



Board of Health Meeting
 Tuesday, May 23, 2023, 9:30 a.m.
 13307 Miami Lane, Caldwell, ID 83607

Public comments specific to an agenda item for the May 23, 2023 Board of Health meeting can be submitted at <https://www.surveymonkey.com/r/BoH05232023> 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 9:00 a.m. on Monday, May 22, 2023. The meeting will be available through live streaming on [the SWDH You Tube channel](#).

Agenda

A = Board Action Required

G =Guidance

I = Information item

9:30	A	Call the Meeting to Order	Chairman Kelly Aberasturi
9:32		Pledge of Allegiance	
9:33		Roll Call	Chairman Kelly Aberasturi
9:35	A	Request for Additional Agenda items; Approval of Agenda	Chairman Kelly Aberasturi
9:40	A	Executive Session pursuant to Idaho Code 74-206(b) and Idaho Code 74-206(c)	
10:10	A	Action taken as a result of Executive Session	
10:15		In-Person Public Comment	
10:20	I	Open Discussion	SWDH Board Members
10:30	A	Approval of Minutes – April 25, 2023	Chairman Kelly Aberasturi
10:32	I	Introduction of New Employees	Division Administrators
10:40	I	April 2023 Expenditure and Revenue Report	Troy Cunningham
10:50	G	Recreational Vehicle (RV) Wastewater Discussion	Colt Dickman, Mitch Kiester
11:05	I	Youth Behavioral Health Crisis Center	Cas Adams
11:20	I	Childcare Inspection Program Overview	Bri Malouf
11:35	I	Resolution to Support Research on the Legalization of Recreational Cannabis	Nikki Zogg
11:40	I	Director’s Report	Nikki Zogg
		Summer IADBH Meeting Proxy Forms	
		Pre-Prosecution Diversion Grant	
		Homedale Office Update	
12:00		Adjourn	

NEXT MEETING: Tuesday, June 27, 2023 at 9:00 a.m.

Healthier Together

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



BOARD OF HEALTH MEETING MINUTES
Thursday, April 25, 2023

BOARD MEMBERS:

Jennifer Riebe, Commissioner, Payette County – present
Lyndon Haines, Commissioner, Washington County – present
Zach Brooks, Commissioner, Canyon County – present
Kelly Aberasturi, Commissioner, Owyhee County – present
Viki Purdy, Commissioner, Adams County – present
Sam Summers, MD, Physician Representative – present
Bryan Elliott, Gem County Board of Health Representative – not present

STAFF MEMBERS:

In person: Nikki Zogg, Katrina Williams, Colt Dickman, Doug Doney, Troy Cunningham, Kassady Lee, Rick Stimpson, Charlene Cariou, Cas Adams

Via Zoom: Jeff Renn, Jenifer Spurling

GUESTS: One member of the public attended.

CALL THE MEETING TO ORDER

Chairman Kelly Aberasturi called the meeting to order at 9:03 a.m.

PLEDGE OF ALLEGIANCE

Meeting attendees participated in the pledge of allegiance.

ROLL CALL

Chairman Aberasturi – present; Dr. Summers – present; Commissioner Purdy – present; Vice Chairman Haines – present; Commissioner Brooks – present; Commissioner Riebe – present; Mr. Bryan Elliott – not present

REQUEST FOR ADDITIONAL AGENDA ITEMS; APPROVAL OF AGENDA

Chairman Kelly Aberasturi asked for additional agenda items. Board members had no additional agenda items or changes to the agenda.

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

IN-PERSON PUBLIC COMMENT

One person made public comment.

OPEN DISCUSSION

Commissioner Purdy distributed an opinion from a medic at Camp Pendleton regarding the COVID vaccine. She also presented nine pages of adverse events from the Pfizer vaccine.

GEM COUNTY BOARD OF HEALTH REPRESENTATIVE CONFIRMATION

Bryan Elliott has been confirmed by the Gem County Board of County Commissioners as the Gem County Board of Health representative.

APPROVAL OF MEETING MINUTES – MARCH 28, 2023

Board members reviewed meeting minutes from the meeting held March 28, 2023.

MOTION: Commissioner Haines made a motion to approve the March 28, 2023 Board of Health meeting minutes as presented. Dr. Summers seconded the motion. All in favor; motion passes.

INTRODUCTION OF NEW EMPLOYEES

Division administrators introduced one new employee.

MARCH 2023 EXPENDITURE AND REVENUE REPORT

Troy Cunningham, Financial Manager, presented the March 2023 Expenditure and Revenue Report.

Troy has worked with the State Controller’s Office to set up a separate fund account for the crisis centers to provide more segregation and avoid co-mingling with regular district operating funds. This will also assist with the transition to LUMA, the new accounting system.

CANYON COUNTY COMMUNITY HEALTH ACTION TEAM OVERVIEW

Daniel Adams, Senior Health Education Specialist, presented an overview of the Canyon County Community Health Action Team (CHAT) and their achievements over the past year, which included improving access to healthy foods for seniors at local farmer’s markets and providing internship opportunities to College of Idaho students. The CHAT teams aim to ensure all people have equitable opportunities to achieve optimal health and work to build community infrastructure for health. Board members asked which grant supports the CHATs. There is no grant specifically that funds this work. Commissioner Purdy asked for a definition of equitable. Daniel explained that equitable means ensuring all people have access to the different points of care available. For example, an individual with a disability is provided the tools to get the care they need and that may look different for someone without disabilities.

ORAL HEALTH PROGRAM OVERVIEW

Virginia Reyna Walling, Dental Hygienist, provided an overview of the SWDH Oral Health program that provides care to children. The program is working to expand services to more school districts, to Head Start participants, and to health fairs across the region.

WESTERN IDAHO COMMUNITY CRISIS CENTER (WIDCCC) PROPOSAL RESPONSE

Emily Straubhar, SWDH Program Manager, explained that a Request for Proposal (RFP) process was utilized to identify a behavioral health agency to provide services for WIDCCC. The current provider chose not to re-apply. One RFP response was submitted. An internal review team completed the scoring process and conducted a key staff interview. The team presented their recommendation to the WIDCCC Advisory Committee, and the committee supported their recommendation. Pathways of Idaho was selected as the agency to provide services for WIDCCC. Chairman Aberasturi serves on the WIDCCC Advisory Committee and noted that Pathways is already doing crisis services work in Ada County, and he expects it to be a great fit.

Lifeways, the current provider, and Pathways are working together to ensure a seamless transition for providing services.

WESTERN IDAHO YOUTH SUPPORT CENTER PROPOSAL RESPONSE

Cas Adams, SWDH Project Manager, oversees the youth crisis center implementation. The youth crisis center is now referred to as the Western Idaho Youth Support Center (WIYSC). The Request for Proposal (RFP) process was used to help identify a provider for delivery of crisis services for WIYSC. One application was received, and the internal review team completed the scoring process and conducted a key staff interview. The SWDH project team recommended the approval of Pathways of Idaho as the services provider and the advisory committee accepted their recommendation. Pathways has extensive experience providing behavioral health services in Idaho and has very strong relationships with local law enforcement partners.

REQUEST FOR CHANGE IN EMPLOYEE COMPENSATION

Nikki Zogg, Director, presented a request for a 5% performance-based change in employee compensation with the option of implementation immediately or on June 12, 2023, for an effective date of July 1. Nikki provided a justification for the request including results of an independent salary survey showing SWDH salaries are approximately 8% to 10% behind compared to our market area. Other justifications include increasing costs of living, and a desire to retain highly trained staff and keep our turnover rate low.

Commissioner Brooks expressed concerns about being unaware of hiring wages or salary increases. Nikki explained that the District Director historically and statutorily sets the rates of pay for employees. Onboarding staff starting pay is approved by the Director and she makes those hiring decisions, with equity pay increases applied on a case-by-case basis.

Dr. Summers asked how the SWDH change in employee compensation plan compares to what is going on at Central District Health (CDH). Sarah Price responded that CDH is considering a 5% COLA and a 2% merit so a 7% average increase.

Commissioner Haines asked for a brief explanation of how the performance-based increase is calculated. Sarah explained that the levels are three tier – achieves, solid, and exemplary. Based on how many employees fall within those categories, the average for each level is developed.

Commissioner Brooks does not support implementing in the middle of the fiscal year. Commissioner Haines asked if Board members are comfortable with implementation of July 1st date.

Commissioner Riebe asked for some background as to what the employee compensation has been over the last few years. Nikki explained that in 2020, there was a 0% increase, but the board then approved two subsequent pay increases the next fiscal year. Last year Board members approved a 2% COLA and a 3% performance-based raise.

Dr. Summers reiterated that our most valuable asset is our employees and keeping those staff are critical. Commissioner Brooks responded to Dr. Summers saying we all agree staff are our most valuable assets and recruitment and training is an expensive cost to consider.

MOTION: Commissioner Brooks made a motion to adopt the proposed 5% merit-based increase as presented in the Change in Employee Compensation document for implementation at the start of Fiscal Year 2024. Commissioner Haines seconded the motion. Commissioner Purdy opposed the motion. Motion passes.

FISCAL YEAR 2024 COUNTY CONTRIBUTIONS

Nikki Zogg presented information and calculations to request an increase in contributions from the counties. Board members discussed the impact of House Bill 316 to counties and the historical consequences of approving less than a 3% increase. Following further discussion, Board members asked to move forward with Nikki's presentation of the Fiscal Year 2024 Budget Proposal and then revisit the discussion of county contributions later in the meeting.

MOTION: Commissioner Brooks made a motion to proceed with a 3% increase to the budget as requested. Commissioner Riebe seconded the motion. All in favor; motion passes.

Commissioner Brooks amended his motion following a request from administrative staff for clarification to the wording of the motion to reflect that the motion is to proceed with a 3% increase in county contributions rather than a 3% increase to the budget.

AMENDED MOTION: Commissioner Brooks made a motion to proceed with a 3% increase in county contributions for Fiscal Year 2024. Commissioner Riebe seconded the amended motion. All in favor; motion passes.

FISCAL YEAR 2024 BUDGET PROPOSAL

Nikki presented the SWDH Fiscal Year 2024 Budget Proposal. She provided a summary of the last fiscal year and the current fiscal year.

Commissioner Brooks suggested that rather than a flat percentage of compensation increase, that a method to help increase compensation for staff not at top tier pay levels be considered. Board members asked for additional Board of County Commissioner education regarding services SWDH provides, what percentage of the services overall Canyon County residents receive, and information around what the program was, what the cost is, how many staff it takes to run the program, and how many the program serves.

MOTION: Commissioner Riebe made a motion to approve the Fiscal Year 2024 Budget Proposal. Commissioner Haines seconded the motion. All in favor. Motion passes.

Following this motion, Board members returned to discussion regarding county contributions.

FENTANYL RESOLUTION REVIEW AND APPROVAL

Nikki Zogg presented a draft resolution for consideration at the upcoming Idaho Association of District Boards of Health (IADBH) Conference.

MOTION: Dr. Summers made a motion to approve the resolution to Support the Increase of Collaboration, Funding, and Access to Life Saving Tools to Prevent and Reduce Fentanyl Overdose and Poisoning. Commissioner Purdy seconded the motion. All in favor. Motion passes.

DIRECTOR'S REPORT

SWDH Opioid Settlement – Environmental Scan

Some of SWDH's opioid settlement funds were used for employing an outside contractor to evaluate the issues around opioid use and its impact on the community and how counties and cities intend to utilize their settlement funding. Results from the environmental scan will be used by district staff to develop recommendations on how best to use SWDH's settlement funding in the coming years. The recommendations will be presented to the board later this year.

Budget Committee Proxy Forms

The Budget Committee Hearing will be held next month. For those Board members who are not County Board of Commissioner Chairs, a proxy will be needed from the chair in order to vote at the Budget Committee Hearing.

Board of Health Term Expirations

No board member terms expire.

Summer IADBH Meeting Proxy Forms

Board members who are not attending the IADBH conference are asked to complete a proxy form to designate a Board member to vote in their place.

Summer IADBH Registration Deadline

The deadline to register for the IADBH conference in June is Monday, May 8. Katrina will reach out to confirm board member attendance.

EXECUTIVE SESSION

At 12:20 p.m., Commissioner Haines made a motion to go into Executive Session pursuant to Idaho Code 74-206(b). Commissioner Riebe seconded the motion. Roll call was taken. All in favor.

At 12:28 p.m. Board members came out of Executive Session. No action was taken as a result of the executive session.

No executive session is needed at this point pursuant to Idaho code 74-206(c).

There being no further business, the meeting adjourned at 12:31 p.m.

Respectfully submitted:

Approved as written:

Nikole Zogg
Secretary to the Board

Kelly Aberasturi
Chairman

Date: April 25, 2023



SOUTHWEST DISTRICT HEALTH

BUDGET REPORT FOR FY2023

Cash Basis

Apr-23

Target **83.0%**

Fund Balances		
	FY Beginning	Month Ending
General Operating Fund	\$ 113,540	\$ 1,246,749
Millennium Fund	\$ 71,429	\$ 51,472
LGIP Operating	\$ 4,033,668	\$ 5,488,195
LGIP Vehicle Replacement	\$ 99,899	\$ 102,155
LGIP Capital	\$ 1,299,174	\$ 1,299,174
Total	\$ 5,617,710	\$ 8,187,745

Income Statement Information			
		YTD	This month
Net Revenue:	\$	8,096,778	\$ 960,281
Expenditures:	\$	(8,194,397)	\$ (971,708)
Net Income:	\$	(97,619)	\$ (11,427)

Revenue								
	Admin	Clinic Services	Env & Community Health	General Support	Total	YTD	Total Budget	Percent Budget to Actual
County Contributions	\$ 247,096	\$ -	\$ -	\$ -	\$ 247,096	\$ 2,433,535	\$ 2,784,813	87%
Fees	\$ -	\$ 27,748	\$ 100,586	\$ 260	\$ 128,594	\$ 1,254,937	\$ 1,506,499	83%
Contract Revenue	\$ -	\$ 194,111	\$ 364,857	\$ -	\$ 558,968	\$ 4,236,948	\$ 6,951,124	61%
Sale of Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 22,634	\$ 22,634	100%
Interest	\$ 24,954	\$ -	\$ -	\$ -	\$ 24,954	\$ 136,782	\$ 145,400	94%
Other	\$ -	\$ 86	\$ 583	\$ -	\$ 670	\$ 11,943	\$ 130,828	9%
Monthly Revenue	\$ 272,050	\$ 221,945	\$ 466,027	\$ 260	\$ 960,281	\$ 8,096,778	\$ 11,541,298	70%
Year-to-Date Revenue	\$ 2,570,317	\$ 1,912,931	\$ 3,587,739	\$ 25,792	\$ 8,096,778	DIRECT BUDGET		

Expenditures								
	Admin	Clinic Services	Env & Community Health	General Support	Total	YTD	Total Budget	Percent Budget to Actual
Personnel	\$ 26,903	\$ 200,442	\$ 283,153	\$ 93,747	\$ 604,244	\$ 6,551,873	\$ 8,165,617	80%
Operating	\$ 8,029	\$ 30,671	\$ 106,019	\$ 66,355	\$ 211,074	\$ 1,462,130	\$ 2,770,906	53%
Capital Outlay	\$ 150,073	\$ -	\$ -	\$ -	\$ 150,073	\$ 155,483	\$ 376,661	41%
Trustee & Benefits	\$ -	\$ -	\$ 6,316	\$ -	\$ 6,316	\$ 24,910	\$ 228,114	11%
Monthly Expenditures	\$ 185,005	\$ 231,113	\$ 395,488	\$ 160,102	\$ 971,708	\$ 8,194,397	\$ 11,541,298	71%
Year-to-Date Expenditures	\$ 482,490	\$ 2,608,737	\$ 3,465,110	\$ 1,638,060	\$ 8,194,397	DIRECT BUDGET		



SOUTHWEST DISTRICT HEALTH - ADULT CRISIS CENTER ACTIVITY

Apr-23

BUDGET REPORT FOR FY2023

Cash Basis

Target **83.0%**

Adult Crisis Center Activity

Income Statement Information

	YTD	This month
Net Revenue: \$	701,614	\$ 75,328
Expenditures: \$	(664,462)	\$ (71,619)
Net Income: \$	37,152	\$ 3,709

Revenue				
	Crisis Center	YTD	Total Budget	Percent Budget to Actual
Contract Revenue	\$ 75,328	\$ 701,614	\$ 859,284	82%
Monthly Revenue	\$ 75,328	\$ 701,614	\$ 859,284	82%
DIRECT BUDGET				

Expenditures				
	Crisis Center	YTD	Total Budget	Percent Budget to Actual
Personnel	\$ 5,481	\$ 51,650	\$ 58,977	88%
Operating	\$ 66,138	\$ 612,812	\$ 783,635	78%
Capital Outlay	\$ -	\$ -	\$ -	0%
Trustee & Benefits	\$ -	\$ -	\$ -	0%
Monthly Expenditures	\$ 71,619	\$ 664,462	\$ 842,612	79%
DIRECT BUDGET				



SOUTHWEST DISTRICT HEALTH - YOUTH CRISIS CENTER ACTIVITY

Apr-23

BUDGET REPORT FOR FY2023

Cash Basis

Target **83.0%**

Youth Crisis Center Activity

Income Statement Information

	YTD	This month
Net Revenue: \$	2,822,751	\$ 1,515,181
Expenditures: \$	(148,480)	\$ (30,207)
Net Income: \$	2,674,271	\$ 1,484,973

Revenue				
	Crisis Center	YTD	Total Budget	Percent Budget to Actual
City/County Funds	\$ -	\$ 79,000	\$ 630,000	13%
SWDH OPIOID Settlement	\$ -	\$ 500,000	\$ 500,000	100%
BOH Committed Reserve	\$ -	\$ 28,571	\$ 28,571	100%
Contract Revenue	\$ 1,515,181	\$ 2,215,180	\$ 1,734,000	128%
Monthly Revenue	\$ 1,515,181	\$ 2,822,751	\$ 2,892,571	98%
DIRECT BUDGET				

Expenditures				
	Crisis Center	YTD	Total Budget	Percent Budget to Actual
Personnel	\$ -	\$ -	\$ -	0%
Operating	\$ (22,284)	\$ 2,320	\$ 1,809,243	0%
Capital Outlay	\$ -	\$ -	\$ -	0%
Trustee & Benefits	\$ 52,492	\$ 146,160	\$ 1,100,000	13%
Monthly Expenditures	\$ 30,207	\$ 148,480	\$ 2,909,243	5%
DIRECT BUDGET				





Environmental Health – Recreational Vehicles



IDAPA 58.01.03.04.

Every owner of real property is jointly and individually responsible for:

- Storing, treating and disposing of blackwaste and wastewater generated on that property
- Connecting all plumbing fixtures on that property that discharge wastewater to an approved wastewater system or facility
- Obtaining necessary permits and approvals for installation of individual or subsurface blackwaste and wastewater disposal systems

Recreational Vehicle (RV) Definition

According to the Department of Environmental Quality, an RV is defined herein as either a vacation trailer or a self-propelled vehicle or structure, equipped with wheels and designed for legal highway use, which is intended for human occupancy and is being used for incidental or transitory occupation, but not for full-time, permanent occupation, and is equipped with an on-board wastewater holding tank and any combination of plumbing that includes but is not limited to bathroom sinks, kitchen sinks, showers, toilets, dishwashers, and washing machines. RVs that are used for continuous occupation on a single property for more than one (1) year are considered single-family dwellings.

Rules by County for Living in RVs

- Are recreational vehicles approved for single family living ?
 - If so, for how long?
- Does the county have an application process?
- Does applicant have to prove proper wastewater disposal?
- Could SWDH help with this process?

2023

WESTERN



IDAHO

YOUTH SUPPORT CENTER

PROVIDING YOUTH A SAFE PATH FORWARD

Purpose

Problems Impacting Youth in Southwest

COVID-19 Impact

Abuse, self-harm, and suicide increased at higher rates in 2021 compared to 2019-2020

Behavioral Health

Over 1,500 children were treated by Region 3 Children's Behavioral Health Division in FY 22

Foster Care

Over 1,700 children between 10-16 entered foster care between 2018 and 2020

Child Maltreatment

Over 5,700 children were victims of abuse and neglect between 2018 and 2022

Youth Suicide

14 teens died by suicide between 2018 and 2020

450 youth attempted suicide in 2021

Over 2,000 youth regularly thought about suicide

Purpose

2023

Youth Emergency Department Visits in SW Idaho 2016-2022

Mental Health Concern

Average of 27% - as high as 54%

Suicidal Thoughts

Average of 6% - as high as 11%

Drug Overdose

Average of 1.5% - as high as 3.3%

Story of Need

In one day, a local EMS agency responded to 29 secure psych transports

19 out of 29 of those were minors experiencing emotional crisis



Solutions

2023

SW Idaho's Approach to Addressing Mental Wellness for Youth

Investment in Prevention and Early Intervention

Purpose: Reduces need for costly involvement in law enforcement, juvenile justice, and emergency departments

Community-centered Partnerships

Purpose: Collaboratives and Advisory Committees shift the focus from the problem to solution-based strengths and resources of the community

- Safe Teen Assessment Center (YouthROC)
- Youth Crisis Center (Western Idaho Youth Support Center)

Idaho Behavioral Health Council

2023

Key Priority Area in Strategic Plan

Treatment Recommendation #7: Develop and implement a crisis response system model for youth.

- *Activity: Establish crisis centers for youth*

Vision: “...adults, children, and their families who live with mental illness and addiction receive the behavioral health care services they need **when they need them.**”

<https://behavioralhealthcouncil.idaho.gov/>

Levels of Crisis Care

2023



Someone to Talk To

9-8-8 Suicide and Crisis
Lifeline



Someone to Respond

Mobile response units



Somewhere to Go

Crisis Centers
Residential Treatment
Emergency Rooms

Benefits of Crisis Centers

Preventing Crisis and Promoting Wellness

2023

Prevent Hospital Visits

Access to a youth crisis center prevents unnecessary emergency department and hospital visits

Prevent Family Conflict


Youth crisis centers have been shown to reduce violence, child abuse, and out of home placement

Prevent Justice Involvement

Access to a youth crisis center prevents unnecessary involvement with law enforcement and juvenile justice

Professional & Peer Support

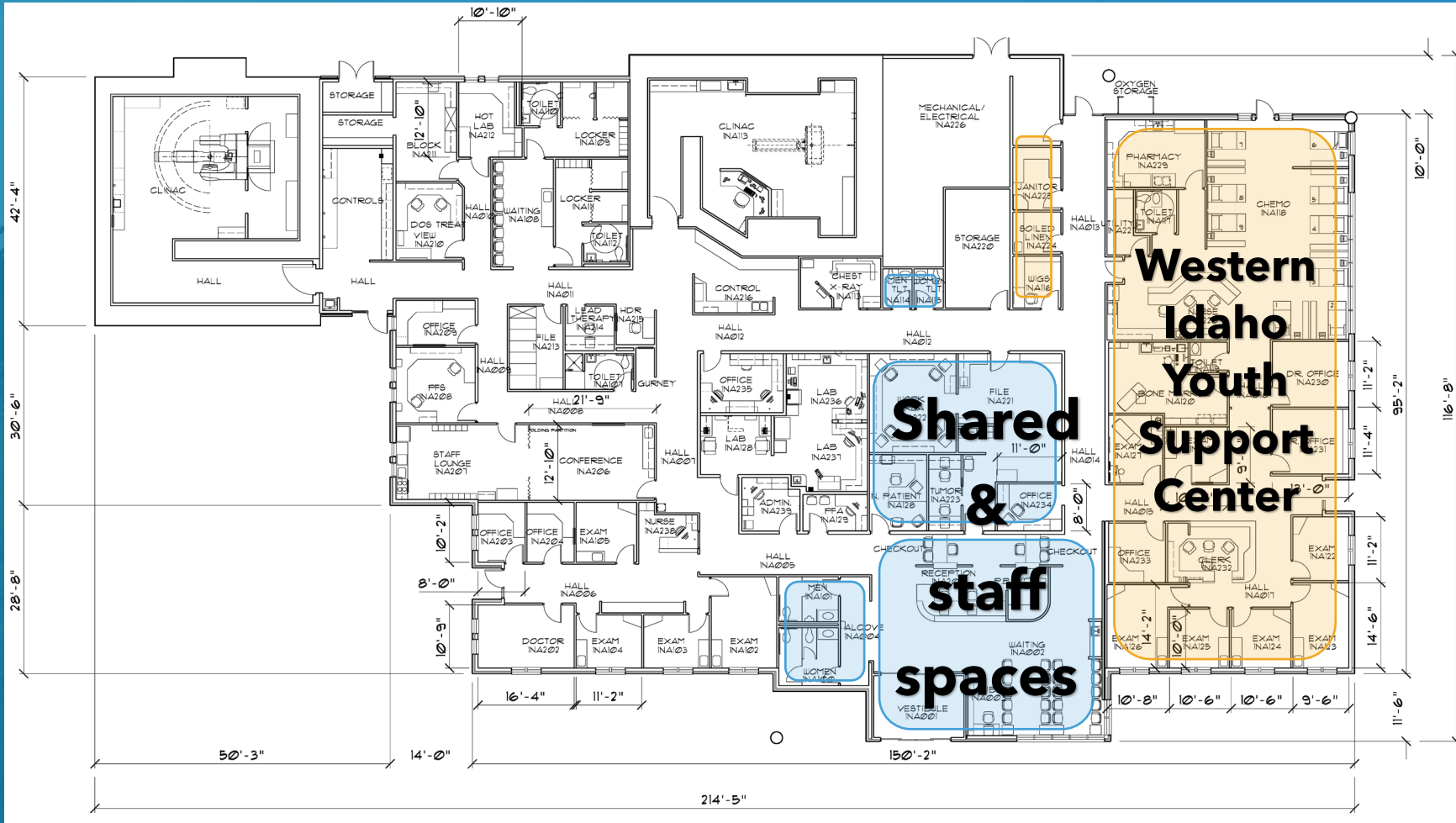
Crisis professionals de-escalate crisis while setting up resources for youth and their families



**Prevents
future crisis,
self-harm,
suicide
&
Promotes
emotional
well-being**

Proposed Building

2023



Address:

308 E Hawaii Ave
Nampa, ID 83686

Square Footage:

7,854 Sq. Ft.

About the Crisis Center

Stabilization services and amenities

Hours/Length of Stay

- Open 24/7/365
- Stay up to 23hrs 59min

Services

- De-escalation
- Counseling
- Peer support
- Case management
- Assessment
- YouthROC

Support

- Eight rest areas
- Food pantry, personal care items
- Shower/laundry
- Transportation

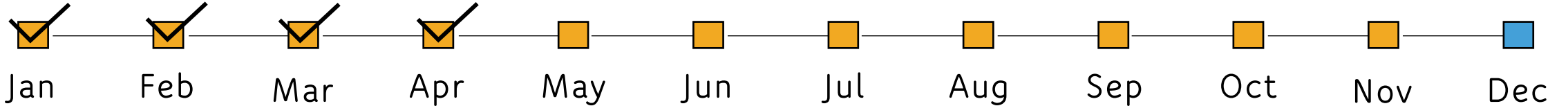
2023 Action Plan

2023

Hire
Project
Manager

Lease
building

Engineering, construction, interior design on
building



Begin
work with
architect

Identify operating
provider

Contract with
Operating
Provider

Open
center

Ongoing Activities: Marketing/Communications, Evaluation

Implementation Updates

2023

Where we're at and where we're going

Delays

- Standards of care and billing reimbursement
- Building lease and renovations

Progress

- Marketing and branding
- Architecture and interior design commitments
- Selection of operating provider – Pathways of Idaho
- Rent survey of crisis center space

Partners

2023

Who is involved in this work?

Advisory Committee

Provides feedback on decisions related to YouthROC and the crisis center

Youth Crisis Collaborative

Resource/knowledge sharing to support youth in Southwest Idaho

Adult and youth community members | Youth serving community organizations

Corrections | Law enforcement | Healthcare | Behavioral health providers
Advocacy | Education | Local government

Program Cost

2023

Program expenses and sustainability

Program Expenses

- Operations: provider, marketing, evaluation
- Building: renovations, lease, utilities, maintenance
- SWDH personnel
- Some costs offset by insurance reimbursement – Rate TBD

Sustainability

- Federal/non-federal grants
 - Currently applying for a competitive Early Diversion Program grant from SAMHSA Donations (monetary/non-monetary)
- SWDH Opioid Settlement Funds
- Donations (monetary/in-kind)

Program Cost

2023

Program expenses and funding opportunities

Expense Purpose	Year	Estimated Cost
Building renovations & new boiler	Yr1	\$1.1M*
Building lease, maintenance, facilities	Yr1+	\$200K*
Operating provider start-up expenses and 10 months of services	Yr1	\$1M
Operating provider services	Yr2+	\$1M
Other contracts: marketing, fundraising, evaluation, etc.	Yr1+	\$250K
Miscellaneous: printing, events, fuel	Yr1+	\$13K
SWDH personnel, fringe, supplies, phone	Yr1+	\$126K
Indirect	Yr1+	\$37K
Total Year 1: ~\$2.3M		Total Year 2+: ~\$1.7M

Current Funding

2023

Financial contributions to Southwest Idaho's Youth Crisis Center

Funder	Purpose	Secured	Amount
Idaho Department of Juvenile Corrections	Personnel, operations, building renovations	Yes	\$1.1M
Federal block grants via Idaho Department of Health and Welfare	Operations	In progress	~\$638K in FY 24 \$180K ongoing
City/County Opioid Settlement Funds	Building renovations	In progress	Up to \$567K
SWDH Opioid Settlement Funds	Flexible	Yes	\$500K
SelectHealth	Building renovations	In progress	\$35K

**Total
FY24:** \$2.84M

Return on Investment

2023

Learning from crisis centers across the nation

- **Twin Cities, Minnesota** - \$3.19 return on investment
- **Louisville, Kentucky** - \$536,760 per year savings
- **Rural Southern Illinois** - \$1.1 million in savings in a single year
- **29% of all emergency department visits in Region 3 during the COVID-19 pandemic dealt with a mental health concern**
 - Idaho has one of the highest rates of mental health-related emergency department visits in the nation
- **Nearly half of these costly emergency department visits for mental illness have Medicaid as the primary source of insurance**

Return on Investment

2023

Learning from the Western Idaho Community Crisis Center

Hospital/Emergency Department Avoidance
+ Incarceration/Law Enforcement Reduction
- Cost to operate

= Estimated Savings

Diversions	Visits	Cost/Visit	Total Cost
From Hospital	16	\$2,600	\$41,600
From Jail	27	\$82/day x 15 days	\$33,210
Law Enforcement	21	\$1,000	\$21,000
Total:			\$95,810

Table 3: Estimated Cost Savings

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

Return on Investment

2023

Other measures of success

- **In-patient/residential rates**
- **Follow-up on suicidal ideation/self-harm**
- **Return rate**
- **Customer service**
 - “Would you use the service again, if needed?”
 - “Would you recommend this service to a loved one?”
 - “Did the staff treat you with respect?”

Crisis centers are an alternative approach that saves taxpayer dollars and supports mental well-being



2023

Questions?

cas.adams@phd3.idaho.gov | 986-888-0601



Childcare Inspection Program Updates (ECHS)

Jeff Buckingham, Program Manager

Bri Malouf, Environmental Health Specialist, Senior

Darvis Opp, Environmental Health Specialist II

ESSENTIAL PUBLIC HEALTH SERVICE #1

Assess and monitor population health status, factors that influence health, and community needs and assets



ESSENTIAL PUBLIC HEALTH SERVICE #2

Investigate, diagnose, and address health problems and hazards affecting the population



ESSENTIAL PUBLIC HEALTH SERVICE #3

Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it



ESSENTIAL PUBLIC HEALTH SERVICE #4

Strengthen, support, and mobilize communities and partnerships to improve health



ESSENTIAL PUBLIC HEALTH SERVICE #5

Create, champion, and implement policies, plans, and laws that impact health

Childcare Program and the 10 Essential Public Health Services

ESSENTIAL PUBLIC HEALTH SERVICE #6

Utilize legal and regulatory actions designed to improve and protect the public's health

ESSENTIAL PUBLIC HEALTH SERVICE #7

Assure an effective system that enables equitable access to the individual services and care needed to be healthy

ESSENTIAL PUBLIC HEALTH SERVICE #8

Build and support a diverse and skilled public health workforce

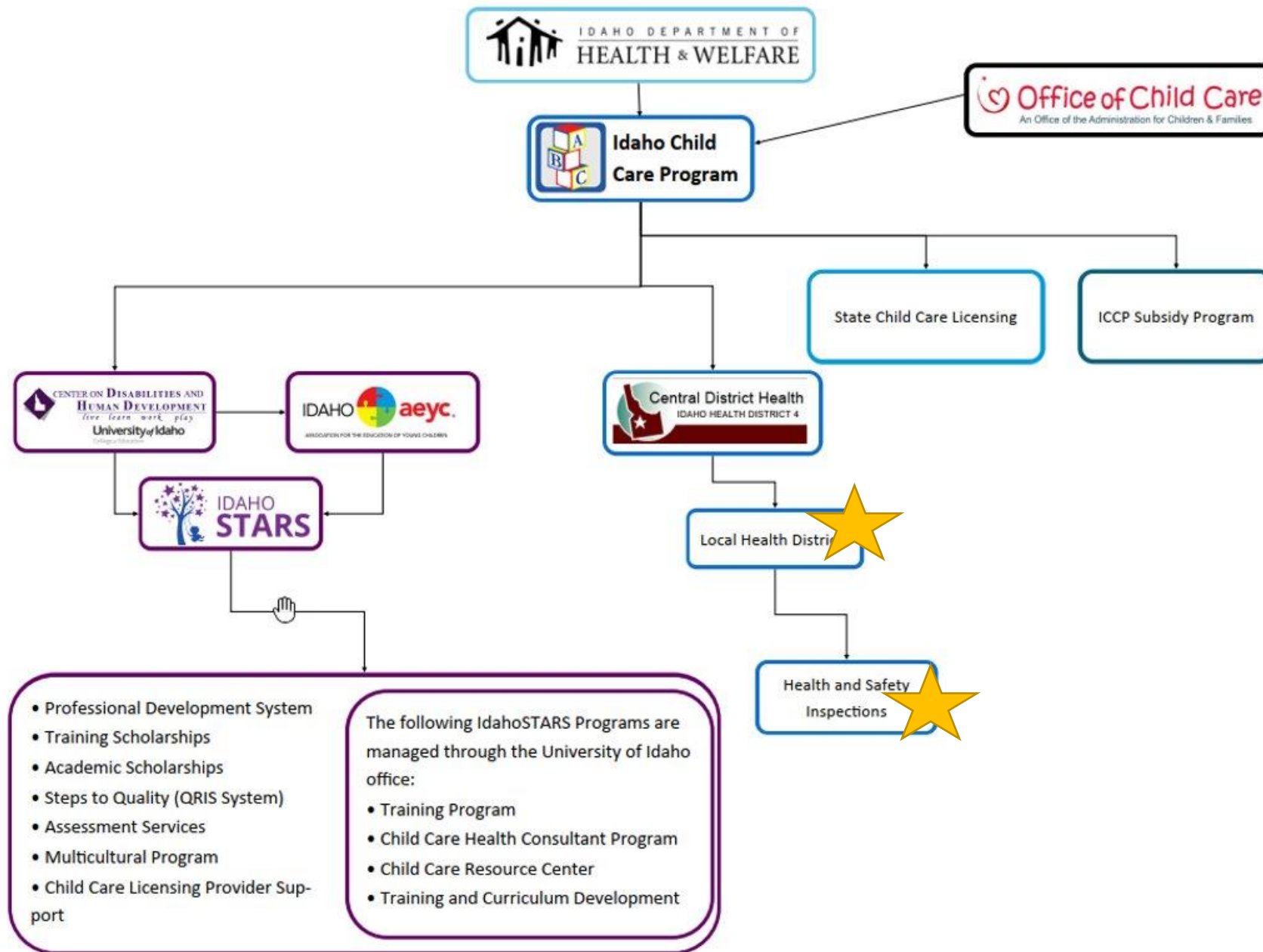
ESSENTIAL PUBLIC HEALTH SERVICE #9

Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement

ESSENTIAL PUBLIC HEALTH SERVICE #10

Build and maintain a strong organizational infrastructure for public health





Role of SWDH in the Idaho Childcare Program

- Conduct yearly health and safety inspections of all licensed childcare facilities in District 3
- Investigate **ALL** childcare complaints that pertain to health and safety standards or childcare licensing requirements
- Provide guidance/direction to providers in regard to best health and safety practices

Types of Childcare Inspections

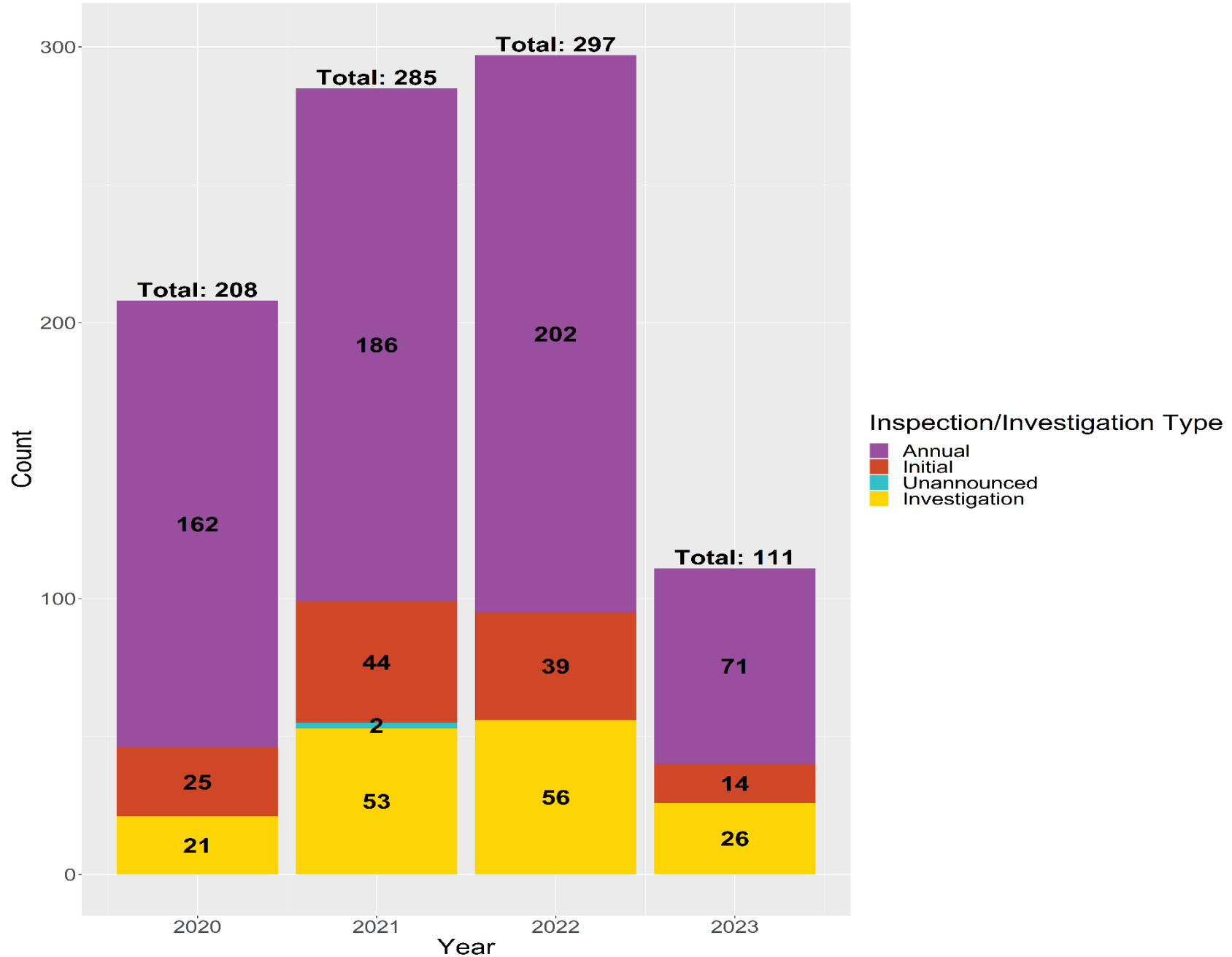
There are 2 categories of childcare licensing.

- ICCP (Idaho Childcare Program) – voluntary subsidy program
- State Licensing – Required by the State of Idaho if caring for more than 6 kids

There are also a variety of different types of childcare providers.

- Center (13 or more kids)
- Group (7-12 kids)
- Family/Relative (6 or less kids)

We also conduct investigation inspections, which look different than the standard yearly inspections.



What This Program Does for Our Communities

- Working with childcare providers to minimize health and safety risks in childcare facilities and provide them with education and support on best health and safety practices in hopes to improve the quality of childcare facilities in District 3.
- Respond on-site to all complaints that are filed and determine if facilities are not in compliance with minimum health and safety requirements therefore posing a health or safety risk to children attending the daycare.
- “Eyes and Ears” of Idaho Department of Health and Welfare (IDHW) in reporting facilities with repeat issues or egregious violations.
- Provide reports to Idaho Childcare Check so that parents can make an informed decision while choosing childcare. Our reports give parents an idea of what issues have been observed and how the provider has responded to those issues.

Entities Involved in Idaho Childcare Licensing

ESSENTIAL PUBLIC HEALTH SERVICE #4

Strengthen, support, and mobilize communities and partnerships to improve health

- Individual cities
- Health districts
- Idaho Department of Health and Welfare
- Law enforcement
- Local fire departments
- IdahoSTARS (Idaho Association of Early Youth and Childhood Education (IAEYC) and University of Idaho Center of Disabilities and Human Development)
- Office of Childcare

Upcoming Goals of the Childcare Program

- Produce training documents and SOP's pertaining to how to complete quality childcare inspections and reports
- Increase communication between us and the other licensing entities to better address childcare concerns in our communities
- Increase communication between us and our community partners (Fire Department, Law Enforcement, etc.)
- Create a better “toolbox” of answers for providers to better address their questions and strengthen the relationship between SWDH and childcare providers.

Resolution 19-03

RESOLUTION TO SUPPORT RESEARCH ON THE LEGALIZATION OF RECREATIONAL
(NON-MEDICAL) CANNABIS

WHEREAS, the Idaho Association of District Boards of Health is committed to the health and welfare of its citizens; and

WHEREAS, the sale, distribution, and possession of cannabis has been legalized by twenty two (22) states as of 2 May, 2023 with new states continually addressing the issue each year; and

WHEREAS, studies from the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies reports that cannabis, like cigarettes, alcohol, and other substances have an addictive potential (1); and

WHEREAS, the potency of cannabis has continued to elevate significantly over time, a 2023 study found no association between high potency cannabis and mental health symptoms and a possible association between high potency cannabis and cannabis use disorder (2)

WHEREAS, the outcomes in the literature used to measure cannabis use disorder-- self-reported symptoms or treatment admissions—are influenced by legalization, the literature is inconclusive on the effects of cannabis legalization on cannabis use disorder (3)

WHEREAS, a 2020 narrative review reported that cannabis related hospitalizations in Colorado increased after recreational legalization, above and beyond earlier additions associated with medical legalization (4)

WHEREAS, the detection of cannabis in drivers has tripled from 1999 to 2010, it remains unclear how much of this increase can be attributed to cannabis policy liberalization. Even among studies that use fatality data and consider policy heterogeneity, the findings vary from positive to insignificant relationships (5)

WHEREAS, the literature on the effects of cannabis laws on alcohol use remains mixed for both adolescents and adults. Studies have identified both significant declines and insignificant effects on alcohol use with cannabis(6) and without cannabis(7)

WHEREAS, it is established that cannabis use is harmful to the adolescent brain (8), data shows that the percentage of adolescents that use cannabis decreased from 2011 to 2021 (9).

THEREFORE, BE IT RESOLVED, that the Idaho Association of District Boards of Health (IAB) supports adequate studies examining the population effects of the legalization of recreational cannabis.

- 1) NIDA. Is marijuana addictive?. National Institute on Drug Abuse website. <https://nida.nih.gov/publications/research-reports/marijuana/marijuana-addictive>. April 13, 2021 Accessed May 6, 2023.
- 2) Petrilli K, Hines L, Adams S, Morgan CJ, Curran HV, Freeman TP. High potency cannabis use, mental health symptoms and cannabis dependence: Triangulating the evidence. *Addict Behav.* 2023 Apr 24;144:107740. doi: 10.1016/j.addbeh.2023.107740. Epub ahead of print. PMID: 37121087.
- 3) Cannabis Legalization In The US: Population Health Impacts, “Health Affairs Health Policy Brief, July 1, 2021. DOI: 10.1377/hpb20210701.500845
- 4) Hall, W. and Lynskey, M. (2020), Assessing the public health impacts of legalizing recreational cannabis use: the US experience. *World Psychiatry*, 19: 179-186. <https://doi.org/10.1002/wps.20735>
- 5) Joanne E. Brady, Guohua Li, Trends in Alcohol and Other Drugs Detected in Fatally Injured Drivers in the United States, 1999–2010, *American Journal of Epidemiology*, Volume 179, Issue 6, 15 March 2014, Pages 692–699, <https://doi.org/10.1093/aje/kwt327>
- 6) June H. Kim, Andrea H. Weinberger, Jiaqi Zhu, Jessica Barrington-Trimis, Katarzyna Wyka, Renee D. Goodwin, Impact of state-level cannabis legalization on poly use of alcohol and cannabis in the United States, 2004–2017, *Drug and Alcohol Dependence*, Volume 218, 2021, 108364, ISSN 0376-8716, <https://doi.org/10.1016/j.drugalcdep.2020.108364>.
- 7) Kerr, D. C. R., Bae, H., & Koval, A. L. (2018). Oregon recreational marijuana legalization: Changes in undergraduates’ marijuana use rates from 2008 to 2016. *Psychology of Addictive Behaviors*, 32(6), 670–678. <https://doi.org/10.1037/adb0000385>
- 8) Blest-Hopley, G., Colizzi, M., Giampietro, V., & Bhattcharyya, S. (2020, August). Is the adolescent brain at greater vulnerability to the effects of cannabis? A narrative review of the evidence. *Frontiers in Psychiatry*, 11.
- 9) Centers for Disease Control and Prevention, Youth Risk Behavior Survey: Data Summary and Trends Report — 2011-2021, 2023

Pre-prosecution Diversion – Project Proposal Summary

Introduction

Southwest District Health participated in a sequential intercept model (SIM) (Figure 1) workshop in 2022 with key stakeholders to learn and discuss how individuals with mental and substance use disorders come into contact with and move through the criminal justice system in Canyon County. Key stakeholders included courts, prosecution, law enforcement, public health, local elected officials, and medical and behavioral health providers. During the two-day workshop, the concept of a single point of access for essential services to prevent further justice system involvement was born.

Problem

All of southwest Idaho is considered a mental health professional shortage area and lack of access to effective behavioral healthcare has an impact on the corrections system, the judicial system, and community, leading to challenges such as a growing jail/prison population, overdose deaths, and very high suicide rates (Health Resources and Services Administration, 2023; Idaho Behavioral Health Council, 2021).

Background

There are a growing number of high-need individuals with complex behavioral health conditions who are frequently cycling through jails, emergency departments, and other crisis services in our community. Elected officials, criminal justice practitioners, and healthcare providers recognize the justice system is poorly equipped to treat this population. The Conference of Chief Justices and the Conference of State Court adopted a resolution in 2022 that encouraged “...support of community efforts to utilize a public health model rather than a criminal justice approach to guide behavioral health policies, practices, and funding...to deflect or divert cases...from the court system and into treatment.”

Solution

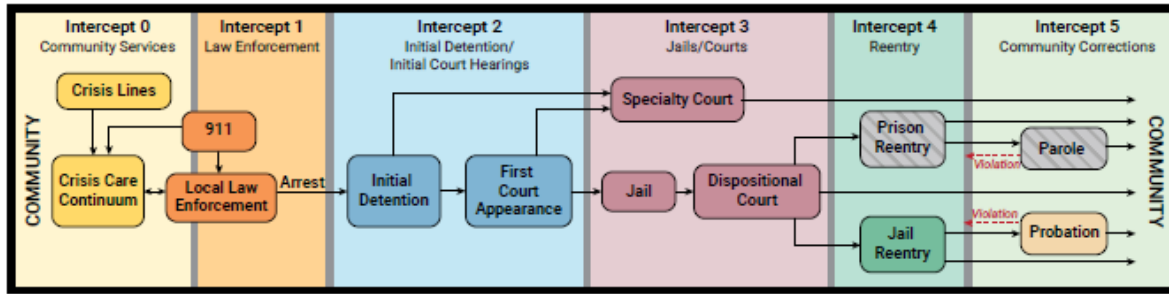
For these reasons, key stakeholders in Canyon County are developing new, innovative approaches to pre-prosecution diversion (PPD). The PPD program will be available to any adults, 18 years of age and older, who seek the services being offered. However, the PPD program is primarily intended to be a referral resource for law enforcement and serve adults charged with misdemeanors and assessed as low risk to recidivate and whose clinical conditions are not likely to substantially improve (e.g., individuals with dementia) as well as persons with behavioral health issues.

Southwest District Health in collaboration with Canyon County Prosecuting Attorney’s Office and other key stakeholders will develop a PPD program to help keep individuals with mental health and substance abuse disorders out of the criminal justice system by focusing on prevention, treatment, rehabilitation, and victim restoration instead of prosecution.

SWDH may serve in the following capacities:

- Convene key stakeholders to develop a PPD service that works for Canyon County,
- Provide data collection, analysis, and reporting to inform decisions and evaluate the impact of the PPD service, and
- Facilitate multi-disciplinary teams to case manage individuals who voluntarily participate in the program.

The Sequential Intercept Model



Key Issues at Each Intercept

<p>Intercept 0</p> <p>Mobile crisis outreach teams and co-responders. Behavioral health practitioners who can respond to people experiencing a behavioral health crisis or co-respond to a police encounter.</p> <p>Emergency Department diversion. Emergency department (ED) diversion can consist of a triage service, embedded mobile crisis, or a peer specialist who provides support to people in crisis.</p> <p>Police-friendly crisis services. Police officers can bring people in crisis to locations other than jail or the ED, such as stabilization units, walk-in services, or respite.</p>	<p>Intercept 1</p> <p>Dispatcher training. Dispatchers can identify behavioral health crisis situations and pass that information along so that Crisis Intervention Team officers can respond to the call.</p> <p>Specialized police responses. Police officers can learn how to interact with individuals experiencing a behavioral health crisis and build partnerships between law enforcement and the community.</p> <p>Intervening with super-utilizers and providing follow-up after the crisis. Police officers, crisis services, and hospitals can reduce super-utilizers of 911 and ED services through specialized responses.</p>	<p>Intercept 2</p> <p>Screening for mental and substance use disorders. Brief screens can be administered universally by non-clinical staff at jail booking, police holding cells, court lock ups, and prior to the first court appearance.</p> <p>Data matching initiatives between the jail and community-based behavioral health providers.</p> <p>Pretrial supervision and diversion services to reduce episodes of incarceration. Risk-based pre-trial services can reduce incarceration of defendants with low risk of criminal behavior or failure to appear in court.</p>
<p>Intercept 3</p> <p>Treatment courts for high-risk/high-need individuals. Treatment courts or specialized dockets can be developed, examples of which include adult drug courts, mental health courts, and veterans treatment courts.</p> <p>Jail-based programming and health care services. Jail health care providers are constitutionally required to provide behavioral health and medical services to detainees needing treatment.</p> <p>Collaboration with the Veterans Justice Outreach specialist from the Veterans Health Administration.</p>	<p>Intercept 4</p> <p>Transition planning by the jail or in-reach providers. Transition planning improves reentry outcomes by organizing services around an individual's needs in advance of release.</p> <p>Medication and prescription access upon release from jail or prison. Inmates should be provided with a minimum of 30 days medication at release and have prescriptions in hand upon release.</p> <p>Warm hand-offs from corrections to providers increases engagement in services. Case managers that pick an individual up and transport them directly to services will increase positive outcomes.</p>	<p>Intercept 5</p> <p>Specialized community supervision caseloads of people with mental disorders.</p> <p>Medication-assisted treatment for substance use disorders. Medication-assisted treatment approaches can reduce relapse episodes and overdoses among individuals returning from detention.</p> <p>Access to recovery supports, benefits, housing, and competitive employment. Housing and employment are as important to justice-involved individuals as access to behavioral health services. Removing criminal justice-specific barriers to access is critical.</p>

Figure 1: Sequential Intercept Model (Policy Research Associates)