



Board of Health Meeting
Tuesday, August 22, 2023, 9:00 a.m.
13307 Miami Lane, Caldwell, ID 83607

Public comments specific to an agenda item for the August 22, 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, August 21, 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	
9:10	I	Open Discussion	SWDH Board Members
9:15	A	Approval of Minutes – July 25, 2023	Chairman Kelly Aberasturi
9:20	I	Introduction of New Employees Division Administrators	
9:25	I	Luma Progress Review	Troy Cunningham
9:35	I	State vs. County Fiscal Year Distribution	Troy Cunningham
9:50	I	2023 Regional Priorities and Health Atlas	Alexis Pickering
10:20		B R E A K	
10:35	I	COVID-19 After Action Report - FINAL	Ricky Bowman
10:55	I	Immunizations Overview	Rick Stimpson
11:15	I	Recreational Vehicle Wastewater Disposal Follow Up	Colt Dickman
11:30	I	Adams County Community Health Action Team	Tara Woodward
11:45	A	Opioid Settlement Fund Allocation Request	Charlene Cariou
11:55	I	Director’s Report	Nikki Zogg
		SWDH Website	
		Subsurface Sewage Permit Revocation	
		Follow Up on July Board of Health Meeting Open Discussion	
		Board of Health Payroll and Reimbursements	
12:00		Adjourn	

NEXT MEETING: Tuesday, September 19, 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, July 25, 2023

BOARD MEMBERS:

Jennifer Riebe, Commissioner, Payette County – present
Lyndon Haines, Commissioner, Washington County – present
Zach Brooks, Commissioner, Canyon County – present
Kelly Aberasturi, Commissioner, Owyhee County – present
Viki Purdy, Commissioner, Adams County – present
Sam Summers, MD, Physician Representative – not present
Bill Butticci, Commissioner, Gem County – present

STAFF MEMBERS:

In person: Nikki Zogg, Katrina Williams, Colt Dickman, Doug Doney, Troy Cunningham, Monique Evancic, Beth Kriete, Austin Gallyer, Sam Kenney,

Via Zoom: Jeff Renn, Jenifer Spurling, Dr. Perry Jansen,

GUESTS: Dr. Christine Hahn (via Zoom), Laura Demaray, guest speakers (via Zoom), members of the public

CALL THE MEETING TO ORDER

Chairman Kelly Aberasturi called the meeting to order at 9:02 a.m.

PLEDGE OF ALLEGIANCE

Meeting attendees participated in the pledge of allegiance.

ROLL CALL

Chairman Aberasturi – present; Dr. Summers – not present; Commissioner Purdy – present; Vice Chairman Haines – present; Commissioner Brooks – present; Commissioner Riebe – present; Chairman Butticci – 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.

IN-PERSON PUBLIC COMMENT

No public comment given.

OPEN DISCUSSION

Commissioner Purdy asked for a status update on a \$200,000 grant mentioned several months ago. Without further details, no information was available to address her question. Nikki will follow up with an email after the board meeting to provide any information she may have.

APPROVAL OF MEETING MINUTES – JUNE 27, 2023

Board members reviewed meeting minutes from the meeting held June 27, 2023.

MOTION: Commissioner Brooks made a motion to approve the June 27, 2023, Board of Health meeting minutes as presented. Commissioner Haines seconded the motion. All in favor; motion passes.

INTRODUCTION OF NEW EMPLOYEES

Division administrators introduced new employees.

AMENDED SEPTEMBER BOARD OF HEALTH MEETING DATE

Due to a scheduling conflict with the September Idaho Association of Counties (IAC) meeting date, Board members discussed alternative September Board of Health meeting dates.

MOTION: Commissioner Haines made a motion to change the September Board of Health meeting date to September 19, 2023. Commissioner Riebe seconded the motion. All in favor; motion passes.

2023 EXPENDITURE AND REVENUE REPORT

Troy Cunningham, Financial Manager, presented the June 2023 Expenditure and Revenue Report. The target for this point in the fiscal year is 100%. Due to fiscal year end and the transition to Luma, some of the revenues and expenditures appear skewed. Troy explained that contract revenue has decreased, and he anticipates this decrease to resolve itself by December. He also explained that personnel expenditures are slightly lower due to vacancies.

The capital outlay is at 51% due to issues with capital outlay projects being done in a timely manner.

LUMA UPDATE

Troy provided an update on the transition to the Luma platform. Southwest District Health (SWDH) staff have been proactively preparing staff for this changeover. Troy explained that one of the Luma modules will be used to process Board of Health member payroll and reimbursements.

QUARTERLY STRATEGIC PLAN STATUS REPORT

Sam Kenney, SWDH Organizational Training and Development Manager, provided a status update on the strategic plan progress. Sam summarized last year’s progress as internally focused to build trust within divisions and amongst divisions. Heading into Fiscal Year 2024, implementation of the plans developed and more agency wide initiatives and measurements will be shared with the Board of Health.

VACCINE TECHNOLOGY AND OUTCOMES

Laura Demaray, Washington County resident, requested time on the agenda to provide testimonies and information regarding vaccine technology, adverse effects, and patient experiences. The information provided for the presentations can be found on the Board of Health webpage at . Several medical professionals presented information virtually. Dr. Jansen, SWDH Medical Director, presented information on the impact of COVID-19 on the population, mRNA vaccine effectiveness and safety, and local data on cancer trends following the availability of COVID-19 vaccines.

OWYHEE COUNTY COMMUNITY HEALTH ACTIONS TEAM (CHAT) OVERVIEW

Hailee Tilton presented information on the Owyhee Health Coalition. She reviewed the goals of Community Health Action Teams (CHATs). The goal is for these meetings to be community-led health conversations. Membership typically includes community members, healthcare professionals, schools, and any members wishing to help further the health of the communities as a whole.

Southwest District Health follows a collective impact model to support CHAT teams to ensure everyone has a common agenda and uses continuous communication. The Owyhee Health Coalition (OHC) meets every other month. The mission of the OHC is to improve access to services, collaboration, and education for a healthier Owyhee County.

PAYETTE FACILITY

Nikki shared that Payette County Board of County Commissioners recently reached out to ask if the SWDH Payette location has additional space available for Payette County employees. Payette County is undergoing growth and has a shortage of office space. In addition, the heating and cooling system at the courthouse is being replaced. The SWDH location in Payette has room to allow several additional office spaces for county staff. A memorandum of understanding will be updated and SWDH staff, commissioners, and the Payette County Clerk will work together to meet the office space needs of Payette County at SWDH’s Payette office.

DIRECTOR’S REPORT

Expanded Employee Orientation

SWDH staff are going through required re-orientation sessions to help all staff in the organization reorient to the district. Since over 60% of our staff have joined SWDH since 2021, Nikki explained it is important to take some extra time this fiscal year establish a common understanding of the district's role, responsibilities, programs, and services across the organization. Nikki asked if board members have interest in receiving the expanded employee orientation information. This information could be worked into future board meetings. Board members will be asked at the August board meeting to provide input regarding their interest as board members in receiving this information.

Western Idaho Community Crisis Center Tour

Board of Health members are invited to tour the Western Idaho Community Crisis Center facility in Caldwell immediately following the board meeting today. Cas Adams, Project Manager, will meet board members at the facility and guide the tour along with Pathways staff.

There being no further business, the meeting adjourned at 12:16 p.m.

Respectfully submitted:

Approved as written:

Nikole Zogg
Secretary to the Board

Kelly Aberasturi
Chairman

Date: August 22, 2023

2023 CHNA Results & Atlas

SWDH Board of Health
August 22, 2023



Presentation Outline

- WICHHC Background
- Data Collection Methods
- CHAT Engagement
- Results
- Idaho Oregon Community Health Atlas

WICHC Background



- Multi-sector, public-private partnership established in 2019
- 23 diverse members representing public health, healthcare, social services
- Addressing the social influencers (determinants) of health (SDOH)

WICHHC/SWDH Funding

Funding Sources:

- Non-profit and private health systems
- Foundations & Non-profits
- Insurance Providers
- Central and Southwest District Health
- Local, state and federal grants

Funding Requestor: WICHHC

Funding Recipient: CDH

Funding Duration: Renewed annually

• **Foundational Area/Capability:**

- Chronic disease prevention
- Access and link to clinical care and community partners
- Maternal, child, and family health
- Environmental public health

• **Essential Public Health Service:**

- ESPHS 1 – Assess and monitor population health
- ESPHS 3 – Communicate effectively to inform and educate
- ESPHS 4 – Strengthen, support, and mobilize communities to improve health

Innovative Regional Initiative

Thank you for helping make this happen!



- First-ever regional assessment covering over half of Idaho's population; groundbreaking partnerships
- Includes both health districts and multiple health system regions
- Unique and shared needs across the region
- Everyone is on the same timing, reducing community burnout and improving data quality while having shared metrics to track progress

Data Collection Methods

Surveys:

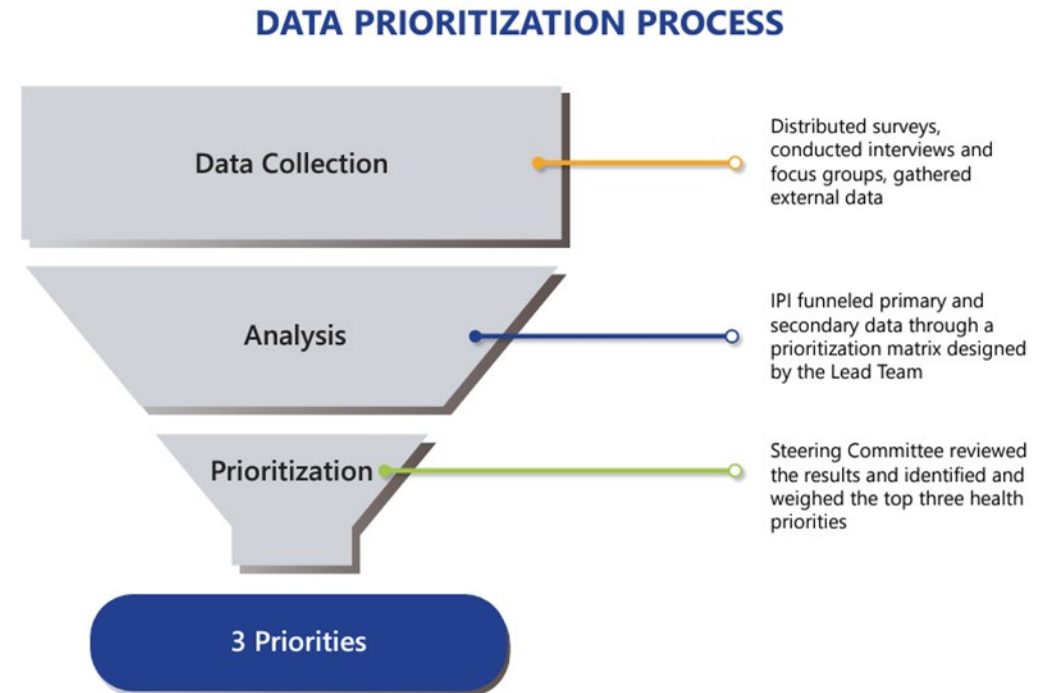
- Collected demographic data, translated multiple languages

Focus Groups:

- Focus populations
- Conducted in every county

Key Informant Interviews:

- Diverse population of interviewees
- Conducted in every county



CHAT Engagement



Inspiration

- Community feedback urged partners to collaborate on CHNA.
- Interest in aligning and working on a regional project.



Data Collection

- Provided input on the data collection process.
- Helped distribute surveys.
- Facilitated focus groups and interviews.
- Ensured that SWDH counties had a high/equal response rate across the entire district.



Community Trust

- CHAT facilitators hosting and leading local data collection improved data quality, responses.
- Clarified and explained what SWDH and WICHC was going to do with the data.



Impact

- CHATs are sharing results and the Atlas to inform their work, apply for grants, and assign priorities.
- Creates alignment across the region for greater impact, shared metrics, and finding solutions to shared challenges.

Results



Unsafe, unaffordable,
unattainable housing
and homelessness

Mental health and
substance misuse



Limited access to care,
emphasizing on dental
and vision and language
barriers

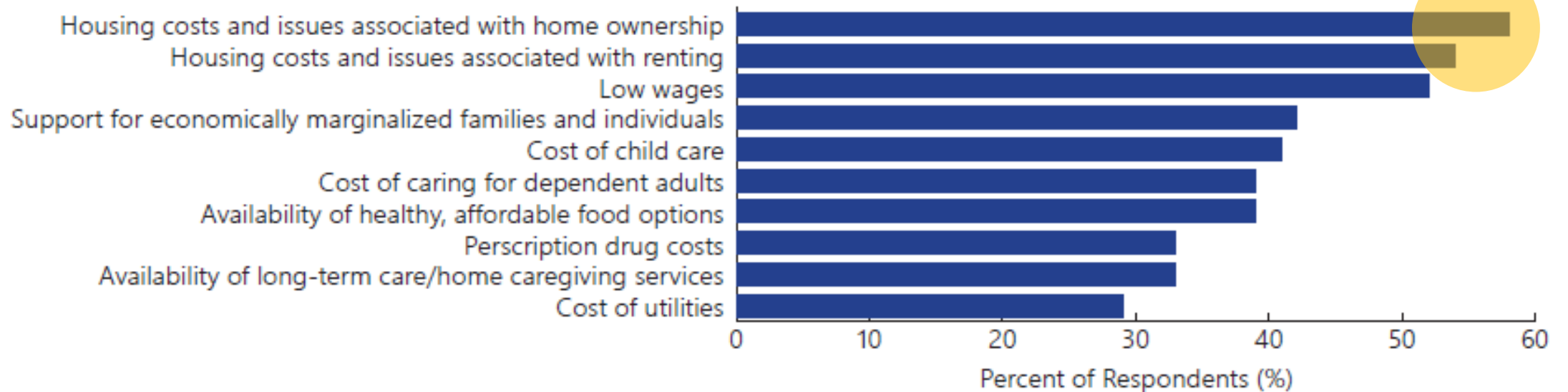
Housing and Homelessness

- Across all ten counties, in surveys and in focus groups/interviews, there was consensus that unsafe, unaffordable and unattainable housing was a top issue.
 - CHNA report details economic conditions, growth, and other considerations that are contributing to the issue.
- Throughout focus groups and interviews folks spoke to the need for all aspects of housing: supportive, assisted living, senior, workforce/affordable, etc.

In the CHNA you'll see this icon on figures that were generated by our data collection.



FIGURE 35: CHNA REGIONAL SURVEY, COST OF LIVING - ISSUES LISTED AS 'HIGH CONCERN'

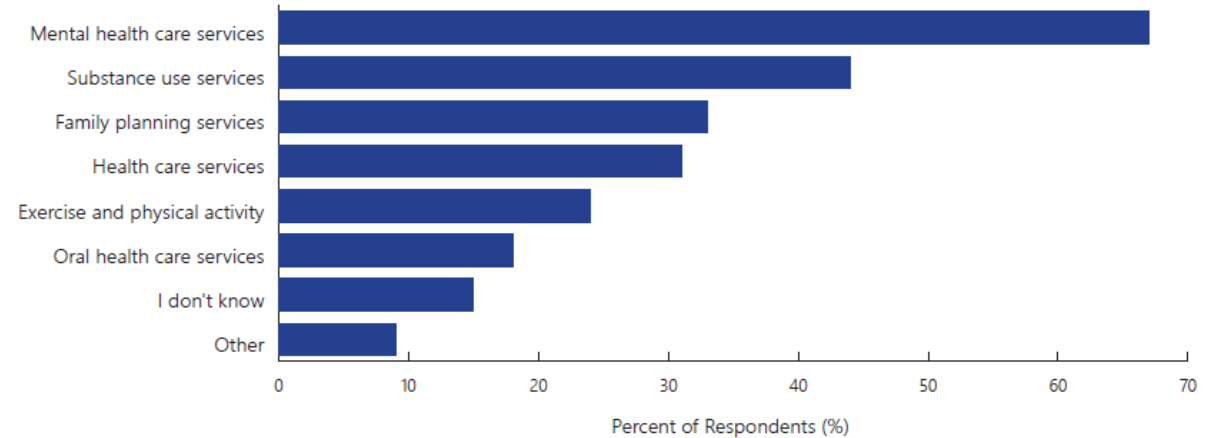


Behavioral Health

- Mental health and substance misuse was a consistent theme on surveys, focus groups and interviews.
 - Themes included youth mental health, lack of providers and other services



FIGURE 13: WHICH OF THE FOLLOWING HEALTH SERVICES ARE CURRENTLY INSUFFICIENT IN YOUR COMMUNITY?



Access to Care

- Language barriers and discrimination across the region
 - “Building trust among officials and the Hispanic population is a larger barrier than language.” – Canyon County Resident
- Hard to receive and afford care across the board, with an emphasis on dental and vision care
 - Transportation to care is also a barrier

Other important findings

- Cost and access to childcare
- Transportation cost and barriers
- Intersection of housing, jobs, and transportation



Idaho Oregon Community Health Atlas

Access data for your community

Start typing to explore your community

Search this site

Thank you!

Contact Info:

Alexis Pickering

apickering@cdh.idaho.gov



Public Health Preparedness & Epidemiology Response
(PHEPER) Team
After Action Report and Improvement Plan Overview

Presented to SWDH Board of Health
August 22, 2023

Overview

- After Action Review Overview
- PHEPER's Operational After Action Report
- SWDH Administrative After Action Report
- SWDH Board of Health Hotwash Summary
- Common Themes From All Three

Funding Source: Centers for Disease Control and Prevention Public Health Emergency Preparedness Cooperative Agreement

Funding Requester: Idaho Department of Health and Welfare

Funding Recipient: Southwest District Health through Idaho Department of Health and Welfare

Funding Duration: One concurring year for a five-year project period

Foundational Area/Capability: Communicable Disease Control / Community Partnership Development

Essential Public Health Function: Public Health Service 3 and 4

Definitions AAR & IP

The purpose of an After Action Report (AAR) is to analyze the response to an incident, exercise, or event by identifying strengths to be maintained and built upon, as well as identifying potential areas of improvement.

An effective corrective action program develops Improvement Plans (IP) that are dynamic documents, with corrective actions continually monitored and implemented as part of improving preparedness.

(source: FEMA Preparedness Toolkit)

PHEPER

Public Health Emergency Preparedness & Epidemiological Response

PHEPER Team analyzed the COVID-19 response, then documented the health district response into 14 separate AAR and IP documents, based on the national CDC Capabilities.



PHEPER's Operational After Action Report

PHEPER Team analyzed the COVID-19 response, then documented the health district response into 14 separate AAR-IP documents based on the national CDC Capabilities.

- C1: Community Preparedness
- C2: Community Recovery
- C3: Emergency Operations Coordination
- C4: Emergency Public Information & Warning
- C5: Fatality Management
- C6: Information Sharing
- C7: Mass Care
- C8: Medical Countermeasure Dispensing & Administration
- C9: Medical Materiel Management & Distribution
- C10: Medical Surge
- C11: Nonpharmaceutical Interventions
- ~~C12: Public Health Laboratory Testing – Not Local PHDs~~
- C13: PH Surveillance & Epidemiological Investigation
- C14: Responder Safety & Health
- C15: Volunteer Management

PHEPER's Operational After Action Report

Capabilities where SWDH excelled

- Information Sharing (C:6)
- Medical Countermeasure and Dispensing and Administration (C:8)
- Volunteer Management (C:15)

Gaps identified for improvement

- Unified Command had gaps with partners requesting from SWDH (C:3) SWDH did not have a plan in place for training, or establishing a regional unified command
- Community Recovery (C:2)
- Establishing a joint information system (C:4)

SWDH Administrative AAR-IP

At the administrative level SWDH had an AAR-IP completed by High Focus, LLC who also worked onsite at SWDH during COVID-19 as an Incident Management Team (IMT) within SWDH's EOC.

SWDH Administrative AAR-IP from IMT

Areas where SWDH excelled

- Establishing a common operating picture
- Meeting incident objectives
- Community partnerships

Gaps identified for improvement

- Separation of daily operational duties and response duties by staff (as assigned in our Emergency Operations Center guidelines)
- Setting manageable operational periods
- Increasing community partnerships

SWDH Board of Health Hotwash Summary

Areas Board of Health excelled

- The use of Health Alert Levels
 - This was well received by Emergency Managers and School Districts
- Balancing politics with the needs of the community, not infringing on personal freedom
- Prioritized Public Comment at BoH meetings

Gaps identified for improvement

- Provide accurate and reliable information for local entities to make decisions
- The need for Incident Command Structure training for elected officials (ICS-402)
- Use a “Town Hall” model for topics that consume regular business meetings.

Common Themes From All Three

Training:

Needed for SWDH staff, partners, and elected officials regarding their role within an incident command structure

Communication Strategies:

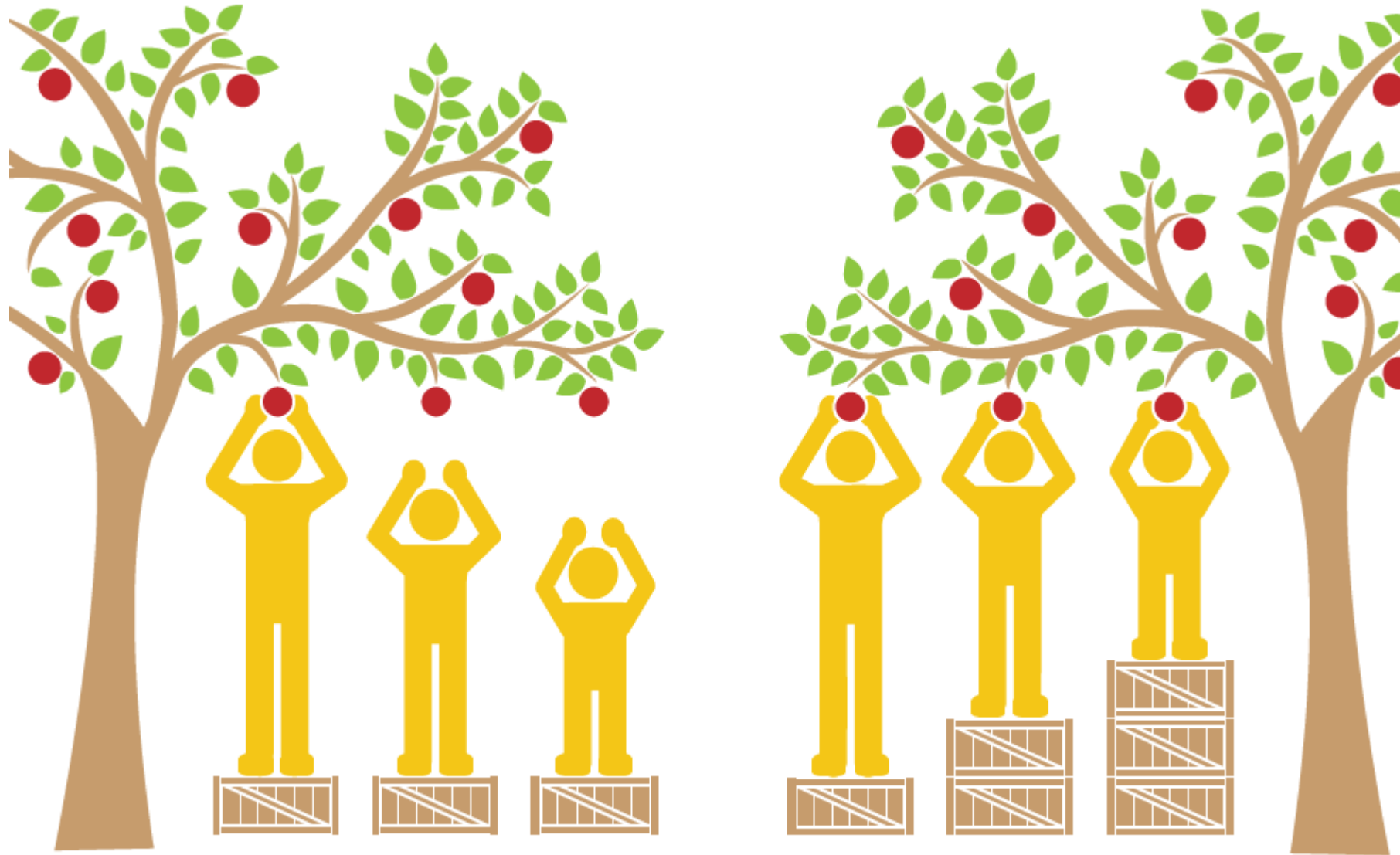
- Clear expectations of SWDH staff
- Clear expectations of SWDH's role and resources to partners
- Clear information which local authorities can use to inform their decisions

Resource Management:

- Develop the capability and train to use a Regional Unified Command
- Town hall meetings to offer more opportunity for public input and feedback

Immunizations Program





Equality

Equity

Immunizations Program: What We Do



Immunization Health Program: How We Do It



Vallivue Back to School Clinic



Vallivue Back to School Clinic



Immunizations

Jul 22 - Jun 2023



■ Adams ■ Canyon ■ Gem ■ Owyhee ■ Payette ■ Washington ■ Other

Adams	0
Canyon	1703
Gem	163
Owyhee	43
Payette	130
Washington	410
Other	157
Total	2606

Immunizations

Funding Source: Centers for Disease Control and Prevention

Funding Requester: Idaho Department of Health and Welfare

Funding Recipient: Immunizations and Vaccines for Children Program

Funding Duration: 12-month subgrant

Foundational Area/Capability: Communicable Disease Control / 1. Assessment 2. Community Partnership

Essential Public Health Function:

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

Questions?



Southwest District Health is here to help!

If you have additional questions about how to properly dispose of your RV wastewater, please contact a Registered Environmental Health Specialist:

Canyon County	208-899-1277 or 208-510-7050
Gem County	208-606-2132
Owyhee County	208-510-7050
Payette, Adams, or Washington Counties	208-899-1287



What are the legal definitions and requirements for living in my RV?

Every property owner is required to dispose of wastewater in an approved manner, to include RV wastewater. This is according to the Idaho Department of Environmental Quality “RV Park On-Site Wastewater Disposal Systems - 7.13.22 revised 5.24.23”, and Idaho Administrative Procedures Act (IDAPA) 58.01.03.04.



Healthier Together | SWDH.org



SAFE & LEGAL SOLUTIONS FOR DISPOSING OF RV WASTE

A GUIDE FOR RV OWNERS AND PROPERTY OWNERS





Why are there laws regulating how I dispose of my RV wastewater?

If any wastewater is not disposed of correctly, it can contaminate groundwater and the physical environment we live in, leading to health issues and potentially limiting how property can be used in the future. The purpose of laws regulating wastewater are to protect the health of our communities and protect the groundwater of the state of Idaho, while allowing for the development and use of our lands today, and for future generations.

What are the legal ways I can dispose of my RV wastewater?

1. Use the RVs built-in wastewater tank. When full, take the RV to an approved wastewater disposal facility (including RV dump stations available to the public). Here is a helpful website you can use to locate a dump station near you: rvdumpsites.net
2. RVs can be connected to municipal sewer systems or be served by an approved onsite septic system if the system meets the legal requirements with the increased flows. Please reach out to Southwest District Health for more information on how to connect to a septic system.
3. Install an approved RV dump station (sealed storage tank) and have it regularly pumped by a licensed pumper truck.
4. Use a portable waste holding tank (also called "tote"). Most are 5 to 30 gallons in capacity and on wheels for easy transportation to an approved wastewater disposal facility. Totes could be used for all wastewater, or just gray water. **The operator of the tote must maintain an active septic pump license from the Southwest District Health*
5. Hire a Pumper truck to pump waste directly from your RV storage tank. Certified pumper trucks can be located on the DEQ website by scanning the QR code:



What happens if I don't comply with these requirements?

1. Southwest District Health will always try to work with landowners first but if we cannot find a resolution, we will work with the county and state to enforce the law. Fines can be "not more than ten thousand dollars (\$10,000) for each separate violation or one thousand dollars (\$1,000) per day for continuing violations, whichever is greater" per section 39-117, Idaho Code.
2. It wastes tax dollars. When each non-compliance event is investigated, it takes county, health district, and state employees' time and can cost thousands of tax dollars. This can add up to significant sums of money which could be spent on more important things in your community.





Adams County Community Health Action Team (ACHAT)

Tara Woodward, August 2023

HEALTHIER TOGETHER

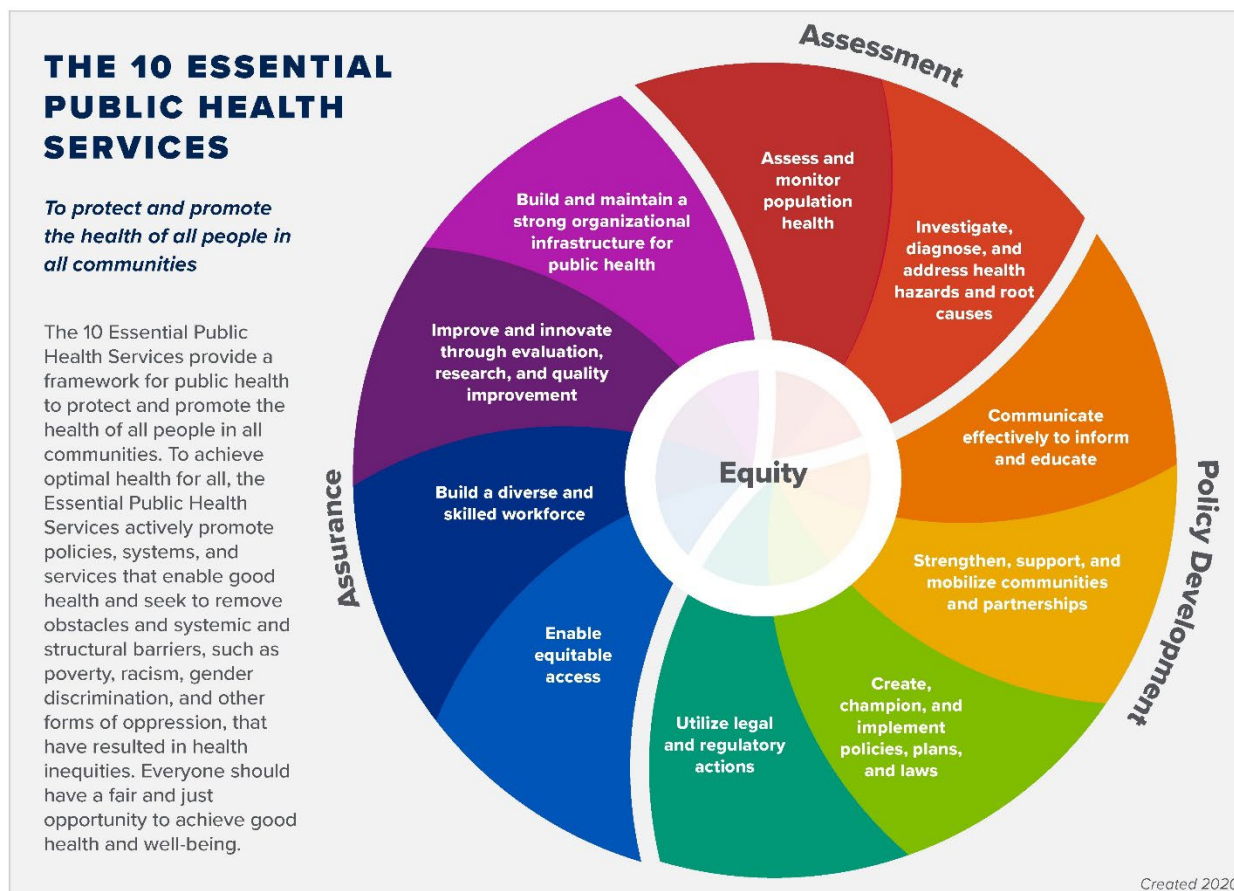
SWDH.ORG

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?

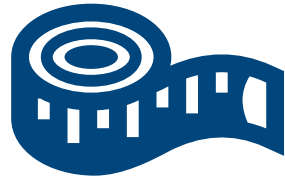
- Assess and monitor local health needs
- Understand root causes of health
- Mobilize communities and partnerships
- Champion plans, policies, and laws
- Enable equitable access
- Innovate to improve health
- Build community infrastructure for health



How does SWDH support CHATs?



Common
Agenda



Shared
Measurement



Mutually
Reinforcing
Activities



Continuous
Communication



Backbone
Organization

Collective Impact Model



ADAMS
COUNTY
IDAHO



Adams County Health Action Team

CHAT Membership

- Adams County Health Center
- City Council, Council
- City Council, New Meadows
- Western Central Mountains Youth Advocacy Coalition (YAC)
- St. Luke's Community Health
- Ignite Idaho
- Meadows Valley Library
- New Meadows Food Bank

CHAT Priority Areas

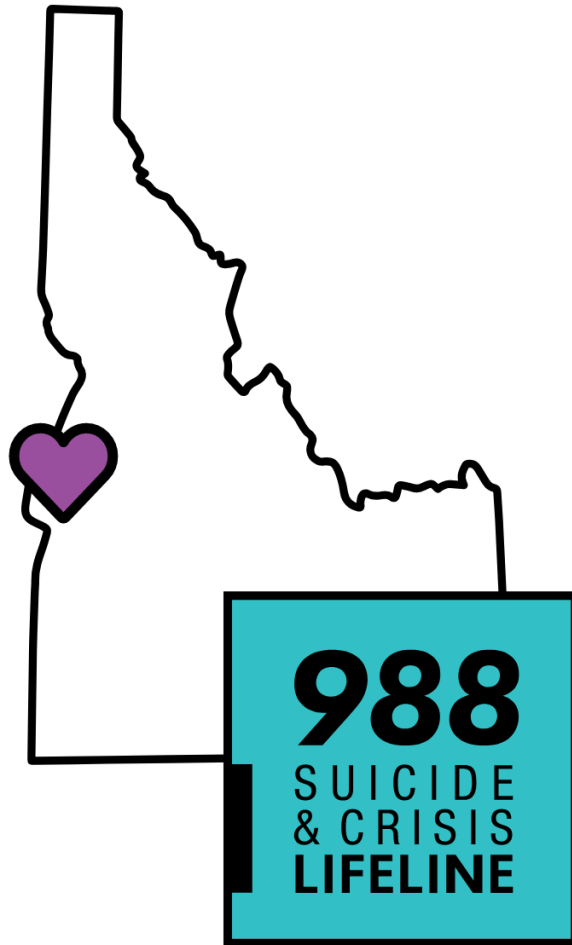
- **Mission:** Develop connections with available resources and identify needs to create and maintain healthy communities.
- **Vision:** Vibrant communities in Adams county filled with positive perspectives, connected to relevant resources, and pursuing healthy opportunities.
- **Priorities:**
 - Mental Health
 - Housing

Current CHAT Projects

- Goal #1: Increase awareness of mental health and wellbeing resources
- Goal #2: Decrease stigma of accessing mental health resources
 - University of Idaho, Community Mental Health Project
 - Action plan:
 - Develop locally branded materials
 - Partner with business and organizations to distribute
 - Raise community awareness
 - Host/promote trainings to support positive mental health

Recent CHAT Successes

- \$3,000 grant from U of I Mental Health Community Project
- Engaged a variety of community members
- Resources at community events
- New intercommunity partnerships
- Community Health Needs Assessment



**SUICIDE
PREVENTION
BEGINS WITH ALL
OF US.**



Scan below for
local resources



At ACHC, we care.



Call 208-253-4242 to schedule an
appointment with one of our
amazing counselors!!!

Program Funding/Support

Funding Source	District Funds (5% for all CHATs)	COVID-19 Vaccine Equity, Engagement, and Education Subgrant (10% for all CHATs)
Funding Recipient	Southwest District Health	SWDH via Idaho Department of Health and Welfare
Funding Requestor	Southwest District Health	IDHW
Funding Duration	Ongoing	Through 6/30/2024
<u>Foundational Public Health Services/Capabilities</u>	Assessment & Surveillance, Community Partnership Development, Policy Development & Support, Communications	
<u>Essential Public Health Services</u>	Public Health Services 1, 3, 4, 5, 7, 9, and 10	



Questions about the ACHAT?

Tara Woodward
tara.woodward@phd3.idaho.gov



Request to Use Opioid Settlement Funds to Support Community Naloxone Distribution in SW Idaho

What is the Problem/Need:

Opioid overdose deaths are increasing in Idaho. Naloxone is a safe and effective medication used to reverse opioid overdose. Naloxone is an essential tool to respond to opioid and fentanyl-related overdoses and connect individuals to recovery.

Community access to free naloxone was interrupted after Section 16 of HB350 went into effect on April 4, 2023, when the governor signed the bill. The naloxone intent language in HB350 reads as follows: *HB350 Section 16. DIRECTING THE USE OF THE STATE OPIOID RESPONSE GRANT. Of the funds appropriated in Section 1 of this act for the State Opioid Response Grant, funds available for naloxone and needles shall be available only to first responders in the State of Idaho.*

No additional naloxone has been purchased with IDHW funding since HB350 became effective. Previously, any organization could request IDHW-purchased naloxone through a single distributor (Idaho Harm Reduction Project). HB350 requires IDHW to establish an agreement with first responders to purchase, distribute, track distribution, and overdose reversal data. IDHW anticipates a new naloxone distribution partner later this year. **During this transition to a new distributor, community partners and community-based organizations cannot access free naloxone for their staff or the general public.**

This year, over 150 boxes of Narcan (2 doses per box) have been dispensed into the Southwest Idaho community through overdose and response training hosted by SWDH staff. Additionally, SWDH receives and supports routine requests from community partners to have Narcan available at their organization (ex., law enforcement/corrections, libraries, domestic violence shelters, etc.). Moreover, in 2022 the Idaho Harm Reduction Project reports that organizations in Southwest Idaho requested over 1,200 boxes of naloxone.

Proposed solution:

To keep up with this demand, SWDH proposes to serve as the intermediary distributor of free naloxone until a new vendor is identified (Idaho-based first responding agency). SWDH anticipates the new distributor will be in place by the end of the calendar year. SWDH will utilize an online ordering platform for community partners to request Narcan; this tool will allow for shipping to partners and a data collection repository. **To fulfill community demand and urgent need, the Community Health Team requests approval to use Opioid Settlement funds to support the anticipated community need.**

Item Requested	Quantity	Total (includes estimated distribution costs)
Naloxone for trainings only	10 cases (120 boxes)	\$6,000.00
Naloxone for community distribution and trainings	25 cases (300 boxes)	\$14,750.00
Naloxbox (Environmental Change)	20	\$5,500.00
		Total Requested \$26,250.00

SWDH Opioid Settlement Fund Balance End of FY23: **\$635,944.48**

Follow-up on July Board of Health Open Discussion

- Board question: What is the status of the \$200,000 grant that was discussed at the October 2022 Board of Health meeting?

Funding Title	Funding Amount	Circumstances of Funding Discussion During October Board of Health Meeting	Funding Status
Partnership for Success (PFS)	\$215,271	<ul style="list-style-type: none"> • Office of Drug Policy was requiring a letter from the Regional Behavioral Health Board (RBHB) that indicated they supported SWDH continuing the PFS work. • Office of Drug Policy’s revised contract with SWDH indicated the RBHB was the subrecipient and SWDH was the fiduciary. They were not flexible on this language, which gave the Director concern because the subrecipient is usually responsible for performing the work; however, SWDH had been performing the work for the past three years. • Director asked for guidance and shared that other funding sources may be able to be utilized to support the work. • Board members expressed concern about not keeping the PFS grant since those funds were dedicated to our region for this specific use. 	<ul style="list-style-type: none"> • SWDH signed the amended contract. • The PFS work was expected to end in FY23 but was extended for one more quarter. • The PFS grant will terminate on 9.30.2023. • SWDH applied directly to SAMSHA to continue this work. Notice of award is expected in the next 30 days.