



Board of Health Meeting
Tuesday, June 27, 2023, 9:00 a.m.
13307 Miami Lane, Caldwell, ID 83607

Public comments specific to an agenda item for the June 27, 2023 Board of Health meeting can be submitted [here](#) 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, June 26, 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

9:00	A	Call the Meeting to Order	Chairman Kelly Aberasturi
9:02		Pledge of Allegiance	
9:03		Roll Call	Chairman Kelly Aberasturi
9:05	A	Request for Additional Agenda items; Approval of Agenda	Chairman Kelly Aberasturi
9:07		In-Person Public Comment	
9:15	I	Open Discussion	SWDH Board Members
9:25	A	Approval of Minutes – May 23, 2023	Chairman Kelly Aberasturi
9:30	I	Introduction of New Employees	Division Administrators
9:40	I	May 2023 Expenditure and Revenue Report	Troy Cunningham
9:55	I	Quarterly Contracts and Services Report	Troy Cunningham
10:05	G	Recreational Vehicle Wastewater	Colt Dickman
10:25	I	Gem County Community Health Action Team (CHAT) Overview	Melanie Chroninger
10:45	I	Western Idaho Community Crisis Center Annual Report	Emily Straubhar
11:05	G	Opioid Settlement Update: Results from Environmental Scan for Future Investment and Allocation	Charlene Cariou
11:25	A	Board Leadership Position Elections	Chairman Kelly Aberasturi
11:35	I	Director’s Report	Nikki Zogg
		Annual Idaho Association of District Boards of Health Meeting Recap	
11:45		Executive Session pursuant to Idaho Code 74-206(c)	
11:55	A	Action taken as a result of Executive Session	
12:00		Adjourn	

NEXT MEETING: Tuesday, July 25, 2023, 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, May 23, 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, Monique Evancic, Bri Malouf, Mitch Kiester, Rick Stimpson, Charlene Cariou, Cas Adams

Via Zoom: Jeff Renn, Jenifer Spurling

GUESTS: Gem County Board of County Commissioner Chairman, Bill Butticci; one member of the public.

CALL THE MEETING TO ORDER

Chairman Kelly Aberasturi called the meeting to order at 9:27 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. Commissioner Riebe seconded the motion. All in favor; motion passes.

EXECUTIVE SESSION

At 9:36 a.m., Commissioner Aberasturi made a motion to go into Executive Session pursuant to Idaho Code 74-206(b). Commissioner Haines seconded the motion. Roll call was taken. All in favor.

At 10:06 a.m. Board members came out of Executive Session.

MOTION AS A RESULT OF EXECUTIVE SESSION

MOTION: Commissioner Riebe made a motion to approve a \$5 per hour salary increase for Director Nikki Zogg. Commissioner Haines seconded the motion. All in favor; motion passes.

At this point, there is no need for an executive session pursuant to Idaho code 74-206(c).

IN-PERSON PUBLIC COMMENT

One person made public comment.

OPEN DISCUSSION

Commissioner Purdy provided Pfizer documents and stated she is very against the COVID vaccine. Board members discussed vaccine effectiveness and side effects.

APPROVAL OF MEETING MINUTES – APRIL 25, 2023

Board members reviewed meeting minutes from the meeting held April 25, 2023.

MOTION: Commissioner Haines made a motion to approve the April 25, 2023, Board of Health meeting minutes as presented. Commissioner Riebe seconded the motion. All in favor; motion passes.

INTRODUCTION OF NEW EMPLOYEES

One new employee was introduced.

APRIL 2023 EXPENDITURE AND REVENUE REPORT

Troy Cunningham, Financial Manager, presented the April 2023 Expenditure and Revenue Report. The target for this point in the fiscal year is 83%. Troy explained that revenue is slightly under projection due mostly to delayed subgrant billing which is anticipated to be received prior to the end of the fiscal year. Fees are right on target.

Personnel is close to target at 80% due to staff vacancies not yet filled. Troy explained that this understaffing is expected. Operating expenses remain at 53% and will remain below anticipated level throughout the fiscal year due to a large grant that was received mid-fiscal year and won't be spent down until fiscal year 2024.

Capital outlay is at 41%. Some outstanding invoices remain and projects are still being worked on and not yet finalized.

Troy also provided a summary of crisis center funds which have been separated from the general accounts to provide a more accurate picture of expenditures and revenues.

RECREATIONAL VEHICLE (RV) WASTEWATER DISCUSSION

Colt Dickman, Environmental and Community Health Services Division Administrator, and Mitch Kiester, Land Development Program Manager, initiated discussion regarding recreational vehicle (RV) sewage disposal. Due to increased housing costs and families choosing full time living in an RV, how do we meet those needs, continue to protect the public's health, and ensure this topic is a strategic priority being addressed.

The statute states every property owner is responsible for appropriate sewage disposal of black waste and wastewater generated on their property. Colt asked for input and discussion from board members to help understand whether RV wastewater disposal is a challenge in their counties and how SWDH can help. Colt proposed depending on the needs of each county that SWDH staff meet with Planning and Zoning Departments to help determine roles and responsibilities.

Board members discussed Department of Environmental Quality's (DEQ) definition of a single-family dwelling to include RVs that are occupied for a year or longer. Colt explained the requirements ensure recreational vehicle parks have appropriately sized septic systems.

Commissioner Haines shared that in Washington County the code is six months but has not been enforced due to the housing crisis. He appreciates the offer of assistance and supports SWDH staff meeting with county Planning and Zoning.

Commissioner Riebe sees an increase in full-time RV living and noted Payette County does not have a workable ordinance in place. Commissioner Aberasturi explained that Owyhee County is in a similar position without an ordinance.

Board members discussed that the issue lies with the landowner, many who are profiting from renting out spaces for RVs to park. Following further discussion, board members provided guidance to SWDH staff to connect with county Planning and Zoning Department staff to provide guidance and resources.

Following these discussions with the counties, SWDH staff will bring back some information regarding a process and a fee to implement to address the RV wastewater disposal issues.

YOUTH BEHAVIORAL HEALTH CRISIS CENTER

Cas Adams, SWDH Project Manager, provided an overview of the youth behavioral health community crisis center now known as the Western Idaho Youth Support Center (WIYSC). May is Mental Health Awareness Month and, with that in mind, Cas presented some background information establishing the need for the youth crisis center and statistics around youth crisis care needs in Region 3. Cas also provided an update on the managed care organization's development of crisis standards of care to ensure Medicaid billing which the youth crisis center sustainability will rely on.

Board members asked for a timeline for development of the billing ability and the standards of care. Cas explained there is no specific timeline available; however, SWDH anticipates the center will be able to open in late 2023 or early 2024.

CHILDCARE PROGRAM OVERVIEW

Bri Malouf, Environmental Health Specialist, Senior, highlighted how the childcare program touches on the ten essential public health services including assessing and monitoring public health status. Bri explained how childcare licensing works with Idaho Department of Health and Welfare (IDHW) overseeing all licenses. Subsidy programs such as Idaho Child Care Program (ICCP) assist with some funding.

Bri noted that staff conduct yearly health and safety inspections for all licensed childcare facilities in Region 3. All childcare complaints pertaining to licensing requirements or child health and safety are

investigated within three (3) business days. Staff also provide guidance and direction to childcare center staff regarding illnesses, play structure safety, and other issues.

Bri explained types of childcare inspections include inspections for voluntary subsidy programs and state licensing inspections which are required for anyone caring for more than six (6) children.

One of the program goals for the childcare program is education to ensure providers have proper training for risk assessment and preparation for quality inspections. The program also aims to improve communication with law enforcement, fire departments, and licensing agencies to develop strong points of contact to ensure staff are ready to provide answers and help connect providers to resources as needed.

RESOLUTION TO SUPPORT RESEARCH ON THE LEGALIZATION OF RECREATIONAL CANNABIS

Nikki Zogg presented a resolution developed by District 1 that will be presented at the upcoming Idaho Association of District Boards of Health (IADBH) meeting.

DIRECTOR'S REPORT

Summer IADBH Meeting Proxy Forms

Board members not attending the upcoming Idaho Association of District Boards of Health (IADBH) are asked to complete a proxy form to designate a board member who will be attending to vote in their place at the conference.

Pre-Prosecution Diversion Grant

Nikki provided initial information on a grant recently awarded to Canyon County. No notice of award has been distributed yet. Nikki shared that the longer-term vision is to provide services for mental health and other diversion services to help reduce the number of 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.

Homedale Office Update

The space being leased in Homedale for provision of WIC services only will be vacated due to an increase in rent. The City of Homedale has a former library space that will be available to SWDH at a reduced rate and will be a benefit for SWDH.

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

Respectfully submitted:

Approved as written:

Nikole Zogg
Secretary to the Board

Kelly Aberasturi
Chairman

Date: June 27, 2023



SOUTHWEST DISTRICT HEALTH

BUDGET REPORT FOR FY2023

Cash Basis

May-23

Target **92.0%**

Fund Balances		
	FY Beginning	Month Ending
General Operating Fund	\$ 113,540	\$ 362,480
Millennium Fund	\$ 71,429	\$ 36,902
LGIP Operating	\$ 4,033,668	\$ 6,621,873
LGIP Vehicle Replacement	\$ 99,899	\$ 102,536
LGIP Capital	\$ 1,299,174	\$ 1,299,174
Total	\$ 5,617,710	\$ 8,422,966

Income Statement Information			
	YTD	This month	
Net Revenue:	\$ 8,955,716	\$ 858,938	
Expenditures:	\$ (9,356,920)	\$ (1,162,523)	
Net Income:	\$ (401,204)	\$ (303,585)	

Revenue								
	Admin	Clinic Services	Env & Community Health	General Support	Total	YTD	Total Budget	Percent Budget to Actual
County Contributions	\$ 247,096	\$ -	\$ -	\$ -	\$ 247,096	\$ 2,680,631	\$ 2,784,813	96%
Fees	\$ -	\$ 23,832	\$ 123,422	\$ 240	\$ 147,494	\$ 1,402,431	\$ 1,506,499	93%
Contract Revenue	\$ -	\$ 293,150	\$ 144,804	\$ -	\$ 437,954	\$ 4,674,901	\$ 6,951,124	67%
Sale of Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 22,634	\$ 22,634	100%
Interest	\$ 25,810	\$ -	\$ -	\$ -	\$ 25,810	\$ 162,592	\$ 145,400	112%
Other	\$ -	\$ -	\$ 583	\$ -	\$ 583	\$ 12,526	\$ 130,828	10%
Monthly Revenue	\$ 272,906	\$ 316,982	\$ 268,809	\$ 240	\$ 858,938	\$ 8,955,716	\$ 11,541,298	78%
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	\$ 26,963	\$ 214,422	\$ 282,822	\$ 85,850	\$ 610,057	\$ 7,161,930	\$ 8,165,617	88%
Operating	\$ 7,973	\$ 41,701	\$ 271,425	\$ 111,789	\$ 432,888	\$ 1,895,018	\$ 2,770,906	68%
Capital Outlay	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 155,483	\$ 376,661	41%
Trustee & Benefits	\$ -	\$ -	\$ 119,578	\$ -	\$ 119,578	\$ 144,488	\$ 228,114	63%
Monthly Expenditures	\$ 34,936	\$ 256,123	\$ 673,825	\$ 197,639	\$ 1,162,523	\$ 9,356,920	\$ 11,541,298	81%
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

May-23

BUDGET REPORT FOR FY2023

Cash Basis

Target **92.0%**

Adult Crisis Center Activity

Income Statement Information

	YTD	This month
Net Revenue: \$	764,947	\$ 63,333
Expenditures: \$	(724,641)	\$ (60,178)
Net Income: \$	40,306	\$ 3,155

Revenue				
	Crisis Center	YTD	Total Budget	Percent Budget to Actual
Contract Revenue	\$ 63,333	\$ 764,947	\$ 859,284	89%
Monthly Revenue	\$ 63,333	\$ 764,947	\$ 859,284	89%
DIRECT BUDGET				

Expenditures				
	Crisis Center	YTD	Total Budget	Percent Budget to Actual
Personnel	\$ 5,142	\$ 56,792	\$ 58,977	96%
Operating	\$ 55,036	\$ 667,848	\$ 783,635	85%
Capital Outlay	\$ -	\$ -	\$ -	0%
Trustee & Benefits	\$ -	\$ -	\$ -	0%
Monthly Expenditures	\$ 60,178	\$ 724,641	\$ 842,612	86%
DIRECT BUDGET				



SOUTHWEST DISTRICT HEALTH - YOUTH CRISIS CENTER ACTIVITY

May-23

BUDGET REPORT FOR FY2023

Cash Basis

Target **92.0%**

Youth Crisis Center Activity

Income Statement Information

	YTD	This month
Net Revenue: \$	2,956,084	\$ 133,333
Expenditures: \$	(151,230)	\$ (2,750)
Net Income: \$	2,804,854	\$ 130,583

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	\$ 133,333	\$ 2,348,513	\$ 1,734,000	135%
Monthly Revenue	\$ 133,333	\$ 2,956,084	\$ 2,892,571	102%
DIRECT BUDGET				


Expenditures				
	Crisis Center	YTD	Total Budget	Percent Budget to Actual
Personnel	\$ -	\$ -	\$ -	0%
Operating	\$ 2,750	\$ 5,070	\$ 1,809,243	0%
Capital Outlay	\$ -	\$ -	\$ -	0%
Trustee & Benefits	\$ -	\$ 146,160	\$ 1,100,000	13%
Monthly Expenditures	\$ 2,750	\$ 151,230	\$ 2,909,243	5%
DIRECT BUDGET				



CONTRACTS & SERVICES REPORT

QUARTERLY UPDATE

TROY CUNNINGHAM
SOUTHWEST DISTRICT HEALTH
13307 Miami Ln., Caldwell, ID 83607



Contents

Purpose of Public Health..... 2

Foundational Public Health Services..... 2

 Foundational Areas 2

 Foundational Capabilities 2

Essential Public Health Services 3

Contractual Agreements Revenue Update 4

Purpose of Public Health

The purpose of governmental public health can be described as:

- Prevent epidemics and spread of disease
- Protect against environmental hazards
- Prevent injuries
- Promote and encourage healthy behaviors
- Respond to disasters and assist communities in recovery
- Assure the quality and accessibility of services

Foundational Public Health Services

The Foundational Public Health Services framework outlines the unique responsibilities of governmental public health and defines a minimum set of foundational capabilities and foundational areas that must be available in every community. This framework aligns with the Idaho legislature’s intent for public health districts. Idaho’s public health districts will provide the basic health services of public health education, physical health, environmental health, and public health administration, but this listing shall not be construed to restrict the service programs of the district solely to these categories (IC 39-409).

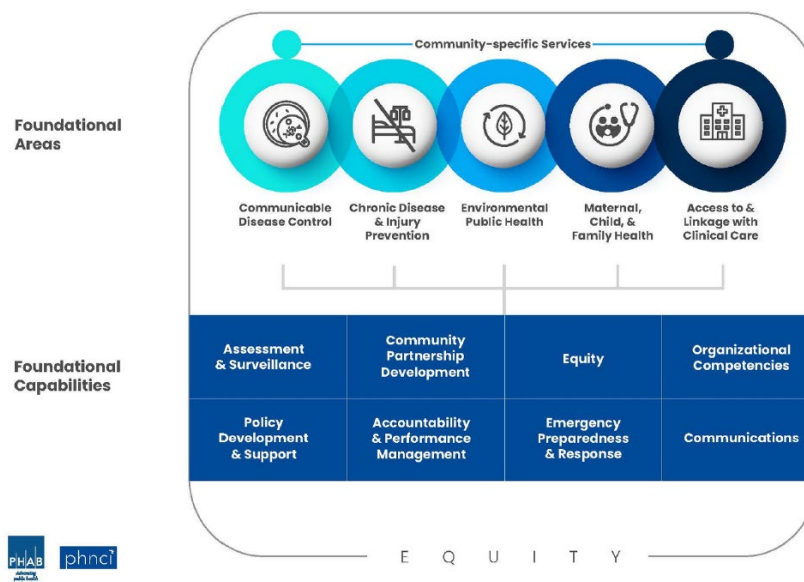
Foundational Areas

Foundational Areas are basic public health topic-specific programs and services aimed at improving the health of the community. The Foundational Areas reflect the minimum level of service that should be available in all communities.

Foundational Capabilities

Public health infrastructure consists of Foundational Capabilities that are the cross-cutting skills and capacities needed to support basic public health protections, programs, and activities key to ensuring community health and well-being.

Foundational Public Health Services



February 2022

Essential Public Health Services

The 10 Essential Public Health Services provide additional detail and serve as a framework for SWDH to ensure we are maintaining the technical skills, knowledge, and capacity to accomplish the work the public expects of its local public health authority with excellence.

1. Assess and monitor population health status, factors that influence health, and community needs and assets
2. Investigate, diagnose, and address health problems and hazards affecting the population
3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
4. Strengthen, support, and mobilize communities and partnerships to improve health
5. Create, champion, and implement policies, plans, and laws that impact health
6. Utilize legal and regulatory actions designed to improve and protect the public's health
7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy
8. Build and support a diverse and skilled public health workforce
9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
10. Build and maintain a strong organizational infrastructure for public health



Contractual Agreements Revenue Update

Title	Amount	Brief Description	FUNDING SOURCE	Foundational Area/ Capability	Essential Public Health Service (EPHS)	FTE Required (taken from FY24 budget)
RHCAP - Medical Provider Grant	\$21,800	This subgrant is meant to improve access to primary healthcare by retaining advanced practice provider(s) .	State Pass-through Sub-grant	Communicable Disease Control	EPHS 2	0
STD/HIV Prevention Activities	\$187,282	This subgrant provides access to clinical services, HIV testing, partner services, linkage to care, and STD Testing.	Federal Pass-through Sub-grant	Communicable Disease Control	EPHS 2	0.68
Women's Health Check	\$25,585	This subgrant will provide cancer prevention awareness through client reminders, provider referrals, small media, and collaboration with other community and non-profit organizations.	Federal Pass-through Sub-grant	Chronic Disease Prevention	EPHS 7	0.51
State Supplied Immunizations and High Risk Seasonal Flu Vaccine	\$65,994	This subgrant will conduct activities (marketing, promotion, education, etc.) in direct support of increasing immunization rates in Idaho, and conduct other activities with a focus on high risk adult populations for influenza.	Federal/State Mix Pass-through Sub-grant	Communicable Disease Control	EPHS 7	1.44
Immunizations	\$12,800	This subgrant will provide site visits to immunization centers to assess their general knowledge, provide technical assistance, and education.	Federal Pass-through Sub-grant	Communicable Disease Control	EPHS 7	0.15
Blue Cross Healthcare and Community Partnership Grant	\$83,250	The Blue Cross grant will fund SWDH to continue providing a nurse at the Marsing School Hub. The grant also funds an assessment to be done by BSU to learn how partnerships like this may be duplicated for other rural school districts in need.	Private Foundation Grant	Access to & Linkage with Clinical Care and Community Partnership Development	EPHS 4 & 7	0.22
Nurse Family Partnership	\$729,583	This subgrant provides for the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), nurse supervision and training.	Federal Pass-through Sub-grant	Maternal, Child, & Family Health	EPHS 7	3.74
NFP MIECHV ARPA	\$50,070	This subgrant provides for the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), nurse supervision and training.	Federal Pass-through Sub-grant	Maternal, Child, & Family Health	EPHS 7	1.11



Contractual Agreements Revenue Update

Title	Amount	Brief Description	FUNDING SOURCE	Foundational Area/ Capability	Essential Public Health Service (EPHS)	FTE Required (taken from FY24 budget)
Parents as Teachers	\$179,968	State funded home visiting program to improve outcomes and reduce justice involvement for low-income and high-risk families.	State Pass-through	Maternal, Child, & Family Health	EPHS 7	2.24
Parents as Teachers - ARPA	\$179,968	State funded home visiting program to improve outcomes and reduce justice involvement for low-income and high-risk families.	Federal Pass-through Sub-grant	Maternal, Child, & Family Health	EPHS 7	2
Parents as Teachers - IAIEYC *New	\$2,000	One-time stipend from the Idaho Association for the Education of Young Children to implement workshops for parents to prepare their children for kindergarten.	Private Foundation Grant	Maternal, Child, & Family Health	EPHS 7	0
Citizen's Review Panel	\$6,000	State funded program to support the oversight of DHW's foster care program and improve outcomes of children entering the foster care system.	State Pass-through Sub-grant	Maternal, Child, & Family Health	EPHS 4 & 5	0.07
Oral Health	\$41,100	This subgrant provides dental screenings to school based clinics and parent education.	Federal Pass-through Sub-grant	Communicable Disease Control	EPHS 4 & 7	1.07
State Actions to Improve Oral Health	\$22,100	This subgrant will plan and coordinate School-Based/Linked Dental Sealant Clinics to children and adolescents in elementary and middle schools to improve oral health.	Federal Pass-through Sub-grant	Communicable Disease Control	EPHS 4 & 7	0.2
Women, Infants, and Children (WIC)	\$1,122,219	This subgrant will provide general administration, clients services, breastfeeding promotion, nutrition education, and breastfeeding peer counseling to the WIC program.	Federal Pass-through Sub-grant	Maternal, Child, & Family Health	EPHS 7	16.76
FDA Program Standards Mentorship - NEHA	\$9,113	This NEHA grant works to address the 9 Voluntary National Retail Food Regulatory Program Standards. Our goal is to strengthen our retail food safety program and develop and maintain a program that promotes risk-factor interventions and focuses on areas that have the greatest impact on retail food safety.	Direct Federal grant	Environmental Public Health & Organizational Competencies	EPHS 8 & 9	0



Contractual Agreements Revenue Update

Title	Amount	Brief Description	FUNDING SOURCE	Foundational Area/ Capability	Essential Public Health Service (EPHS)	FTE Required <small>(taken from FY24 budget)</small>
FDA Program Standards - NEHA	\$4,986	This NEHA grant works to address the 9 Voluntary National Retail Food Regulatory Program Standards. Our goal is to strengthen our retail food safety program and develop and maintain a program that promotes risk-factor interventions and focuses on areas that have the greatest impact on retail food safety.	Direct Federal grant	Environmental Public Health & Organizational Competencies	EPHS 8 & 9	0.07
Public Water Systems Contract	\$249,340	This subgrant provides funding for the oversight, inspection, and related activities to ensure that public drinking water systems comply with applicable state and federal regulations.	Federal Pass-through Sub-grant	Environmental Public Health	EPHS 6	1.12
United Way Relief Nursery	\$7,000	This funding award is to assist with the design and implementation of a childcare pilot project to decrease barriers for adults needing to access the Western Idaho Community Crisis Center, but have no safe place for their children while they seek care.	Private Foundation Grant	Access to & Linkage with Clinical Care	EPHS 4, 5, & 7	0
Suicide Prevention	\$45,000	This subgrant will organize and coordinate a Districtwide Collective of individuals, businesses, community members, and survivors, whose purpose is to develop a plan with strategies consistent with the Idaho State Suicide Prevention Plan to reduce deaths by suicide. Sept 1, 2020 through FY22 = \$95,000	Federal Pass-through Sub-grant	Injury Prevention	EPHS 3	0.3
Prescription Drug Monitoring Program (PDMP)	\$110,000	This subgrant will advance opioid prevention work through public and prescriber education, local capacity building, public safety partnerships, and the social determinants of health.	Federal Pass-through Sub-grant	Injury Prevention	EPHS 3	1.16
Opioid Settlement Funds *New	\$695,209	The opioid settlement funding must be used for specific purposes as outlined in the settlement agreement. SWDH staff are assessing the needs and priorities of the region and will then present recommendations to the BOH for approval.	Settlement funds	Injury Prevention	EPHS 3	0
Diabetes, Heart Disease, Stroke	\$34,616	This subgrant will provide community-based diabetes/hypertension prevention and management education.	Federal Pass-through Sub-grant	Chronic Disease Prevention	EPHS 3	0.22
Child Care Health/Safety Program and Child Care Complaints	\$550,000	This subgrant will provide guidance to outline the respective roles of the public health districts in implementing the Child Care Health and Safety Program throughout Idaho and help ensure that all children in child care settings are in a health and safe environment while receiving care.	Federal Pass-through Sub-grant	Environmental Public Health	EPHS 6	2.03



Contractual Agreements Revenue Update

Title	Amount	Brief Description	FUNDING SOURCE	Foundational Area/ Capability	Essential Public Health Service (EPHS)	FTE Required <small>(taken from FY24 budget)</small>
Disease Reporting	\$67,612	This subgrant will provide epidemiologic investigation and reporting on all reported cases of disease.	Federal Pass-through Sub-grant	Communicable Disease Control	EPHS 2	0.47
Viral Hepatitis Prevention	\$8,951	This sub grant is for documenting and investigating reportable viral hepatitis infection cases as described in the Idaho Reportable Disease rules (IDAPA 16.02.10). This work will help to control and mitigate outbreaks of hepatitis.	Federal Pass-through Sub-grant	Communicable Disease Control	EPHS 2	0.12
NACCHO Grants - Epi Certifications and Decreasing Syphilis	\$138,543	The purpose of this funding is to build community connections to identify, reach and involve populations disproportionately affected by syphilis and mobilize public health partners to actively engage in addressing syphilis. Also, this funding will develop a community-informed plan to decrease syphilis that is tailored to the affected community and addresses the issues identified during the community engagement process.	Direct Federal grant	Communicable Disease Control	EPHS 2	0.52
TB Elimination	\$32,874	This subgrant will allow for directly observed therapy, contact investigations, RVCT reporting, EDN reporting, and attendance at tuberculosis-specific training.	Federal/State Mix Pass-through Sub-grant	Communicable Disease Control	EPHS 2	0.12
Perinatal Hep B	\$7,050	This subgrant will provide Perinatal Hepatitis B surveillance and case management.	Federal Pass-through Sub-grant	Communicable Disease Control	EPHS 2	0.1
NEDSS - National Electronic Disease Surveillance System	\$69,150	This subgrant will provide vaccine preventable disease surveillance and disease investigation data entry.	Federal Pass-through Sub-grant	Communicable Disease Control	EPHS 2	0.2
Adolescent Pregnancy Prevention - PREP and TANF	\$48,348	This subgrant will conduct activities that support implementation of Reducing the Risk curriculum and Youth-Adult Partnership groups to aid in adolescent pregnancy prevention.	Federal Pass-through Sub-grant	Maternal, Child, & Family Health	EPHS 3	0
Wise Guys	\$30,672	This subgrant will provide activities to support implementation of Wise Guys curriculum/training and statutory rape presentations.	Federal Pass-through Sub-grant	Maternal, Child, & Family Health	EPHS 3	0.34



Contractual Agreements Revenue Update

Title	Amount	Brief Description	FUNDING SOURCE	Foundational Area/ Capability	Essential Public Health Service (EPHS)	FTE Required (taken from FY24 budget)
Sexual Risk Avoidance Education	\$14,992	This subgrant will provide activities that support implementation of the State Sexual Risk Avoidance Education curriculum to Idaho students ages ten to fourteen (10-14) at schools, community sites, youth centers, sports leagues, faith groups, and juvenile justice centers.	Federal Pass-through Sub-grant	Maternal, Child, & Family Health	EPHS 3	0
Physical Activity & Nutrition	\$93,600	This subgrant will provide programmatic activities to the public. This includes but is not limited to the following: Fit and Fall Proof fall prevention training and coordination; age friendly park assessments; childhood obesity prevention; child and family health.	Federal/State Mix Pass-through Sub-grant	Chronic Disease Prevention	EPHS 3	0.85
Cancer Prevention Activities	\$22,000	This subgrant will implement evidence-based strategies to increase cancer screening and prevention (sun safety training, HPV vaccination reminders, breast and cervical cancer screening).	Federal Pass-through Sub-grant	Chronic Disease Prevention	EPHS 3	0.21
Tobacco Prevention Resource Program Activities	\$75,078	This subgrant will provide activities to: prevent tobacco use among youth and young adults, eliminate secondhand smoke, promote quitting among youths and adults, and identify and eliminate tobacco related disparities among population groups.	Federal Pass-through Sub-grant	Chronic Disease Prevention	EPHS 3	0.43
Preparedness - Preparedness Assessment, Cities Readiness Initiative	\$526,5777	This subgrant will provide support to Public Health Emergency Preparedness in the following areas: community preparedness and recovery, incident management and emergency operations coordination, emergency public information and warning management, medical countermeasures dispensing and administration, mass care, fatality management, and public health surveillance and epidemiologic investigation.	Federal Pass-through Sub-grant	Emergency Preparedness & Response	EPHS 4	4.06
Cuidate	\$37,822	This subgrant will provide support to the Adolescent Pregnancy Prevention program by providing Cuidate Curriculum, implementation, and education.	Federal Pass-through Sub-grant	Maternal, Child, & Family Health	EPHS 3	0
ELC Cares Enhancing Support COVID-19	\$3,883,076	This subgrant will support the rapid establishment and monitoring of key activities related to responding to COVID-19 in the areas of epidemiology, laboratory, and informatics.	Federal Pass-through Sub-grant	Communicable Disease Control and Emergency Preparedness & Response	EPHS 2, 3, & 4	7.39
Vaccinations Subgrant- COVID-19	\$1,341,867	This subgrant supports a range of COVID-19 vaccination activities. Through 6/30/2024	Federal Pass-through Sub-grant	Communicable Disease Control	EPHS 7	6.01



Contractual Agreements Revenue Update

Title	Amount	Brief Description	FUNDING SOURCE	Foundational Area/ Capability	Essential Public Health Service (EPHS)	FTE Required <small>(taken from FY24 budget)</small>
COVID-19 Health Disparities	\$266,334	This subgrant will address health inequities exacerbated by COVID-19. This funding will support the Youth Crisis Center Project Manager as well as the relief nursery pilot project. Through 5/30/2023.	Federal Pass-through Sub-grant	Communicable Disease Control	EPHS 7	0
Partnership for Success	\$215,271	This subgrant will provide activities for the Be the Parents campaign (parent learning sessions, youth leadership activities), and Youth Mental Health (training, screening, referrals).	Federal Pass-through Sub-grant	Maternal, Child, & Family Health	EPHS 3 & 4	0
Millennium Fund	\$116,100	State appropriated funds to prevent tobacco use among youth and young adults, eliminate secondhand smoke, promote quitting among youths and adults, and identify and eliminate tobacco related disparities among population groups.	State Pass-through Sub-grant	Chronic Disease Prevention	EPHS 3 & 7	0.92
Youth Vaping - Operating	\$71,429	This is one-time funding appropriated by the Millennium Fund Committee to pilot a project to address the increasing trend of youth vaping. These funds are to be used to cover operating costs.	State Appropriation	Chronic Disease Prevention	EPHS 3 & 4	0
Youth Vaping - Personnel	\$71,400	This is one-time funding appropriated by the Millennium Fund Committee to pilot a project to address the increasing trend of youth vaping. These funds are to be used to cover personnel costs.	State Pass-through Sub-grant	Chronic Disease Prevention	EPHS 3 & 4	1.03



Contractual Agreements Revenue Update

Title	Amount	Brief Description	FUNDING SOURCE	Foundational Area/ Capability	Essential Public Health Service (EPHS)	FTE Required <small>(taken from FY24 budget)</small>
Crisis Center	\$1,020,000	This subgrant allows for the Behavioral Health Community Crisis Center to deliver crisis intervention and services to the Region 3 community. \$6,063,332 total	State GF DHW Pass-through	Access to & Linkage with Clinical Care	EPHS 7	0.32
Crisis Center - CFAC Funding	\$28,571	This subgrant allows for the Behavioral Health Community Crisis Center to deliver crisis intervention and services to the Region 3 community specifically targeted to COVID-19 barriers.	Federal Pass-through Sub-grant	Access to & Linkage with Clinical Care	EPHS 7	0
ID Juvenile Correction	\$1,500,000	This funding award it to establish a Safe Teen Assessment Center model in the region. The goal of the model is to prevent youth from entering the juvenile justice and child welfare systems by providing screening, assessment, case management, and connection to resources for youth and their families. 100% of this funding will be sub-awarded to community partners to carry out the work or to cover training and technical assistance expenses to successfully implement the model. SWDH is serving as the backbone organization.	State Pass-through Sub-grant	Access to & Linkage with Clinical Care	EPHS 7	1.17
FY23 Youth Behavioral Health Community Crisis Center Grant	\$1,100,000	The Idaho Department of Juvenile Corrections, in collaboration with the Idaho Department of Health and Welfare (Idaho's Behavioral Health Authority), announce funding to provide short-term crisis services for youth experiencing a behavioral health crisis. Community Crisis Centers, as defined by Title 39, Chapter 91 39-9103 (2) are a place for individuals to go if they are experiencing a behavioral health crisis, such as suicidal thoughts or withdrawal from alcohol and/or drugs, to get help.	State Pass-through Sub-grant	Access to & Linkage with Clinical Care	EPHS 7	1.17
City of Caldwell	\$70,000	This funding award it to provide funding for infrastructure for crisis center interventions	City Award	Access to & Linkage with Clinical Care	EPHS 7	0
City of Nampa	\$159,000	This funding award it to provide funding for infrastructure for crisis center interventions	City Award	Access to & Linkage with Clinical Care	EPHS 7	0

Recreational Vehicle Wastewater Follow Up Discussion

Tuesday, June 27, 2023

May Board of Health Meeting

- We asked Board members if their county is experiencing problems with people living in RVs illegally, and could SWDH collaboratively help with the aspect of educating, reviewing, approving temporary disposal of wastewater, and regulating the wastewater part of this problem.
- Owyhee, Payette, and Washington Board representatives asked if we could meet with their Planning and Zoning (P&Z) teams for further discussion about the problem.

Planning and Zoning (P&Z) Meeting

- On 6/7/2023 SWDH met with Mary Huff, Patty Nitz, and Bonnie Brent to discuss the problem.
- All agreed that this is a problem, but they are not sure that it is a problem that SWDH can help with at this time.
- They asked for collaboration
 - If SWDH plans to issue a Notice Of Violation, they will notify P&Z in that county so that there is a common and collaborative approach to compliance of any/all regulations which might be in violation
 - If the counties identify issues, as they are trying to enforce county ordinances, they will notify SWDH so that we can approach this collaboratively
- NOTE: This is not a change, just reinforcing the existing approach to compliance.

Next Actions

- SWDH will maintain the current role of helping the counties when they need assistance with RV living situations, while simultaneously ensuring compliance with Idaho's Subsurface Sewage Disposal Program.
- If SWDH identifies any similar collaborative opportunities to help protect the groundwater of the State of Idaho, we will bring it up for discussion with the Board of Health.



Gem County Health Action Team (CHAT)

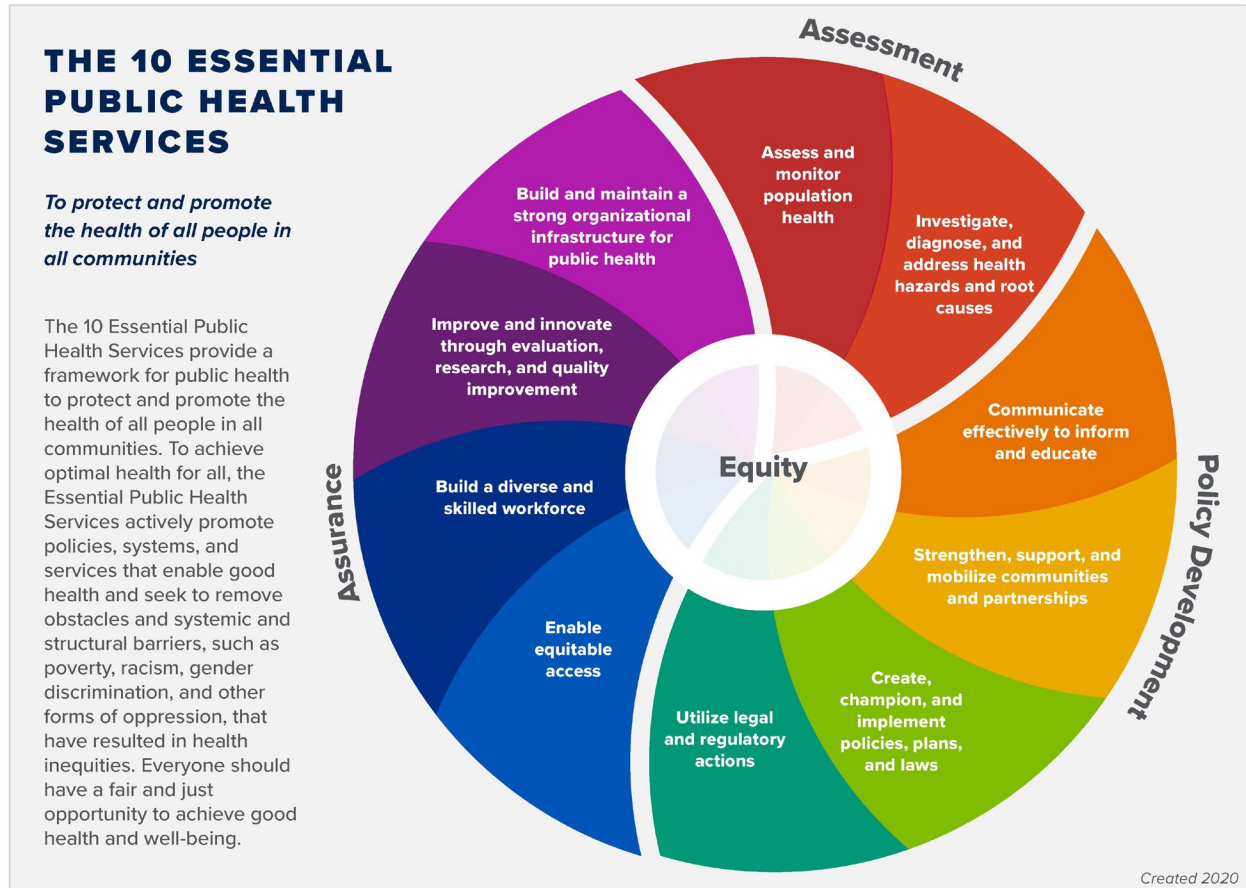
Melanie Chroninger, MPH
June 27, 2023

What is a CHAT?

- Geographically based health coalition – one in each county
- Meet routinely to identify health needs and opportunities
- Community-led health conversations
- Identify action to improve identified health needs
- Members include community members, elected officials, healthcare, schools, any organization interested in the health of a community

Why CHATs?

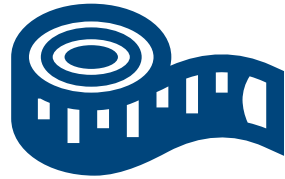
- Assess and monitor local health needs
- Understand root causes of health
- Mobilize communities and partnerships
- Champion plans, policies, and laws
- Enable equitable access
- Innovate to improve health
- Build community infrastructure for health



How does SWDH support CHATs?



Common
Agenda



Shared
Measurement



Mutually
Reinforcing
Activities



Continuous
Communication



Backbone
Organization

Collective Impact Model



GEM COMMUNITY
HEALTH COALITION

Gem Community Health Coalition

GCHC Mission & Vision

- **Mission:** Convening partners to identify needs, share resources, and work together to improve the health of people living, working, and playing in the Gem Community
- **Vision:** A vibrant community focused on healthy behaviors



GCHC Priority Areas



Mental Health Access



Safe and Active Community



Food Security

Gem Community Health Coalition Membership

- Valor Health
- Emmett School District
- Emmett Police Department
- Gem County Fire and EMS
- Emmett Friendship Coalition
- Local Emergency Planning Committee (LEPC)
- WICAP
- University of Idaho Extension
- Gem Cares Coalition
- Valley Family Health Center
- Community Members
- St. Luke's Community Health
- Intermountain Hospital

Current GCHC Projects

- River Safety Signs and Public Service Announcement
- Continuing to increase community partnerships and coalition membership
- Exploring Senior Produce Project

Recent GCHC Successes

- Gem Community Resource Guide: Annual update and distribution
- Partnerships for Success Grant Award
 - This project was a partnership with Emmett Police Department, Public Works, and City Hall to decrease the number of available places for consumption or use of substances by increasing signage, lighting, and information regarding legal consequences in areas of identified underage substance use.



EMMETT'S 88TH ANNUAL CHERRY FESTIVAL

June 14-17, 2023

Presented by:



Presenting Sponsor:



MAIN STAGE EVENTS:

WEDNESDAY JUNE 14
WALK FOR HEALTH DAY!

- 12:45 Gem Community Health Coalition
- 1:00pm Josephine Spicer
- 2:00pm Sharon Reikward
- 3:00pm Emmett Valley Singers
- 4:00pm American Tradition
- 5:00pm South Slope
- 6:00pm OPENING CEREMONIES



MORE COMMUNITY EVENTS:



CHERRY FESTIVAL KICKOFF
Sat., June 3 at 12 noon D&B Supply

JR. MISS CHERRY FESTIVAL PAGEANT
Sat., June 3 at 11am & 2pm
Emmett Middle School, 301 E. 4th St.

GEM COUNTY VILLAGE MUSEUM
Wed. - Sat., June 14-17 from 10am - 5pm
501 E. 1st St., Emmett



Questions about the Gem Community Health Coalition?

Contact Melanie Chroninger at
melanie.chroninger@phd3.idaho.gov

for more information





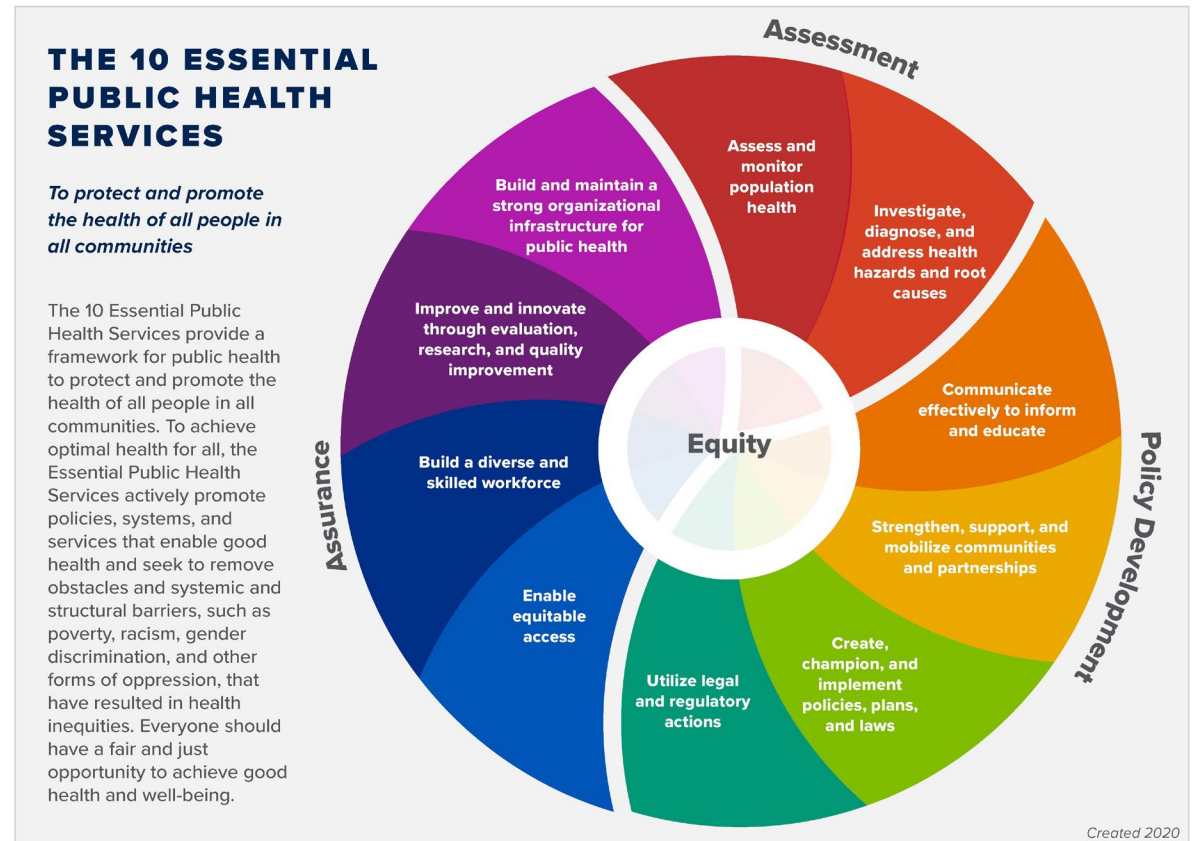
April 2022 – March 2023
Year in Review

HEALTHIER TOGETHER

SWDH.ORG

What is WIDCCC?

- Strengthen, support, and mobilize communities and partnerships
- Enable equitable access
- Investigate, diagnose, and address health and root causes
- Communicate effectively to inform and educate



ADMISSIONS

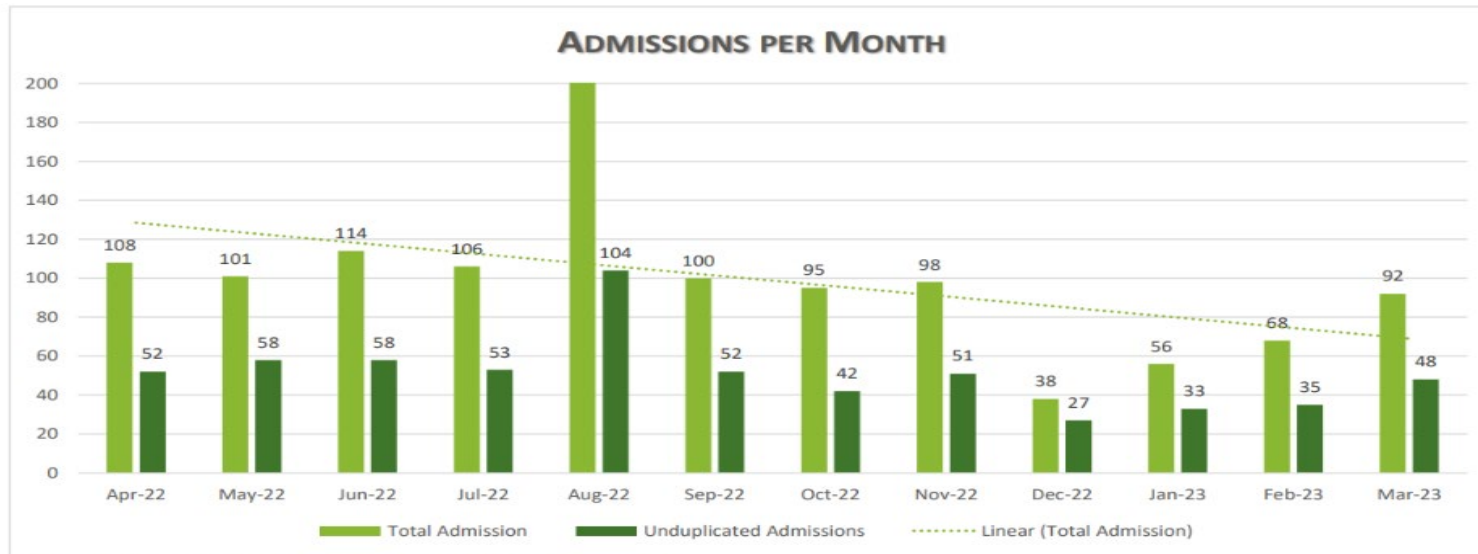
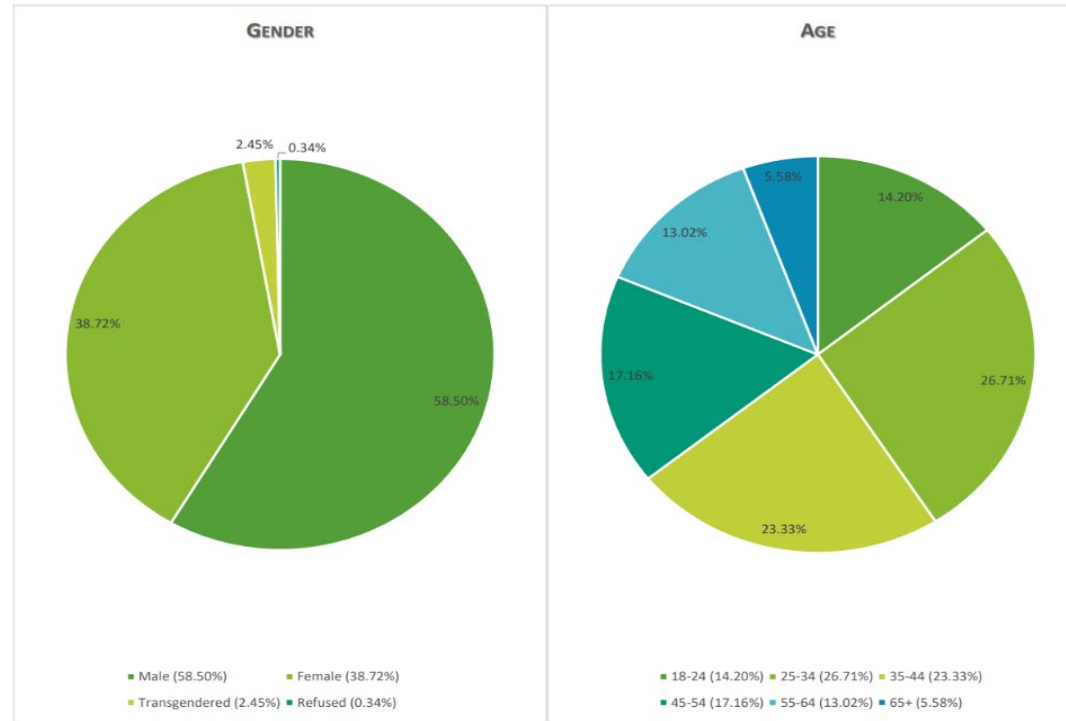


Figure 1: Admissions per Month (April 2022 – March 2023 rolling 12 months)



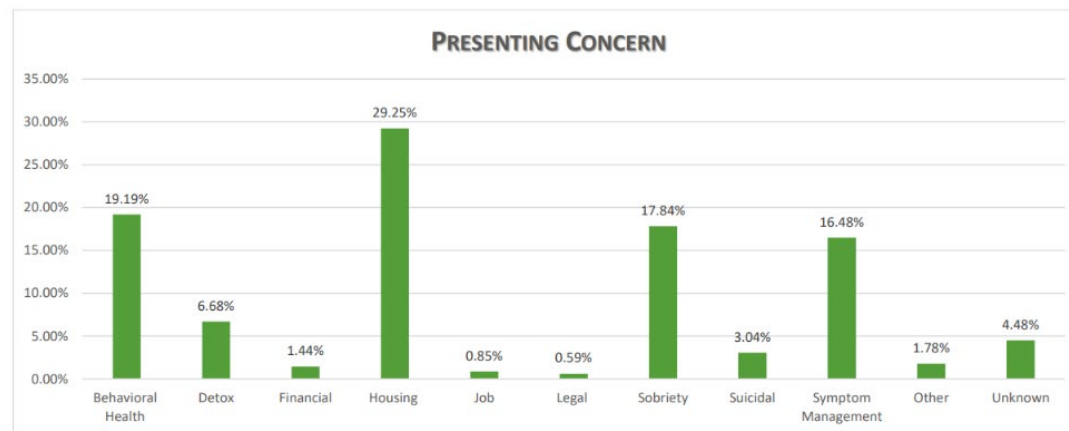
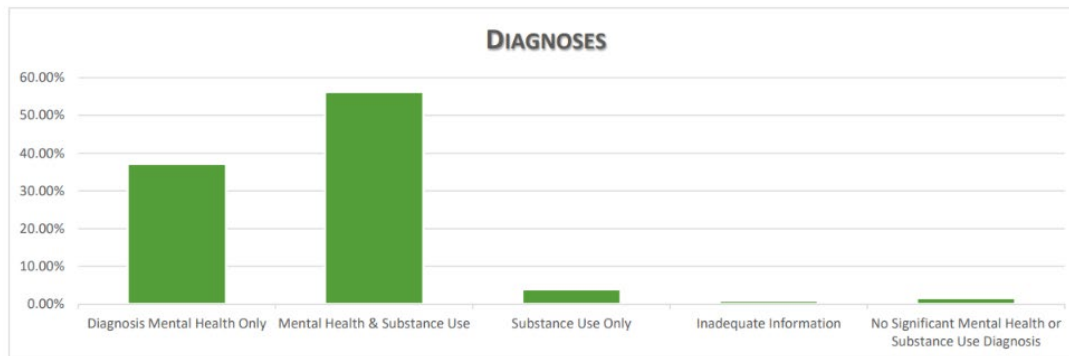
- Overall, census declined throughout the year
 - WIDCCC processed a total of 1,189 admissions from April 1, 2022 – March 30, 2023 (602 admissions unduplicated)
 - Average length of stay was 14 hours
 - Average daily census was 3 clients

DEMOGRAPHICS



- Over the course of the year, males reported highest usage
- Ages 25 – 44 accounted for over 50% of users
- 65% reported homeless or at risk of homelessness

DIAGNOSES AND PRESENTING CONCERNS

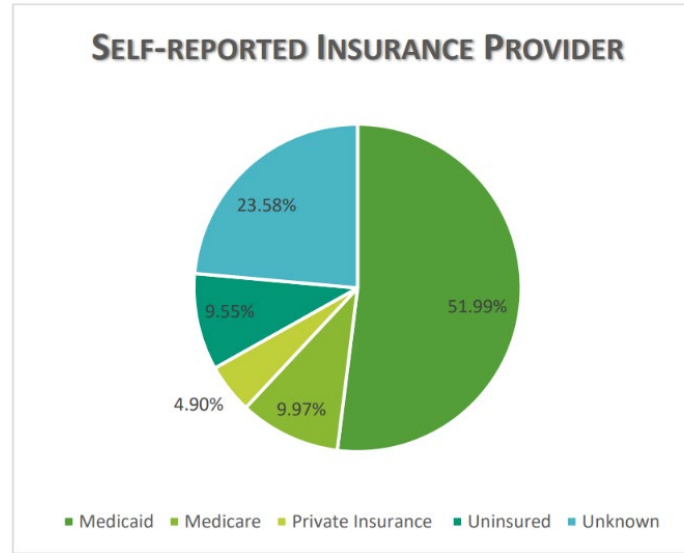
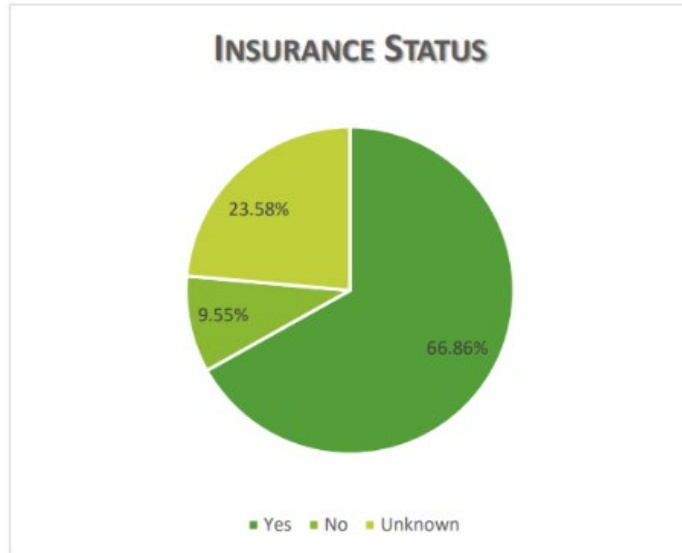


"Mental Health & Substance Use" and "Mental Health Only" were the top two diagnoses

The top three presenting concerns were:

- Housing
- Sobriety
- Behavioral health

INSURANCE INFORMATION



- 67% clients were insured, with 52% of clients enrolled in Medicaid

REFERRAL SOURCES AND COST SAVINGS REPORT

Referral Source					
988-Suicide Help Line	10	Jail	25	Private Mental Health Practitioner	2
Community Mental Health Agency	58	Legal Counsel	4	Probation/Parole	43
Dept of Corrections	13	Mental Health Court	1	Residential Care Facility/Assisted Living	1
District Health Service	2	Other Community Organization	52	Self Help Group	4
Education	1	Other Health & Welfare Programs	1	Self/Guardian	613
Employer/EAP	0	Other Recognized Legal Entity	2	Shelter for Homeless	34
Family/Friend	69	Physician	3	SUD Provider	16
Hospital	108	Police (except court or correction agency)	104	Unknown	17



Diversions	Visits	Cost/Visit	Total Cost
From Hospital	108	\$2,600	\$280,800
From Jail	75	\$82/day x 15 days	\$92,250
Law Enforcement	104	\$1,000	\$104,000
Total:			\$477,050

- Over 1,180 incoming referrals recorded
- Cost saving diversions resulted in over **\$475,000**

REFERRALS

Community Resource Referrals			
Employment Services	13	Refused	40
Food Banks	1115	Religious	1
Health Insurance	4	SUD/MH	188
Hospital	78	Suicide Hotlines	1018
Housing	128	Support Agency	128
Legal Resources	11	Vocation	0
Primary Care	6	Other	20

Referrals to a Higher Level of Care	
Intermountain	5
Lifeways Hospital	14
St. Alphonsus	3
St. Luke's	24
West Valley Medical Center	51
Other	9
Total	106



- Referrals highlight lack of basic needs
- 106 referrals were made to a higher level of care

TO SUMMARIZE...



- WIDCCC supported 500+ individuals in crisis



- Made 2700+ referrals to community supports



- Saved the community \$475,000 in diverted expenses

RECENT SUCCESSES



- WIDCCC Lobby remodel
- Idaho Harm Reduction Project (IHRP) installed the first harm reduction vending machine in Southwest Idaho
- July 1, Pathways of Idaho becomes WIDCCC operating provider



WIDCCC Client Quotes



- *"The Crisis Team assisted me with connecting with resources and empowering me to take ownership of my decisions."*
- *"The peer support specialist was a huge help in assisting me get into recovery and getting Medicaid."*
- *"The case managers went above and beyond with helping me navigate the process to obtain approval for SHIP housing. If not for this team, I would have gone back to using and the streets."*
- *"The staff were so helpful to me in my short time at the crisis center. They actively listened to my needs and concerns. They provided a new perspective on life and building confidence in myself."*

ACTIVITIES ON THE HORIZON



- Community partnerships
 - Specific focus on law enforcement & EMS
 - Mobile Response Units
- Coordinated branding and targeted marketing
- Supporting Pathways of Idaho

Any Questions?



If you would like to learn more about WIDCCC or have any questions, please contact:

Emily Straubhar

Emily.Straubhar@phd3.idaho.gov

208-484-8046





Opioid Settlement Update: Results from Environmental Scan for Future Investment & Allocation

Charlene Cariou, Community Health Program Manager

June 27, 2023

HEALTHIER TOGETHER

SWDH.ORG

Understand Regional Needs and Plans

- Opioid Settlement Funds are new to SWDH
 - Multiple entities receiving funding
 - Understand what other efforts are happening within the region
 - Goal: Deliberate investment in efforts to make measurable change within the community. Increase coordination and collaboration with community partners. Avoid duplication of efforts.
-
- **What, So What, Now What?**

What did we do?



- Partnered with Rathbone Falvey Research, data collected April & May 2023



- Key partner interviews - 26 semi-structured hour-long interviews conducted with leaders from each county.



- Community listening sessions – Weiser, Nampa, Emmett
- Community survey



- Existing data review



What did we find? *Current trends and unmet needs*

Current Trends: ED Visit Trend

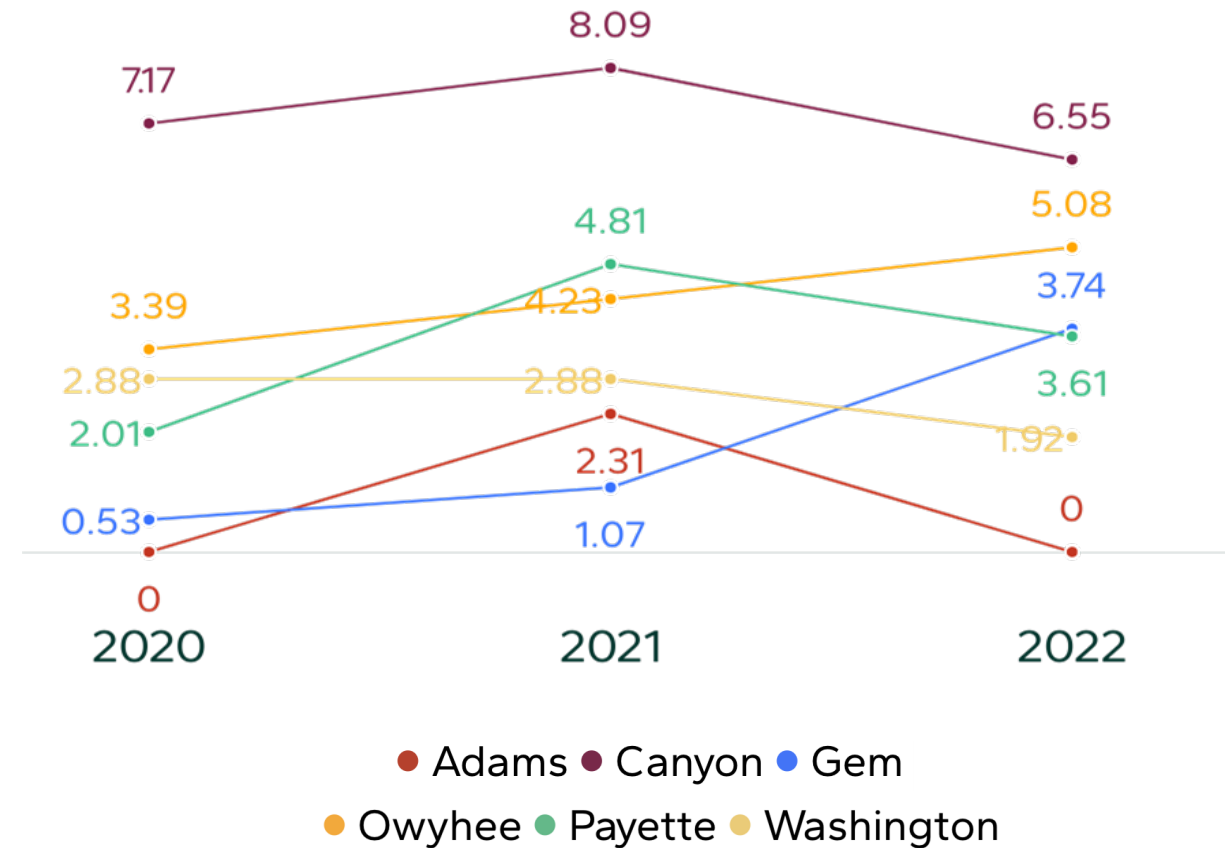
Trends reveal both upward and downward shifts in opioid-related ED visit rates

- + In 2022, Canyon, Payette, and Washington Counties observed a decrease in their respective rates.
- + Rates in Owyhee and Gem Counties saw an increase, signaling a potential worsening of opioid misuse.
- + Canyon County's high rate is noteworthy given its designation as a High Intensity Drug Trafficking Area*
 - + This label points to a significant presence of drug production, manufacturing, importation, or distribution activities within its boundaries.
 - + Population size could partly explain Canyon County's elevated rates, it is also the largest populated area nearest to the California and Oregon borders, which may make it a preferred target for drug trafficking.



*(Office of National Drug Control Policy, 2023).

Suspected Opioid Overdose Emergency Department Visits per 10,000. 2020 - 2022



Current Trends: Demographics

There are demographic differences in ED visits for opioid misuse

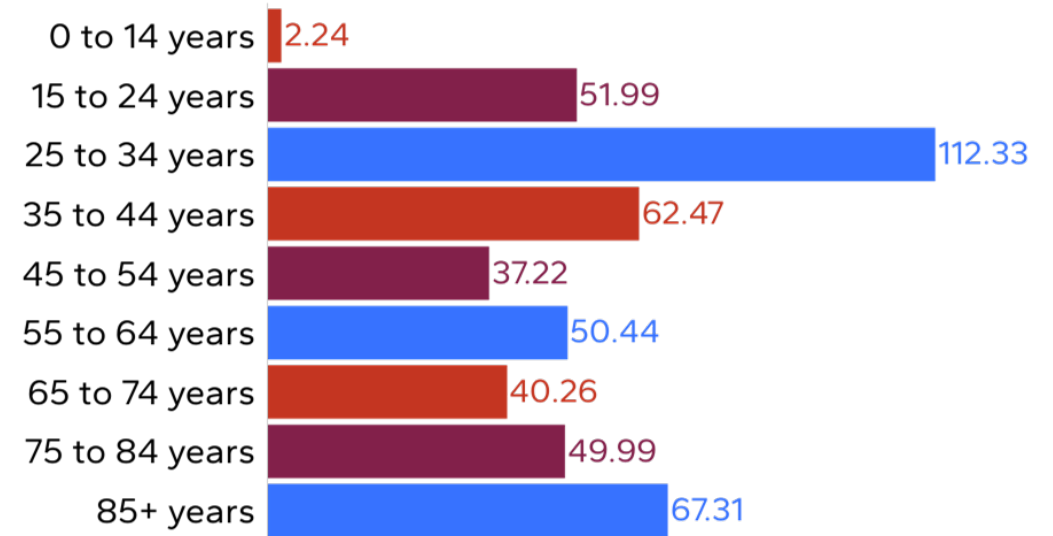
- + Males are disproportionately impacted by opioid misuse, emphasizing the need for gender-specific strategies.
- + Younger adults (25-34 years) have the highest rates of opioid-related ED visits.
- + The elderly population (85 years and above) has shown an increase in opioid-related ED visits, highlighting the need for targeted interventions for different age groups.



Opioid-Related Emergency Department Visits per 10,000 by Gender 2020 - 2022

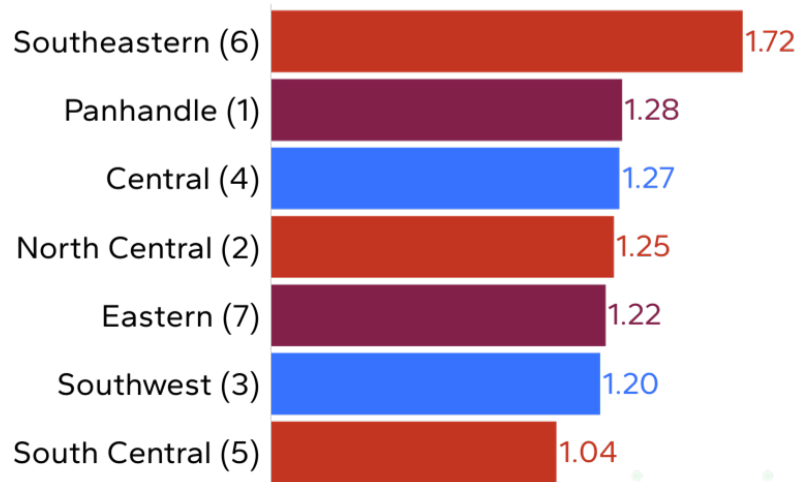


Opioid-Related Emergency Department Visits per 10,000 by Age Category 2020 - 2022

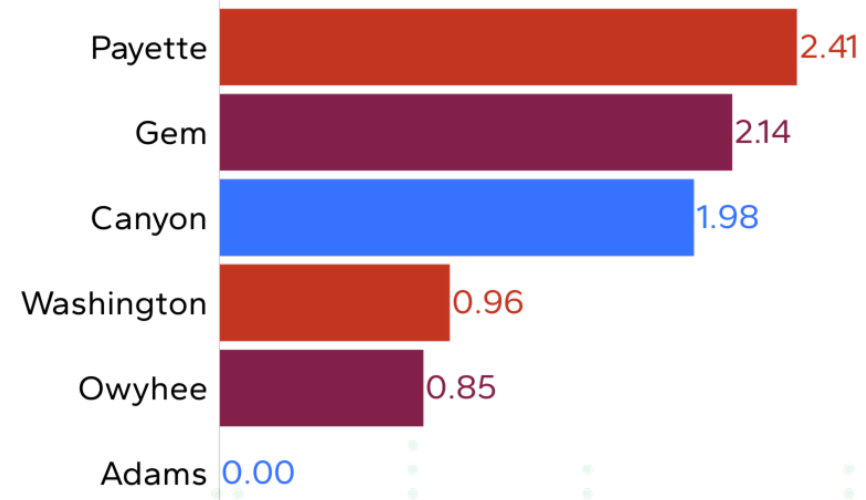


Current Trends: Overdose Deaths

SWDHD death rate is comparable to other districts. Payette county leads in suspected overdose deaths.



Drug Overdose Deaths by Idaho Health Region per 10,000 2021



Suspected Drug Overdose Deaths per 10,000 2021



Opportunities & Needs: Themes from interviews and community forums



- Education and training



- Treatment for substance abuse and mental health



- Community-based approaches



- Coordination of awareness and access



- Unmet basic needs

Unmet Needs: Education and Training

Educating families, youth and through school programs help solve this unmet need

- + Educating parents about various substances and what signs to look out for was identified as a key piece of the solution.
- + Youth and young adults are experimenting with opioid misuse along with many other substances often with little understanding of the dangers and long term effects.
- + Education about substance use and misuse is needed in schools preferably through significant and continuous programs.

“Kids are using substances younger and younger. The parents have to be involved (in education and prevention) because they are the ones in charge of the kids and need to know what is out there.”

“Conversations with our schools are needed about bringing in people to do education on what it is, how you obtain it, etc, because I just don't feel like we are doing a good job at this.”



Unmet Needs: Treatment for Substance Abuse and Mental Health Issues

Mental health and addiction treatment resources could be bolstered

Mental health awareness and education are foundational in the fight against substance abuse.

- + Consistent, reliable access to resources is lacking, including inpatient and outpatient treatment in all counties.
- + Counselors and mental health professionals are lacking in all counties.
- + Transportation issues prevent access to the minimal services that exist as well as access to services in farther away locations.
- + Involving the whole family in treatment and recovery programs could lead to better outcomes. Lack of parental involvement contributes to increased substance use among youth.

“We need mental health treatment (providers) that are specifically trained to deal with the drug abuse portion of it. Because I think oftentimes they're treated as two separate things. You need to go to a counselor or you go to drug treatment. But it has to be one and the same in whatever treatment they give.”

“People have been on waiting lists to try to get in (for treatment) somewhere in Boise. Often people that desperately need help are basically turned away because there was no room for them in the facility.”



Unmet Needs: Community Based Approaches

Positive prosocial resources for people of all ages are desired

There is a lack of prosocial activity options at all age levels in the counties. Current prosocial activities lean toward sports. Not all at-risk youth are served by athletics-based interventions. Transportation to and from prosocial activities is currently a barrier for many youth and adults alike.

Positive places for kids and families to go who are experiencing substance abuse and mental health issues are needed. Peer support and mentorship programs were mentioned as possible means to reach youth in need.

Many current programs are considered unaffordable to the majority of families, which is a barrier for creating positive support for children and adults. The programs need to be affordable, have sliding based fees, or be free.

"I do think creating mentorship programs gives more opportunities for kids to be involved and engaged in different activities, not just sports, because every kid's not going to be connected to sports."

"It's environmentally triggered. You come around your own playmates, your old stomping grounds and it's going to trigger it because they start talking and reflecting and romancing the old times."



Unmet Needs: Lack of Funding and Unmet Basic Needs

Lack of resources in rural counties highlights the need for increased support

- + Some communities do not have health clinics, hospitals or mental health service providers. Funding limitations impact the availability of services related to healthcare, mental health, and substance abuse in rural counties.
- + Housing challenges (lack of, too expensive, and substandard housing) in rural areas exacerbates the challenges faced by individuals with opioid misuse and mental health issues. Bridging the housing gap with sustainable solutions in the region is crucial.
- + Socioeconomic challenges are prevalent among the elderly population in rural counties necessitating comprehensive strategies to support them.
- + After incarceration there is a barrier to obtaining housing, finding a job, and therefore having one's food and shelter needs met.

“We need more (resources). We’re rural. We’re poor. We have no housing whatsoever for people that are either recovering or coming out of rehab or coming out of jail. There aren't any real stopgap measures.”

“We don't have a homeless shelter or anything like that. The closest one is in Boise. In rural America, rural Idaho, we don't have the resources like you see in the metropolitan areas.”

“Having a counselor and stuff on substance abuse, classes and such, all cost money”



Unmet Needs: Coordination, Awareness and Access

Rural resources go farther when shared

- + The lack of communication between organizations and service providers is a barrier to effective utilization of the limited resources that currently exist.
- + There is a need for crisis centers in these counties. Even mobile crisis units would be helpful in the smaller rural communities.
- + There is a need to advertise more to the general public for all types of resources available in the counties (i.e., recreational activities, mental health, substance treatment, housing). Increasing awareness campaigns and prevention resources to address the opioid issues in these counties is needed.
- + Resources are limited to non-existent for individuals who are returning to the community post incarceration (eg. housing, food, jobs).
- + Many people may be unaware of mental health resources that are already available through their employer resources (e.g. Employee Assistance Program or EAP) for employees.

“There have to be multiple municipalities with law enforcement involved. I don't think just one county law enforcement can combat it by themselves. That is, a regional treatment center, regional mental health center, not just relying on one organization to do it. It has to be collaborative.”





So what? Creating a Desired Future State

Stronger Families

“Not having opioids would mean there would be positive families even just due to not dealing with the impact of the substance on families and the loss of a loved one from an overdose.”

Investing in family-focused programs, parenting support, and community initiatives that promote strong family values will contribute to the overall well-being and future success of individuals and their communities.

- + Empowering families is vital in preventing substance abuse.
- + Emphasizing values such as respect, love, trust, communication, and support within families reduces the risk factors for drug misuse.
- + Strong family bonds provide a foundation for individuals to build resilience, make positive choices, and develop healthy coping mechanisms.



Safer Communities

“People would feel more secure with their property and not feel like it will be stolen by someone using substances.”

- + Investing in systems to address homelessness, vandalism, and substance abuse would build safer and more supportive communities.
- + Allocating resources towards initiatives that provide housing assistance, rehabilitative services, and treat substance abuse prevention could reduce societal challenges.
- + Prosocial activities that promote positive behaviors result in a strong and interconnected community.
- + Opportunities for individuals of all ages to engage in activities that encourage collaboration, skill-building, and character development could foster a sense of belonging and collective responsibility.
- + Establishing a culture of accountability, where individuals are encouraged to take responsibility for their actions and contribute to creating safer communities would further enhance the social fabric of neighborhoods.



Support for Mental Health

“If we were able to reduce the stigma around mental health and substances it would benefit everyone not just those with addiction.”

Addressing the stigma surrounding mental health would create a more compassionate society. By raising awareness and challenging misconceptions, individuals would feel empowered to seek help and support for their mental health issues.

- + Support groups, helplines, and counseling services offer a lifeline for those in need.
- + Education and information about mental health with an emphasis that seeking assistance is a sign of strength, not weakness.
- + Supportive initiatives that promote mental well-being and sharing stories of recovery would contribute to reducing the stigma and fostering an environment of understanding and acceptance.





Now What? Next Steps for SWDH

Next Steps





Questions?

Thank you – Charlene.Cariou@phd3.Idaho.gov

SWDH Opioid Settlement Funds Environmental Scan for Future Investment and Allocation

Prepared For
Southwest District Health

Prepared By
Rathbone Falvey Research
May 2023

This report was prepared by Rathbone Falvey Research for Southwest District Health



About Rathbone Falvey Research

Rathbone Falvey Research (RFR) is a boutique, woman-led, Boise-based research company. We're a small collaborative team with an anthropological approach. We love people and are compelled by human behavior which positions us perfectly to observe and study.

Authors

Vina Rathbone Falvey, CEO and Founder, Rathbone Falvey Research
Sara Palmer, Ph.D., Research Lead, Rathbone Falvey Research
Zoey Bevington, Researcher, Rathbone Falvey Research
Yvonne Gerratt, Project Manager, Rathbone Falvey Research
Lynette Daudt, Project Manager, Rathbone Falvey Research

Preferred Citation

Rathbone Falvey, V., Palmer, S., Bevington, Z., Gerratt, Y., & Daudt, L. (2023). *SWDH Opioid Settlement Funds: Environmental Scan for Future Investment and Allocation Planning*. Rathbone Falvey Research.

Acronyms used in this report

RFR	Rathbone Falvey Research
SWDH	Southwest District Health

A Note From the Authors

As part of the environmental scan, we surveyed, interviewed, conducted in-person forums, and collected quantifiable data on the topic of opioid use, misuse, and overdose within the region. This research was for Southwest District Health Department (SWDH) to better understand current utilization and plans for utilization of opioid funding among counties and funded cities within the region.

Table of Contents

Table of Contents	4
Executive Summary	6
Introduction	15
Methodology	16
Opioid Related Data and Overdose Data Analysis	16
General Population Survey	18
Key Stakeholder Interviews	19
Community Forums	20
Limitations	21
Findings	23
Current State of Opioid Misuse in the SWDH Region	23
Descriptive Statistics	23
Opioid Misuse Severity	24
Emergency Department Visits	25
Suspected Drug Overdose EMS Runs	29
Drug Overdose Deaths	32
Regression Analysis	34
Geospatial Analysis	36
Current Funding Distribution and Allocation	37
Analysis of Unmet Needs	39
Education and Training	39
Educating the General Public	40
Training Healthcare Professionals and Law Enforcement	40
Educating Elderly Populations	40
Educating Youth	41
School-Based Prevention Programs	41
Treatment for Substance Abuse and Mental Health Issues	43
Substance Abuse Treatment and Recovery	43
Mental Health Crisis Treatment and Ongoing Care	43
Family Involvement in Substance Abuse Treatment and Recovery	44
Emotional Trauma and Childhood Experiences	44
Community-Based Approaches	45
Prosocial Activities	45
Supportive Spaces Encourage Personal Growth	45
Strengthening Connections With Law Enforcement	46
Reducing Stigma Surrounding Substance Misuse and Abuse	46
Community Trauma from Substance Abuse Related Behaviors	46

Coordination of Awareness and Access	47
Coordination and Cross Collaboration	47
Communication and Awareness of Services	48
Lack of Funding and Unmet Basic Needs	50
Funding Limitations	50
Homelessness and Substance Abuse	50
Incarceration and Substance Abuse	50
Elderly Populations and Poverty	50
Police Department Staffing and Resource Limitations	51
Unmet Needs by County and City	52
Themes from Key Stakeholder Interviews	52
Themes from Community Forums	52
Desired Future State	54
Stronger Families	54
Safer Communities	54
Support for Mental Health	55
Summary and Recommendations	56
Recommendations for SWDH	57
Education	57
Prevention	59
Treatment of Opioid Misuse	61
Mental Health	63
Community-Based Services	64
Basic Needs	65
Conclusion	66
References	67
Appendices	68
Appendix I. Descriptive Statistics Analysis Data	69
Appendix II. Regression Analysis Data	71
Appendix III. Geospatial Analysis Maps	73
Appendix IV. Survey Questions	75
Appendix V. Survey Results	79
Appendix VI. Key Stakeholder Interview Discussion Guide	86
Appendix VII. Forum Discussion Guide	89

Executive Summary

The research team from Rathbone Falvey Research (RFR) contracted with SWDH to conduct an environmental scan from the beginning of April 2023 to the end of May 2023 to help identify where opioid settlement funds are being used and dispersed in the counties within the SWDH region.

Methodology

This study included qualitative and quantitative elements.

Quantitative analysis included:

- + Descriptive statistics analysis
- + Regression analysis
- + Geospatial analysis

Demographic and healthcare data was utilized from various sources, with a focus on opioid misuse from 2020 to 2023. Conservative estimates were employed where data were suppressed for privacy. Key variables related to opioid misuse were examined through descriptive statistical analysis and a linear regression model. This model accounted for demographic and socioeconomic factors and healthcare access across all 44 Idaho counties, with a distinction made for those in the SWDH region. Geospatial analysis was used to map the distribution of overdose events, ensuring privacy was maintained.

A survey of the general population of the SWDH counties was deployed to measure attitudes and perceptions regarding opioid misuse and how they would like to see meaningful investment in their communities to address opioid misuse. The survey results included:

- + A total of 304 completed responses were collected with respondents from all six counties.
- + This represents a 95% confidence interval and 5.6% margin of error.

Qualitative analysis included:

- + Key stakeholder interviews
- + Three community forums
- + Thematic analysis of the key stakeholder interviews and three community forums

Key stakeholders were interviewed from the six counties in the SWDH region to understand community needs and how counties and funded cities plan to utilize opioid settlement funds. Three community forums were held to better understand resident opinions and perspectives on opioids in their county. Thematic analysis was used to assess the transcripts and find the common themes for each county and forum, and then the themes were combined to create overarching themes.

Findings

Descriptive Statistics Analysis

- + Opioid misuse severity: Opioid misuse remains a significant concern in the SWDH region, particularly in Canyon County.
- + Emerging hotspots: While Canyon County stands out, other counties like Payette and Gem have experienced an increase in opioid-related ED visits and overdose deaths.
- + Demographic disparities: Younger adults (25-34 years) have the highest rates of opioid-related ED visits. The elderly population (85 years and above) has shown an increase in rates. Males are disproportionately impacted by opioid misuse.
- + Racial disparities: Racial disparities are evident in opioid-related ED visits, underlining the need to address socio-economic, cultural, and systemic factors that perpetuate these disparities.
- + Naloxone administration: The increased number of naloxone administrations signal a change in protocol when responding to opioid-related overdoses.
- + Drug overdose deaths: Payette County, despite having lower rates of opioid-related ED visits, shows the highest rate of drug overdose deaths.
- + Opioid misuse in fatal overdoses: Opioids are involved in 67% of drug overdose deaths in the SWDH region, on par with the state average.

Regression Analysis

- + Socio-economic indicators: Median household income and the percentage of individuals below the poverty level exhibited a significant negative relationship with opioid misuse. Higher median household income and lower poverty rates were associated with lower opioid-related visits.
- + Education and employment: High school graduation rates and unemployment rates displayed a marginally significant association with opioid misuse. Higher high school graduation rates and lower unemployment rates were correlated with fewer opioid-related visits.
- + The county-level dummy variable does not have a statistically significant effect on the suspected opioid-related ED visits rate which suggests that the six counties in the SWDH region may not significantly differ from the other counties in Idaho in terms of the suspected opioid-related ED visits rate. This finding implies that the impact of income, median household income, and poverty level on the suspected opioid-related ED visits rate is consistent across all counties in Idaho, including the six counties in SWDH.

Geospatial Analysis

- + Each county has a number of concentrated hotspots in their geographic region.
 - + Adams - New Meadows and Council show a concentration of overdoses. The rest of the county appears to have no reported cases of overdoses.
 - + Canyon - Nampa and Caldwell emerge as significant hotspots in Canyon county for overdoses as well as the entire SWDH region. These two cities exhibit a high concentration of overdose cases. Additionally, there are smaller clusters of overdoses in Middleton, Parma, and Melba.
 - + Gem - Emmett stands out as the overwhelming hotspot for overdoses. The majority of overdose cases are concentrated in Emmett, with a few scattered cases on the outskirts, including Sweet and Bramwell. The northern parts of the county seem to be relatively untouched by overdoses.
 - + Owyhee - Homedale and Marsing emerge as the primary hotspots for overdoses. There is also a smaller number of overdose cases reported in Walters Ferry. The concentration of overdoses appears to be primarily in the northern part of the county, while the majority of Owyhee County remains unaffected by overdoses.
 - + Payette - Payette is identified as the hotspot for overdoses. Additionally, there is a concentration of overdose cases in New Plymouth and Fruitland.
 - + Washington - All overdoses occurred in and around Weiser, making it the extreme hotspot for the county.
- + The hotspots for overdoses in the six counties align with the most populated areas, highlighting the urgency of addressing opioid misuse in these high-density regions.
 - + It is crucial to recognize that rural communities also face unique challenges in combating opioid misuse and overdose. Despite lower population densities, rural areas require access to comprehensive resources. It is essential to ensure that rural communities have equitable access to resources and tailored strategies that consider the distinct characteristics and needs of these areas.

General Population Survey

- + The majority of respondents believe that opioid misuse is a very significant issue affecting their community.
- + 56% of respondents have personally observed the negative impacts of opioid misuse.
- + 41% of respondents believed that education on opioid misuse should be most prioritized to help address opioid misuse, followed by the prevention of opioid misuse, and the treatment of opioid misuse.

- + When asked to rank opportunities on education of opioid misuse, education campaigns in schools to educate youth on opioid misuse was chosen as the first priority by the majority of respondents.
- + When asked to rank opportunities on the prevention of opioid misuse, preventing overdoses through efforts like the distribution of Naloxone was chosen as the first priority by the majority of respondents.
- + When asked to rank opportunities on the treatment of opioid misuse, expanding the availability of treatment of Opioid Use Disorder was chosen as the first priority by the majority of respondents.

The findings section covers current funding distribution and allocation, how current opioid settlement funds have been allocated to the six counties covered under the SWDH region, and how each county has or has not used the allocated opioid settlement funds to date.

- + Adams - To date, \$11,471 (or \$13,205.44 according to SWDH data) has been received as per the county clerk, and there is currently no established plan regarding the distribution or allocation of the funding.
- + Canyon - To date, \$457,444.12 has been received, with an expected total of approximately \$3 million over 18 years, and \$18,000 has been dispersed to the City of Caldwell for public safety, while the remaining funds' intended use remains undecided.
- + Gem - A total of \$125,806.21 has been received thus far, with \$20,666.04 received for the 2022/2023 fiscal year, \$105,140.17 received for the 2023/2024 fiscal year, and an expected approximate total of \$600,000 over an 18-year period; some funding has been allocated to the Gem County Recovery Center, while the remainder is unspent, with the intention of keeping all funds within the county and Emmett community.
- + Owyhee - To date, \$50,693.85 has been received, and the intention is to disperse the opioid settlement funds to SWDH (Southwest District Health) for their utilization.
- + Payette - Received \$116,375.35 to date.
No current plan in place as to where funding will be distributed.
Payette County wants to build the funds into a larger amount before deciding.
- + Washington - To date, \$44,880.52 has been received, with \$10,000 allocated specifically for education purposes within the Sheriff's office and school district.

Analysis of Unmet Needs

Through a thematic analysis of key stakeholder interviews and community forums, five prominent themes emerged as significant focal points. Exploring these five key themes revealed connections and intricacies interwoven among the counties. Identified themes are:

- + Education and Training

- + Treatment for Substance Abuse and Mental Health Issues
- + Community-Based Approaches
- + Coordination of Awareness and Access
- + Lack of Funding and Unmet Basic Needs

Education and Training

- + There is a need to educate at all levels of these communities to dispel confusion surrounding opioid use and misuse.
- + There is a lack of knowledge among elderly populations about the dangers of opioids, the importance of locking up medications, and what substance abuse looks like with prescription medications.
- + Educating parents about various substances and what signs to look out for was identified as a key piece of the solution.
- + Ongoing education and training are needed for Law Enforcement, EMS, and Fire regarding addiction and substance abuse.
- + Youth and young adults are experimenting with opioids along with many other substances often with little understanding of the dangers and long term effects.
- + Education about substance use and misuse is needed in schools.

Treatment for Substance Abuse and Mental Health Issues

- + Consistent, reliable access to resources is lacking.
- + There is a lack of both inpatient and outpatient treatment in all counties.
- + Counselors and mental health professionals are lacking in all counties.
- + Transportation issues prevent access to the minimal services that exist as well as access to services in farther away locations.
- + Physical, emotional and generational traumas often underlie mental health issues and substance abuse.
- + Mental health awareness and education are foundational in the fight against substance abuse.

Community-Based Approaches

- + There is a lack of prosocial activity options at all age levels in the counties.
- + Current prosocial activities lean toward sports. Not all at-risk youth are served by athletics-based interventions.

- + Transportation to and from prosocial activities is currently a barrier for many youth and adults alike.
- + Positive places for kids and families to go who are experiencing substance abuse and mental health issues are needed.
- + Peer support and mentorship programs were mentioned as possible means to reach youth in need.
- + Many current programs are considered unaffordable to the majority of families, which is a barrier for creating positive support for children and adults. The programs need to be affordable, have sliding based fees, or be free.
- + Changing the stigma around seeking help could increase the numbers of individuals willing to access services thus reducing and reversing the number of individuals stuck in the cycle of addiction.

Coordination of Awareness and Access

- + The lack of communication between organizations and service providers is a barrier to effective utilization of the limited resources that currently exist.
- + There is a need for crisis centers in these counties. Even mobile crisis units would be helpful in the smaller rural communities.
- + There is a need to advertise more to the general public for all types of resources available in the counties (i.e., recreational activities, mental health, substance treatment, housing).
- + Increasing awareness campaigns and prevention resources to address the opioid issues in these counties is needed.
- + Resources are limited to non-existent for individuals who are returning to the community post incarceration (eg. housing, food, jobs).
- + Many people may be unaware of mental health resources that are already available through their employer resources (e.g. Employee Assistance Program or EAP) for employees.

Lack of Funding and Unmet Basic Needs

- + Lack of basic needs for individuals in rural areas. For example, New Meadows, in Adams County, does not have a grocery store. Some locations do not have health clinics, hospitals or mental health service providers.
- + The housing challenges (lack of, too expensive, and substandard housing) in rural areas exacerbates the challenges faced by individuals with opioid misuse and mental

health issues. Bridging the housing gap with sustainable solutions in the region is crucial.

- + Disparities in resources between rural and larger counties highlight the need for increased support and investment in rural communities.
- + Funding limitations impact the availability of services related to healthcare, mental health, and substance abuse in rural counties.
- + Socioeconomic challenges are prevalent among the elderly population in rural counties necessitating comprehensive strategies to support them.
- + After incarceration there is a barrier to obtaining housing, finding a job, and therefore having one's food and shelter needs met.

Summary and Recommendations

In the recommendation section there are six recommended broad areas to consider when determining activities to meet regional needs with opioid settlement fund distribution and use:

Education Summary:

- + Education is crucial in combating opioid misuse and promoting public health.
- + Education raises awareness about risks, consequences, and proper use of opioids.
- + Educating healthcare professionals, patients, families, and communities is essential to understanding the dangers of opioids.
- + Education dispels misconceptions, reduces stigma, and promotes early intervention and treatment-seeking behaviors.

Recommendation: Implement opioid and substance education in schools to empower students to make informed decisions, enable early intervention, and reduce the stigma surrounding addiction.

Prevention Summary:

- + Prevention efforts are crucial in combating opioid misuse and addiction.

Recommendation: Implement evidence-based prevention programs targeting vulnerable populations.

Recommendation: Develop structured continuing education classes/courses for first responders.

Recommendation: Create prosocial activities in rural communities for youth to prevent opioid misuse.

Recommendation: Conduct surveys, establish partnerships, offer workshops, plan social gatherings, and create support groups to build prosocial activities.

Treatment Summary

- + Opioid treatment is crucial for addressing addiction and misuse.
- + Equipping individuals with tools and support systems is essential for managing triggers and promoting mental well-being.
- + Mobile crisis units bridge the accessibility gap for remote areas and individuals with transportation challenges.

Recommendation: Establish a crisis center and mobile crisis units to provide immediate assistance and specialized care for mental health emergencies.

Recommendation: Educate and train on medication-assisted treatment (MAT) to enhance treatment outcomes by combining medication, therapy, counseling, and support services.

Mental Health Summary

- + Comprehensive mental health services are crucial in addressing the relationship between opioid misuse and mental health.
- + Mental health support is essential for preventing and treating opioid misuse by addressing underlying mental health conditions and co-occurring disorders.
- + Counseling, therapy, and psychiatric interventions help individuals develop healthier coping mechanisms and address psychological issues driving opioid misuse.
- + Integrated care between mental health and substance abuse treatment providers is important for holistic treatment.

Recommendation: Create transportation options for mental health, hospital, and crisis care to address transportation barriers in at-risk populations, youth, and rural communities.

Community-Based Services Summary

- + Community resources are vital in addressing the challenges of opioid misuse and supporting affected individuals and families.
- + These resources encompass a wide range of services such as treatment centers, harm reduction programs, support groups, and outreach initiatives.

- + They provide essential interventions including counseling, medication-assisted treatment, overdose prevention education, and naloxone distribution.
- + Community resources reduce stigma, foster social support, and create a sense of belonging for individuals struggling with opioid addiction.

Recommendation: Create a comprehensive "Resource Guide" for each county to help identify and access available services, addressing the lack of up-to-date resource listings.

Basic Needs Summary

- + Meeting basic human needs is crucial in comprehensive opioid education, prevention, and treatment efforts.
- + Opioid misuse often thrives in environments marked by poverty, homelessness, food insecurity, and lack of healthcare access.
- + Addressing these social determinants of health can create a supportive environment for individuals affected by opioids.
- + Integrating support for basic needs into opioid initiatives can address an underlying factor contributing to misuse and promote holistic recovery.

Recommendation: Establish partnerships with housing agencies, food banks, and healthcare providers to ensure access to essential resources for individuals struggling with opioid addiction.

Introduction

The purpose of this environmental scan was to better understand the current utilization, and plans for utilization of opioid funding among counties and funded cities within the region, and to collaborate on strategies to address health behaviors and outcomes related to opioid use, misuse, and overdose within the region. This report will help with understanding the current state of opioid related programming, community gaps and needs as reflected in the data, assessment of funding utilization among opioid settlement recipients, and recommended strategies to address regional needs.

SWDH is a public health department serving six counties: Adams, Washington, Payette, Gem, Canyon, and Owyhee (Figure 1.). SWDH recognizes the importance of addressing the root causes of poor health outcomes across the population, and partnering with agencies and businesses in the community to leverage resources toward common goals in an intentional and strategic way ([SWDH website](#)).

To assist SWDH in expanding this knowledge and addressing root causes, an Opioid Environmental Scan solicitation was created and contracted to Rathbone Falvey Research to conduct the research. The key outcomes SWDH wanted covered included:

- + Analysis of opioid use, misuse and overdose data for the region.
- + Key stakeholders interviewed from six counties covered in the SWDH region.
- + Thematic analysis of key stakeholder interview data.
- + Summary of key themes with recommendations provided as to potential activities that meet regional goals.
- + Facilitation of at least three community meetings to assess resident perspectives on opioid misuse, opioid overdose, and potential prevention and mitigation strategies.

Southwest District Health wanted a final report describing the current state of opioid-related programming, community gaps and needs as reflected in the data, as well as funding utilization among opioid settlement recipients.



Figure 1

Methodology

The research team used a combination of qualitative and quantitative data collection methods to ensure accurate findings and well-rounded conclusions. These conclusions will serve as a basis for making informed recommendations. Research processes included:

- + **Opioid Related Data and Overdose Data Analysis:** Collection and analysis of opioid-related and overdose data for the SWDH region (Adams, Washington, Payette, Gem, Canyon, and Owyhee counties).
- + **Gen Pop Survey:** Deployment of a survey to the general population of the SWDH region counties.
- + **Stakeholder Interviews:** Interviewing of key stakeholders from each county and funded city within the SWDH region.
- + **Community Forum:** Conduct three community meetings to gather resident viewpoints on opioids.

Opioid Related Data and Overdose Data Analysis

A quantitative analysis was conducted on multiple data sets to gain a deeper understanding of opioid misuse in the SWDH region. By examining relevant demographic and healthcare data, this analysis aims to identify patterns, trends, and associations that can inform strategies and interventions. The descriptive statistical analysis, regression analysis, and a geospatial analysis, aimed to show patterns and characteristics of opioid misuse, identify the statistically significant predictors associated with opioid misuse in the SWDH region, and visualize the spatial patterns of opioid misuse. For the full descriptive statistical and regression analysis datasets, please refer to Appendices I, II, III.

<p>Purpose</p>	<p>The purpose was to assess the demographic profile of opioid misuse, explore the relationship between demographic factors and opioid misuse, identify potential determinants of opioid misuse, visualize overdose hotspots geographically, and provide evidence-based insights for targeted interventions.</p>
<p>Data Collection and Processing</p>	<p>Demographic data was pulled from the Census Bureau American Community Survey 5 Year Estimates 2021 Tables and the 2020 Census Data Tables. The emergency medical services (EMS) data are from BioSpatial and the emergency department (ED) data are from ESSENCE. Geospatial data was collected from software that tracks near real-time surveillance of suspected overdose events. Data was included from January 2020 through May 2023. In the regression analysis data, some counties had a low number of suspected opioid-related emergency department (ED) visits, specifically less than 10 visits per year. Due to privacy concerns and data suppression guidelines, the actual counts for these counties were suppressed in the dataset.</p> <p>By assigning a count of 5 to these counties, it was assumed that these counties had a small but nonzero number of suspected opioid-related ED visits. Although this assumption may introduce some level of imprecision, it enables the analysis to account for the potential presence of opioid-related issues even in counties with limited data availability. The assignment of a count of 5 opioid-related ED visits to counties with suppressed counts is a common practice in data analysis when dealing with privacy concerns. A sensitivity analysis was performed by running the regression analysis with different imputed values (3 and 7) to assess the robustness and reliability of our findings.</p> <p>For the geospatial analysis, data was pulled from a software that tracks near real time surveillance of overdoses. Data was pulled from January 1st, 2020 to May 25, 2023. The maps were blurred for privacy protection. To address privacy concerns, the maps have undergone necessary measures to mask any identifiable information. Only blurred images will be shared in this report in order to protect the privacy of individuals involved in these overdose events.</p>
<p>Analysis</p>	<p>The descriptive statistical analysis included the univariate analysis of different opioid misuse variables including opioid-related emergency department visits, suspected opioid overdose emergency department visits, suspected drug overdose EMS runs, EMS naloxone administration, drug overdose deaths, and drug overdose deaths reporting opioids.</p> <p>The linear regression model was conducted in R 4.3.0. In the regression analysis, the dependent variable is a measure or indicator related to opioid misuse, suspected opioid overdose emergency department visits. The independent variables, also known as predictors or explanatory variables,</p>

encompass a range of factors that may be associated with opioid misuse, such as demographic characteristics, socioeconomic indicators, and healthcare access. Due to the small sample size of six SWDH counties, the regression analysis was conducted on all 44 counties in Idaho. A dummy variable was then included to indicate if a county was in the SWDH region or not. By assigning this dummy variable, we would be able to estimate if the SWDH counties differed from the overall regression analysis on all Idaho counties.

The regression model calculates the estimated coefficients for each independent variable, along with their associated standard errors, t-values, and p-values. The coefficient represents the average change in the dependent variable for a one-unit increase in the corresponding independent variable, while holding all other variables constant. The standard error measures the precision of the estimated coefficient, and the t-value assesses the statistical significance of the coefficient. The p-value indicates the probability of obtaining a coefficient as extreme as the observed value if there were no true relationship between the variables.

The regression model provides measures of model fit and overall performance. The R-squared value represents the proportion of the variance in the dependent variable explained by the independent variables. It indicates the goodness-of-fit of the model and ranges between 0 and 1, with higher values indicating a better fit. The F-statistic assesses the overall significance of the model by testing the null hypothesis that all the regression coefficients are equal to zero. The results of the sensitivity analysis indicated that the same variables remained statistically significant despite varying the suppressed counts for opioid-related ED visits in the dataset.

For the geospatial analysis, the maps were analyzed based on the geographic distribution of overdose events and hotspots were identified.

General Population Survey

A survey was developed to gain insight into the perspectives of the general population of the SWDH region regarding opioid misuse. Participants were asked to rank their priorities for how to deal with opioid misuse in their communities.

The questionnaire included dimensions around perception, knowledge, experience, and the utilization of preventative measures related to opioid misuse. The survey was purposefully distributed across all six counties encompassing the expansive SWDH region, ensuring a broad representation of diverse communities and their unique circumstances. For the specific survey questions utilized and survey outcomes, please refer to Appendix IV and Appendix V.

Purpose	To collect data from the general population in the six counties regarding awareness of opioid misuse, overdose, prevention, and resources available in communities.
Data Collection	<p>The research team collected feedback for SWDH through a web-based survey distributed through SurveyMonkey. The survey was open from May 5th, 2023 to May 23rd, 2023. There were a total of 13 questions on the survey, which averaged four minutes to complete. Survey questions included likert scales, yes/no answers, open-ended, and ranked choice questions. There were 304 survey completes, which included:</p> <ul style="list-style-type: none"> + Canyon County; n=177 responses + Owyhee County; n=47 responses + Washington County; n=24 responses + Adams County; n=15 responses + Payette County; n=19 responses + Gem County; n=22 responses <p>This represents a 95% confidence interval and 5.6% margin of error.</p>
Analysis	The process of analyzing the survey involved examining and interpreting the collected responses, employing statistical techniques and qualitative methods to identify patterns, trends, and key insights that would contribute to a comprehensive understanding of the participants' perspectives, behaviors, and experiences.

Key Stakeholder Interviews

Semi-structured individual and group interviews were conducted to gain insight into opioid misuse within the six counties under the Southwest District Health (SWDH) region. The discussion guide included questions aimed at better understanding specific dynamics and challenges related to opioid misuse in each county. Key stakeholders representing Adams, Washington, Payette, Gem, Canyon, and Owyhee County were contacted by email and phone and asked to participate in an interview. Key stakeholders hold various positions in government, hospitals, schools, and professional organizations. This helped to ensure a diverse range of perspectives from different areas within the SWDH region. The questions in the discussion guide were not all used in each interview due to the different positions held by each key stakeholder. For a detailed overview of the questions included in the interview discussion guide, please refer to Appendix VI.

By employing this semi-structured individual interview approach, valuable information was obtained directly from key stakeholders, shedding light on opioid misuse at the local level. The diverse perspectives and experiences shared by the key stakeholders contributed to a more holistic understanding of the challenges faced by each county related to opioid misuse.

Purpose	The purpose of the key stakeholder interviews were to gather information regarding opioid settlement funds from all six counties. Key stakeholders were interviewed about opioid use, misuse, prevention, resources, and opioid overdose in their counties.
Data Collection	<p>There were 26 key stakeholder interviews conducted during April and May, 2023. For the counties, total interviews were:</p> <ul style="list-style-type: none"> + Canyon; n=8 + Washington; n=5 + Adams; n=4 + Gem; n=3 + Owyhee; n=3 + Payette; n= 3 <p>Key stakeholder representatives included:</p> <ul style="list-style-type: none"> + City officials + Clerk's office + County commissioners + County health center + Health department + Hospitals + Juvenile probation + Mayors + Paramedics + Recovery center staff + School district staff + Sheriff's office + Treasurer's office
Analysis	Thematic analysis was used for the key stakeholder interviews. This comprehensive process included reviewing audio and video recordings, transcribing using Otter.ai, coding the transcripts, sorting codes into categories, and identifying themes.

Community Forums

Three community forums were hosted as a part of this research in order to collect qualitative data from the general public. These forums provided a space for open dialogue, exchange of ideas, and sharing of perspectives among participants. The goal of the three community forums were to gauge the general public's opinions on opioid misuse.

A forum discussion guide was developed with questions to better understand the general population's understanding of opioids. The forum focused on individuals residing in the SWDH regions of focus including Adams, Washington, Payette, Gem, Canyon, and Owyhee County. The semi-structured questions were used to help guide the in-person conversations (For a detailed overview of the questions included in the forum discussion guide, please see Appendix VII).

Purpose	To capture the general population's perception on opioid misuse, opioid overdose, and potential prevention and mitigation strategies in the counties.
Data Collection	<p>The forums were conducted in person on three separate occasions. The dates and locations were:</p> <ul style="list-style-type: none"> + Weiser - Public Library - April 15, 2023 + Nampa - College of Western Idaho, Nampa Campus - April 19, 2023 + Emmett - Gem County Senior Center - May 1st, 2023 <p>A specific set of questions were used as a guide to facilitate discussion and draw out insights (see Appendix III).</p> <p>Participants of the sessions agreed that the forums were beneficial and a good way for the community to voice their opinions on the topic.</p> <p>Participants of various age groups, ranging from high school-aged to the elderly, took part in the forums.</p> <ul style="list-style-type: none"> + Weiser had 5 participants + Nampa had 12 participants + Emmett had 14 participants
Analysis	Thematic analysis was used for the community forums. This comprehensive process included reviewing audio and video recordings, transcribing using Otter.ai, coding the transcripts, sorting codes into categories, and identifying themes.

Limitations

With all research there are limitations to consider.

Descriptive statistics rely on the accuracy and completeness of recorded data. If opioid misuse incidents are underreported or inconsistently reported, the analysis and results may be skewed. Selection bias may be introduced if the collection of data disproportionately represents certain demographics such as specific age groups or urban areas.

Regression analyses establish associations rather than causation. While significant predictors are identified, it is crucial to remember that they may not necessarily be the direct causes of opioid misuse. Other unobserved or unmeasured variables may contribute to the complex dynamics of this public health issue. The imputation of a fixed value for suppressed counts of opioid-related ED visits introduces some level of uncertainty and potential bias into the analysis.

Geospatial analyses also rely on the completeness of the data analyzed. Errors or underreporting of incidents can lead to inaccuracies in the reporting. Rural areas may be underrepresented if incidents are not reported.

Surveys offer a broad reach and allow collection of data from a larger sample size. Surveys rely on self-reported information, which may introduce response bias or inaccuracies due to participants' interpretation of opioid misuse and overdose. It is also important to consider that surveys often have limited space for participants to fully express their perspectives and experiences, potentially overlooking nuanced details. One open-ended qualitative question was included in an attempt to offset this potential limitation.

Individual interviews, while valuable qualitative research tools, have certain limitations. The findings from individual interviews may not be fully representative of the broader population as the perspectives and experiences shared are specific to the key stakeholders interviewed in each of the counties. Individual interviews can be resource-intensive, limiting the number of participants that can be included, which may impact the generalizability of the results.

Community forums provide a platform for open dialogue and collective input. The community forums may not capture the opinions of individuals who do not actively participate, and representation may be low on personality types who are less likely to attend. The Weiser community forum had a low turnout, which was viewed as a limitation, given a smaller capture on voices of individuals from that county. The Nampa and Emmett forums had more participants with a wider variance of perceptions.

It is important to note these limitations in order to provide an accurate interpretation of research findings while considering the contextual factors and potential biases or constraints associated with each research method. By acknowledging and addressing these limitations, the validity and reliability of findings is enhanced ensuring they are not overgeneralized or misinterpreted. Moreover, recognizing that there are specific limitations to each research method allows for a more balanced interpretation of the results, and helps promote a deeper understanding of the complexities and variations surrounding opioid misuse research.

Findings

The SWDH region has been grappling with the profound and far-reaching consequences of opioid misuse. This section sheds light on the current state of opioid misuse within the region. A multifaceted analysis was used to unravel the intricate dynamics, determinants, and consequences of opioid misuse, providing evidence-based insights. Findings are structured into five key sections, each offering unique perspectives on opioid misuse within the SWDH region.

- + The Current State of Opioid Misuse in the SWDH Region
- + Quantitative Analysis
- + Current Funding Distribution and Allocation
- + Analysis of Unmet Needs
- + Desired Future State

Current State of Opioid Misuse in the SWDH Region

While all counties in the region have been touched by opioid misuse, some are more affected than others. In order to better understand the impact of opioid misuse in the region, data analysis was conducted to identify patterns and trends in opioid misuse and overdoses across counties. By analyzing the hard data and looking at the numbers, a more accurate understanding of the scale and nature of opioid misuse in the region is obtained. This type of data analysis is essential for developing effective interventions and strategies to address opioid misuse, and for ensuring that resources are targeted to areas with the greatest need. The following are findings from the data analysis, which include information on opioid-related ED visits, opioid-related EMS runs, and mortality rates, as well as demographic characteristics of that information. Overall, the analysis underscores the importance of taking a comprehensive, data-driven approach to addressing opioid misuse.

Descriptive Statistics

Key Takeaways

- + Opioid misuse severity: Opioid misuse remains a significant concern in the SWDH region, particularly in Canyon County. Canyon county's high rates of opioid-related ED visits, its designation as a high population High Intensity Drug Trafficking Area, and its close proximity to California and Oregon borders suggest severe opioid misuse that needs urgent attention.
- + Emerging hotspots: While Canyon County stands out, other counties like Payette and Gem have experienced an increase in opioid-related ED visits and overdose deaths. This signals an escalating situation in these areas that warrants further investigation and intervention.
- + Demographic disparities: Younger adults (25-34 years) have the highest rates of opioid-related ED visits. The elderly population (85 years and above) has shown an increase in opioid-related ED visit rates as well, highlighting the need for targeted

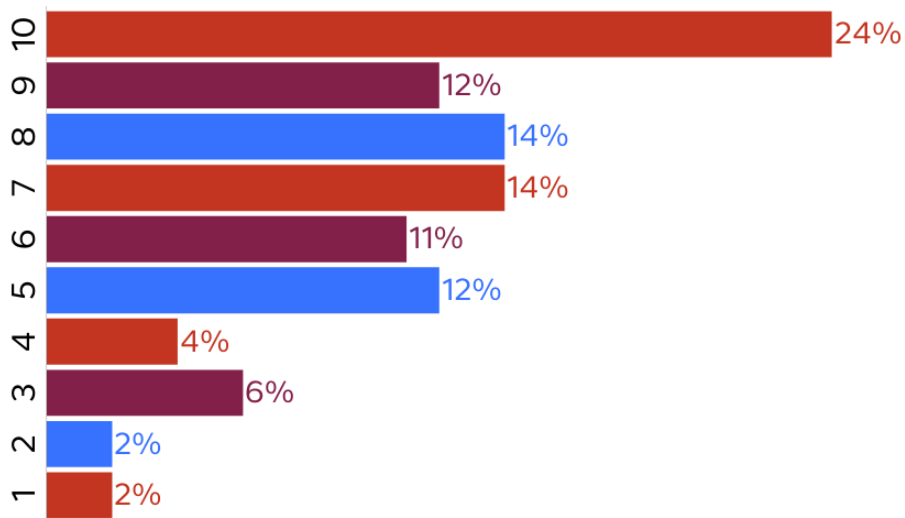
interventions for different age groups. Males are disproportionately impacted by opioid misuse, emphasizing the need for gender-specific strategies.

- + Racial disparities: Racial disparities are evident in opioid-related ED visits, underlining the need to address socio-economic, cultural, and systemic factors that perpetuate these disparities.
- + Naloxone administration: The increased number of naloxone administrations signal a change in protocol when responding to opioid-related overdoses. The amount administered per patient indicates an increased tolerance to Naloxone in overdose patients.
- + Drug overdose deaths: Payette County, despite having lower rates of opioid-related ED visits, shows the highest rate of drug overdose deaths. This points towards a need for better post-overdose interventions and indicates potential barriers to healthcare access in this county.
- + Opioids in fatal overdoses: Opioids are involved in 67% of drug overdose deaths in the SWDH district, on par with the state average, underscoring the urgent need for effective opioid-specific interventions.

Opioid Misuse Severity

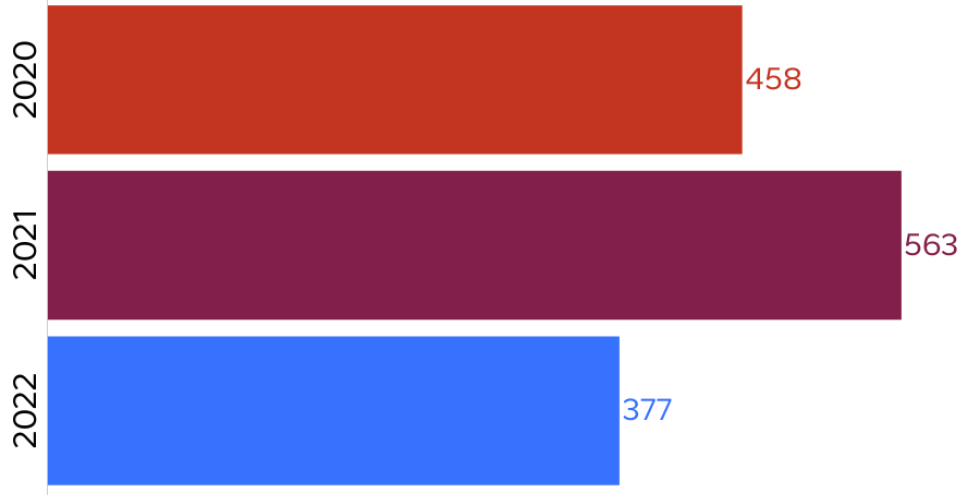
The survey revealed opioid misuse is viewed as a significant issue to the community members of the SWDH region, signaling the importance of intervention to this community.

On a scale of 1 to 10, how much of an issue do you believe opioid misuse is in your community? Opioid misuse may include the improper use of both prescription and illegal opioids, leading to negative impacts on individuals, families, and communities. 1 is not an issue at all, and 10 is a very significant issue.



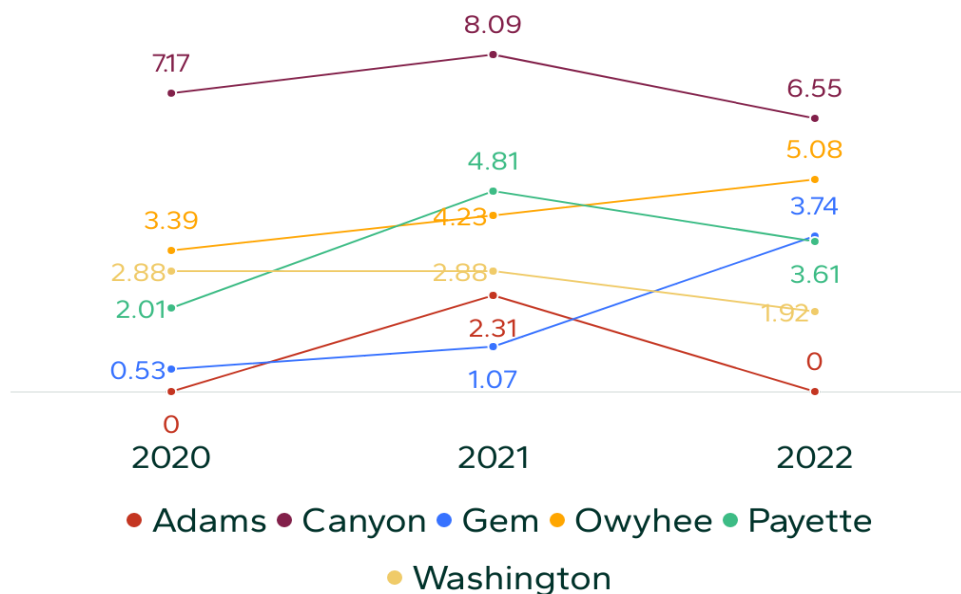
Emergency Department Visits

Opioid-Related Emergency Department Visits SWDH Region
2020 - 2022



The overall regional trend for opioid-related Emergency Department (ED) visits exhibited variations over the three-year period. The number of visits increased in 2021 to 563, indicating a concerning rise in opioid misuse during that year. The trend shifted in 2022, with a decrease to 377 opioid-related ED visits. Despite the decrease observed in 2022, it's important to acknowledge that the number of visits remains significant.

Suspected Opioid Overdose Emergency Department Visits per 10,000
2020 - 2022

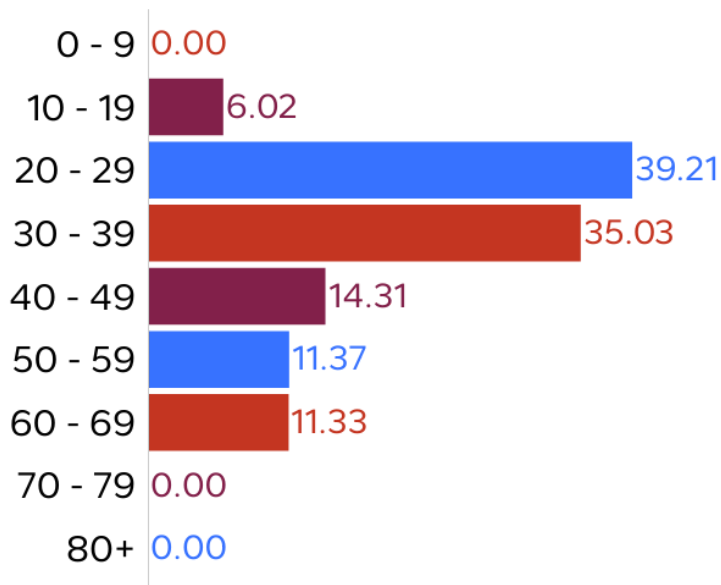


Opioid-related Emergency Department (ED) visits exhibit notable variation across the different counties. Canyon County reported the highest rates of these visits, followed by Payette and Owyhee.

Temporal trends reveal both upward and downward shifts in opioid-related ED visit rates. In 2022, Canyon, Payette, and Washington Counties observed a decrease in their respective rates. This could suggest the potential effectiveness of interventions implemented or a change in reporting. On the other hand, rates in Owyhee and Gem Counties saw an increase, signaling a potential worsening of opioid misuse in these areas.

Canyon County's high rate is particularly noteworthy given its designation as a High Intensity Drug Trafficking Area (Office of National Drug Control Policy, 2023). This label points to a significant presence of drug production, manufacturing, importation, or distribution activities within its boundaries. While population size could partly explain Canyon County's elevated rates, it is crucial to consider the county's geographical position as well. Being the largest populated area nearest to the California and Oregon borders possibly makes Canyon County a preferred target for drug trafficking, thereby escalating local opioid misuse.

Opioid-Related Emergency Department Visits per 10,000 by Age Category
2020 - 2022

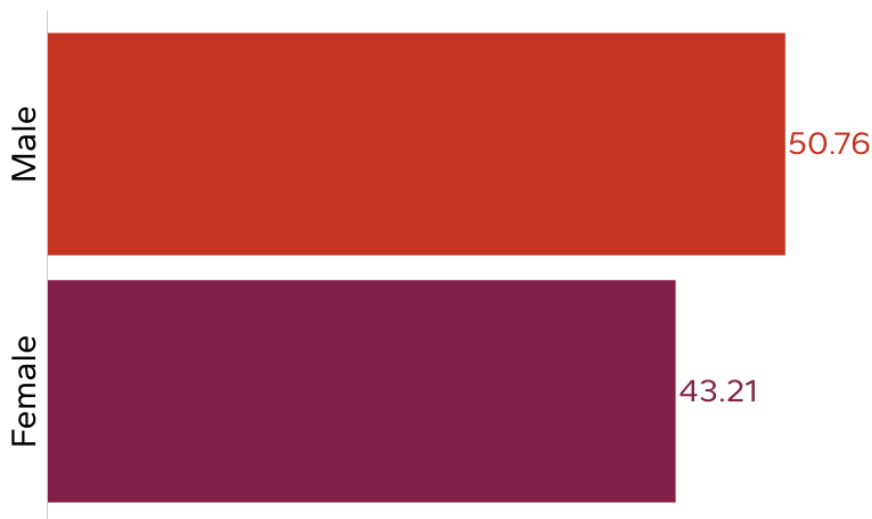


The data reveals notable variations in the rates of emergency department visits among different age groups. The highest rates of visits are seen among individuals aged 25 to 34, with a rate of 112.33 visits per 10,000 individuals.

There is a decline in visit rates for individuals aged 45 to 84, with rates ranging from 37.22 to 49.99 per 10,000 individuals. This decline could be attributed to various factors, including improved management of opioid-related issues among middle-aged and older adults and changes in healthcare-seeking behaviors (Welsh et al., 2021).

The rates of emergency department visits experience an upward trend among individuals aged 85 and above, with a rate of 67.31 visits per 10,000 individuals. This finding is consistent with stakeholder interview results showing how the elderly population struggle with medication regimens and taking the correct dosages of opioids due to memory and aging issues.

Opioid-Related Emergency Department Visits per 10,000 by Gender
2020 - 2022



Males have a higher rate of opioid-related emergency department visits. This disparity suggests that males in the SWDH region are disproportionately affected by opioid-related emergencies. There are a few possible explanations for this trend. One possibility is that males may be more likely to engage in risky behaviors that increase their likelihood of experiencing a drug overdose, such as using higher doses of drugs or combining drugs with alcohol or other substances. This tendency towards risk-taking may contribute to their higher rate of opioid-related emergency department visits compared to females (Thom, 2003).

Variations in opioid misuse patterns between genders may contribute to the disparities observed in emergency department visits. Factors such as types of opioids used, frequency of use, and underlying reasons for opioid misuse can differ between males and females, leading to varying levels of emergency healthcare utilization. Additionally, there may be gender differences in drug use patterns and motivations for drug use that contribute to this disparity. For example, some research suggests that males may be more likely to use drugs as a form of self-medication for underlying mental health issues, such as depression or anxiety, while females may be more likely to use drugs to cope with trauma or social isolation. (Khoury et al., 2010)

**Opioid-Related Emergency Department Visits by Race
2020 - 2022**

Race	Visits	Rate per 10,000
White	1,236	58.59
Hispanic or Latino	142	20.32
Black or African American	14	88.38
American Indian or Alaska Native	12	61.92
Asian	5	20.75

The analysis of emergency department visit rates among different racial groups in the Idaho region revealed some disparities. Several key factors likely contribute to the differences in emergency department visit rates among racial groups.

The demographic composition of the SWDH region plays a significant role in the observed disparities. With relatively low populations of Black, Asian, and Native American individuals in the region, the emergency department visit rates for these groups may be influenced by their smaller sample sizes and limited representation within the population. As a result, even minor fluctuations in the number of visits can significantly impact the rates.

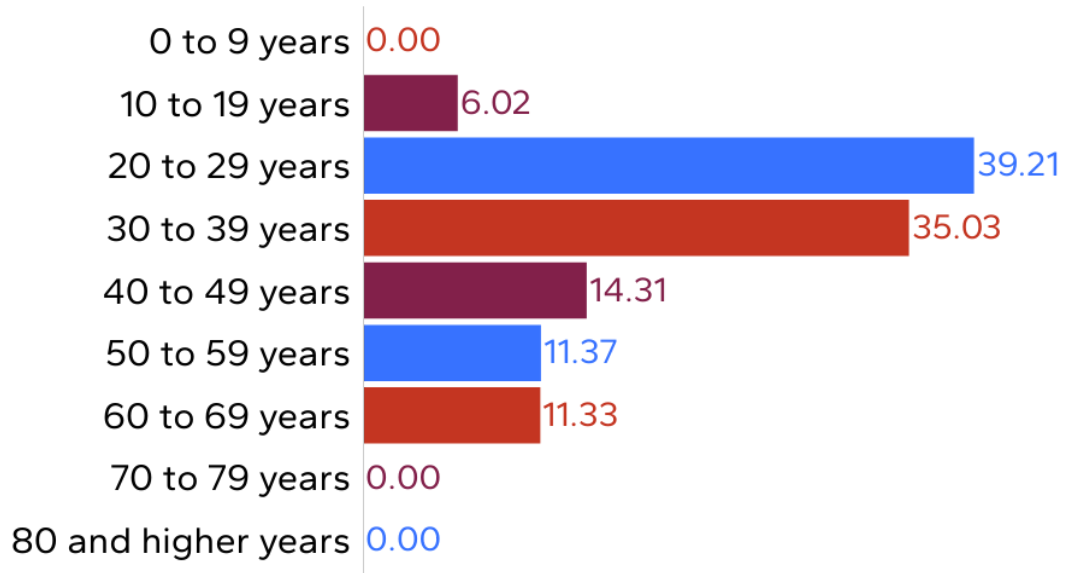
Systemic racism in healthcare persists as a significant challenge that contributes to disparities and unequal treatment based on race or ethnicity (Feagin & Bennefield, 2014). Systemic racism influences healthcare access, quality, and outcomes for marginalized communities. Racial and ethnic minority populations may face obstacles such as limited insurance coverage, reduced access to care, and implicit biases from healthcare professionals. Insufficient cultural competence and social determinants of health further compound these disparities.

Health disparities, characterized by differences in health outcomes across racial and ethnic groups, can also contribute to the observed disparities in emergency department visits (Egede, 2006). Racial and ethnic minority populations often experience higher rates of certain health conditions, which may require immediate attention and lead to increased emergency care utilization (Egede, 2006).

Cultural beliefs, language barriers, and mistrust of the healthcare system can significantly impact health-seeking behaviors among different racial and ethnic groups. It is possible that cultural or language-related barriers prevent some racial and ethnic minority groups from accessing timely primary care or utilizing preventative healthcare services, resulting in a higher likelihood of seeking care in emergency departments. These cultural factors can contribute to the observed disparities in visit rates (Altekruse et al., 2020).

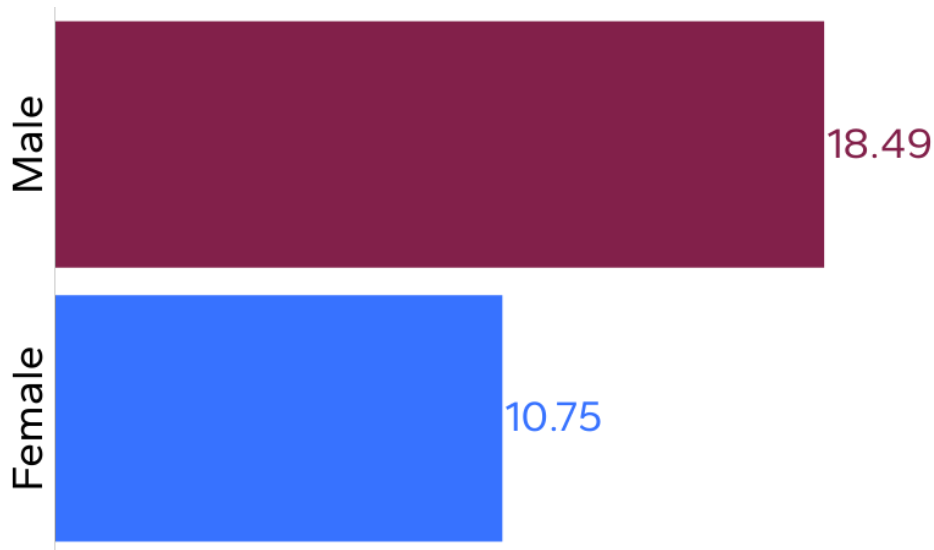
Suspected Drug Overdose EMS Runs

Suspected Drug Overdose EMS Runs by Age Rates per 10,000
2020 - 2022



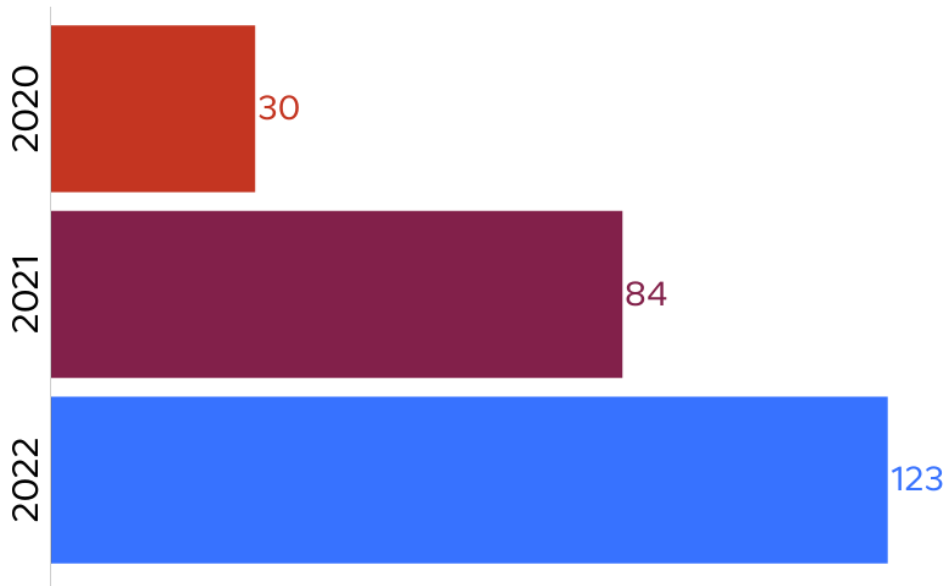
Like ED visits, EMS responses show noticeable variations across age categories. These findings highlight the concentration of suspected drug overdose EMS runs in the younger to middle-aged adult age groups, particularly among those ages 20 to 39 years.

Suspected Drug Overdose EMS Responses by Gender Rate per 10,000 2020 - 2022

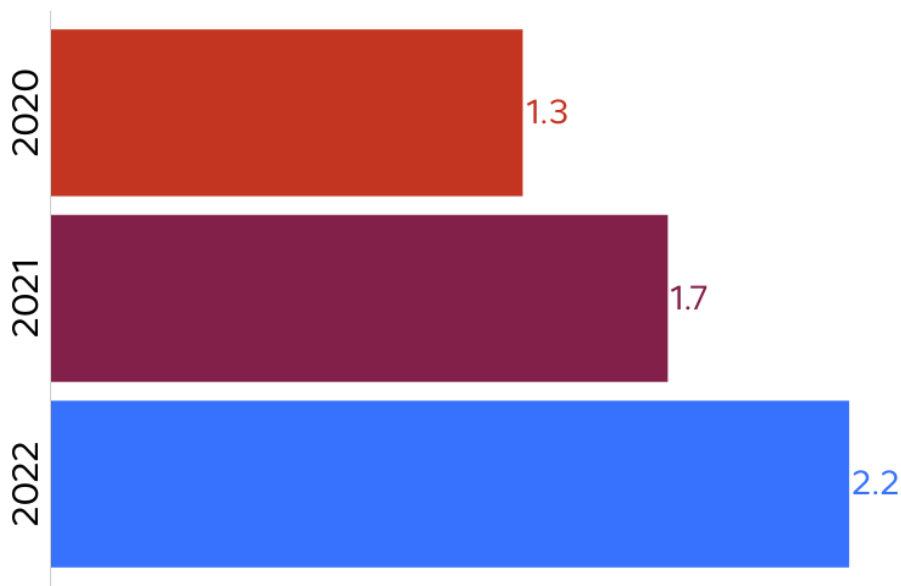


Like emergency department visits, males are more likely to overdose than females. This finding is consistent with data on drug overdoses, which consistently show higher overdose rates among males (Eeckhaut et al., 2020).

EMS Naloxone Administration Number of Patients SWDH Region
2020 - 2022



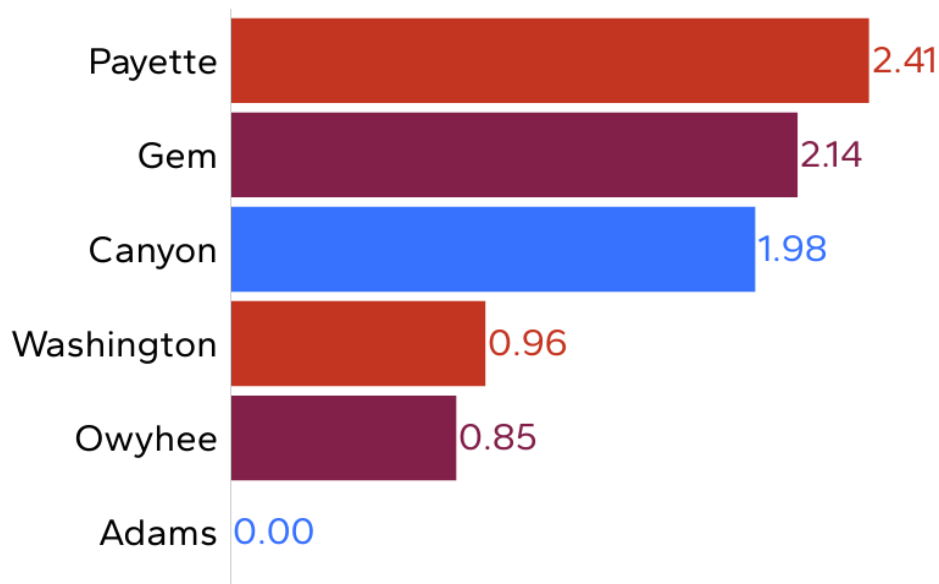
EMS Naloxone Administration Milligrams per Patient SWDH Region
2020 -2021



Over the three years of 2020 - 2021, the number of Naloxone patients and Naloxone milligrams per patient increased. This trend compared to the decreasing number of opioid overdose EMS calls indicates that the changes in Naloxone administration protocol is in effect. The increase in milligrams per patient could also be attributed to repeated use of Naloxone increasing the tolerance of repeat opioid overdose patients.

Drug Overdose Deaths

Suspected Drug Overdose Deaths per 10,000
2021

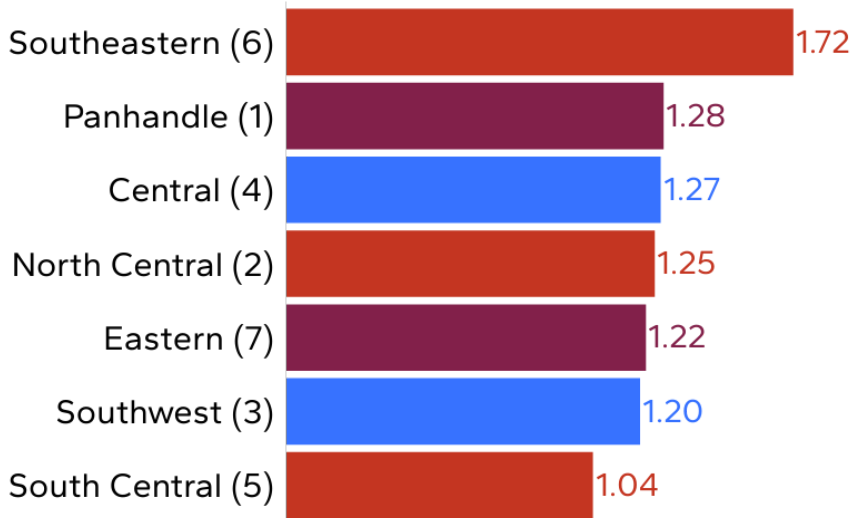


In 2021, Payette County experienced the highest rate of suspected drug overdose deaths, at 2.41 per 10,000 population. This was closely followed by Gem County with a rate of 2.14. This could be due to a lack of access to EMS, no hospitals, and only one emergency room.

Canyon County, despite having the highest rates of opioid-related Emergency Department (ED) visits, had a slightly lower death rate of 1.98 per 10,000 population. This could suggest more effective interventions post-ED visits in this county and more access to healthcare and EMS.

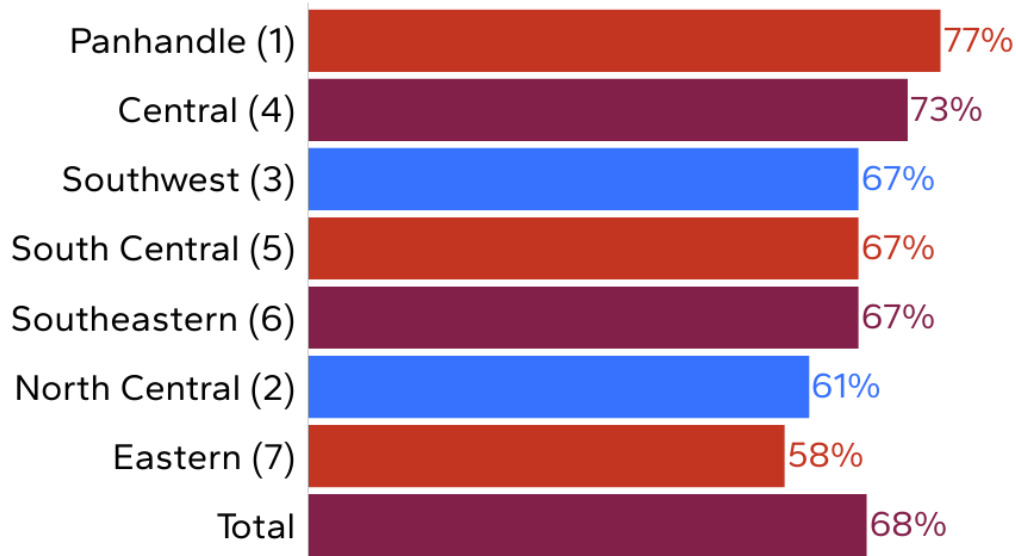
Washington and Owyhee Counties had notably lower rates at 0.96 and 0.85 respectively, indicating fewer fatal outcomes in relation to drug overdoses.

Drug Overdose Deaths by Idaho Health Region per 10,000
2021



SWDH reports a rate of drug overdose deaths of 1.20 per 10,000 population. While this rate is lower than some of the other districts, it still represents a significant public health concern. The rate of 1.20 implies that for every 10,000 people in this district, approximately 1-2 individuals lose their lives to drug overdoses, which is an indicator of the severity of the opioid and broader drug misuse in this region.

Drug Overdose Fatalities Reporting Opioids by Idaho Health Region per 10,000
2021



Opioids play an extremely prominent role in drug overdose deaths. SWDH is tied for the third highest percentage of opioid related drug overdose deaths at 67%. Across all districts, the total percentage of drug overdose fatalities involving opioids was 68%, indicating that opioid misuse is a major contributor to drug-related fatalities statewide.

Regression Analysis

By conducting a regression analysis, statistically significant predictors can be associated with opioid misuse in the health district. These findings enable us to gain a deeper understanding of the factors influencing opioid misuse and addiction, and inform the development of targeted interventions and policies to address this critical public health issue.

In the following sections are the results of the regression analysis, highlighting the significant predictors and their implications for understanding and combating opioid misuse in the SWDH region.

Variable	Estimate	Std. Error	t-value	p-value
Intercept	238.8	61.63	3.875	0.001***
Total population	0.00003159	0.00004943	0.639	0.528
SWDH County (dummy variable)	-4.892	9.073	-0.539	0.594
Median age	-0.1544	0.6279	-0.246	0.807
Sex ratio	-0.6121	0.4640	-1.319	0.197
Median household income	-0.001578	0.0004751	-3.322	0.002**
Poverty rate	-179.7	96.55	-1.862	0.072*
Hispanic/Latino rate	-8.804	47.15	-0.187	0.853
African American rate	0.09482	0.1604	0.591	0.559
Native American rate	-0.01921	0.01698	-1.131	0.267
Asian American rate	-0.1323	0.1240	-1.067	0.295
Uninsured rate	136.2	114.5	1.189	0.244
High School Graduation rate	-112.8	62.75	-1.798	0.082*
Unemployment rate	-577.1	327.7	-1.761	0.088*

The model produced a residual standard error of 18.29 on 30 degrees of freedom, indicating the average difference between the observed and predicted values of the dependent variable. The multiple R-squared value, which measures the proportion of variance explained by the independent variables, was 0.5448. This indicates that approximately 54.48% of the variation in opioid misuse can be explained by the predictors included in the model. This is a moderate level of explanation power in the field of social science.

The adjusted R-squared value, which accounts for the number of predictors and degrees of freedom, was 0.3476. This adjusted value suggests that around 34.76% of the variation in opioid misuse is explained by the predictors after adjusting for the complexity of the model.

The F-statistic was 2.762, with a p-value of 0.0106, indicating that the overall model was statistically significant. This suggests that at least one of the independent variables has a significant impact on opioid misuse.

Overall, this is reasonable in the field of social science.

Key Takeaways

- + Socio-economic indicators: Median household income and the percentage of individuals below the poverty level exhibited a significant negative relationship with opioid misuse. Higher median household income and lower poverty rates were associated with lower opioid-related visits.
- + Education and employment: High school graduation rates and unemployment rates displayed a marginally significant association with opioid misuse. Higher high school graduation rates and lower unemployment rates were correlated with fewer opioid-related visits.
- + Population demographics: The variables related to population, including total population and sex ratio, did not demonstrate a statistically significant impact on opioid misuse.
- + Ethnicity and race: The analysis did not find a statistically significant relationship between the percentage of the population belonging to specific ethnic or racial groups (e.g., Hispanic, African American, Native American) and opioid misuse.
- + Healthcare accessibility: Variables such as the number of visits to substance abuse clinics and uninsured rates did not show a statistically significant impact on opioid misuse.
- + The county-level dummy variable does not have a statistically significant effect on the suspected opioid-related ED visits rate which suggests that the six counties in the SWDH region may not significantly differ from the other counties in Idaho in terms of the suspected opioid-related ED visits rate. This finding implies that the impact of income, median household income, and poverty level on the suspected opioid-related ED visits rate is consistent across all counties in Idaho, including the six counties in SWDH.

In summary, this regression analysis suggests that median house income, poverty level, unemployment, and educational attainment are significant predictors of opioid misuse in the SWDH region. These findings emphasize the importance of socioeconomic factors in understanding and addressing opioid misuse.

Geospatial Analysis

Geospatial mapping of suspected drug overdoses is a powerful tool for understanding the geographic distribution of opioid misuse in the SWDH region. By visualizing the location and frequency of drug overdoses on a map, identification of hotspots and patterns can inform targeted interventions and policies to address opioid misuse in SWDH communities.

This section presents geospatial maps and an analysis of drug overdoses in the six SWDH counties (Adams, Canyon, Gem, Owyhee, Payette, and Washington), using data from software that is able to track near real-time surveillance of suspected overdoses. The maps provides a visual representation of the geographic distribution of drug overdoses across the region, highlighting areas with the highest rates of overdoses. To see the blurred maps, please refer to Appendix III.

Key Takeaways

- + Each county has a number of concentrated hotspots in their geographic region.
 - + Adams - New Meadows and Council show a concentration of overdoses. The rest of the county appears to have no reported cases of overdoses.
 - + Canyon - Nampa and Caldwell emerge as significant hotspots in Canyon county for overdoses as well as the entire SWDH region. These two cities exhibit a high concentration of overdose cases. Additionally, there are smaller clusters of overdoses in Middleton, Parma, and Melba.
 - + Gem - Emmett stands out as the overwhelming hotspot for overdoses. The majority of overdose cases are concentrated in Emmett, with a few scattered cases on the outskirts, including Sweet and Bramwell. The northern parts of the county seem to be relatively untouched by overdoses.
 - + Owyhee - Homedale and Marsing emerge as the primary hotspots for overdoses. There is also a smaller number of cases reported in Walters Ferry. The concentration of overdoses appears to be primarily in the northern part of the county, while the majority of Owyhee County remains unaffected by overdoses.
 - + Payette - Payette is identified as the hotspot for overdoses. Additionally, there is a concentration of cases in New Plymouth and Fruitland.
 - + Washington - All overdoses occurred in and around Weiser, making it the extreme hotspot for the county.
- + The hotspots for overdoses in the six counties align with the most populated areas, highlighting the urgency of addressing opioid misuse in these high-density regions.

- + It is crucial to recognize that rural communities also face unique challenges in combating opioid misuse and overdose. Despite lower population densities, rural areas require access to comprehensive resources. It is essential to ensure that rural communities have equitable access to resources and tailored strategies that consider the distinct characteristics and needs of these areas.
- + Canyon county experiences the vast majority of overdoses which aligns with it being the most populated county in the SWDH region.
- + The limitation of underreporting of overdoses in rural communities should be considered when analyzing geospatial distribution of overdoses in the SWDH region.

County	Total Suspected Overdoses	Suspected Fatal Overdoses	Naloxone Administration*
Adams	14	0	0
Canyon	875	18	102
Gem	57	2	3
Owyhee	25	0	3
Payette	116	0	30
Washington	32	0	8

*Limited training/education on how and when to administer naloxone could account for the lack of administration with suspected overdose.

Current Funding Distribution and Allocation

The research team investigated how the six counties in the SWDH region are utilizing the opioid settlement funds that have been distributed. SWDH provided a public distribution list of opioid settlement funds for the state. The research team compiled the following findings (Table 1):

Table 1. Insights for Opioid Settlement Funds

Canyon County	<p>Received \$457,444.12 to date.</p> <ul style="list-style-type: none"> + Will receive approximately \$3 million in total over an 18 year period. + Intended use for the rest was not decided.
Gem County	<p>Received \$20,666.04 for the 2022/2023 fiscal year.</p> <ul style="list-style-type: none"> + Received \$105,140.17 for the 2023/2024 fiscal year. + Total received thus far is \$125,806.21 + Will receive approximately \$600,000 over an 18 year period. + A small amount of funding (unknown amount) has been distributed to the Gem County Recovery Center to help with funding for the facility. + The rest of the funding has not been spent. + Gem County plans on keeping all of the funds within the county and Emmett community.
Washington County	<p>Received \$44,880.52 to date.</p> <ul style="list-style-type: none"> + Allocated \$10,000 for education purposes within the Sheriff's office and school district.
Payette County	<p>Received \$116,375.35 to date.</p> <ul style="list-style-type: none"> + No current plan in place as to where funding will be distributed. + Payette County wants to build the funds into a larger amount before deciding.
Owyhee County	<p>Received \$50,693.85 to date.</p> <ul style="list-style-type: none"> + Plans are to disperse opioid settlement funds to SWDH for use.
Adams County	<p>Received \$11,471 to date as per county clerk (\$13,205.44 according to the data provided by SWDH).</p> <ul style="list-style-type: none"> + No current plan in place as to how or where funding will be distributed.

City of Nampa	<p>Received \$49,887.82 to date.</p> <ul style="list-style-type: none"> + City council has approved \$20,000 in funding to the family justice center for counseling. + Budgeted \$10,000 for the 2024 fiscal year to cover admin costs at the City of Nampa. + The city talked to SWDH and would like to contribute to the youth crisis center - if the youth crisis center is developed and if other cities are contributing funds.
City of Caldwell	<p>Received \$17,929.15 to date.</p> <ul style="list-style-type: none"> + Funds have been identified for public safety education and training (discussing Naloxone as part of this funding).

Southwest District Health	<p>Received \$105,873.75 for the 2022/2033 FY and \$538,641.52 for the 2023 FY</p> <ul style="list-style-type: none"> + \$500k is earmarked for youth crisis center support. + Conducted the regional environmental scan.
----------------------------------	---

The findings indicate that each county has received varying amounts of opioid settlement funds based on county size. The utilization of these funds differs across the counties. While Canyon County has disclosed the allocation of a portion of the funds for public safety, the intended use for the remaining funds remains undisclosed. Gem County has allocated a small amount to the Gem County Recovery Center but has not spent the rest of the funds yet. During the key stakeholder interviews stated that the county intends to keep all of the opioid settlement funds received over the 18 years within their county and to fund programs that are within the county.

The smaller counties of Payette, Adams, and Owyhee have currently not spent any of the opioid settlement funds received at this point. Owyhee County plans to disperse the funds to SWDH for utilization. Payette County did note that they are wanting to accumulate a larger amount from the opioid settlement funds before making decisions. Washington County has allocated \$10,000 for education purposes in collaboration with the Sheriff's office and school district, but has not distributed the remaining opioid settlement funds that they have received to date.

Analysis of Unmet Needs

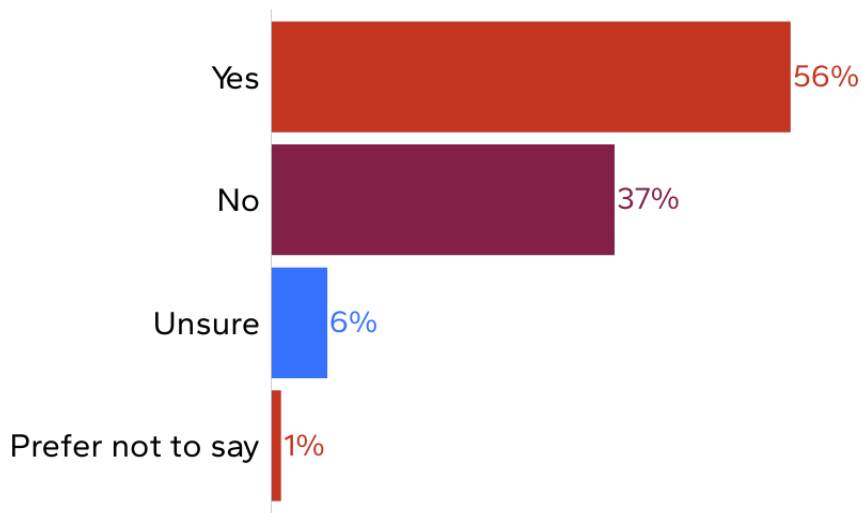
Through a thematic analysis of key stakeholder interviews and community forums¹, five prominent themes emerged as significant focal points. Exploring these five key themes revealed connections and intricacies interwoven among the counties. Identified themes are:

- + Education and Training
- + Treatment for Substance Abuse and Mental Health Issues
- + Community-Based Approaches
- + Coordination of Awareness and Access
- + Lack of Funding and Unmet Basic Needs

Education and Training

The first theme that emerged in the qualitative analysis was the need for education and training with a focus on prevention. Forum participants and key stakeholders agreed that there is a lack of knowledge among the general population regarding opioid use and misuse, what constitutes an “opioid” (prescription vs. illegal/street drug) as well as the perception of there not being a problem at all in some of the smaller communities. Forum participants had personal experience with opioid misuse or knew someone close to them who has misused or overdosed with opioid drugs.

This data was consistent with the majority of survey respondents who also had personally experienced the negative impacts of opioid misuse:



Q3: Have you personally experienced or observed the negative impacts of opioid misuse?

¹ *Key stakeholders* are individuals who were interviewed from the six counties and *forum participants* are individuals who participated in the community forums. When *highschool students* are mentioned, these students were speaking at the community forums.

Several target areas for educational efforts were identified: educating the community at large, the elderly, youth and families; educating and training school teachers, school staff, and school boards; continuing education and training for healthcare professionals at every level as well as law enforcement officials.

Educating the General Public

Forum participants agreed that not enough accurate information about opioid drugs is available to the public and that there is a lot of confusion and misinformation about opioid use and misuse. Some forum participants asked if the conversation was about prescription or illegal opioids. Others considered only legally prescribed drugs such as fentanyl to be "opioids." "I think there's a problem with the education of the dangers of substances in rural communities," stated one of the key stakeholders. A forum participant stated, *"There is a lack of education regarding substances and how it can go downhill quickly when taking opioids."*

Several forum participants expressed concern about the confusion between opioid drugs and other misused substances as well as distinguishing different types of opioid drugs and how to use the known interventions. *"We need more education on how to use Narcan. I think handing it out is great if a person overdoses, but I don't think there is enough public education on the matter and what to do after Narcan is used,"* reported a forum participant. *"You can get lulled into a false sense of security when it (the community) is so nice and everybody is friendly and welcoming. But every town has an ugly underbelly,"* according to a forum participant.

A subset of the general public included parents of children and adolescents. Addressing this group, a forum participant stated, *"I think part of it is getting more of the parents involved."* More on the role of parental involvement is discussed in future sections.

Training Healthcare Professionals and Law Enforcement

One of the juvenile probation officers interviewed stated, *"Training provided to us regarding current trends of drug and alcohol use and abuse would be useful so we can try to keep up to date with what's happening."* Another key stakeholder volunteered this:

"We can be at the center as part of the mental health training on that (drug abuse and misuse), to go in and teach kids about making better choices and understand what vaping actually does to their body. We could help kids understand that the choices they're making right now can seriously affect them a little bit later in life when their brain really does want to finish developing."

Educating Elderly Populations

Elderly populations are especially at risk due to their need for pain management combined with declining memory and cognitive function. One of the key stakeholders mentioned, *"they (the elderly) don't know whether they take the medication or not. Then sometimes the staff don't have a good way of documenting if they've given the medication or not. And we end up having a lot of elderly that didn't eat something either. They're dehydrated, etc, etc., so it compounds the medication effects. So when we look at it and sure enough there's usually an overdose so we ended up giving Narcan a lot of times to elderly patients."* One key stakeholder felt that the elderly are the ones most at risk currently in her county. She had this recollection to share:

"One (emergency services) call that really sticks out was an elderly lady. She didn't overdose on purpose but she didn't know the danger with them. So I think it's more of an education problem."

Being able to address the unique vulnerabilities of the elderly is a priority. Various suggestions by key stakeholders included targeting this demographic group with unique campaigns about what opioids are and how to avoid addiction, ensuring appropriate pain management with providers, and promoting general overall higher standards of well-being among the elderly.

Educating Youth

There is strong interest in investing in youth education to prevent substance abuse and overdose, which includes opioid misuse. Without comprehensive information about the full dangers of opioid drugs, students may not fully understand the potential risk and harm, and may be more susceptible to peer pressure or accidental misuse. A forum participant said, *"We need to be getting out to the kids to let them know that these substances are out there."*

According to the Canyon County Paramedics, from 2019 to 2023 the call volumes have increased for overdoses, specifically in youth under the age of 18 years old. One key stakeholder reported that *"patients under the age of 18 represented about 22% of the overdose calls^{2*}."* This was considered a significant increase since Canyon County Paramedics typically see only around 5% of the total call volume being youth. The same key stakeholder reported, *"Kids are using substances younger and younger. The parents have to be involved (in education and prevention) because they are the ones in charge of the kids and need to know what is out there."*

Empowering youth with accurate information and cultivating critical thinking skills equips them to make informed decisions, navigate peer pressure, resist experimentation, develop healthy coping mechanisms, and prioritize their own health and well-being. This can ultimately play a crucial role in curbing the spread of opioid misuse and addiction among young people.

School-Based Prevention Programs

Key stakeholders emphasized that prevention education needs to happen on a regular basis within the school system. Historically, this kind of education has been short presentations, awareness days, and one-offs. Key stakeholders suggested that schools need to have longer length, ongoing efforts such as extended health education classes. Offering more outreach and education through after-school programs was also recommended.

Bringing in first responders to talk on a regular basis was desired by several key stakeholders interviewed. One talked about opioid substance abuse like this:

"Conversations with our schools are needed about bringing in people to do education on what it is, how you obtain it, etc, because I just don't feel like we are doing a good job at this."

² Quantitative analysis of opioid-related EMS calls was aggregated for all of the six SWDH counties, which accounts for this disparity in overdose EMS calls by age category.

Another key stakeholder reported that teachers feel ill-equipped to educate and take action stating, *"The teachers never get that in-depth training. You know, that kind of serious talk with visual aids of the potential things that can go wrong, the things they could be missing or how the kids are disguising their drugs, or even how the drug industry does things and the different forms of marijuana (and other substances)."*

A Nampa high school student who attended a community forum stated, *"The biggest drug in my school is vaping. I have also heard of a lot of people using acid, but not really heroin or anything like that."* Another student at the same community forum, who goes to a different high school in the Nampa area stated, *"We have an issue with vaping even during class."* Another serious issue in high schools is using over the counter medications inappropriately. One highschool student stated that, *"athletes at the high school level will take Ibuprofen 5, 6, 10 tablets at a time. It is definitely a problem with athletics."*

Key Takeaways:

- + There is a need to educate at all levels of these communities to dispel confusion surrounding opioid use and misuse.
- + There is a lack of knowledge among elderly populations about the dangers of opioids, the importance of locking up medications, and what substance abuse looks like with prescription medications.
- + Educating parents about various substances and what signs to look out for was identified as a key piece of the solution.
- + Ongoing education and training are needed for Law Enforcement, EMS, and Fire regarding addiction and substance abuse.
- + Youth and young adults are experimenting with opioid misuse along with many other substances often with little understanding of the dangers and long term effects.
- + Education about substance use and misuse is needed in schools preferably through significant and continuous programs.

Treatment for Substance Abuse and Mental Health Issues

The qualitative research revealed many key points about opioid misuse concerns in these communities. This section of the report will speak to all substance misuse broadly unless otherwise noted since treatment programs and services generally don't make distinctions other than in reporting.

The findings revealed the need to increase and improve programs and services for treatment of substance abuse. The need to concomitantly treat mental health with substance abuse was expressed by key stakeholders and forum participants alike. In rural communities, the lack of resources to treat either poses a significant challenge for anyone wishing to "get clean." Poverty, lack of transportation, generational misuse, and various challenges with regard to family involvement were highlighted. Physical and emotional trauma as well as

negative childhood experiences are factors that often contribute to substance misuse and mental health challenges.

Substance Abuse Treatment and Recovery

Key stakeholders agree that there is a lack of both inpatient and outpatient crisis care facilities in these counties. According to one of the key stakeholders, *"People have been on waiting lists to try to get in (for treatment) somewhere in Boise. Often people that desperately need help are basically turned away because there was no room for them in the facility."*

Rural communities also struggle to retain local providers in adequate numbers. *"We tried to get a counselor from Nampa to come here to Weiser but they stopped coming,"* reported one key stakeholder. Some locations have had services and programs in the past, but funding inevitably runs out or staff leave and the programs shut down, as was noted with the now-closed Celebrate Recovery program in Weiser.

After the initial crisis period, the need for recovery services continues and these services are also lacking in the communities surveyed. *"We have alcoholics anonymous and that is a good presence in the community (Weiser) to support people going through addiction,"* stated one of the forum participants. One forum participant stated that the issue is that *"one shut down because no one was willing to step up to take it over."*

Another barrier to services is transportation. One forum participant pointed out that *"a lot of times people cannot go to meetings due to needing a ride."*

Mental Health Crisis Treatment and Ongoing Care

Mental health issues and substance abuse are widely considered to progress in tandem. One key stakeholder stated, *"Mental health and addiction, I believe that those go hand in hand."* Another key stakeholder addressed the need for professionals to be trained to look at these two factors together by stating, *"We need mental health treatment (providers) that are specifically trained to deal with the drug abuse portion of it. Because I think oftentimes they're treated as two separate things. You need to go to a counselor or you go to drug treatment. But it has to be one and the same in whatever treatment they give."*

As with substance abuse treatment, mental health clinics and counselors are in limited supply or nonexistent in some areas, making it a challenge to get treatment as quickly as one needs it, if at all. Wait times to see mental health professionals are long, so often members of these communities have to go outside of their communities for care. *"The waitlists for inpatient or even intensive outpatient (treatment) is weeks to get in,"* reported one of the forum participants. Another forum participant expressed the desire of many stating emphatically, *"I would love to see more options for mental health care because that is a huge issue. That coincides right there with your opioid issues. So just fixing mental health would make a huge difference."*

Family Involvement in Substance Abuse Treatment and Recovery

Involving the whole family in treatment and recovery programs could lead to better outcomes. Lack of parental involvement contributes to increased substance use among youth.

One stakeholder had no doubt about the need for family participation stating, *"In my opinion, it's a lack of parental involvement."* Another key stakeholder stated, *"Well, in my head, it looks like you would have a provider that could perhaps focus on the parenting of the juveniles' relationships."* A key stakeholder from Canyon County stated that, *"I think that it's multifaceted, you know, having the intervention, the prevention, the individual, the family, mental health, all of those pieces. I think that the family piece is so important."*

These communities are aware that services need to treat the whole family. *"The relationships in the home, and then the individual who is in services, so having this multi approach where it's not just a person for one hour, but that you're really looking at the whole family."*

Emotional Trauma and Childhood Experiences

There is a generational component to mental health and substance abuse that needs to be addressed. One of the key stakeholders noted during the interview that *"a lot of the middle school and high school kids are actually kind of almost treating their parents with addiction, believe it or not. We see a lot of that in the family atmosphere."* Another key stakeholder said, *"People start using substances for many reasons, but I think really it's a coping strategy for their past trauma."* Being able to address trauma would be a proactive intervention for at-risk individuals. One of the key stakeholders asked, *"How do we create resilience, the lack of which is so clearly aligned with childhood trauma and substance misuse? I think, oftentimes, trauma is the gateway drug."*

Key Takeaways:

- + Consistent, reliable access to resources is lacking.
 - + There is a lack of both inpatient and outpatient treatment in all counties.
 - + Counselors and mental health professionals are lacking in all counties.
- + Transportation issues prevent access to the minimal services that exist as well as access to services in farther away locations.
- + Physical, emotional and generational traumas often underlie mental health issues and substance abuse.
- + Mental health awareness and education are foundational in the fight against substance abuse.

Community-Based Approaches

Community-based approaches play a vital role in fostering a sense of belonging and solidarity and in providing individuals with the necessary encouragement, resources, and assistance they need to thrive and overcome challenges together.

Communities in the region recognize the importance of prosocial activities that bring people together and provide positive opportunities, especially for youth. Creating safe havens, such

as youth centers, was highlighted as a crucial step in offering at-risk populations respite from trauma and dysfunction while engaging in prosocial activities outside of school. Mentoring programs were also seen as valuable in providing diverse opportunities for youth involvement. Additionally, reducing the stigma surrounding substance misuse and abuse emerged as a significant concern. The fear of judgment and the desire for anonymity often inhibit individuals from seeking services or drive them to do so outside their immediate community creating higher barriers to accessing services.

Prosocial Activities

Forum participants discussed the need for people in the community to come together in order to provide positive opportunities and positive interactions for youth and others. These prosocial activities are considered crucial in providing opportunities for skill-building and character development, ultimately empowering young individuals with a sense of responsibility and belonging in the community. One of the key stakeholders noted, *"I think there's something about coming together. Faith is one thing but it's also about a supportive community that has a set of values that are pro-social."* One of the key stakeholders who works for juvenile probation stated, *"I know a lot of them [juveniles] were kids who are not in sports. And some of them are here because of grades."* Another juvenile probation key stakeholder mentioned, *"So the first thing that happens in schools when kids are not behaving or not getting grades is that they can't participate in sports, and, you know, it sure would be nice if they'd let them participate in at least the practices to help keep them involved in activities."* Continuing to participate in these prosocial activities was associated with more positive outcomes.

Supportive Spaces Encourage Personal Growth

Staffed youth and recreation centers were mentioned in several conversations with both key stakeholders and forum participants. Having youth centers for at-risk populations would be beneficial for prosocial activities outside of school as well as provide respite from the trauma and dysfunction some kids experience at home. These spaces can be athletic in nature, but not exclusively. They should offer a variety of prosocial activities. One of the key stakeholders stated, *"I do think creating mentorship programs gives more opportunities for kids to be involved and engaged in different activities, not just sports, because every kid's not going to be connected to sports."*

Another forum participant talked about the important effect of community on drug use this way: *"It's environmentally triggered. You come around your own playmates, your old stomping grounds and it's going to trigger it because they start talking and reflecting and romancing the old times."* Key stakeholders also addressed the need for previously incarcerated individuals to access new ways to make connections as they reenter society.

Strengthening Connections With Law Enforcement

Fostering collaboration efforts between law enforcement and community organizations was also brought up. One key stakeholder stated, *"I think it would be great to have a program in place where maybe our officers go out and talk about the safety and education of opioid use to children in the schools and just make that into a program to assist in educating the youth."*

Reducing Stigma Surrounding Substance Misuse and Abuse

The need for empathy regarding mental health and chronic health issues is a vital step in the process of educating all concerned in order to reduce stigma and promote a supportive environment where individuals can access appropriate care, advocate for their needs, and thrive with compassion and inclusivity.

There is a fear in smaller communities that everyone will know what services you are receiving, which makes people reluctant to come forward with their substance misuse issues. Individuals will go out of the area to a different community to get services so as not to be stigmatized as a substance user/substance abuser/addict. *"I think that they're a little bit reluctant to step forward because they're engaging in illegal activity and there's a stigma,"* said one key stakeholder. *"People do not ask for help. Or they go outside of our community for help because they know that everyone in the community will know why they are receiving services,"* stated another key stakeholder.

One of the forum participants, a recovering opioid addict, stated, *"A lot of people do not have good community support or the opportunity to be around people who are doing the same thing as me (in recovery). But I was in a bigger city so it (asking for help) was more anonymous."* Building a community mindset that says it is okay to get help for addiction could reduce the stigma and promote open dialogue, empathy, and understanding. It would create a supportive environment where individuals affected by opioid misuse and addiction could feel safe to seek help without fear of judgment.

Community Trauma from Substance Abuse Related Behaviors

There is a need in each of the counties for collaboration between families, communities, schools, and social services to establish trauma-informed systems. As mentioned in the second part of this section, traumatic experiences, whether physical or emotional, often play a role in eventual drug addiction as a coping strategy by individuals. Conversely, the aftermath of behaviors associated with substance abuse (suicide, overdose death, theft and other criminal actions) affect the larger community. In particular, one interviewee felt that overdose deaths result in a secondary trauma for those left behind; not just family members and close friends. She said, *"I think that the trauma of a death in a family by overdose, whether intentional or accidental, has a ripple out into the community that is very significant. The pain from that has been a very destructive thing in my community."* Implementing suicide prevention programs and increasing access to care and treatment for this secondary trauma is needed.

Key Takeaways:

- + There is a lack of prosocial activity options at all age levels in the counties.
- + Current prosocial activities lean toward sports. Not all at-risk youth are served by athletics-based interventions.
- + Transportation to and from prosocial activities is currently a barrier for many youth and adults alike.

- + Positive places for kids and families to go who are experiencing substance abuse and mental health issues are needed.
- + Peer support and mentorship programs were mentioned as possible means to reach youth in need.
- + Many current programs are considered unaffordable to the majority of families, which is a barrier for creating positive support for children and adults. The programs need to be affordable, have sliding based fees, or be free.
- + Changing the stigma around seeking help could increase the numbers of individuals willing to access services thus reducing and reversing the number of individuals stuck in the cycle of addiction.

Coordination of Awareness and Access

The challenges surrounding mental health, substance abuse, and access to resources in rural communities should garner significant attention. In particular, the need for improved connections and coordination of services has become a pressing concern. Key stakeholders have recognized the importance of collaboration in addressing these issues effectively. This section explores the key takeaways from discussions on the connection and coordination of services, access to resources, cross-sector collaboration, and the need for increased staffing and enforcement. Understanding these key insights sheds light on the critical steps required to support rural communities in their efforts to combat substance abuse, improve mental health services, and ensure equitable access to vital resources.

Coordination and Cross Collaboration

Multiple key stakeholders emphasized the need to enhance connections between organizations and providers to streamline care and support. One key stakeholder pointed out that a significant problem relates to transportation barriers that hinder individuals' access to mental health and substance abuse treatment. Overcoming this challenge presents a considerable difficulty in any rural county.

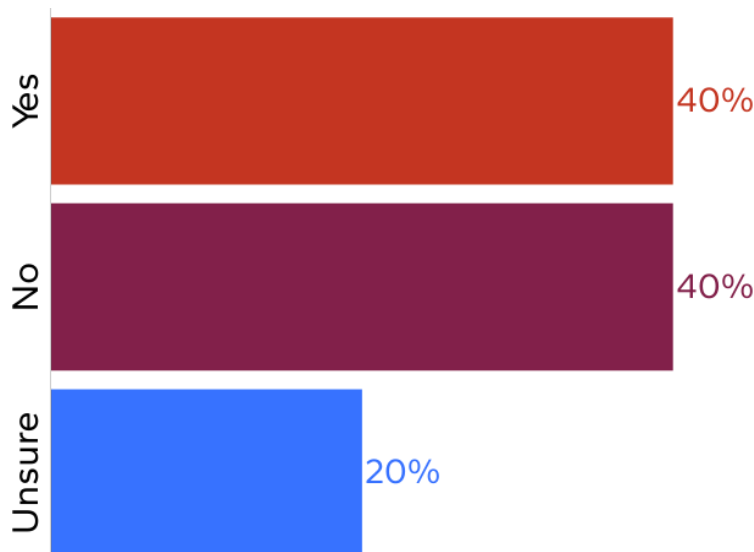
The absence of follow-up systems after a substance-related crisis was highlighted. It is crucial to establish follow-up mechanisms for individuals grappling with substance abuse or mental health emergencies. Despite the presence of several community members from various mental health and substance abuse organizations at the Emmett community forum, they were unaware of the services provided by one another. There is a gap in knowing where to get resources and how organizations can collaborate together. Emmett forum participants stated they thought the community forum was a great opportunity to get together for collaboration and that this type of communication is needed more often..

Key stakeholders believe that law enforcement can play a very important role in opioid prevention efforts but that it takes a variety of organizations as a whole to really address opioid issues. *"There have to be multiple municipalities with law enforcement involved. I don't think just one county law enforcement can combat it by themselves. That is, a regional treatment center, regional mental health center, not just relying on one organization to do it. It has to be collaborative,"* stated one of the key stakeholders.

By harnessing the collective expertise, resources, and perspectives of these diverse entities, a comprehensive and collaborative approach can be implemented to raise awareness, provide accurate information, and promote prevention measures.

Communication and Awareness of Services

Gem County, despite being classified as a rural county, does have access to mental health providers, a recovery center, and a hospital. At the Weiser forum, participants noted that due to funding, “one program, *Narcotics Anonymous*, was shut down and never reopened.” There is also a perceived lack of resources that stems from various factors, including the impact of limited funding, restricted availability of services, and inadequate transportation options for accessing these services. This lack of awareness is seen in the survey results, as the majority of respondents are not aware of resources that can help people struggling with opioid misuse. Resources that people are aware of include crisis centers, inpatient and rehabilitation programs, EMS, youth programs, free Naloxone distribution, hospitals, and NA/AA meetings. Some respondents noted that some of these are difficult to access, not financially feasible for most, and not a form of sustainable treatment due to a cap on length of stay.



Q4: Are you aware of any resources available in your community that help people struggling with opioid misuse?

Owyhee, Washington, and Adams County are also considered rural counties, have limited access to mental health providers, no recovery center, and limited hospitals (Washington County only). This is due in part to large counties spanning vast territory with minimal populations.

These challenges further underscore the pressing need for collaborative efforts among organizations to address these gaps and ensure that rural counties receive the necessary mental health and substance abuse support they require.

Key Takeaways:

- + The lack of communication between organizations and service providers is a barrier to effective utilization of the limited resources that currently exist.
- + There is a need for crisis centers in these counties. Even mobile crisis units would be helpful in the smaller rural communities.
- + There is a need to advertise more to the general public for all types of resources available in the counties (i.e., recreational activities, mental health, substance treatment, housing).
- + Increasing awareness campaigns and prevention resources to address the opioid issues in these counties is needed.
- + Resources are limited to non-existent for individuals who are returning to the community post incarceration (eg. housing, food, jobs).
- + Many people may be unaware of mental health resources that are already available through their employer resources (e.g. Employee Assistance Program or EAP) for employees.

Lack of Funding and Unmet Basic Needs

Basic needs such as easy access to quality food, affordable and safe housing, and employment opportunities are not being met, which can affect mental health and substance abuse. Funding limitations hinder access to healthcare and substance abuse programs, perpetuating a negative cycle of poverty, mental health challenges, and substance abuse recidivism.

The disparity in resources between rural and larger counties underscores the need for increased support and investment in rural communities to address housing options and substance abuse challenges. Collaborative efforts are essential in developing sustainable solutions that bridge basic need gaps and ensure individuals have access to safe and secure housing, life sustaining nourishment, and personal fulfillment through work opportunities.

Funding Limitations

The key stakeholders noted that there are limited services in the county due to the limited number of residents. *"Having a counselor and stuff on substance abuse, classes and such, all cost money,"* stated one key stakeholder. Rural counties within southwest Idaho are at a disadvantage due to lack of monies for the necessary programs and resources due to a low population base.

Homelessness and Substance Abuse

Lack of quality, affordable housing was mentioned many times during the key stakeholder interviews. *"Couch surfing,"* substandard housing, and homelessness create instability and further exacerbate mental and physical health issues. One rural county key stakeholder mentioned, *"We don't have a homeless shelter or anything like that. The closest one is in Boise. In rural America, rural Idaho, we don't have the resources like you see in the metropolitan areas."*

Incarceration and Substance Abuse

For those incarcerated on a drug offense, overcoming barriers such as limited job opportunities, insufficient reintegration and housing assistance, and post-release treatment is a barrier to success. *"Lack of opportunities, lack of help when first getting out (of jail or prison), funding has a lot to do with everything,"* stated one of the forum participants. The need for upstreaming prevention strategies to improve social determinants of health and reduce incarceration rates for small opioid infractions was addressed. *"People do not need to go to jail for small infractions, they should be helped and educated first,"* stated one of the key stakeholders. *"We need more (resources). We're rural. We're poor. We have no housing whatsoever for people that are either recovering or coming out of rehab or coming out of jail. There aren't any real stopgap measures,"* noted another key stakeholder.

Elderly Populations and Poverty

The elderly population in these rural counties accounts for a large percentage of residents. *"Our communities who are mainly elderly are low income, and yet have the highest population,"* stated one of the key stakeholders. Elderly are at a higher rate of overdose according to the data and one key stakeholder who is a paramedic noted that, *"Due to accidental fentanyl or opioid misuse, we'll see more overdoses in nursing homes than anywhere else. But I don't have a way of differentiating something that was prescribed in a nursing home versus something that was a street drug."*

Overcoming socio-economic challenges with an elderly population requires implementing comprehensive strategies that address issues such as supporting their ability to provide food for themselves, heat and maintain their houses, and access transportation—all of which would improve their quality of life and reduce the health and mental health issues that can lead to or accompany opioid misuse.

Police Department Staffing and Resource Limitations

Key stakeholders in smaller counties also stated that there is a need to increase police department staff and crime fighting resources. One key stakeholder noted that the police department is *"understaffed, not because they don't want to be. It's a staffing issue."* For clarity, the issue is not due to a lack of funding but to the difficulty of finding fully qualified individuals that are willing to move to rural locations. Police departments need to be fully staffed in order to help their communities to the fullest extent. Fully equipping officers is also an issue. One of the key stakeholders stated this in reference to officers having Narcan saying, *"And then of course (they should) carry it just in case a deputy comes in contact with some kind of substance and goes down as well."*

Key Takeaways:

- + Lack of basic needs for individuals in general in rural areas
 - + For example, New Meadows, in Adams County, does not have a grocery store.
- + Some locations do not have health clinics, hospitals or mental health service providers.
- + The housing challenges (lack of, too expensive, and substandard housing) in rural areas exacerbates the challenges faced by individuals with opioid misuse and mental health issues. Bridging the housing gap with sustainable solutions in the region is crucial.
- + Disparities in resources between rural and larger counties highlight the need for increased support and investment in rural communities.
- + Funding limitations impact the availability of services related to healthcare, mental health, and substance abuse in rural counties.
- + Socioeconomic challenges are prevalent among the elderly population in rural counties necessitating comprehensive strategies to support them.
- + After incarceration there is a barrier to obtaining housing, finding a job, and therefore having one's food and shelter needs met.

Unmet Needs by County and City

Themes from Key Stakeholder Interviews

Adams County	<ul style="list-style-type: none"> ● Promote Mental Wellness and Support ● Improve Access to Healthcare ● Reduce Stigma Surrounding Substances ● Address Behavioral and Emotional Needs ● Overcome Socio-Economic Challenges
Canyon County	<ul style="list-style-type: none"> ● Substance Abuse Prevention and Treatment ● Mental Health and Crisis Care ● Community-Based Approaches to Public Safety ● Education and Prevention ● Connectedness and Coordination of Services
Gem County	<ul style="list-style-type: none"> ● Substance Misuse ● More Community Involvement ● Access to Resources ● Education and Training ● Address Trauma and Childhood Experiences
Owyhee County	<ul style="list-style-type: none"> ● Substance Abuse Prevention in Small Rural Communities ● Opioid Crisis in Youth and Elderly Populations ● Lack of Education and Resources in Rural Counties ● Need for School-Based Education and Prevention Programs ● Mental Health Awareness and Education
Payette County	<ul style="list-style-type: none"> ● Promote Proactive Strategies ● Improve Treatment and Support ● Address Substance Crisis ● Increase Police Department Staffing and Resources
Washington County	<ul style="list-style-type: none"> ● Youth Education and Prevention ● Mental Health and Addiction ● Homelessness and Substance Abuse ● Law Enforcement and Prevention ● Community Engagement and Support

Desired Future State

All of the key stakeholders were asked where they would like to see their county and communities in the next five, ten, or fifteen years after meaningful investment in opioid treatment and prevention were to take place. Based on the information provided by the key stakeholders the following themes were developed: building stronger families, creating safer communities, and fostering mental health.

Stronger Families

Building stronger families was a theme from the key stakeholders that emerged when asking them about what their counties and communities would look like five, ten, fifteen years from now. One of the key stakeholders stated that, *“Not having opioids would mean there would be positive families even just due to not dealing with the impact of the substance on families and the loss of a loved one from an overdose.”* By fostering a sense of belonging and engagement within communities, individuals can access the necessary tools and opportunities to overcome challenges related to drugs and poor familial upbringing. Through collaborative efforts between community organizations, local authorities, and support networks can empower individuals and families to break free from the generational cycle of substance abuse and ensure that their basic needs are met. By investing in community resources and support systems, this can create a more resilient and thriving environment for future generations.

Promoting stronger family values is a vital aspect of preventing substance abuse and nurturing healthier communities according to the key stakeholders. By emphasizing values such as respect, love, trust, communication, and support within families can create a nurturing environment that reduces the risk factors for drug misuse. Strong family bonds provide a foundation for individuals to build resilience, make positive choices, and develop healthy coping mechanisms. By promoting these values and providing resources for families to strengthen their relationships can create a supportive network that acts as a protective factor against substance abuse. Investing in family-focused programs, parenting support, and community initiatives that promote strong family values will contribute to the overall well-being and future success of individuals and their communities.

Safer Communities

Another common theme that came from the key stakeholder interviews was that they hope meaningful investments in communities would create safer communities. Investing in effective systems to address homelessness, vandalism, and substance abuse would build safer and more supportive communities. One of the key stakeholders mentioned that, *“people would feel more secure with their property and not feel like it will be stolen by someone using substances.”* By allocating resources towards programs and initiatives that provide housing assistance, rehabilitative services, and substance abuse prevention could work towards reducing these societal challenges. Such investments could help individuals in need access the support they require to overcome homelessness, discourage vandalism, and combat substance abuse. By focusing on these areas, this could create a foundation for a healthier and more secure community for everyone.

Many envisioned creating prosocial activities that promote positive behaviors that would result in a strong and interconnected community. By providing opportunities for individuals of all ages to engage in activities that encourage collaboration, skill-building, and character development, this could foster a sense of belonging and collective responsibility. Moreover, establishing a culture of accountability, where individuals are encouraged to take responsibility for their actions and contribute to creating safer communities would further enhance the social fabric of neighborhoods. By encouraging active participation and engagement, this could build a community that thrives on mutual respect, support, and shared values.

Support for Mental Health

Another area that key stakeholders envision after meaningful investment is a community that encourages mental health conversations. Promoting open and honest conversations would foster a supportive environment where individuals would feel comfortable connecting with and confiding in others. By encouraging dialogue and breaking down barriers, this would create spaces where people could share their thoughts, feelings, and experiences without fear of judgment. One key stakeholder stated, *"If we were able to reduce the stigma around mental health and substances it would benefit everyone not just those with addiction."* Providing resources such as support groups, helplines, and counseling services could further facilitate these connections and offer a lifeline for those in need. By promoting honest conversations, cultivating a sense of community and reducing feelings of isolation would happen.

Addressing the stigma surrounding mental health would be essential for creating a more compassionate society. By raising awareness and challenging misconceptions, individuals would feel empowered to seek help and support for their mental health issues. The key stakeholder's envisioned future would provide education and information about mental health and emphasize that seeking assistance is a sign of strength, not weakness. Supportive initiatives that promote mental well-being and sharing stories of recovery would contribute to reducing the stigma and fostering an environment of understanding and acceptance. In their envisioned future, improved access to mental health care would ensure that individuals could receive the support they need.

Summary and Recommendations

This environmental scan has been a comprehensive study resulting in a cohesive report that details the current state of opioid related programming; community gaps and needs as reflected in the data; an assessment of funding utilization among opioid settlement recipients; and recommended strategies to address regional needs. To achieve a holistic understanding of the six counties in the SWDH region, methodology included key stakeholder interviews, a general population survey of the six counties, three community forums, and analysis of regional opioid data.

The individual interviews provided personalized perspectives and firsthand experiences from key stakeholders, adding depth and nuance to the collected data. The survey yielded a broader perspective, capturing a diverse range of opinions and preferences from the general population in the six counties. The forums served as interactive platforms for in-depth discussions, fostering collaboration and generating valuable ideas from individuals who live in these counties. The analysis of opioid misuse overdose data shed light on a critical issue, highlighting the urgency and significance of addressing opioid misuse challenges. Collectively, these diverse methodologies allowed for a comprehensive environmental scan, providing a robust foundation to make informed recommendations to SWDH for future use of opioid settlement funds.

Recommendations for SWDH

When considering the recommendations for the allocation of opioid settlement funds, it is crucial to prioritize strategies that address the multifaceted nature of opioid misuse and devise programs that can ensure long-term impact. By adopting a comprehensive and multifaceted approach, the allocation of opioid settlement funds can have a meaningful and lasting impact on preventing addiction, promoting recovery, and ultimately curbing the devastating effects of opioid misuse. Recommendations in this section are based on a compilation of the results from qualitative and quantitative data collection that included:

- + Themes found from the key stakeholder interviews and public forums.
- + Data regarding opioid-related ED visits, drug overdoses by age category, and gender differences in opioid overdose rates.
- + Outcomes from the survey regarding opioid misuse that was taken by general public participants in the SWDH region.

Based on environmental scan findings, below are potential activities to meet regional needs, which include education, prevention, and treatment of opioid misuse, addressing mental health, community-based services, and basic needs.

NOTE: Green italicized sections below are from the Idaho Settlement Intrastate Allocation Agreement that can be correlated with the recommendation sections.

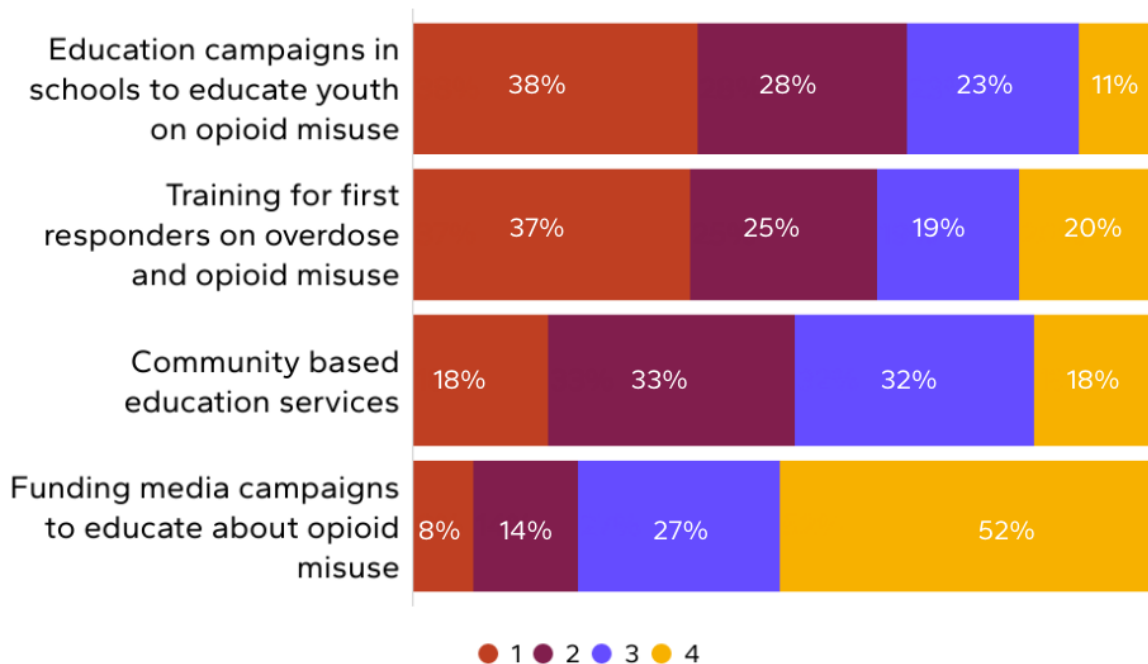
Education

Fund evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.

The need for education about opioids is paramount in combating opioid misuse and promoting public health. Education plays a crucial role in raising awareness about the risks, consequences, and proper use of opioids. By providing accurate and up-to-date information, education can empower individuals to make informed decisions regarding opioid use and misuse, whether it be for pain management or recreational purposes. It is essential to educate healthcare professionals, patients, families, and communities about the potential dangers of opioids, including the risk of addiction, overdose, and other adverse effects.

Education can help dispel misconceptions, reduce stigma surrounding addiction, and promote early intervention and treatment-seeking behaviors. Furthermore, educating individuals on alternative pain management strategies, such as non-opioid therapies and self-care techniques, can contribute to reducing the reliance on opioids and preventing unnecessary exposure to these potentially addictive substances.

Overall, education serves as a vital tool in fostering a well-informed society equipped with the knowledge and resources to effectively address the opioid crisis. This is in line with survey results as respondents believed that education campaigns in school should be most prioritized in regards to the education about opioid misuse.



Q9: Please read through the following types of education about opioid misuse, and rank them on what you think should be prioritized. 1 is most prioritized, and 4 is least prioritized.

One option for education on opioid misuse is working with school districts to implement substance and opioid education. It was noted that other substance misuse activities, such as vaping, are predominant in middle and high schools, with a seemingly high tolerance for in-school misuse. Relaxed attitudes towards substance abuse call for more in-depth education and prevention tactics toward all substance abuse.

Implementing opioid and substance education in schools is of paramount importance for several compelling reasons. Schools serve as a central hub for students, providing an ideal platform to widely disseminate accurate information and equip them with the knowledge and skills necessary to make informed decisions. By educating students about the dangers, risks, and consequences of opioid and substance abuse, schools can empower young individuals to resist peer pressure, understand the potential consequences of their actions, and develop healthy coping mechanisms.

Additionally, early intervention is crucial in mitigating substance abuse issues. By integrating opioid and substance education into the school curriculum, educators can identify warning signs, provide necessary support, and intervene promptly when students show signs of experimentation or misuse. Educators, in conjunction with parents and outside partnerships, can make this a proactive approach to prevent the escalation of substance abuse problems and ensure students receive needed assistance to overcome challenges and make positive choices.

Furthermore, opioid and substance education in schools helps reduce the stigma surrounding addiction. By openly discussing these topics, schools create an environment where students feel comfortable seeking help and support for themselves or their peers without fear of judgment. This contributes to a culture of empathy, compassion, and understanding, which is essential for fostering a healthy and supportive school community.

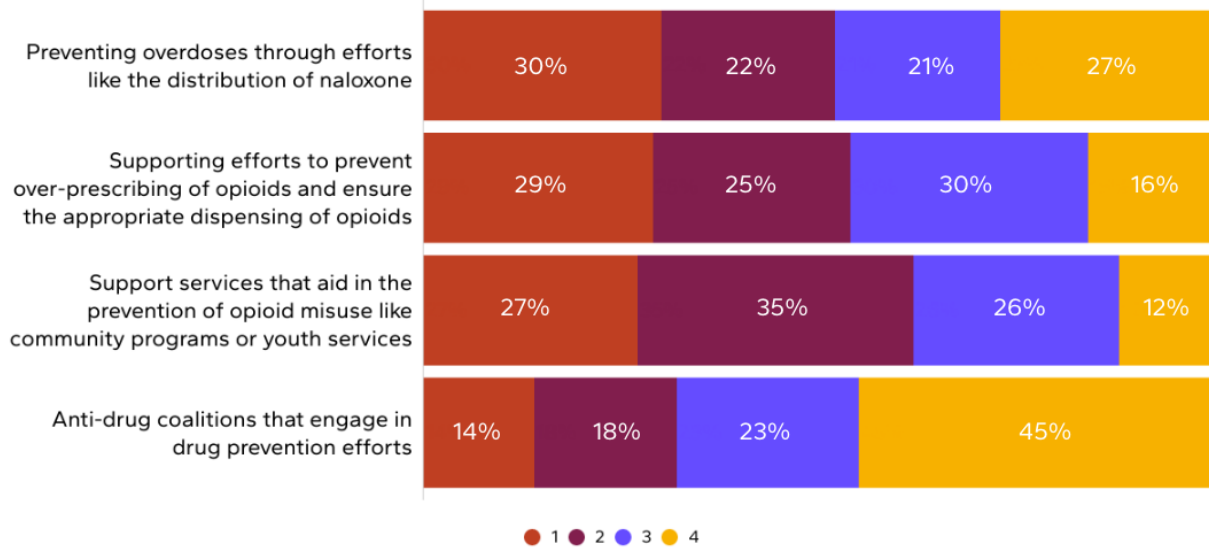
Prevention

Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.

School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.

Prevention efforts are crucial in combating the misuse of opioids and mitigating the devastating consequences of addiction. A comprehensive approach to prevention entails various strategies targeting different sectors of society. Implementing evidence-based prevention programs, particularly among vulnerable populations such as adolescents and individuals with a history of substance abuse, is vital. These programs can provide skills, knowledge, and support to help individuals make informed decisions and resist peer pressure. By prioritizing prevention efforts, society can work towards reducing the prevalence of opioid misuse and fostering healthier communities.

This is in line with the survey results as respondents believed that preventing overdoses through efforts like support services is the most favorable strategy in regards to the prevention of opioid misuse.



Q8: Please read through the following strategies to prevent opioid misuse, and rank them on what you think should be prioritized. 1 is most prioritized, and 4 is least prioritized.

One potential option for prevention efforts is to develop more prosocial activities in rural communities for youth and young adults that will aid in the prevention of opioid misuse. Key stakeholders and community members stated that the lack of after school and summer activities has a negative impact on youth for a variety of reasons. The implications can include poor home life, lack of basic needs met at home, exposure to environmental triggers, and even easier access to substances. In order to prevent some of these negative impacts, it is imperative that social activities and relationship building are done in order to create a sense of community and a positive outlet for youth. Some ideas for building prosocial activities to help mitigate negative environments and the resulting uptake and misuse of opioids could include:

- + Conduct surveys to assess specific needs and interests for prosocial activities development. County-specific surveys can help identify the number and types of programs that would be most beneficial to the demographics in particular areas.
- + Establish partnerships with local nonprofits, community centers, schools, and other organizations to leverage their resources, expertise, and existing networks in creating prosocial activities.
- + Create prosocial activities that cater to diverse age groups, cultural backgrounds, and interests, fostering an inclusive environment.

- + Offer workshops or classes that promote personal and professional development, such as financial literacy, career mentoring, art or music lessons, or computer literacy training.
- + Plan social gatherings, sports events, community festivals, or outdoor activities that encourage social connections, physical well-being, and overall community bonding.
- + Create support groups where individuals facing similar challenges can come together, share experiences, and provide mutual support, creating a sense of belonging and resilience.

Key stakeholders and community members believe that if youth are active and socially engaged, it reduces substance misuse as a whole and provides youth with a positive outlet both physically and psychologically.

Another potential option is to implement structured continuing education classes/courses for first responders. Key stakeholders mentioned that it would be beneficial to keep up to date on treatment options, Narcan/Naloxone administration, and identification of signs and symptoms of opioid misuse.

One way this could be implemented is through an annual training program provided by SWDH to first responders in the six counties. Key action items would be:

- + Create a comprehensive curriculum covering topics such as recognizing opioid misuse and overdose symptoms, administering Narcan, understanding the impact of opioids on the body, and accessing resources for addiction treatment and support.
- + Collaborate with organizations for training on Naloxone administration and distribution.
- + Collaborate with medical professionals, addiction specialists, and community organizations to ensure the curriculum's accuracy and relevance.
- + Establish scheduling and logistics considering the availability and shifts of first responders. It may be beneficial to offer multiple sessions to accommodate varying schedules.

Treatment of Opioid Misuse

Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.

Support mobile intervention, treatment, and recovery services offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD

and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.

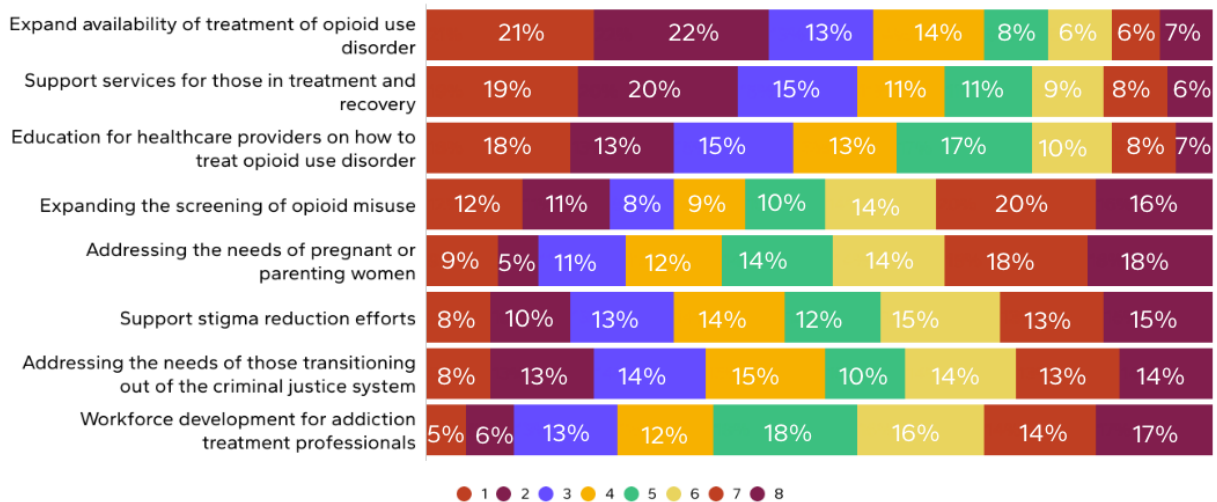
Support mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.

Training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.

Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.

Opioid treatment plays a crucial role in addressing the widespread crisis of opioid addiction and misuse. Its significance lies in providing individuals with effective interventions to manage and overcome their dependence on opioids. Key stakeholders, forum participants, and survey respondents all noted that treatment of opioid misuse is a high need in the regions covered under SWDH. Equipping people with the necessary tools, coping strategies, and support systems to recognize and manage triggers effectively are essential for promoting overall mental well-being and avoidance or recovery from substance abuse.

This is in line with the survey responses, as expanding availability of treatment for opioid misuse was the opportunity that respondents believed should be most prioritized in regards to treatment.



Q7: Please read through the following opportunities to support treatment for opioid misuse, and rank them on what you think should be prioritized. 1 is most prioritized, and 8 is least prioritized.

One potential option for SWDH is to establish a crisis center, with both inpatient and outpatient options, in Canyon County with the ability to create a mobile crisis unit for rural

communities. An additional opportunity to provide transportation services. The counties in the SWDH region need a crisis center for addressing mental health emergencies to provide timely support to individuals in distress. A crisis center serves as a central hub where individuals experiencing mental health crises can seek immediate assistance, access specialized care, and receive crisis intervention services. It would provide a safe and supportive environment staffed by trained professionals who can assess, triage, and provide appropriate resources and referrals.

Additionally, mobile crisis units are indispensable in reaching individuals who may be unable to access traditional mental health services. These units, equipped with trained mental health professionals, can rapidly respond to emergencies in the community, delivering on-the-spot crisis intervention, assessment, and stabilization. By bringing mental health services directly to those in need, mobile crisis units bridge the gap in accessibility, particularly for individuals in remote areas or those facing transportation challenges.

Together, a crisis center and mobile crisis units help prevent crisis situations from escalating, reducing the burden on emergency departments, and providing timely intervention to individuals in acute distress. These services would contribute to destigmatizing mental health issues by ensuring that individuals experiencing crises receive the necessary support and care they deserve.

Another option for treatment is to implement education and training for first responders, crisis center health care providers, and other supporting professionals on medication-assisted treatment (MAT), which could also be implemented with the mobile crisis units. MAT was mentioned in community forums and by key stakeholders and is considered a comprehensive program, it ensures that individuals struggling with substance use disorders have access to multifaceted approaches. This would allow for the integration of medication, therapy, counseling, and support services for at risk individuals.

Key stakeholders stated that MAT is beneficial because it combines specific medications such as naltrexone, with therapeutic interventions like counseling and therapy. By incorporating medication into the treatment process, MAT services can effectively manage withdrawal symptoms and reduce cravings, which can increase the chances of successful outcomes.

Mental Health

Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.

Mental health services are of utmost importance when addressing the complex relationship between opioid misuse and mental health. Many individuals who misuse opioids often have underlying mental health conditions, such as depression, anxiety, or trauma-related disorders. In order to effectively address opioid misuse, it is crucial to provide comprehensive mental health services that address both the physical and psychological aspects of addiction. Mental health support plays a vital role in preventing and treating opioid misuse by addressing the root causes and co-occurring disorders that contribute to substance abuse.

By offering counseling, therapy, and psychiatric interventions, mental health services can help individuals develop healthier coping mechanisms, manage emotional distress, and address underlying psychological issues that may drive their opioid misuse. Mental health professionals can collaborate with substance abuse treatment providers to offer integrated care that holistically addresses both mental health and addiction needs. By prioritizing mental health services alongside efforts to combat opioid misuse, society can provide individuals with the necessary support to achieve lasting recovery and improve overall well-being.

One option is to create transportation options for mental health, hospital, and crisis care. The issue that transportation is a barrier for at risk populations, youth, and rural communities was brought up repeatedly in research conversations. Reliable transportation is a high need for all of these populations that needs to be addressed. Improving transportation barriers in rural communities would increase quality of life for residents through access to necessary services and opportunities. Several strategies can be implemented to address this challenge:

- + Establish or expand public transportation options, such as bus routes or shuttle services, to better connect rural areas with nearby towns, cities, and essential amenities.
- + Coordinate with local governments, transportation agencies, and community organizations to help secure funding and resources for such initiatives. Implement rideshare programs, volunteer driver networks, and/or telecommuting options to provide flexible and cost-effective transportation solutions. Leveraging advancements in technology, such as mobile apps for carpooling or on-demand transportation services, can also help bridge the transportation gap.
- + Develop tailored solutions and advocate for sustainable funding to ensure long-term success.

Community-Based Services

Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.

The need for community resources related to opioids is paramount in addressing the multifaceted challenges posed by opioid misuse. Communities play a vital role in supporting individuals and families affected by opioids, as well as in preventing and reducing the harm associated with opioid addiction. Community resources serve as crucial support systems, offering a range of services that cater to diverse needs. These resources may include substance abuse treatment centers, harm reduction programs, peer support groups, and community outreach initiatives. They provide essential interventions such as counseling, medication-assisted treatment, overdose prevention education, and naloxone distribution. Community resources foster a sense of belonging and social support, reducing stigma and isolation often experienced by individuals struggling with opioid addiction. By establishing and strengthening community resources, individuals and families affected by opioids can access the help they need, and communities can work together to create a healthier and safer environment.

Creating a “Resource Guide” for each of the counties to help identify what services are available to the general population would be beneficial. This guide would serve as an accessible and comprehensive list of resources for families that are at risk for OUD or any co-occurring SUD/MH conditions. A commonly-mentioned barrier in community forums and key stakeholder interviews was the lack of an up-to-date resource listing that organizations and residents could reference to locate services available across different counties. Several noted it would be beneficial to have a comprehensive and regularly updated list of current resources available for each county.

Widespread distribution of the guide should include public locations (i.e., school districts, libraries), first responders, mental health professionals, hospitals and treatment centers, recovery centers, and government organizations. It is recommended that the resource guide be included, and easily accessed on the SWDH website as a guidebook for organizations to find crisis services, mental health providers, and similar services. The resource guide could include:

- + Mental health therapists
- + Crisis support services
- + Peer support services
- + Substance abuse services
- + Telehealth
- + Hospitals
- + Transportation options
- + Prosocial activities
 - + YMCA
 - + Boys and Girls Club

Basic Needs

Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.

Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services.

Meeting basic human needs is an integral aspect of comprehensive opioid education, prevention, and treatment efforts. Opioid misuse often thrives in environments characterized by poverty, homelessness, food insecurity, and lack of access to healthcare. By addressing these underlying social determinants of health, this can create a more supportive and conducive environment for individuals affected by opioids. It is essential to recognize that individuals who are struggling to meet their basic needs may turn to opioids as a means of escape or self-medication.

Options for SWDH would be to incorporate strategies to help socioeconomic challenges and promote social and economic stability. By integrating support for basic human needs into opioid education, prevention, and treatment initiatives can address an underlying factor that contributes to opioid misuse and foster a more holistic and sustainable approach to recovery and well-being.

An option for SWDH can help with meeting the unmet basic needs is to establish partnerships with local housing agencies, food banks, and healthcare providers to ensure that individuals struggling with opioid addiction have access to essential resources. This type of collaboration would involve referrals and joint programming.

Conclusion

The analysis of opioid settlement funds and the state of opioid misuse highlights the need for continued efforts to address this issue. The findings reveal that the allocation and distribution of settlement funds in the six counties has not been fully determined, emphasizing the importance of figuring out fund distribution to programs in the SWDH region.

The research underscores the alarming rates of opioid misuse, which have devastating consequences for individuals, families, and communities. The availability and overprescription of opioids, as well as the possession of illegal opioids, contribute to the persistence of this crisis. Expanding access to affordable and evidence-based treatment options, including a crisis center, mobile crisis units, and medication-assisted treatment and counseling services, is crucial for addressing this problem. Additionally, efforts to address stigma and improve aftercare support systems are vital for successful long-term recovery.

The increase in opioid-related overdose deaths highlights the need for comprehensive prevention strategies. This report emphasizes the importance of enhancing existing prevention efforts through increased investment in evidence-based programs, community engagement, and first responder training. A comprehensive approach should encompass early intervention, education, and the integration of mental health support services.

The recommendations provided based on the findings of the environmental scan offer a roadmap for the Southwest District Health (SWDH) to consider implementing with the opioid settlement funds. By implementing these recommendations, SWDH can work towards improving emergency response capabilities, strengthening prevention efforts, expanding treatment accessibility, and fostering community support. This multi-faceted approach will contribute to a more informed and resilient environment for individuals and communities affected by opioid misuse.

Addressing opioid misuse requires collaboration and ongoing commitment from various stakeholders, including government agencies, healthcare providers and facilities, school districts, community organizations, and individuals. Through thoughtful deployment of opioid settlement funds, with a focus on the future, it is possible to achieve the desired end state of stronger families, safer communities, and support for mental health.

References

- Altekruse, S.F., Cosgrove, C. M., Altekruse, W. C., Jenkins, R. A., & Blanco, C. (2020). Socioeconomic risk factors for fatal opioid overdoses in the United States: Findings from the Mortality Disparities in American Communities Study (MDAC). *PloS one*, 15(1), e0227966. <https://doi.org/10.1371/journal.pone.0227966>
- Egede L.E. (2006). Race, ethnicity, culture, and disparities in health care. *Journal of General Internal Medicine*, 21(6), 667–669. <https://doi.org/10.1111/j.1525-1497.2006.0512.x>
- Eckhaut, M.C.W., Wagner, J., Neitzke-Spruill, L., Walker, R., & Anderson, T. L. (2020). Is the gender gap in overdose deaths (still) decreasing? An examination of opioid deaths in Delaware, 2013-2017. *Journal of Studies on Alcohol and Drugs*, 81(1), 68–73. <https://doi.org/10.15288/jsad.2020.81.68>
- Feagin, J., & Bennefield, Z. (2014). Systemic racism and U.S. health care. *Social Science & Medicine*, 103, 7-14. <https://doi.org/10.1016/j.socscimed.2013.09.006>
- Khoury, L., Tang, Y.L., Bradley, B., Cubells, J.F., & Ressler, K.J. (2010). Substance use, childhood traumatic experience, and posttraumatic stress disorder in an urban civilian population. *Depression and Anxiety*, 27(12), 1077–1086. <https://doi.org/10.1002/da.20751>
- Office of National Drug Control Policy. (2023). *High-intensity drug trafficking areas: Canyon County*. Retrieved from <https://www.hidtaprogram.org/idaho.php>
- Thom, B. (2003). *Risk-taking behaviour in men: Substance use and gender*. HDA.
- Welsh, J.W., Dennis, M.L., Funk, R., Mataczynski, M.J., & Godley, M.D. (2021). Trends and age-related disparities in opioid use disorder treatment admissions for adolescents and young adults. *Journal of Substance Abuse Treatment*, 130, 108584. <https://doi.org/10.1016/j.jsat.2021.108584>

Appendices

Appendices	68
Appendix I. Descriptive Statistics Analysis Data	69
Appendix II. Regression Analysis Data	71
Appendix III. Geospatial Analysis Maps	73
Appendix IV. Survey Questions	75
Appendix V. Survey Results	79
Appendix VI. Key Stakeholder Interview Discussion Guide	86
Appendix VII. Forum Discussion Guide	89

Appendix I. Descriptive Statistics Analysis Data

drug overdose ems runs				
age group	rate		gender	rate
0 to 9 years	0		Male	18.49
10 to 19 years	6		Female	10.75
20 to 29 years	39			
30 to 39 years	35			
40 to 49 years	14			
50 to 59 years	11			
60 to 69 years	11			
70 to 79 years	0			
80 and higher years	0			
deaths				
county	rate		district	rate
Payette	2.41		Southeastern (6)	1.72
Gem	2.14		Panhandle (1)	1.28
Canyon	1.98		Central (4)	1.27
Washington	0.96		North Central (2)	1.25
Owyhee	0.85		Eastern (7)	1.22
Adams	0		Southwest (3)	1.2
			South Central (5)	1.04
district	percent			
Panhandle (1)	77%			
Central (4)	73%			
Southwest (3)	67%			
South Central (5)	67%			
Southeastern (6)	67%			
North Central (2)	61%			
Eastern (7)	58%			
Total	68%			

naloxone administration				
Year	Naloxone Patients		Year	Miligrams per patient
2020	30		2020	1.3
2021	84		2021	1.7
2022	123		2022	2.2
ed visits				
county	2020	2021	2022	age group
adams	0	2.31	0	0 to 14 years
canyon	717	8.09	6.55	15 to 24 years
gem	0.53	1.07	3.74	25 to 34 years
owyhee	3.39	4.23	5.08	35 to 44 years
payette	2.01	4.81	3.61	45 to 54 years
washington	2.88	2.88	1.92	55 to 64 years
				65 to 74 years
				75 to 84 years
				85+ years
race	rate		gender	rate
Black or African American	88.38		Male	50.76
American Indian or Alaska Native	61.92		Female	43.21
White	58.59			
Asian	20.75			
Hispanic or Latino	20.32			

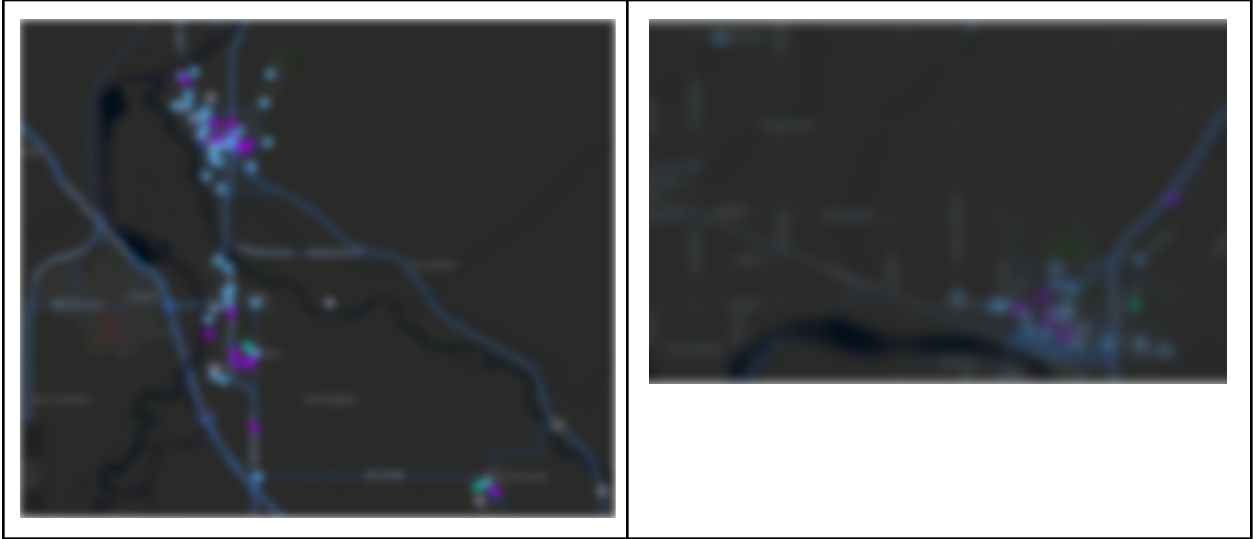
Appendix II. Regression Analysis Data

county	total_pop	sus_op_ed_visits	sus_op_ed_visits_rate	swdh_county	median_age	sex_ratio	med_house_income	below_poverty_level	hispanic_or_latino	hispanic_or_latino_rate	white	white_rate	african_american	african_american_rate	native_american	native_american_rate	asian	asian_rate	uninsured	high_school_grad	unemployment
ada	485246	561	11.56	0	3770	101.20	75,115	9.2%	45,223	0.09	397,998	8,201.98	7,733	159.36	2,269	46.76	13,651	281.32	7.40%	20.80%	2.30%
adams	4321	10	2314	1	54.70	109.70	52,746	16.1%	152	0.04	3,992	9,238.60	3	6.94	27	62.49	8	18.51	11.60%	37.40%	4.70%
bannock	86362	80	9.26	0	34.50	100.60	56,472	12.7%	7,993	0.09	70,447	8,157.8	688	79.66	2,600	301.06	1,148	132.93	8.40%	25.70%	3.20%
bearlake	6327	10	15.81	0	38.90	101.10	60,337	13.1%	208	0.03	5,977	9,446.82	10	15.81	25	39.51	13	20.55	7.60%	37.50%	2.40%
benewah	9509	15	15.77	0	45.90	104.10	50,257	14.7%	254	0.03	7,773	8,174.36	8	8.41	796	837.10	30	31.55	12.70%	36.30%	2.20%
bingham	47540	25	5.26	0	34.20	100.40	63,106	11.0%	8,331	0.18	34,937	7,348.97	115	24.19	2,892	608.33	192	40.39	10.70%	33.60%	3.50%
blaine	23868	10	4.19	0	43.80	107.70	71,749	9.9%	5,021	0.21	18,024	7,551.53	45	18.85	34	14.25	211	88.40	12.20%	24.10%	1.60%
boise	7549	44	58.29	0	53.70	103.10	64,125	11.6%	324	0.04	6,751	8,942.91	19	25.17	55	72.86	36	47.69	15.70%	30.70%	0.70%
bonner	46481	25	5.38	0	48.20	100.50	55,206	11.7%	1,504	0.03	42,344	9,109.96	115	24.74	307	66.05	25.2	54.22	10.30%	30.40%	1.90%
bonneville	12171	66	5.42	0	33.00	101.20	64,928	9.5%	17,094	0.14	99,943	8,207.45	593	48.70	677	55.60	1,392	114.31	8.70%	25.30%	2.70%
boundary	11966	10	8.36	0	43.80	101.20	51,261	17.4%	692	0.06	10,550	8,816.65	27	22.56	145	121.18	72	60.17	16.90%	37.80%	2.10%
butte	2573	10	38.87	0	44.30	107.00	41,552	23.0%	134	0.05	2,336	9,078.90	2	7.77	15	58.30	3	11.66	8.50%	32.10%	1.40%
camas	1044	10	95.79	0	44.00	76.90	37,367	14.4%	59	0.06	938	8,984.67	2	19.16	0	0.00	8	76.63	13.80%	26.50%	1.30%
canyon	227367	333	14.65	1	34.10	99.30	60,716	11.1%	59,166	0.26	155,401	6,834.81	1,455	63.99	1,176	51.72	1,973	86.78	12.60%	30.10%	2.80%
caribou	7003	10	14.28	0	37.50	103.30	65,528	6.7%	384	0.05	6,391	9,126.09	0	0.00	46	65.69	9	12.85	11.80%	28.80%	1.70%
cassia	24469	20	8.17	0	33.20	104.20	57,547	10.1%	7,186	0.29	16,522	6,752.22	64	26.16	122	49.86	131	53.54	11.60%	29.30%	2.10%
clark	839	10	119.19	0	33.80	110.80	48,088	5.2%	288	0.34	463	5,518.47	3	35.76	2	23.84	1	11.92	22.60%	27.10%	1.00%
clearwater	8719	10	11.47	0	51.00	125.40	50,787	13.6%	300	0.03	7,882	9,040.03	40	45.88	133	152.54	45	51.61	13.90%	35.10%	2.50%
custar	4273	10	23.40	0	53.40	114.10	47,663	15.1%	156	0.04	3,893	9,110.70	3	7.02	32	74.89	15	35.10	8.70%	28.70%	2.20%
elmore	28396	21	7.40	0	32.60	112.20	48,475	14.3%	5,097	0.18	19,996	7,041.84	688	242.29	234	82.41	76.6	269.6	14.70%	29.90%	3.40%
franklin	14036	10	7.12	0	33.20	110.20	56,677	11.4%	1,023	0.07	12,701	9,048.87	22	15.67	75	53.43	28	19.95	10.10%	46.70%	0.50%
fremont	13370	10	7.48	0	37.90	109.20	61,875	12.0%	1,590	0.12	11,292	8,445.77	21	15.71	68	50.86	44	32.91	12.20%	28.50%	3.00%
gem	18692	10	5.35	1	44.70	101.70	59,957	10.7%	1,722	0.09	16,132	8,630.43	29	15.51	124	66.34	99	52.96	13.80%	34.40%	2.10%

gooding	15422	16	10.37	0	38.20	103.80	56,734	15.0%	4,847	0.31	10,044	6,512.77	20	12.97	70	45.39	40	25.94	18.20%	34.30%	3.60%
idaho	16494	15	9.09	0	50.10	112.40	47,508	11.8%	611	0.04	14,656	8,885.66	54	32.74	414	251.00	55	33.35	16.00%	33.00%	2.10%
jefferson	30427	10	3.29	0	31.90	103.00	69,097	8.0%	3,256	0.11	26,430	8,686.36	73	23.99	127	41.74	118	38.78	9.30%	24.40%	2.40%
jerome	24081	10	4.15	0	32.90	101.70	61,280	15.8%	9,176	0.38	14,153	5,877.25	39	16.20	110	45.68	80	33.22	16.40%	29.70%	2.60%
kootenai	168317	181	10.75	0	40.40	98.90	64,936	9.3%	8,756	0.05	149,107	8,858.70	463	27.51	1,715	101.89	1,371	81.45	9.90%	27.00%	2.20%
latah	39464	16	4.05	0	30.10	104.70	56,673	16.2%	2,073	0.05	33,476	8,482.67	318	80.58	263	66.64	96.8	245.29	7.50%	20.50%	3.40%
lemhi	7948	10	12.58	0	52.80	109.40	46,105	12.4%	295	0.04	7,280	9,159.54	17	21.39	46	57.88	28	35.23	9.10%	29.80%	1.70%
lewis	3613	10	27.68	0	49.00	92.80	44,028	16.2%	138	0.04	3,031	8,389.15	6	16.61	181	500.97	7	19.37	12.40%	27.20%	1.70%
lincoln	5184	10	19.29	0	36.40	111.70	55,988	12.4%	1,639	0.32	3,245	6,259.65	6	11.57	22	42.44	10	19.29	17.20%	34.00%	4.50%
madison	50979	10	1.96	0	23.30	105.00	53,498	24.3%	5,248	0.10	43,985	8,628.06	709	139.08	153	30.01	93.3	183.02	6.60%	17.40%	4.50%
minidoka	21393	10	4.67	0	35.10	101.50	56,140	18.0%	7,909	0.37	12,946	6,051.51	27	12.62	92	43.00	51	23.84	17.40%	34.50%	2.50%
nezperce	41820	43	10.28	0	40.60	98.40	61,810	14.6%	1,630	0.04	35,436	8,473.46	184	44.00	2,336	558.58	32.4	77.47	10.00%	30.20%	2.00%
oneida	4514	10	22.15	0	41.60	98.60	64,766	11.6%	178	0.04	4,259	9,435.09	2	4.43	14	31.01	14	31.01	4.70%	35.80%	0.20%
owyhee	11815	10	8.46	1	40.00	109.40	54,669	15.2%	2,915	0.25	8,060	6,821.84	28	23.70	374	316.55	42	35.55	21.50%	31.00%	1.70%
payette	24928	17	6.82	1	40.00	99.50	59,540	10.8%	4,268	0.17	19,240	7,718.23	52	20.86	163	65.39	20.7	83.04	10.30%	35.80%	2.60%
power	7854	22	28.01	0	36.20	100.20	52,116	9.7%	2,624	0.33	4,826	6,144.64	17	21.65	172	219.00	18	22.92	13.70%	32.30%	4.00%
shoshone	13124	15	11.43	0	46.30	100.20	43,188	15.1%	450	0.03	11,771	8,969.06	15	11.43	145	110.48	53	40.38	15.80%	37.00%	3.40%
teton	11490	10	8.70	0	38.30	109.70	75,837	8.1%	2,020	0.18	9,141	7,955.61	16	13.93	25	21.76	51	44.39	13.30%	17.80%	2.50%
twinfalls	89128	69	7.74	0	35.30	98.40	57,430	13.0%	15,210	0.17	68,169	7,648.44	1,021	114.55	499	55.99	1.403	157.41	11.20%	27.50%	2.40%
valley	11476	10	8.71	0	50.20	100.50	67,528	10.6%	601	0.05	10,467	9,120.77	16	13.94	54	47.05	55	47.93	11.60%	25.00%	0.40%
washington	10425	10	9.59	1	44.90	98.80	45,065	13.8%	1,662	0.16	8,118	7,787.05	17	16.31	74	70.98	81	77.70	15.10%	30.00%	3.40%

Appendix III. Geospatial Analysis Maps

Adams County	Canyon County
	
Gem County	Owyhee County
	
Payette County	Washington County



Appendix IV. Survey Questions

The purpose of this survey is to garner the community's feedback on opioid misuse and prevention. We appreciate your participation in this effort to gather insights and feedback.

Your participation is completely voluntary and you can end the survey at any time. Your responses will remain anonymous. There are no right or wrong answers, and we value your honest opinions. Your feedback will help us identify the challenges and opportunities related to opioid misuse and prevention in our community.

Thank you for taking the time to participate in this survey. It will take approximately 10 minutes to complete. Your input is highly valuable to us, and we appreciate your contribution to this important issue.

If you have any questions about participating in this study, please contact our research team at 208-315-9999 or research@rathbonefalvey.com.

If you agree with the above, please proceed with the survey by clicking "ok". Thank you for your participation in this survey.

Button = "ok"

(new page)

1. What county in Idaho do you live in? (Dropdown) (LOGIC: disqualify all but SWDH)

Ada	Clark	Madison
Adams	Clearwater	Minidoka
Bannock	Custer	Nez Perce
Bear Lake	Elmore	Oneida
Benewah	Franklin	Owyhee
Bingham	Fremont	Payette
Blaine	Gem	Power
Boise	Gooding	Shoshone
Bonner	Idaho	Teton
Bonneville	Jefferson	Twin Falls
Boundary	Jerome	Valley
Butte	Kootenai	Washington
Camas	Latah	None of the above.
Canyon	Lemhi	I do not live in
Caribou	Lewis	Idaho.
Cassia	Lincoln	

(new page)

2. On a scale of 1 to 10, how much of an issue do you believe opioid misuse is a crisis in your community? This may include the improper use of both prescription and illegal

opioids, leading to negative impacts on individuals, families, and communities. 1 is not an issue at all, and 10 is a very large issue.

- a. Sliding scale of 1 to 10
3. Have you personally experienced or observed the negative impacts of opioid misuse?
 - a. Yes
 - b. No
 - c. Unsure
4. Are you aware of any resources available in your community that help with or address opioid misuse and overdose?
 - a. Yes
 - b. No (LOGIC: Skip next page)
 - c. Unsure (LOGIC: Skip next page)

(new page)

5. In a few sentences, could you describe the resources you are aware of that help with or address opioid misuse and overdose in your community?
 - a. Open comment box

(new page)

6. Please read through the following and rank them on what you think **should be prioritized** to help address the opioid crisis in your community. 1 is most prioritized, and 3 is least prioritized. (RANDOMIZE)
 - a. The **treatment** of opioid misuse and any co-occurring substance use disorder or mental health conditions. This may include expanding the availability of treatment or withdrawal services, providing services to those in recovery, and services to help those transitioning out of the criminal justice system.
 - b. The **prevention** of opioid misuse/overdose such as preventing the over-prescribing of opioids, the distribution of naloxone (a drug that stops overdoses), and access to mental health services for young people.
 - c. **Education** on opioid misuse such as public education campaigns, community-based education or intervention services, and first responder training and education.

(new page)

Treatment

7. Please read through the following opportunities to support **treatment for opioid misuse**, and rank them on what you think **should be prioritized**. 1 is most prioritized, and 8 is least prioritized.
 - a. Expand availability of treatment of opioid misuse including telehealth, trauma treatment. and withdrawal services.

- b. Workforce development for addiction professionals.
- c. Education for healthcare providers on how to treat opioid use disorder.
- d. Support services for those in treatment and recovery including housing support, transportation, job placement, and social and legal services.
- e. Support stigma reduction efforts regarding the treatment and support of people with opioid use disorder.
- f. Expanding the screening of opioid misuse.
- g. Addressing the needs of those transitioning out of the criminal justice system such as pre-trial treatment services.
- h. Addressing the needs of pregnant or parenting women such as child and family services.

(new page)

Prevention

- 8. Please read through the following strategies to **prevent opioid misuse**, and rank them on what you think **should be prioritized**. 1 is most prioritized, and 4 is least prioritized.
 - a. Supporting efforts to prevent over-prescribing of opioids and ensure the appropriate dispensing of opioids.
 - b. Support services that aid in the prevention of opioid misuse like community programs or youth services.
 - c. Preventing overdoses through efforts like the distribution of naloxone (a drug that stops overdoses), mobile units for harm reduction, and providing training in harm reduction strategies.
 - d. Anti-drug coalitions that engage in drug prevention efforts.

(new page)

Education

- 9. Please read through the following types of **education about opioid misuse**, and rank them on what you think **should be prioritized**. 1 is most prioritized, and 4 is least prioritized.
 - a. Funding media campaigns to educate about opioid misuse.
 - b. Education campaigns in schools to educate youth on opioid misuse.
 - c. Community based education services.
 - d. Training for first responders on overdose and opioid misuse.

(new page)

Demographics

We would like to speak with a good mix of participants for this research study.

This last section will ask questions about yourself. This information is collected for classification purposes.

10. What is your gender?

- a. Female
- b. Male
- c. Non-binary
- d. Other (please specify)

11. What is your age?

- a. 18 to 24
- b. 25 to 34
- c. 35 to 44
- d. 45 to 54
- e. 55 to 64
- f. 65 to 74
- g. 75 or older

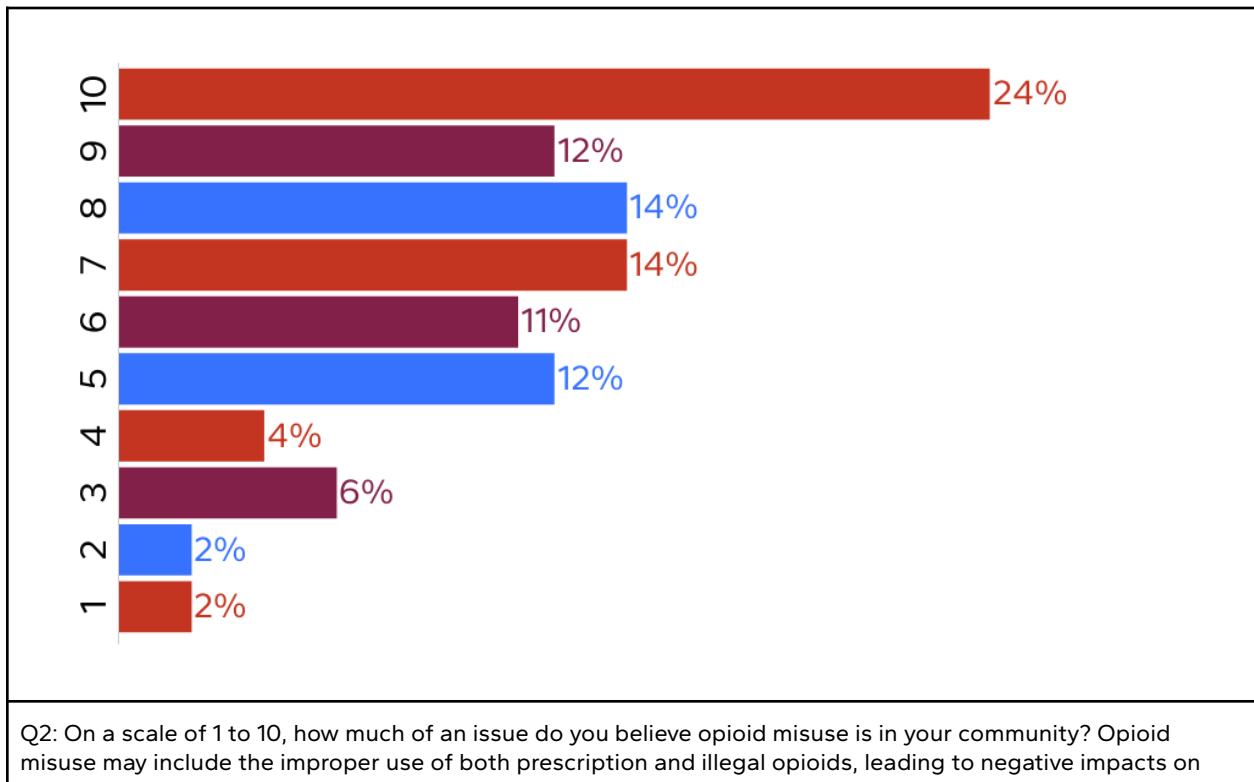
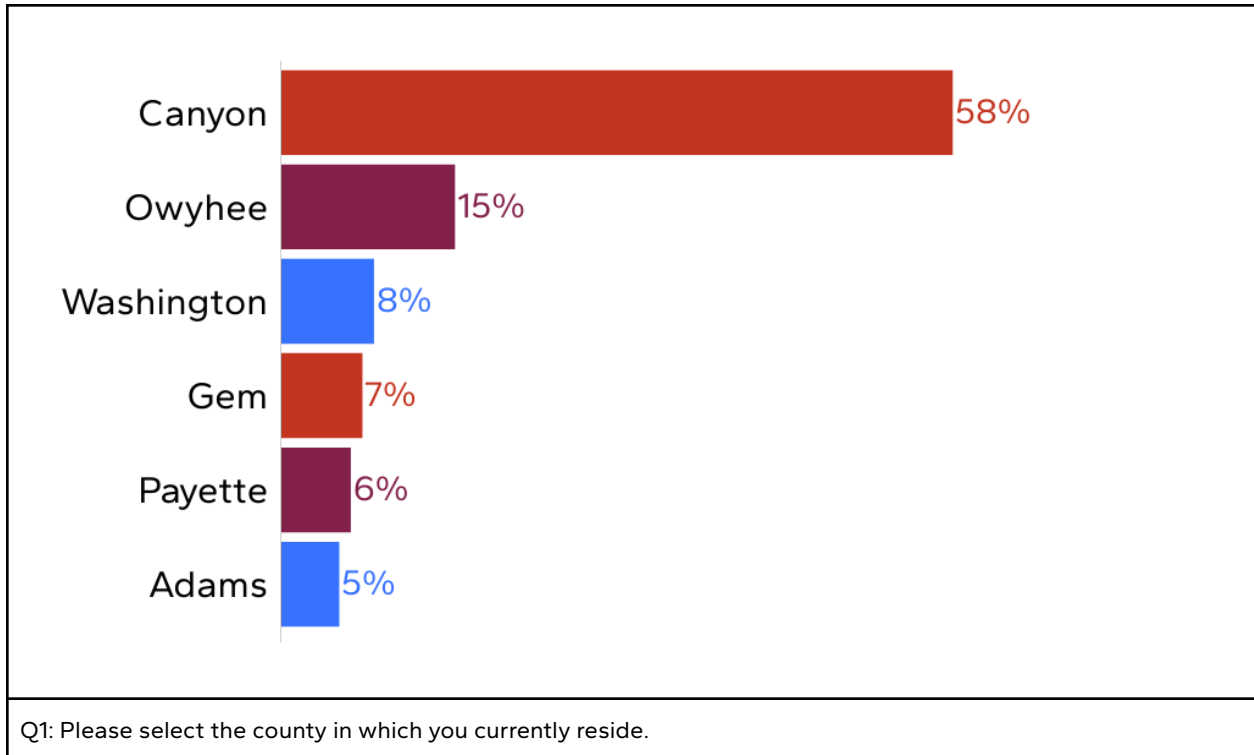
12. What is your annual household income, before taxes?

- a. \$34,999 or less
- b. \$35,000-\$44,999
- c. \$45,000-\$54,999
- d. \$55,000-\$64,999
- e. \$65,000-\$74,999
- f. \$75,000-\$99,999
- g. \$100,000-\$149,999
- h. \$150,000 or more

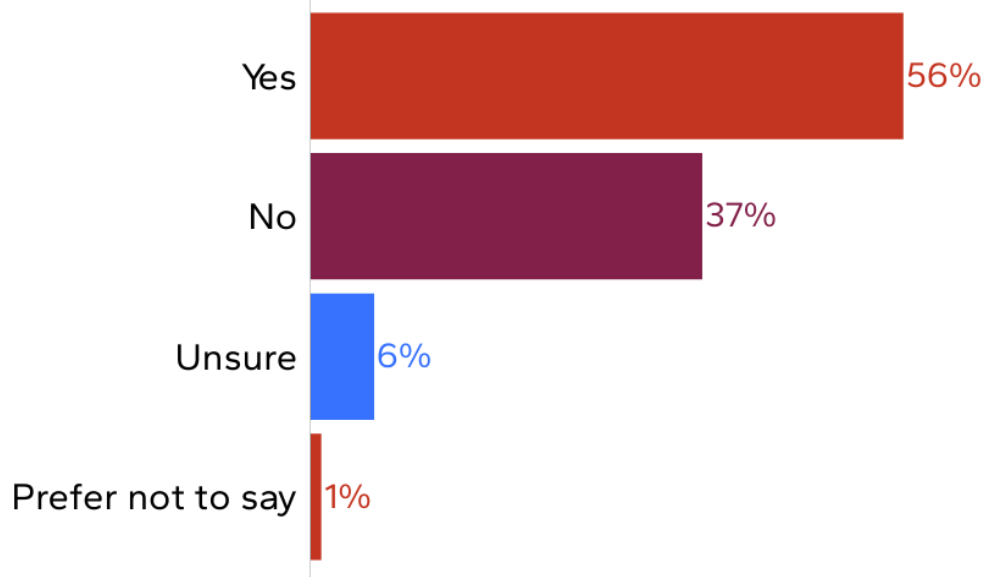
13. What race or ethnicity best describes you?

- a. American Indian or Alaskan Native
- b. Asian / Pacific islander
- c. Black or African American
- d. Hispanic or Latino
- e. White / Caucasian
- f. Multiple ethnicities / Other (please specify)

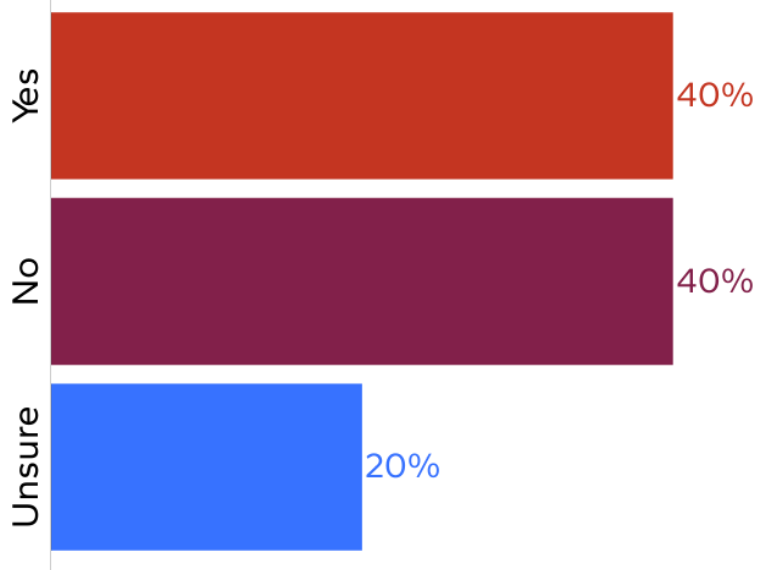
Appendix V. Survey Results



individuals, families, and communities. 1 is not an issue at all, and 10 is a very significant issue.



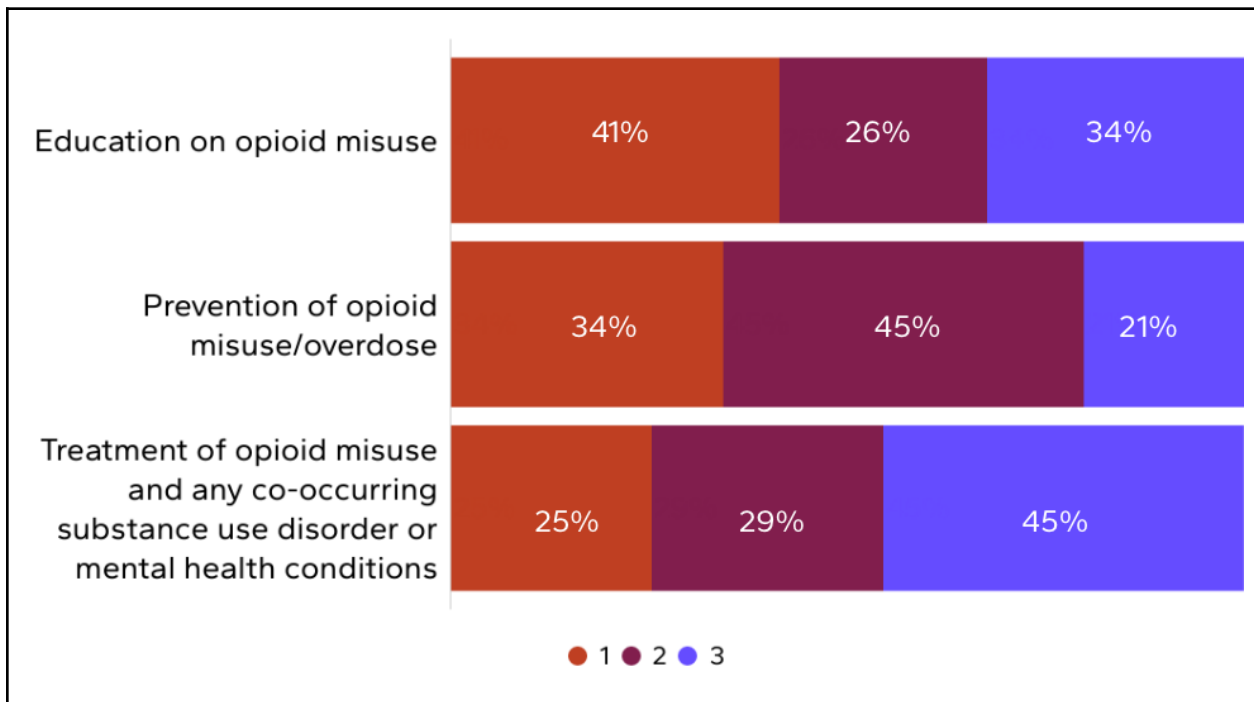
Q3: Have you personally experienced or observed the negative impacts of opioid misuse?



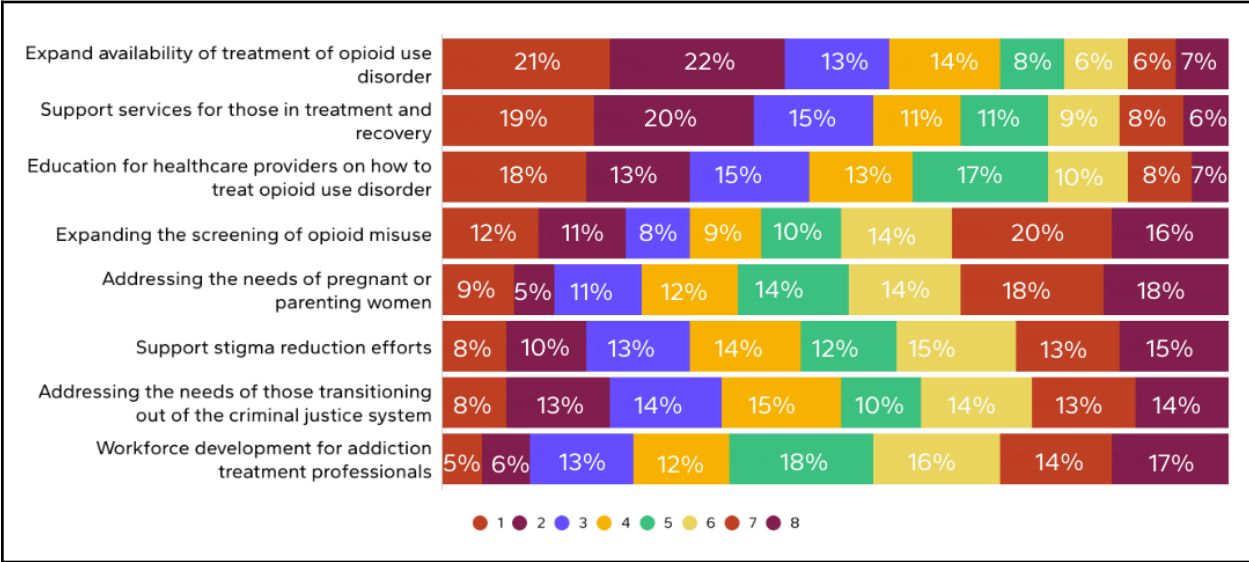
Q4: Are you aware of any resources available in your community that help people struggling with opioid misuse?

Some resources that people are aware of include crisis centers, inpatient and rehabilitation programs, EMS, youth programs, free naloxone distribution, hospitals, and NA/AA meetings. Some respondents noted that some of these are difficult to access, not financially feasible for most, and not a form of sustainable treatment due to a cap on length of stay.

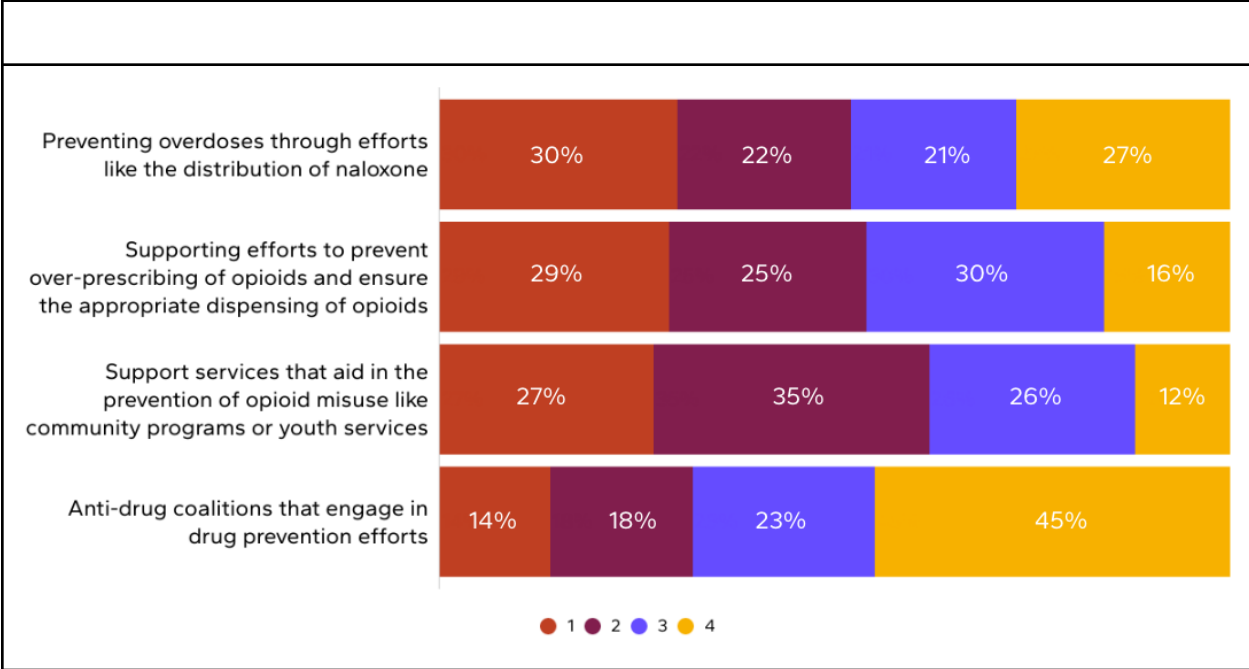
Q5: In a few sentences, could you describe the resources you are aware of that help with or address opioid misuse and overdose in your community?



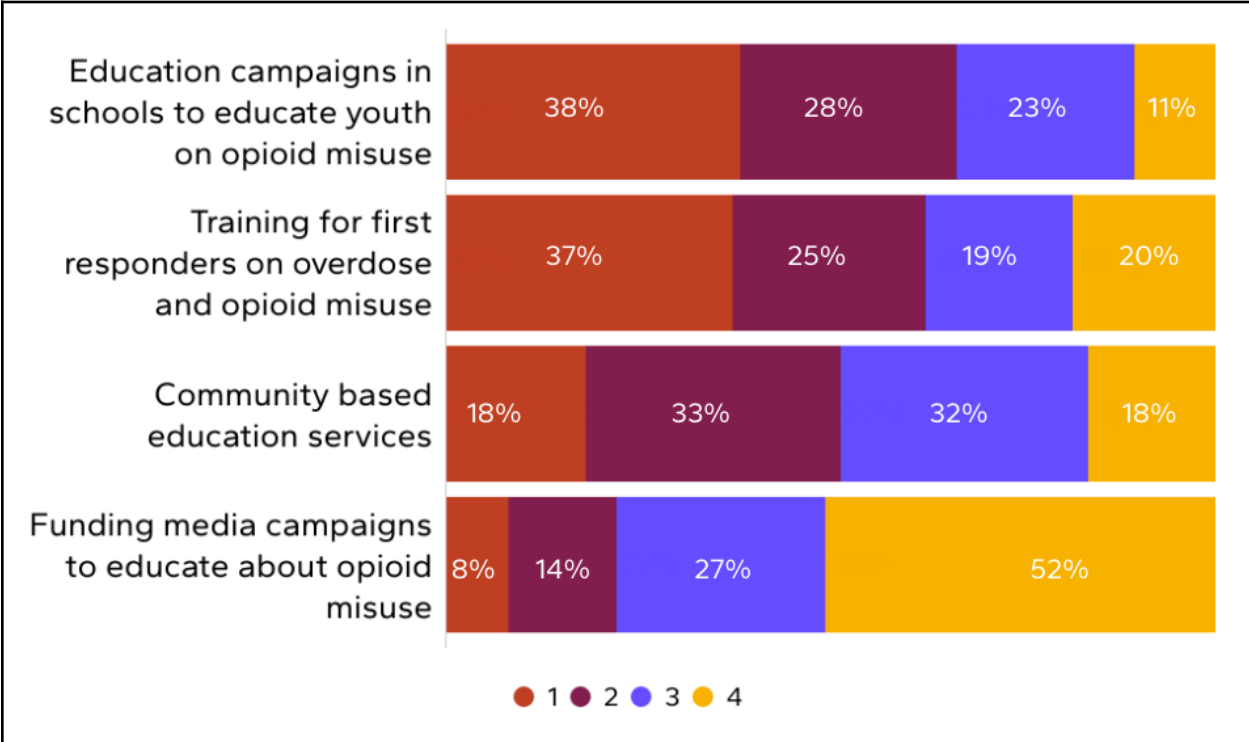
Q6: Please read through the following and rank them on what you think should be prioritized to help address the opioid crisis in your community. 1 is most prioritized, and 3 is least prioritized.



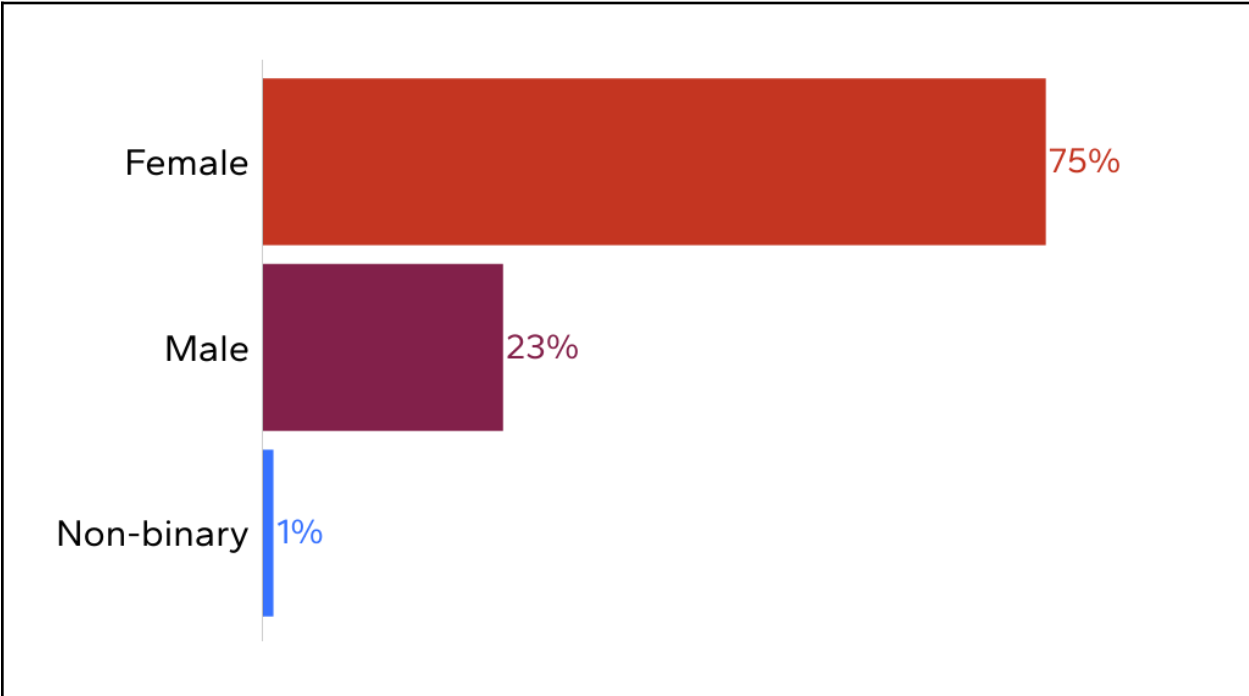
Q7: Please read through the following opportunities to support treatment for opioid misuse, and rank them on what you think should be prioritized. 1 is most prioritized, and 8 is least prioritized.



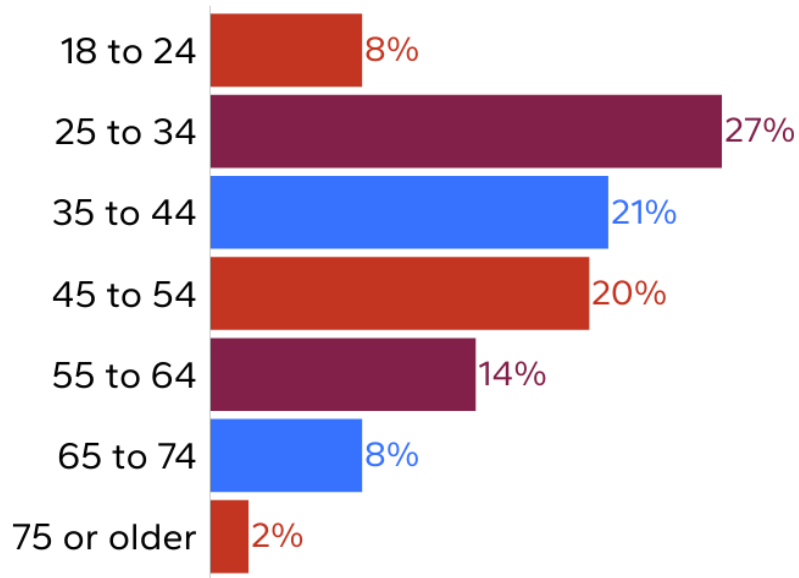
Q8: Please read through the following strategies to prevent opioid misuse, and rank them on what you think should be prioritized. 1 is most prioritized, and 4 is least prioritized.



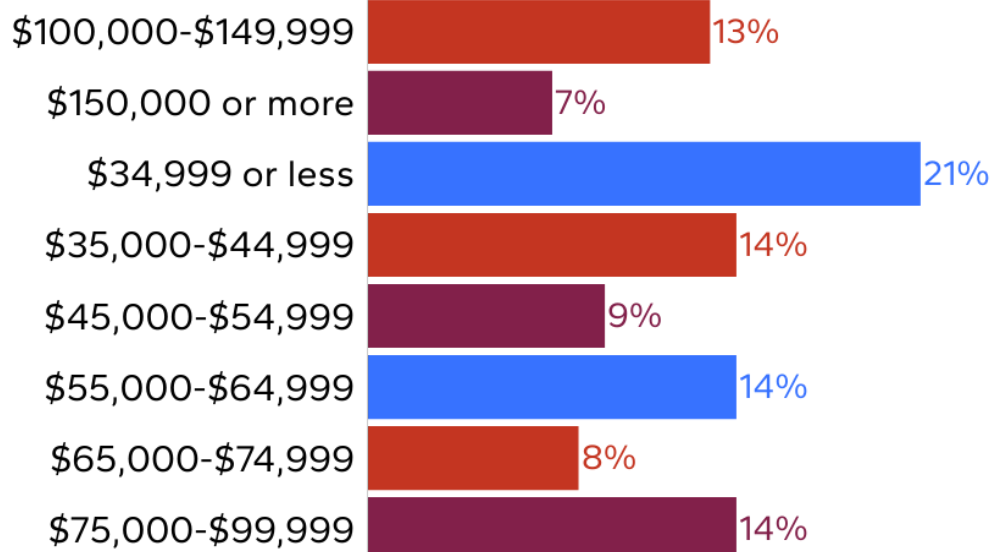
Q9: Please read through the following types of education about opioid misuse, and rank them on what you think should be prioritized. 1 is most prioritized, and 4 is least prioritized.



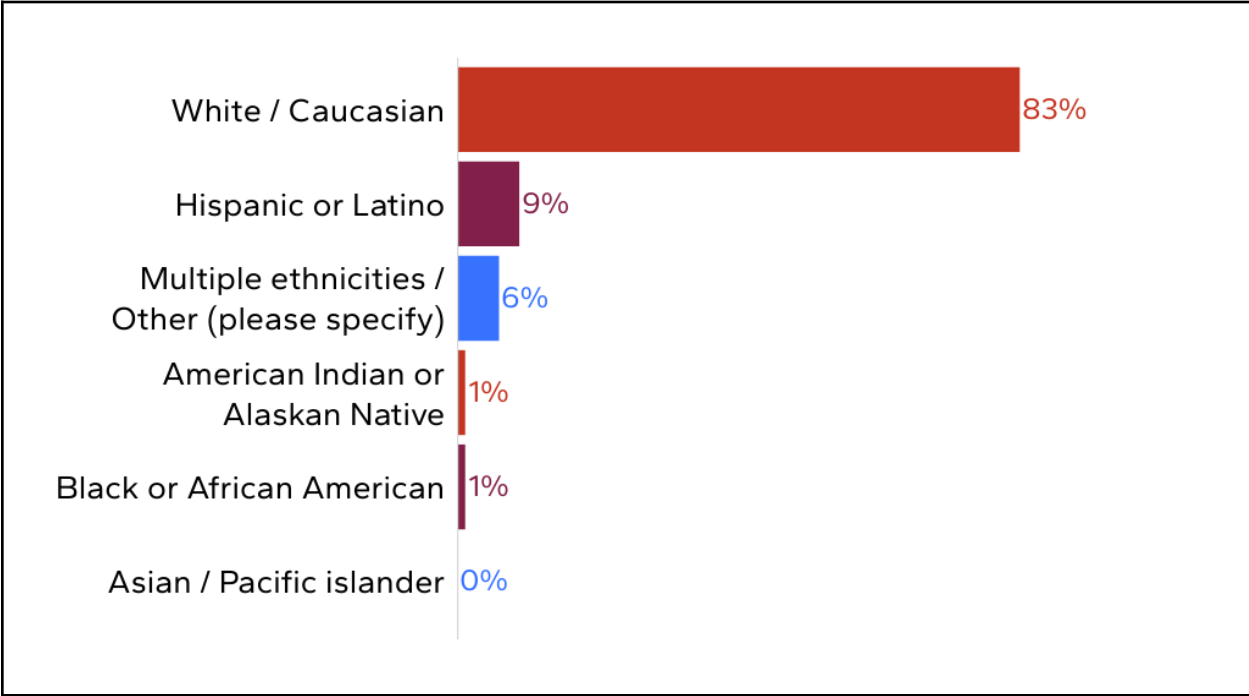
Q10: What is your gender?



Q11: What is your age?



Q12: What is your annual household income, before taxes?



Q13: What race or ethnicity best describes you?

Appendix VI. Key Stakeholder Interview Discussion Guide

SWDH Environmental Scan Stakeholder Interview Discussion Guide

Opening Script

I would like to start off by thanking you for taking the time to participate today in this interview. The interview will take approximately 60 minutes. I also want to let you know that people will be observing this interview today to help take notes. Before we begin, do I have your consent to record this interview?

{if yes, begin recording}

We will transcribe the interview which helps us collect and analyze the information with better accuracy.

The purpose of this interview is to learn about plans for the utilization of opioid settlement funding and to address health behaviors and outcomes related to opioid use, misuse, and overdose within your region.

This is for a report commissioned by SWDH, that will be shared with all of the stakeholders in the region - including you.

Before we begin, do you have any questions? [Answer if any].

Interview Questions

General Questions

1. To start, could you please tell us a little bit about yourself and your career?
 - a. How long have you served in your current role?
2. Can you please elaborate on any work you do that is related to the opioid crisis?
3. Do you feel like there is an opioid crisis in your county?
 - a. How has that impacted your county?
 - b. How have you seen this change over time?
4. Do you participate in any opioid related response or prevention programs in your county? If yes, please describe them:
 - a. How long have they been active?
 - b. What are their main objectives and activities?
 - c. What is your role?
5. What is the role of your department in regards to addressing or treating the opioid crisis in your region?
6. What is the role of your department in regards to preventing the opioid crisis in your region?

Community Impact Questions

1. How would you describe the impact of opioid misuse in your community?
2. What trends have you noticed since you've been in your position?
3. What are you hearing from the community about the opioid crisis?
4. Are there any laws and/or policies or programs surrounding opioid misuse that have changed in recent years?
 - a. What are they?
 - b. What have been the impacts in your county?

Funding Utilization and Programming

1. How does your county expect to allocate their opioid settlement funds?
2. Can you speak to how opioid settlement funding has been or is being planned to be deployed in your area?
3. What are the needs you see being addressed by current funds and plans?
4. What opportunities still need to be met?
5. How can funding be used to improve access to treatment and support for individuals struggling with opioid misuse?
6. How can funding be used to improve community health and promote prevention of opioid misuse?
7. What types of programs are the most important to your county in relation to opioid misuse?
 - a. Are those programs currently available in your county?
8. What resources are available for people:
 - a. Who are struggling with opioid misuse?
 - b. Who have lost someone to overdose?
 - c. Who want to prevent misuse or overdose?
9. Are there any educational resources available to the general public in your region regarding opioid misuse?

Gaps or Needs in the Community

1. What are the gaps that you see in your community regarding opioid misuse or prevention that you'd like to see addressed?
2. How could you envision your organization or your role addressing treatment or prevention in a different way?

3. What do you think would be the most impactful use of opioid settlement funds for your county?
 - a. What does this look like today, and what does this look like 5 years from now?
 - b. What does this look like 10 years from now, and beyond?
4. What does your community look like 5, 10, or 15 years from now, after meaningful investment in treatment and prevention efforts?
5. How would you like to see those settlement funds benefit your community?
6. What other sectors or organizations play a role in treating or preventing opioid misuse?
 - a. Who would you like to see play a role in this?

Where does this fall on your priority list?

What are the program needs?

Closing Questions

1. We will be conducting community listening sessions coming up (Dates, Times, Locations). This is an opportunity for the public to come together and engage in the planning and share their experiences.
 - a. Do you have any suggestions for us to promote these events?
2. Is there anything that we did not discuss today that you'd like to discuss?

Closing Script

Thank you so much for participating in this interview. If needed, can we follow up with you after today? [Wait for answer] Thank you. If you have any questions for me or want to provide additional insights, you can reach me directly or email us at research@rathbonefalvey.com

Appendix VII. Forum Discussion Guide

SWDH Environmental Scan Community Meeting Discussion Guide Draft

Opening Script

I would like to start off and thank you for taking the time to participate today in this community forum. This forum will be around 60 to 90 minutes. Your participation is voluntary and you can leave if needed. We would appreciate it if you can stay for the duration of the 60 - 90 minutes but we do understand that happens.

I also want to let you know that people will be observing this community forum today so that we can record and later transcribe the information talked about. This helps us collect and analyze the information with more accuracy. We will start that recording now.

The purpose of this community forum is to talk about the utilization of opioid settlement funding and to address health behaviors and outcomes related to opioid use, misuse, and overdose within your (region/county).

I want to acknowledge that this is a sensitive and difficult topic, and that many in this community have been affected by the opioid epidemic in some way.

As we begin this discussion it is important to remain civil and respectful to everyone here tonight. It is okay to have different opinions and perspectives, but it is important that we listen to each other. This is a public forum, so please do not share any private information, or someone else's personal information during our discussion this evening. Keep it generic, no names, etc

We also want to encourage everyone to refrain from using explicit language or language that may be hurtful or stigmatizing to individuals who have had difficult experiences with opioids. We appreciate your presence here tonight and look forward to hearing your insights and ideas on how we can best serve our community.

Before we begin, does anyone have questions? [Answer if any].

Forum Discussion Guide

General Questions

1. Would anyone like to share their observations or personal experience with the negative impacts of opioids?
2. In general, do you feel like there is an opioid crisis in (this county)?
 - a. How has that opioid crisis impacted this area?
3. In what ways can friends and family help someone who struggles with opioid addiction?
4. Do you think that opioid misuse and overdose can be prevented?
 - a. How can addiction be prevented?
 - b. How can overdose be prevented?

- c. How can abuse / misuse be prevented?
5. Are you aware of any resources available regarding appropriate use of opioids, misuse prevention, or safety in this county?
6. What types of resources related to appropriate use of opioids, misuse prevention, or safety would be beneficial in your community?
7. Can you provide examples of initiatives that you are aware of that address opioid misuse?
 - a. Do you think these initiatives achieved their intention?
 - b. What might you change to optimize or improve initiatives?
8. What support for people or families dealing with negative impacts of opioids would you like to see in your community?
9. Are there any specific programs that you believe would have the most value to your county for opioid use?
 - a. Are those programs currently available in your county?
 - b. Or are you familiar with what resources are available for people who are struggling with opioid misuse?
10. If you can envision with me a community where people never get started with opioids, what does that look like to you?
 - a. What does your community look like after meaningful investment into treatment and prevention efforts?
 - b. How can this community get upstream to address prevention?
11. What organizations in the community would you like to see involved with preventing or addressing opioid misuse?
 - a. Which organizations do you trust with this?
 - b. Who should be involved in treating / addressing opioid misuse?
 - c. Who should be involved in preventing it?
12. Open forum discussion.

Closing Script

Thank you so much for participating in this forum. If needed, can we follow up with you after today? [Wait for answer] Thank you. If you have any questions for me or want to provide additional insights, you can reach us email us at research@rathbonefalvey.com or visit our website at www.rathbonefalvey.com



Rathbone Falvey Research

999 W. Main Street, Suite 912

Boise, ID 83702

E: research@rathbonefalvey.com

T: (208) 315-9999