement or school resource officer representative to add to the committee. She asked Board members to review the existing nominations and ratify the committee. Commissioner Smith knows several of the proposed committee members and supports those nominated. Nikki noted that the advisory committee is also seeking a youth preferably with experience in either the juvenile justice system or child welfare system. The committee will work to ensure the meetings are at a time that will not be a conflict with school obligations.

MOTION: Commissioner Smith made a motion to ratify the list of recommended advisory committee nominees as presented. Commissioner Haines seconded the motion. All in favor; motion passes.

MONKEYPOX UPDATE

Cate Lewis, SWDH epidemiologist, provided an overview on the monkeypox virus and efforts to prepare for cases within our district. The virus, from the orthopox family, spreads mainly through direct contact with infectious rashes or scabs of an infected person. Touching items such as bedding, clothing or towels that have previously touched an infected person's lesions may also transmit the virus. The virus can also transmit from mother to fetus en utero. Lastly, there is a potential for droplet spread but close, prolonged, direct exposure would be required.

To date, Idaho has had two cases of monkeypox. Both cases were travel related – one domestic and one international. Monkeypox lasts between two to four weeks and most people recover on their own without the need for medical intervention.

When SWDH receives a call from a provider with a symptomatic patient, staff will collaborate with Idaho Department of Health and Welfare (IDHW) to determine whether commercial testing or testing through Idaho Bureau of Laboratories (IBL) is appropriate. Following positive lab confirmation, epidemiologists will reach out to the patient, identify close contacts, and arrange for post exposure prophylaxis likely at Central District Health as they have the resources to administer vaccine five days a week. The vaccine is a 2-dose series given four weeks apart. Currently, SWDH has five doses available, and we expect 46 more vials in the next few weeks. Cate clarified that the amount of vaccine that each health district receives is based on population. Following vaccination, SWDH staff will monitor the health status of individuals for 21 days.

NUTRIENT POLLUTION

Brandon VanSlochteren, Environmental Health Specialist, provided an update on nutrient pollution and eutrophication. Brandon explained that eutrophication means to be over supplied with nutrients and causes water systems over time to go from clear blue water to greenish looking water. This process occurs naturally and may result in blue green algae blooms, foul smell and taste of water, and toxic compound production in the water.

Potential pollutants can be natural such as native soil organic matter or can be cultural such as fertilizers, livestock manure, feedlots, or septic systems. Septic systems are considered a mini point source for nutrient pollution when small septic leeches and failed systems impact water sources.

Commissioner Smith asked about the potential impact of the current development pressure around Lake Lowell. Brandon explained that the dumping of nutrients into the water system increases as more humans live within close proximity of the lake and increases the eutrophication. Colt Dickman, Environmental and Community Health Services Division Administrator, added that the septic systems play a small role in this. Most of the nutrient pollution comes from agricultural run-off.

This process happens when nutrients enter into an aquatic system, whether man made or natural. Brandon explained that throughout SWDH's region, murkier water is being noted and algal blooms exist where they did not previously exist. Brandon also discussed phosphorus which, unlike nitrogen, is not taken out of the atmosphere by plants to use for their own purpose. Plants do not absorb phosphorus. Phosphorus stays in a solid state as it moves throughout its cycle. Phosphorus is moved naturally through uplift from movement of dirt and mudslides. Humans impact the phosphorus movement through digging for development. Animal decomposition increases phosphorus as well.

To help reduce nutrient pollution, Brandon suggested that point sources can be identified, outreach and education can be provided to communities and homeowners, and recommendations from Department of Environmental Quality (DEQ) can be followed. In addition, ensuring appropriate septic setbacks are maintained will help.

Board members asked about septic system options to remove phosphorus. Brandon explained that none of the DEQ approved systems available to homeowners actively treat phosphates partially due to the solid nature of phosphorus. Several companies are working to market a drip-line system to help remove phosphorus by allowing it to leech out into the grass much like a garden's drip system.

Nikki asked how conversations around land use planning and coordination can be facilitated to help guide decisions for planning and zoning approvals. Colt responded that his staff have worked with Washington County and Canyon County to help initiate that discussion piece and build an engagement model. Colt asked Board members to provide feedback to Nikki, Mitch, or him for tips about their individual county engagement as staff work toward building out an engagement plan.

HARMFUL ALGAL BLOOM RESPONSE UPDATE

Colt Dickman, Environmental and Community Health Services Division Administrator, provided two resources for harmful algal bloom information. An interactive map through DEQ is available to show testing locations and areas where toxin thresholds have been exceeded. The other resource is a map of recreational water advisories available through IDHW. Links to these two resources will be added to the Southwest District Health's website. Colt explained that Board members can direct their constituents to these interactive maps to help identify testing sites and positive confirmations of algal blooms.

DIRECTOR'S REPORT

Idaho Association of Public Health District Directors (IAPHDD) Update

Following the recent in-person public health district directors' meetings, Nikki updated Board members on several topics. The group discussed developing a strategy to adopt formulas to set food fees if the public health districts (PHDs) are successful in getting fees pulled out of statute. From an industry perspective, consistency across the state is typically preferred. The PHDs will work to come to agreement on a methodology for setting fees so each district is looking at the same factors even though the cost may be different. Nikki will be engaging with Board members in future Idaho Association of District Boards of Health Executive Council meetings. In addition, directors will be meeting with Seth Grigg from Idaho Association of Counties to collaborate on this effort.

Secondly, the directors met with State Risk Management. There were some concerns that following House Bill 316 the opportunity to continue using State Risk Management may be in jeopardy and alternative options would cost significantly more. Legislation has been put in place to ensure that the public health districts continue to have access to the state risk management policy. As part of this continued relationship, public health districts will be required to adopt a loss control policy and put tracking mechanisms in place to ensure training is current. Southwest District Health has a loss control policy in place but will be updating it to come into compliance and reduce our risk to the organization and to the risk management provider.

Lastly, the group met with the Governor's office about priorities for the coming year related to health. One priority is health care staffing. The Governor's office has created an advisory committee of

stakeholders from medical providers and insurance companies to help address provider shortages. Another priority is ensuring individuals have access to medical insurance. Nikki explained that under the federal COVID-19 public health emergency declaration, Medicaid eligibility broadened to allow more individuals to enroll. This expanded eligibility will expire. The Governor's Office is not sure on the status of approximately 120,000 individuals who may lose coverage when the emergency declaration expires. The Governor's Office is also preparing for some additional Roe v. Wade follow-up as legislators begin to explore different bill options in response to the recent Supreme Court decision. Nikki anticipates some Roe v. Wade related bills being introduced during the next legislative session.

The remaining priorities discussed are availability to affordable childcare and funding for behavioral health care. The Behavioral Health Council will be submitting requests for funding such as the Safe Teen Assessment Center (STAC).

Youth Crisis Center

This grant application has not yet been received. Several facilities have become options for physical locations in Nampa and in Caldwell. Tours are scheduled for each facility. Nikki followed up on conversations from past Board meetings where Board members expressed interest in working to build spaces where youth can safely gather and hang out. Nikki has initiated conversations with several Boys and Girls Clubs and Treasure Valley YMCA staff to help explore these options. Nikki will keep Board members updated on anything new that develops out of those conversations.

Partnership for Success Grant

The recently revised contract for this grant was received from the Office of Drug Policy (ODP) and has two areas of concern. The first is that the contract keeps SWDH as a fiduciary agent but shifts responsibility for carrying out the work to the R3BHB leading to concerns about ensuring that work is carried out. The other area of concern is that the new contract revision added R3BHB as a signatory as well. Legal counsel for SWDH and the SWDH team met with ODP director, legal counsel, and program manager and wording changes were made to be consistent with the previous contract. These changes require a letter from the R3BHB indicating their willingness to collaborate and partner with SWDH to ensure this grant work is done. Nikki will meet with the Behavioral Health Board to request their support to ensure the work is carried out.

Long-Term Care Facilities Letters to Governor Little and Idaho Department of Health and Welfare

Nikki informed Board members that she sent letters to Governor Little and IDHW as Board members requested. She received an acknowledgement of receipt from both offices. In addition, SWDH staff have received one request from a skilled nursing care facility asking for assistance with submitting a waiver. Southwest District Health staff reached out to the licensing body at IDHW and were told that waivers for health-related requirements could not be requested. These waiver pursuits seem to be new and may require reaching out with technical assistance and perhaps reaching out to other states who have pursued similar routes to inquire about successful methods.

September Board of Health Meeting Date Change

The date currently set for the September Board of Health meeting conflicts with the date for the Idaho Association of Counties (IAC) fall conference. Board members discussed other dates and agreed to change the meeting to Thursday, September 22, 2022 at 9:00 a.m. Katrina will update the meeting calendar posted to the website and will issue an updated calendar invitation.

There being no further business, the meeting adjourned at 10:57 a.m.

Respectfully submitted:

Approved as written:

Nikole Zogg
Secretary to the Board

Bryan Elliott
Chairman

Date: August 23, 2022

DRAFT



SOUTHWEST DISTRICT HEALTH

BUDGET REPORT FOR FY2024

Cash Basis

Jul-22

Target **8.3%**

Fund Balances		
	FY Beginning	Month Ending
General Operating Fund	\$ 113,540	\$ 307,472
Millennium Fund	\$ -	\$ 65,124
LGIP Operating	\$ 4,033,668	\$ 4,047,717
LGIP Vehicle Replacement	\$ 99,899	\$ 99,972
LGIP Capital	\$ 1,299,174	\$ 1,299,174
Total	\$ 5,546,282	\$ 5,819,460

Income Statement Information			
	YTD	This month	
Net Revenue: \$	830,231	\$	830,231
Expenditures: \$	(672,687)	\$	(672,687)
Net Income: \$	157,544	\$	157,544

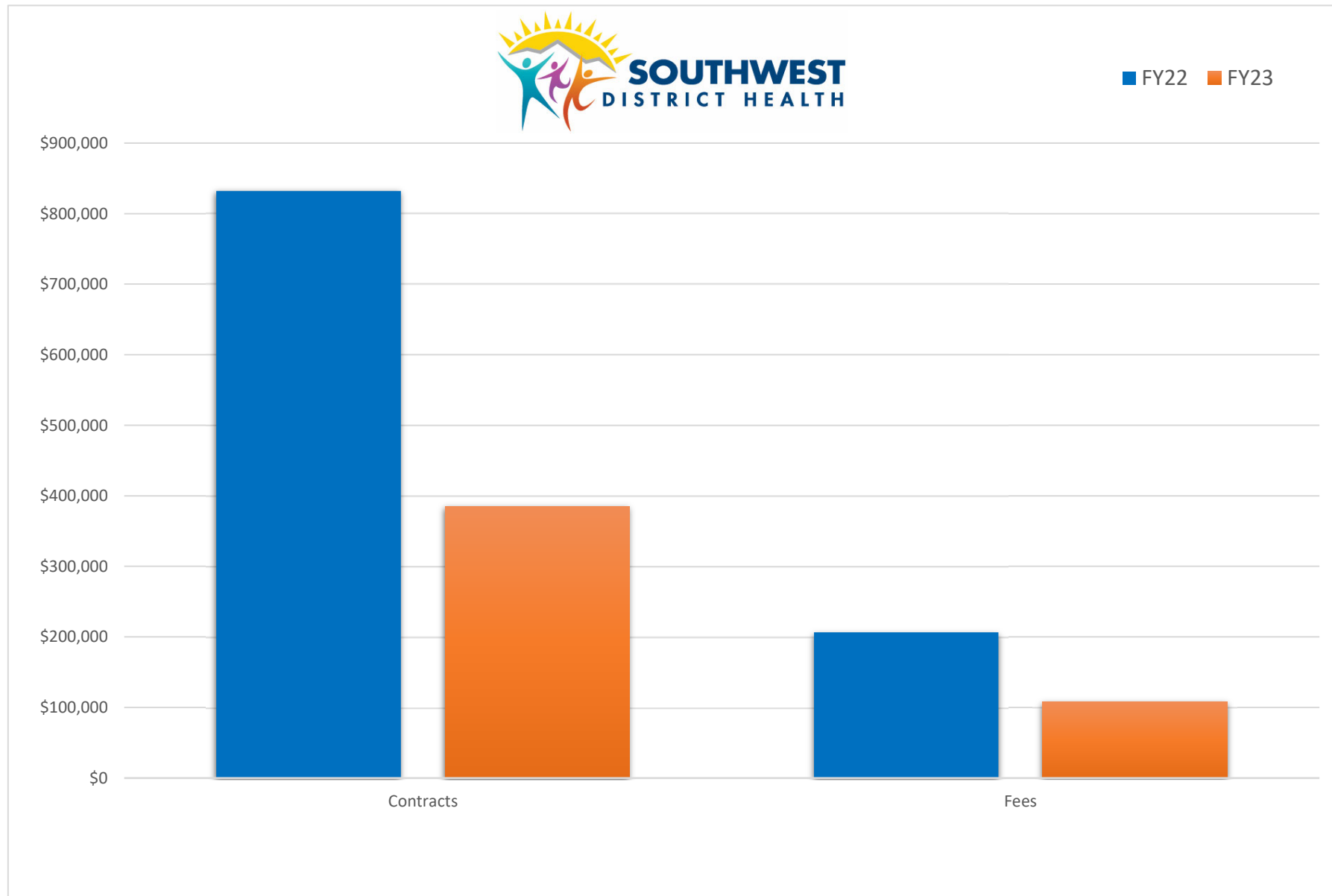
Revenue									
	Admin	Clinic Services	Env & Community Health	General Support	Crisis Center	Total	YTD	Total Budget	Percent Budget to Actual
County Contributions	\$ 330,045	\$ -	\$ -	\$ -	\$ -	\$ 330,045	\$ 330,045	\$ 2,784,813	12%
Fees	\$ -	\$ 17,641	\$ 90,100	\$ 220	\$ -	\$ 107,961	\$ 107,961	\$ 1,879,344	6%
Contracts	\$ -	\$ 152,974	\$ 232,545	\$ -	\$ -	\$ 385,519	\$ 385,519	\$ 7,618,832	5%
Sale of Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 20,000	0%
Interest	\$ 4,122	\$ -	\$ -	\$ -	\$ -	\$ 4,122	\$ 4,122	\$ 8,000	52%
Other	\$ -	\$ 2,000	\$ 583	\$ -	\$ -	\$ 2,583	\$ 2,583	\$ 374,828	1%
Monthly Revenue	\$ 334,167	\$ 172,615	\$ 323,228	\$ 220	\$ -	\$ 830,231	\$ 830,231	\$ 12,685,817	6.5%
Year-to-Date Revenue	\$ 334,167	\$ 172,615	\$ 323,228	\$ 220	\$ -	\$ 830,231	DIRECT BUDGET		
Budget	\$ 2,959,730	\$ 2,722,777	\$ 6,125,068	\$ 20,000	\$ 858,242	\$ 12,685,817			
	11.3%	6.3%	5.3%	1.1%	0.0%	6.5%			

Expenditures									
	Admin	Clinic Services	Env & Community Health	General Support	Crisis Center	Total	YTD	Total Budget	Percent Budget to Actual
Personnel	\$ 24,778	\$ 193,003	\$ 257,708	\$ 98,943	\$ 4,534	\$ 578,967	\$ 578,967	\$ 9,091,815	6%
Operating	\$ 5,016	\$ 32,659	\$ 13,187	\$ 42,832	\$ 26	\$ 93,720	\$ 93,720	\$ 3,104,001	3%
Capital Outlay	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 410,000	0%
Trustee & Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 80,000	0%
Monthly Expenditures	\$ 29,793	\$ 225,662	\$ 270,896	\$ 141,775	\$ 4,561	\$ 672,687	\$ 672,687	\$ 12,685,817	5.3%
Year-to-Date Expenditures	\$ 29,793	\$ 225,662	\$ 270,896	\$ 141,775	\$ 4,561	\$ 672,687	DIRECT BUDGET		
Budget	\$ 579,815	\$ 3,557,175	\$ 5,555,688	\$ 2,152,285	\$ 840,854	\$ 12,685,817			
	5.1%	6.3%	4.9%	6.6%	0.5%	5.3%			



YTD REVENUES with Prior Year Comparison

Jul-22

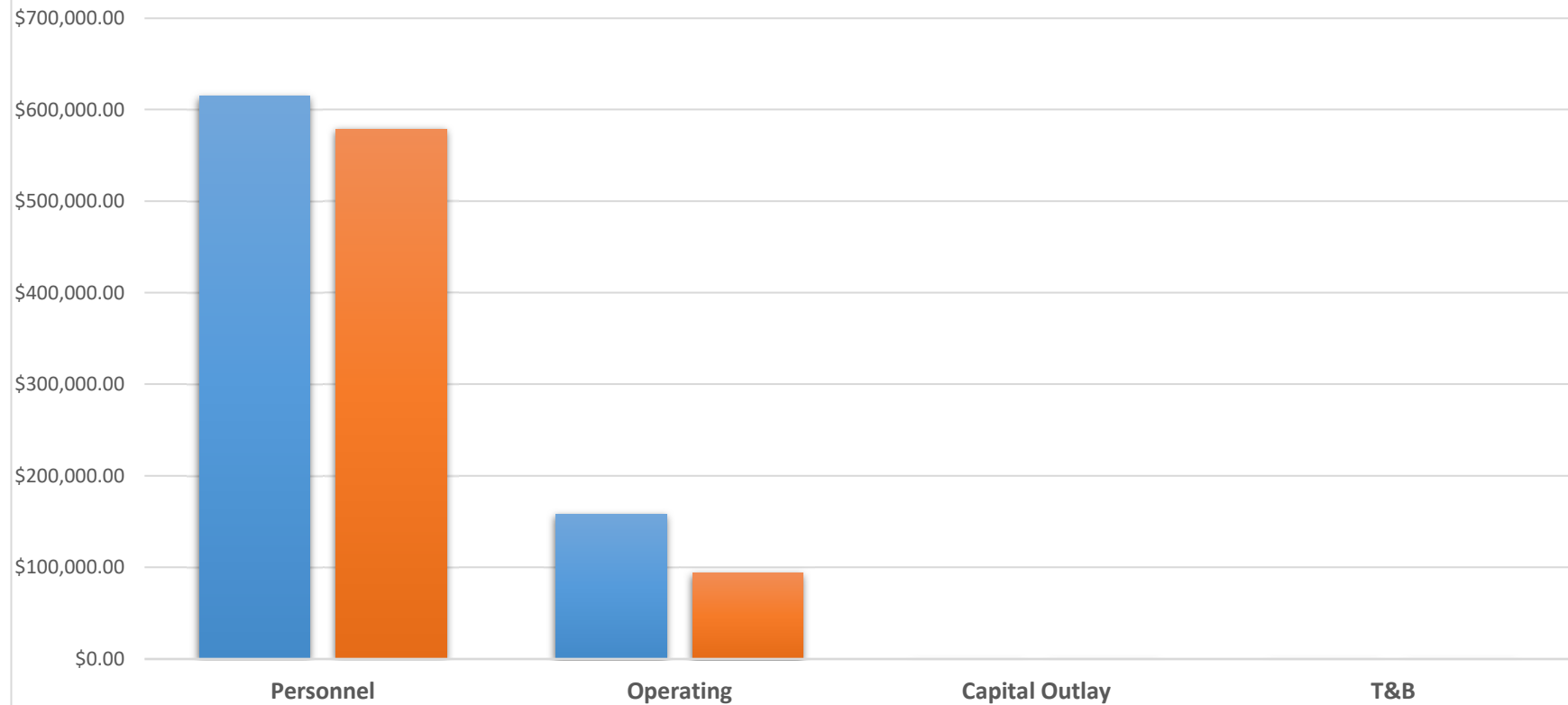


YTD EXPENDITURES with Prior Year Comparison

Jul-22



FY22 FY23

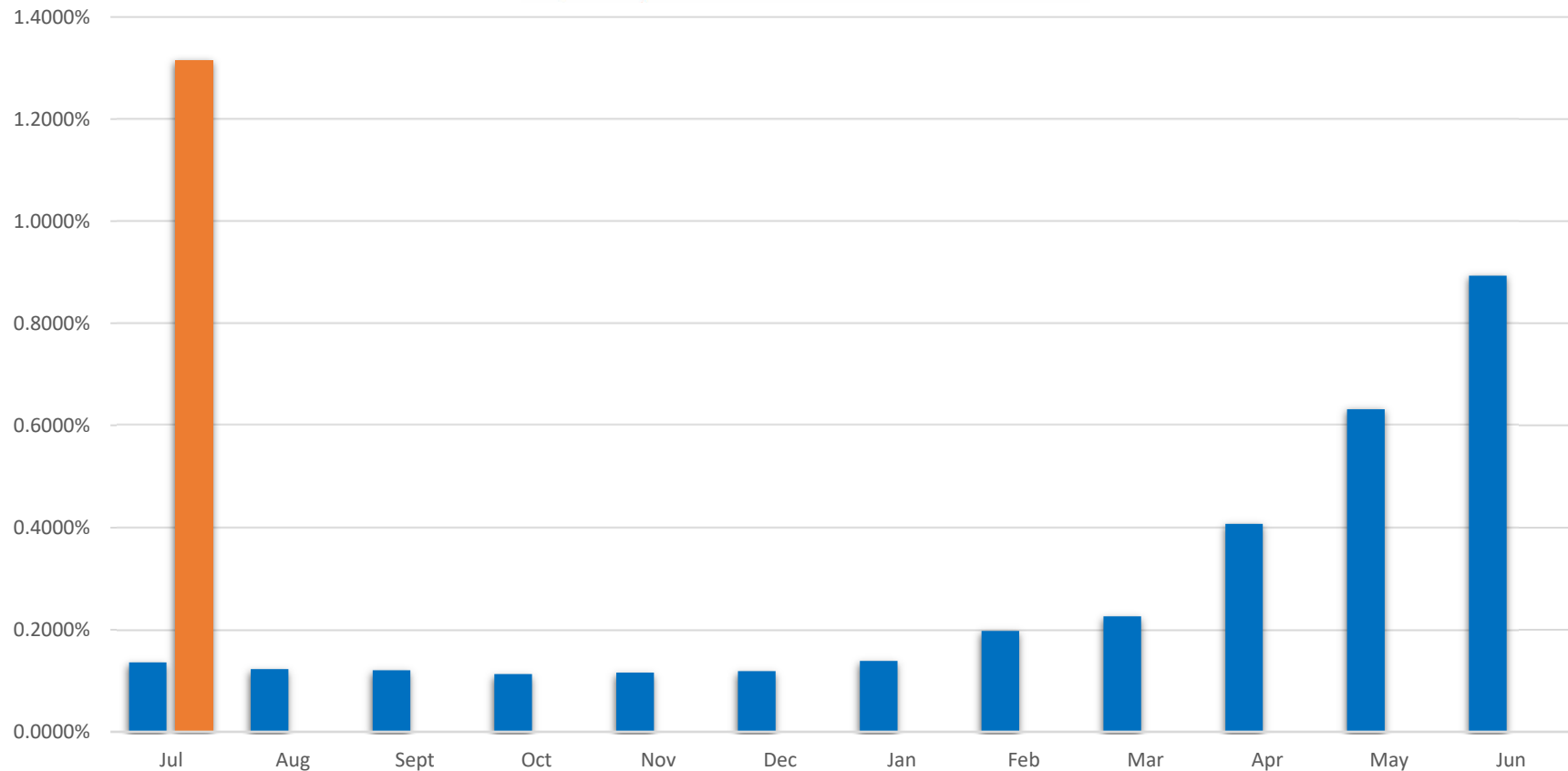


YTD Investment Yield with Prior Year Comparison

Jul-22



FY22 FY23





Jul-22

Southwest District Health
Summary of Restricted and Committed Funds - FY 2023

Cash on hand

Restricted Funds - Cash on hand from third party restricted by contract, grant, or donation terms

Note: Restricted fund balances carry from year to year until expended or grant ends

Committed Funds - Cash on hand committed by the Board of Health for a specific purpose

Fund Balances as of last prior month reported

	Restricted Funds	Committed Funds
Behavioral Health	\$7,382	
Citizen's Review Panel (*Annual billing rec'd July)	\$15,803	
Kresge Grant PH2 (new FY22)	\$43,165	
Blue Cross Grant (new FY22)	\$64,735	
Crisis (CFAC)	\$28,571	
Prior Commitment (reallocation request)		\$143,494
County Collaborations		\$70,000
27th Pay Period		\$180,814
Facility Improvements		\$95,806
	\$159,656	\$490,114
Total Restricted/Committed:	\$649,770	



SOUTHWEST DISTRICT HEALTH
FISCAL YEAR 2023
Commitment Request

RECOMMENDED REALLOCATIONS:

Prior Fiscal Years Commitment:

Mobile Clinic	\$130,000	<i>*reduce balance to zero</i>
Weiser Project	\$1,000	<i>*reduce balance to zero</i>
Clinic Supplies	\$2,614	<i>*reduce balance to zero</i>
EH Security	\$7,500	<i>*reduce balance to zero</i>
EH AV Equip	<u>\$2,380</u>	<i>*reduce balance to zero</i>
	\$143,494	

Total FY22/FY23 Request **\$738,818**

Total available for commitment: **\$882,312**

REQUEST:

FY23 Commitment request:

Add funds for 27th ppd	\$61,762
Add funds to Facility Improvements	\$714,673
Add funds to Employee Engagement	\$44,116
Technological Improvements	\$61,762

Total Request: **\$882,312**

Aug-22

Southwest District Health

Summary of Restricted and Committed Funds - FY 2023

Cash on hand

	Restricted Funds	Committed Funds
Behavioral Health	\$7,382	
Citizen's Review Panel (*Annual billing rec'd July)	\$15,803	
Kresge Grant PH2 (new FY22)	\$43,165	
Blue Cross Grant (new FY22)	\$64,735	
Crisis (CFAC)	\$28,571	
Technological Improvements		\$61,762
Employee Development & Engagement		\$44,116
County Collaborations		\$70,000
27th Pay Period		\$242,576
Facility Improvements		\$810,479
	<u>\$159,656</u>	<u>\$1,228,932</u>

Total Restricted/Committed: **\$1,388,588**

1. Does the board approve the additional fees and services presented below?

CPT	Description	Fee	25%	50%	75%	100%
90461	Im admin each addl component VFC	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00
90471	Immunization admin VFC	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00
90474	Immune admin oral/nasal addl VFC	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00
90611	Small Pox and Monkey Pox vaccine, live, PF, SQ	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90622	Small pox, live, lyophil, perc use	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90651	9vhpv vaccine 2/3 dose im STATE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90662	liv no prsv increased ag im STATE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90670	Pcv13 vaccine im STATE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90672	Laiv4 vaccine intranasal STATE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90686	liv4 vacc no prsv 0.5 ml im STATE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90707	Mmr vaccine sc (state)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90710	Mmr vaccine sc ??	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90713	Poliovirus ipv sc/im ?? VFC	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90714	Td vacc no presv 7 yrs+ im ?? VFC	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90715	Tdap vaccine 7 yrs/> im ?? VFC	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90716	Var vaccine live subq ?? VFC	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90732	Ppsv23 vacc 2 yrs+ subq/im ? VFC	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90734	Menacwyd/menacwycrm vacc im ?? VFC	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90739	Hepb vacc 2 dose adult im STATE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
99202	Office o/p new sf 15-29 min WOMENS HEALTH	\$67.47				
99203	Office o/p new low 30-44 min WOMENS HEALTH	\$103.95				
99204	Office o/p new mod 45-59 min WOMENS HEALTH	\$155.95				
99205	Office o/p new hi 60-74 min WOMENS HEALTH	\$206.46				
99211	Off/op est may x req phy/qhp WOMENS HEALTH	\$21.24				
99212	Office o/p est sf 10-19 min WOMENS HEALTH	\$52.24				
99213	Office o/p est low 20-29 min WOMENS HEALTH	\$84.67				
99214	Office o/p est mod 30-39 min WOMENS HEALTH	\$120.07				
99215	Office o/p est hi 40-54 min WOMENS HEALTH	\$169.12				
99385	Prev visit new age 18-39 WOMENS HEALTH	\$134.65				
99386	Prev visit new age 40-64 WOMENS HEALTH	\$134.65				
99395	Prev visit est age 18-39 WOMENS HEALTH	\$116.63				
99396	Prev visit est age 40-64 WOMENS HEALTH	\$116.63				

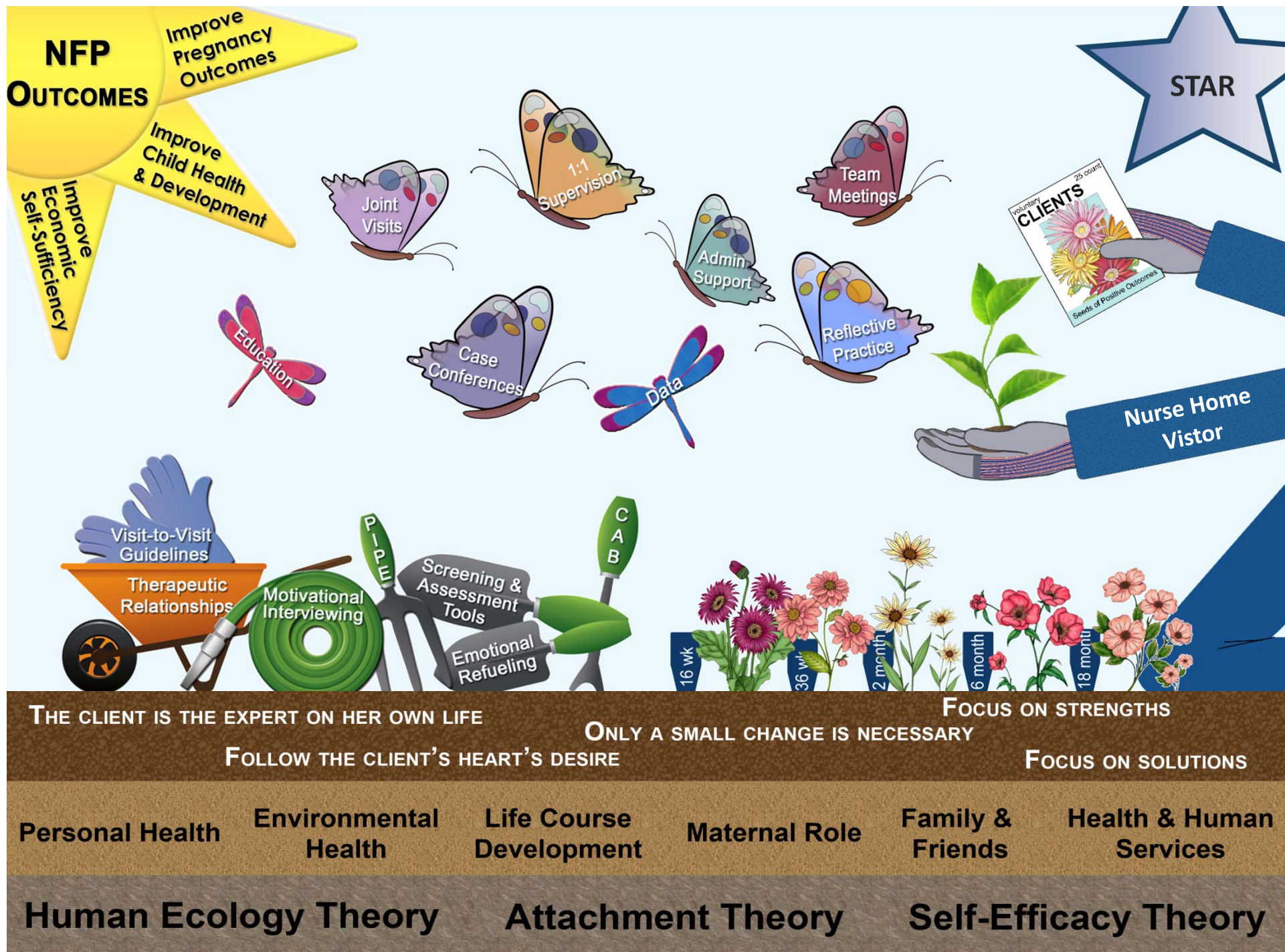
2. How would the board like to move forward with fee changes for medications and supplies provided to patients?

Context--Currently, we do a full fee schedule approval once a year and present a few additional fees to add through the year. Due to fluctuating medication and supply costs, we need to do this differently to ensure we are covering our costs for medications and supplies provided to patients (e.g.--Saw some birth control prices increase this summer from 400-1000%).

Moving forward, would the board prefer...

Option A--Continue to approve every fee change individually, with the understanding that for medications and supplies, it will likely be more frequent. Could become a standing agenda item.

Option B--Approve establishing a formula for medication and supply fees like "cost + 15%". If approved, we would follow this formula for medications and supply increases, but wouldn't ask for approval for each individual fee.





Parents as Teachers™





Parents as Teachers™

In 1981 in Missouri the idea of helping parents appreciate their important role as their child's first and best teacher began.

- ❖ An evidenced-based home-visiting program.
- ❖ Promotes optimal early development.
- ❖ Increases learning and health of children by supporting and engaging their parents and caregivers.



PARENT AS TEACHERS GOALS

- ❖ Increase parent knowledge of early childhood development and improve parenting practices
- ❖ Provide early detection of developmental delays and health issues
- ❖ Prevent child abuse and neglect
- ❖ Increase children's school readiness and school success



PARENT AS TEACHERS PROGRAM SERVICES

Personal Visits



Group Connections

PARENT AS TEACHERS PROGRAM SERVICES

Child Screening



Resource Network

PRIORITY POPULATIONS

Free program for residents of Canyon, Payette & Washington counties who are expecting a baby and/or have a child(ren) birth to 5 years of age.

- Teen parents <21
- Child or parent with disabilities or chronic health condition
- Parent with mental illness
- HS diploma or GED not attained
- Low income
- Recent immigrant or refugee family
- Substance abuse
- Court-appointed legal guardian and/or foster care
- Homeless or unstable housing
- Incarcerated parent(s)
- Very low birth weight
- Death in the immediate family
- Intimate partner violence
- Child abuse or neglect
- Military deployment

FOR MORE INFORMATION



Call SWDH Parents as Teachers 208-576-0056
parentsasteachers@phd3.idaho.gov

QUESTIONS?





Quarter 1 Report
2022
(April 2022 – June 2022)

ADMISSIONS

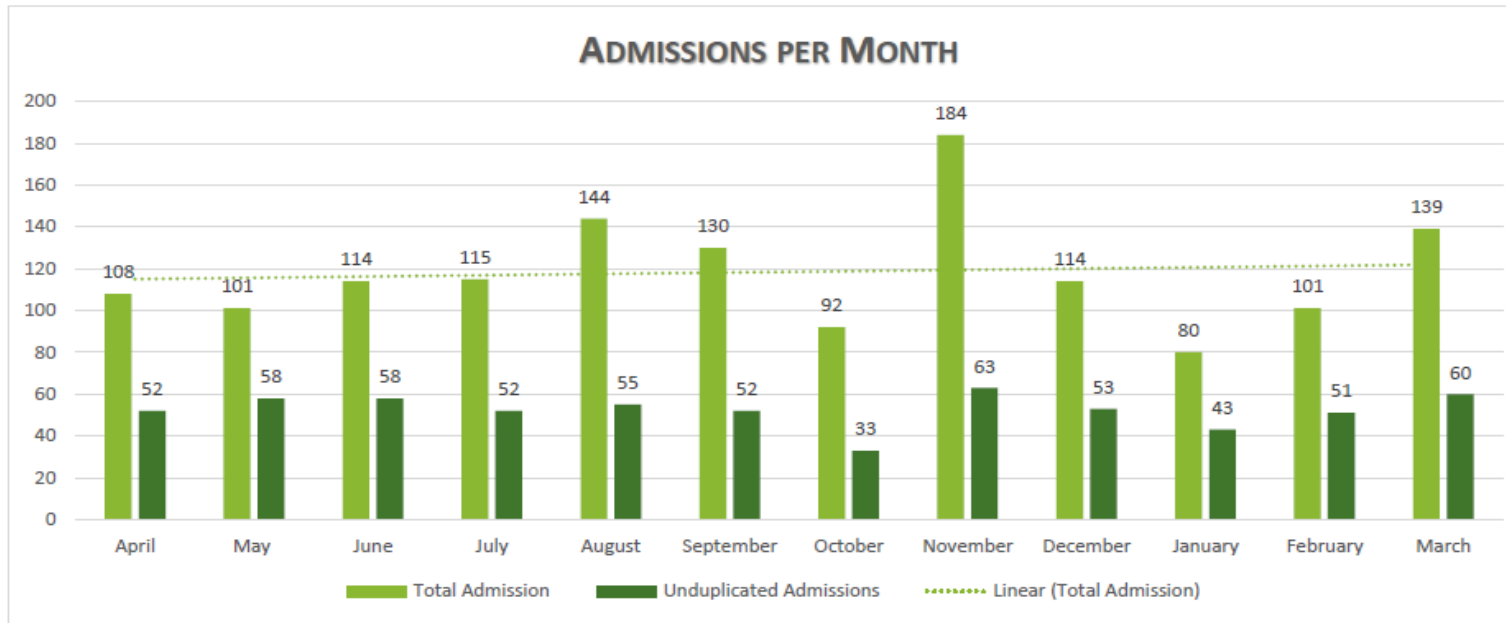


Figure 1: Admissions per Month (April 2021 – March 2022 rolling 12 months)



- Census is increasing slightly
 - Processed a total of 323 admissions from 4/1/2022 through 6/30/2022 (168 unduplicated)
- Continue to spread word about crisis center and services

COUNTY OF RESIDENCE

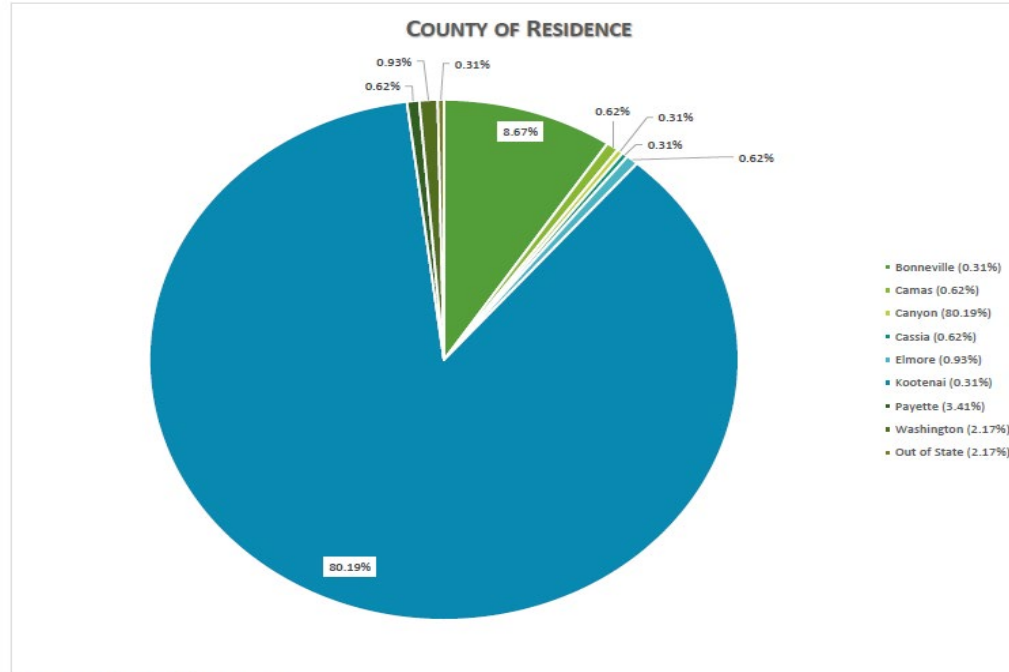


Figure 4: County of Residence for Q1 2022-2023



- Average daily census was 3.55
- Average stay 14 hours (up from 12 hours in Q4)
- 80% from Canyon County

DEMOGRAPHICS

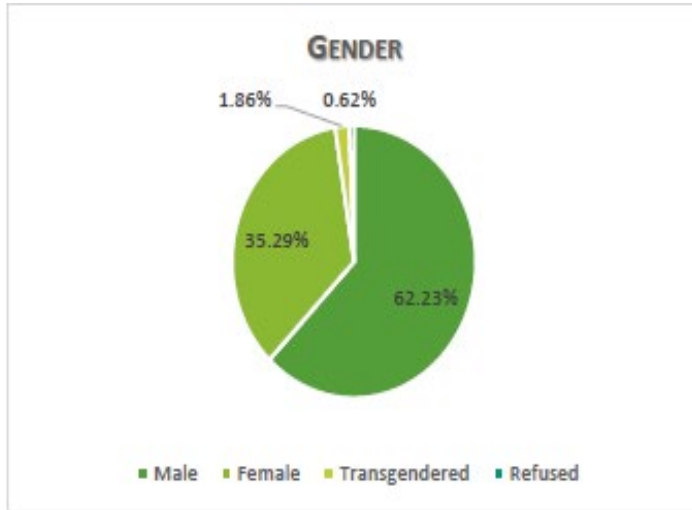


Figure 2: Gender for Q1 2022-2023

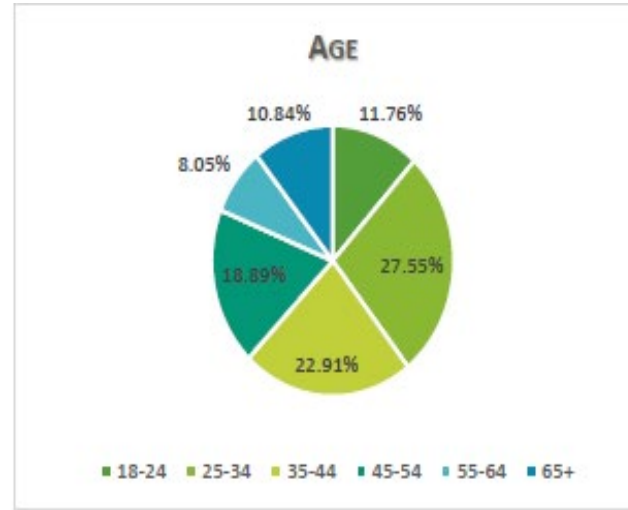


Figure 3: Age for Q1 2022-2023



- Similar consistency for females utilizing the center compared to last quarter (36%)
- 28% of WIDCCC recipients are between the ages of 25 and 34 years old
- 202 (63%) were homeless or at risk of being homeless

DIAGNOSES AND PRESENTING CONCERNS

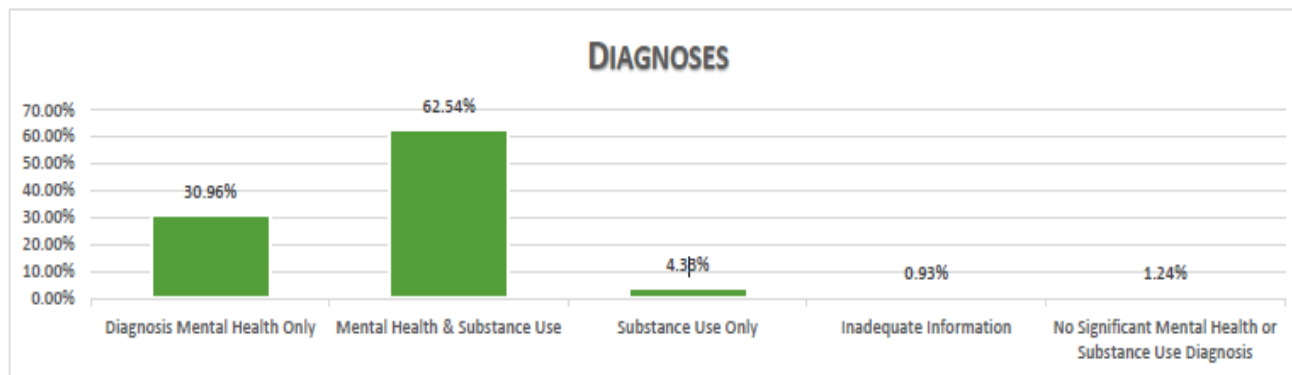


Figure 5: Diagnoses for Q1 2022-2023

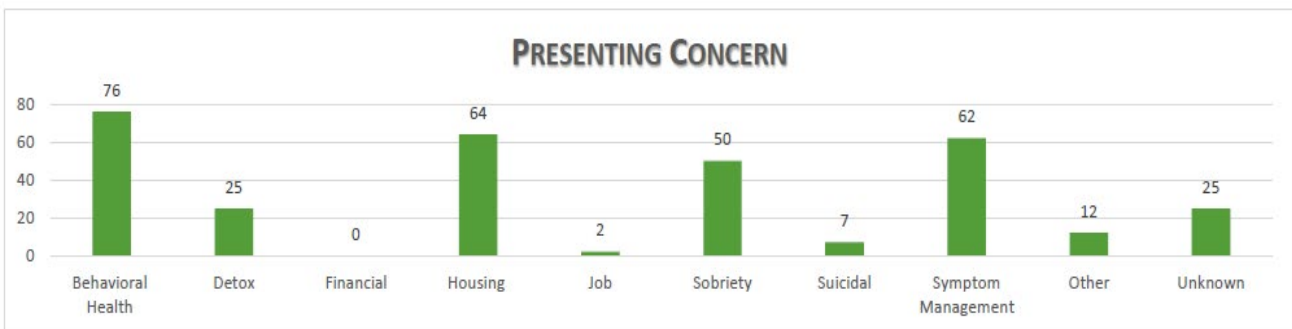


Figure 6: Presenting Concern for Q1 2022-2023

Combined diagnoses Mental Health with SUD remains the top diagnosis

Behavioral Health was the number 1 concern (a change from housing in Q4), housing was second

INSURANCE INFORMATION

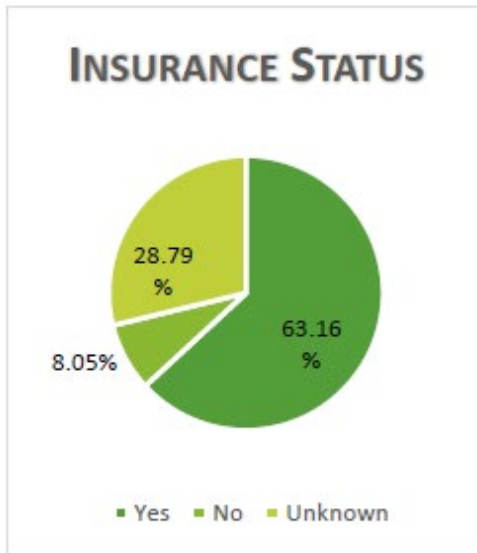


Figure 7: Insurance Status Q1 2022-2023

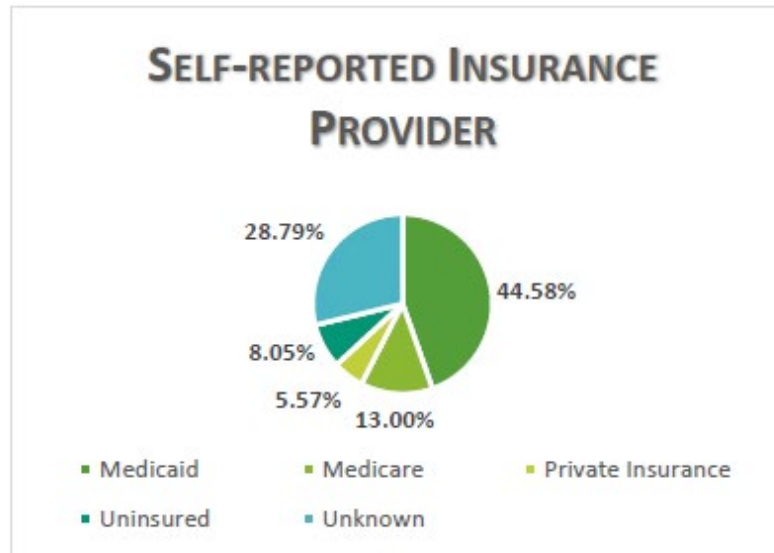


Figure 8: Self-Reported Insurance Q1 2022-2023



- Nearly half of clients are insured through Medicaid
- One of the barriers to access is the fear of financial hardship

REFERRAL SOURCES AND COST SAVINGS REPORT

Referral Source					
Community Mental Health Agency	8	Mental Health Court	1	Self Help Group	2
Department of Corrections	3	Other Community Organization	13	Self/Guardian	216
District Health Services	1	Physician	3	Shelter for Homeless	2
Family/Friend	9	Police (except court or correction agency)	27	SUD Provider	1
Hospital	22	Private Mental Health Practitioner	1	Unknown	5
Jail	2	Probation/Parole	7		

Table 1: Referral Source Q1 2022-2023

Diversions	Visits	Cost/Visit	Total Cost
From Hospital	22	\$2,600	\$57,200
From Jail	12	\$82/day x 15 days	\$14,760
Law Enforcement	27	\$1,000	\$27,000
Total:			\$98,960

Table 3: Estimated Cost Savings

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



- Referral sources are steady and consistent
- Compared to last quarter, there are fewer diversions from the hospital
 - In Q4, hospital diversions accounted for 28 WIDCCC visits
 - In Q4, jail diversions accounted for 12 WIDCCC visits
- Law enforcement diversions increased from 14 in Q4 to 27 in Q1

REFERRALS

Community Resource Referrals			
Employment Services	2	Religious	0
Food Banks	275	Refused	12
Health Insurance	1	SUD/MH	48
Hospital	15	Suicide Hotlines	275
Housing	17	Support Agency	10
Legal Resources	1	Other	7
Primary Care	2		

Table 4: Community resource referrals Q1 2022-2023

Referrals to a Higher Level of Care	
Cottonwood Creek	1
Intermountain	1
St. Luke's	9
St. Alphonsus	0
West Valley Medical Center	18
Other	6

Table 5: Referrals to a higher level of care Q1 2022-2023



- 964 referrals made
- 34 referrals were made to a higher level of care
- WIDCCC staff has partnered with the Community Crisis Response Team through IDHW to offer a check in/ follow up service to interested clients

AFTER CRISIS FOLLOW-UP



- Average customer experience score 3.22 out of 4 (50 surveys completed)
- Staff followed up with clients via phone call and found:
 - 86% reported a “higher quality of life” 30 days after they were at the crisis center
 - 86% followed through with their care plan

“This is the first place that puts clients first.”

RECENT PROJECTS



- Grant funding to provide taxi, bus vouchers, and secure transportation from outlying counties
- Exploring medical clearance for admittance to a behavioral health unit
- Marketing and outreach plan
- Childcare services

CHILDCARE ACCESS



- Safe and reliable childcare for youth identified as a barrier
- Partnership between SWDH, WIDCCC, and WICAP to explore funding opportunities to support 24/7/365 childcare (one-year pilot project)
- Goal: reduce ED visits, law enforcement and child protective service involvement, improve adherence to doctor orders, and improve health outcomes



Youth Behavioral Health

8.23.2022

HEALTHIER TOGETHER

SWDH.ORG

Focus Areas

- Provide a safe environment and supervision for children when a parent/guardian needs to access to healthcare

Adults in Crisis



- Provide a neutral, unbiased approach to identifying needs that exist for youth and families and connect them to the best resources and services

Prevention



- Provide 24/7/365 access to behavioral health services for youth experiencing a mental health or substance use crisis

Youth in Crisis



Childcare Services for Adults in Crisis

Problem: there is a barrier to receiving adult crisis services when a parent/guardian does not have a safe place to leave their child while they seek services/ treatment

Goals	Partners/ Collaborations	Funding Opportunities & Status
Implement a pilot project to provide childcare services for adults needing to access crisis behavioral health services and other medical services (e.g., cancer treatment, dialysis, substance use treatment, reproductive health, etc.), but have no safe place to leave their children will they seek care/treatment	<ul style="list-style-type: none">• WICAP• Western Idaho Community Crisis Center (Lifeways)• Idaho Association for the Education of Young Children• SWDH	<ul style="list-style-type: none">• United Way of the Treasure Valley – awarded \$7,000• PacificSource – Due 8/26• PacificSource Foundation – LOI submitted• Optum – Proposal submitted• St. Luke’s Community Health – pending application period• HRSA – Due 10/12

Safe Teen Assessment Center

Problem: increasing trends in child abuse, neglect, youth violence, and self-harm/suicidal ideation among youth

Goals	Partners/ Collaborations	Funding Opportunities & Status
To reduce juvenile justice and child welfare involvement by addressing gaps in the system, improving coordination among existing resources, and investing in the expansion of some services through the implementation of a safe teen assessment center model.	<ul style="list-style-type: none">• Youth/family-focused organizations• Schools• Juvenile justice• Law enforcement• Courts• Healthcare/behavioral health• SWDH• IDHW, Division of Behavioral Health	<ul style="list-style-type: none">• Idaho Department of Juvenile Corrections - \$1.5 million

Youth Crisis Center

Problem: there is a lack of resources and access for youth experiencing a behavioral health (mental health and/or substance use) crisis

Goals	Partners/ Collaborations	Funding Opportunities & Status
<ul style="list-style-type: none">• Establish a youth crisis center that will provide short-term placement up to 23 hours and 59 minutes for youth experiencing a behavioral health crisis.• Reduce hospitalization, criminal charges, domestic violence, child abuse, and the need for residential treatment.• Provide a safe space for de-escalation, care, and treatment	<ul style="list-style-type: none">• Youth and family-focused organizations• Schools• Juvenile justice• Law enforcement• Healthcare/behavioral health• Canyon County• Cities – Nampa and Caldwell• SWDH• Local leaders and legislators	<ul style="list-style-type: none">• Facility identified – negotiating lease terms• Idaho Department of Juvenile Corrections – pending application period• Canyon County - \$600,000 commitment• Nampa City – pending request• Caldwell City – pending request• SWDH – TBD (source – opioid settlement)• Healthcare systems – pending request• Other organization/business donations

Discussion and Questions



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Safe Teen Assessment Center – Advisory Committee Members (Ratified 7/26/2022)

Name	County of Residence	Expertise/Skillset	Service Area, if indicated
Cody Ward	Ada	Clinic program manager (IYR) – Hays House, outpatient services, equine services, residential center (2023)	Canyon, Gem, & Payette Counties
Elda Catalano	Canyon	Juvenile justice	Canyon County
Elisa Higbee	Canyon	Child welfare, courts, and foster care	3rd Judicial District
Jon Munn	Canyon	School counselor	Union High School
Toni Shaffer	Ada	Peer support specialist and recovery coach	Canyon Co. – Job Corps
Tricia Ellinger	Gem	Parent of SED, mental health provider, R3BHB member	
Jamie Wilson	Canyon	Member-at-large, youth engagement (JustServe)	Six-county region

Safe Teen Assessment Center – Advisory Committee Membership Recommendations

Name	County of Residence	Expertise/Skillset	Service Area, if indicated
Daren Ward	Adams	Law enforcement (Jail and Patrol Commander), retired	Payette County
Andy Creech	Payette	Law enforcement	
Raelynn Davis	Canyon	Youth; experience with Sources of Strength	
Dennis Baughman (P) Matt Johansen (A)	Payette	Behavioral health provider/Medicaid insurance	Idaho (Optum)
Sarah Andrade		Lifeways – Assessment contractor (ex-officio)	All six counties
Jeannie Strohmeyer		Nampa Family Justice Center – Assessment contractor (ex-officio)	Primarily Canyon