



Board of Health Meeting
 Tuesday, May 21, 2024, 9:30 a.m.
 13307 Miami Lane, Caldwell, ID 83607

Public comments specific to an agenda item for the May 21, 2024 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, May 20, 2024. The meeting will be available through live streaming on [the SWDH You Tube channel](#).

Agenda

A = Board Action Required

G =Guidance

I = Information item

9:30	A	Call the meeting to order	Chairman Kelly Aberasturi
9:31		Pledge of Allegiance	
9:32		Roll call	Chairman Kelly Aberasturi
9:34	A	Call for changes to agenda; vote to approve agenda	Chairman Kelly Aberasturi
9:35		In-person public comment	
9:40	I	Open discussion	
9:45	A	Approval of April 23, 2024 minutes	Chairman Kelly Aberasturi
9:47	I	Introduction of new employees	Division Administrators
9:50	I	April 2024 Expenditure and Revenue Report	Troy Cunningham
10:00	I	Year in Review - AmeriCorps Service Member	Karen Swenson
10:15	A	Opioid Settlement Plan - Fiscal Year 2025	Charlene Cariou
10:30		Break	
10:45	I	WIC 50 - Honoring the Past, Nourishing the Future	Emily Geary
11:00	G	Solid Waste Authority	Nikki Zogg
11:10	I	Directors Report	Nikki Zogg
		Board Leadership Position Elections	
		Board of Health Term Expirations (none this year)	
		Food Fees – Next Steps	
		Budget Presentations to Boards of County Commissioners – Feedback	
11:20		Executive Session pursuant to Idaho Code 74-206(b)	Chairman Kelly Aberasturi
11:55	A	Action taken as a result of Executive Session	
12:00		Adjourn	

NEXT MEETING: Tuesday, June 25, 2024

Healthier Together

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



BOARD OF HEALTH MEETING MINUTES
Tuesday, April 23, 2024

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
John Tribble, MD, Physician Representative – present
Bill Butticci, Commissioner, Gem County – present

STAFF MEMBERS:

In person: Nikki Zogg, Katrina Williams, Mitch Kiester, Beth Kriete, Troy Cunningham, Jody Waddy, Don Lee, Jenifer Spurling, Monique Evancic, Charlene Cariou

Via Zoom: Jeff Renn, Dr. Tribble

GUESTS: Bree Redmond (new employee intro),

CALL THE MEETING TO ORDER

Chairman Kelly Aberasturi called the meeting to order at 9:00 a.m.

PLEDGE OF ALLEGIANCE

Meeting attendees participated in the pledge of allegiance.

ROLL CALL

Chairman Aberasturi – present ; Dr. John Tribble – not present at first; Commissioner Purdy – present;
Vice Chairman Haines – present; Commissioner Brooks – present; Commissioner Riebe – present;
Commissioner Butticci – present.

REQUEST FOR ADDITIONAL AGENDA ITEMS AND 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. No members of the public present.

OPEN DISCUSSION

There were no items for open discussion.

APPROVAL OF MEETING MINUTES – MARCH 19, 2024

Board members reviewed meeting minutes from the March 19, 2024 meeting.

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

INTRODUCTION OF NEW EMPLOYEES

New employee introductions were made.

MARCH 2024 EXPENDITURE AND REVENUE REPORT

Troy Cunningham, Financial Manager, presented the March 2024 Expenditure and Revenue Report. Payments from Health and Welfare are beginning to come in. Revenues are impacted by the timing of sending out billing.

FISCAL YEAR 2023 ANNUAL IMPACT REPORT REVIEW AND DISCUSSION

Monique Evancic, SWDH Communications Manager, presented the Fiscal Year 2023 Annual Impact Report for board member review and discussion. The report highlights staff successes, partner collaboration, and how county contributions and other funding sources translate to services delivered to the public.

FISCAL YEAR 2025 COUNTY CONTRIBUTIONS REQUEST REVIEW AND APPROVAL

Nikki Zogg presented the county contributions request for Fiscal Year 2025 for Board member review and approval.

MOTION: Commissioner Haines made a motion to approve the county contributions request of 3% as presented. Commissioner Butticci seconded the motion. Five in favor; two opposed with Viki Purdy, Adams County Commissioner and Zach Brooks, Canyon County Commissioner opposing; motion passes.

FISCAL YEAR 2025 EMPLOYEE COMPENSATION PLAN APPROVAL

Board members discussed the compensation plan presented. The plan describes the policies behind how SWDH handles hiring, promotions, and retention.

MOTION: Commissioner Butticci made a motion to approve the compensation plan as presented. Commissioner Riebe seconded the motion. All in favor; motion passes.

CHANGE IN EMPLOYEE COMPENSATION REQUEST APPROVAL

Nikki Zogg presented the employee compensation request for approval. The compensation proposal includes a permanent 2% COLA increase and 1% one-time longevity incentive payment. Following discussion, Nikki proposed, and the board supported, re-evaluating the 1% one-time payment following the close out of the current fiscal year. Don will look at recalculating a one-time payment based on performance.

MOTION: Commissioner Brooks made a motion to approve a 3% COLA for all staff as presented. Commissioner Haines seconded the motion. All in favor; motion passes.

FISCAL YEAR 2025 BUDGET PROPOSAL APPROVAL

There being no changes to the draft FY 2025 proposed budget that was presented to the board in March, Nikki suggested no action taken and no further discussion on this agenda item.

SOCIAL SECURITY PARTICIPATION VOTE – EMPLOYER SHARE OPTIONS

Don Lee, Chief Operating Officer, initiated discussion and presented options for the employer’s share of social security should the staff vote to no longer participate in Social Security. The best option is for the district to create a 401(a) social security replacement fund. Board members discussed the options and what direction would best support staff and the organization.

MOTION: Commissioner Haines made a motion that if employees vote no, the district would contribute 6.2% to a 401(a) plan. Commissioner Reibe seconded the motion. There was discussion on the motion. The motion was withdrawn by Commissioner Haines.

AMENDED MOTION: Commissioner Haines moved that if employees vote no, the district will contribute a minimum of 6.2% to a 401(a) plan. Commissioner Butticci seconded the motion. All in favor, motion carried.

UTILIZING AVAILABLE DATA FOR SUICIDE PREVENTION EFFORTS

Charlene presented data as well as showcased a data dashboard that can be used by anyone. Nikki brought up that we could advocate that suicide be added to the reported diseases list in Idaho. Nikki will check how other public health district directors manage this information.

LEGISLATIVE SUMMARY

Nikki presented a summary of the 2024 legislative summary of bills that became law and are relevant to public health.

DIRECTOR’S REPORT

Budget Committee proxy forms will be sent to County Clerks for Board of County Commissioner Chairman to use to appoint a proxy if they do not intend to attend the Fiscal Year 2025 Budget Committee Meeting and Public Hearing on Tuesday, May 21, 2024, at 9:00 a.m.

Chairman Aberasturi shared information about the upcoming evaluation and compensation discussion for Nikki. He asked for input on the format. Board members agreed on holding an executive session with Nikki out of the room during the initial discussion then participating for the remainder. Jody will coordinate gathering input from direct reports.

There being no further business, the meeting adjourned at 12:04 p.m.

Respectfully submitted:

Approved as written:

Nikole Zogg
Secretary to the Board

Kelly Aberasturi
Chairman

Date: May 21, 2024



SOUTHWEST DISTRICT HEALTH

REVENUES & EXPENDITURE REPORT FOR FY2024

Apr-24

Cash Basis

Target **83.3%**

Fund Balances		
	FY Beginning	Ending
General Operating Fund	\$ 362,480	\$ 2,329,524
Millennium Fund	\$ -	\$ 17,274
LGIP Operating	\$ 6,621,873	\$ 5,274,947
LGIP Vehicle Replacement	\$ 102,536	\$ 107,560
LGIP Capital	\$ 1,299,174	\$ 1,299,174
Total	\$ 8,386,064	\$ 9,028,479

} As of May 12, 2024

Income Statement Information			
	YTD		Month
Net Revenue:	\$ 9,624,179	\$ 886,253	
Expenditures:	\$ (8,632,452)	\$ (855,322)	
Net Income:	\$ 991,727	\$ 30,930	

Revenue								
	Office of the Director	Clinic Services	Env & Community Health	District Operations	Total	YTD	Total Budget	Percent Budget to Actual
County Contributions	\$ 59,716	\$ -	\$ -	\$ -	\$ 59,716	\$ 2,328,059	\$ 3,031,875	77%
Fees	\$ -	\$ 24,171	\$ 91,209	\$ -	\$ 115,380	\$ 1,370,146	\$ 1,553,787	88%
Contract Revenue	\$ 49,342	\$ 271,234	\$ 223,538	\$ (87,441)	\$ 456,672	\$ 4,837,475	\$ 6,580,992	74%
Sale of Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 12,100	0%
Interest	\$ 30,189	\$ -	\$ -	\$ -	\$ 30,189	\$ 292,529	\$ 150,000	195%
Other	\$ -	\$ -	\$ 224,296	\$ -	\$ 224,296	\$ 795,970	\$ 124,049	642%
Monthly Revenue	\$ 139,247	\$ 295,404	\$ 539,043	\$ (87,441)	\$ 886,253	\$ 9,624,179	\$ 11,452,803	84%
Year-to-Date Revenue	\$ 2,904,968	\$ 2,532,441	\$ 4,268,008	\$ (81,238)	\$ 9,624,179	DIRECT BUDGET		

Expenditures								
	Office of the Director	Clinic Services	Env & Community Health	District Operations	Total	YTD	Total Budget	Percent Budget to Actual
Personnel	\$ 38,893	\$ 241,818	\$ 252,147	\$ 96,791	\$ 629,649	\$ 6,804,864	\$ 9,415,704	72%
Operating	\$ 27,750	\$ 49,442	\$ 71,602	\$ 74,128	\$ 222,923	\$ 1,785,870	\$ 1,784,160	100%
Capital Outlay	\$ 2,751	\$ -	\$ -	\$ -	\$ 2,751	\$ 2,751	\$ 130,000	2%
Trustee & Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 38,966	\$ 122,938	32%
Monthly Expenditures	\$ 69,393	\$ 291,261	\$ 323,749	\$ 170,919	\$ 855,322	\$ 8,632,452	\$ 11,452,803	75%
Year-to-Date Expenditures	\$ 801,622	\$ 2,936,387	\$ 3,328,253	\$ 1,566,191	\$ 8,632,452	DIRECT BUDGET		

SOUTHWEST DISTRICT HEALTH - ADULT CRISIS CENTER ACTIVITY

Apr-24

REVENUES & EXPENDITURE REPORT FOR FY2024

Cash Basis

Target **83.3%**



Income Statement Information

	<u>YTD</u>	<u>Month</u>
Net Revenue: \$	850,000	\$ 170,000
Expenditures: \$	(823,649)	\$ (85,082)
Net Income: \$	26,351	\$ 84,918

Adult Behavioral Health Activity

Revenue				
	Crisis Center	YTD	Total Budget	Percent Budget to Actual
Contract Revenue	\$ 170,000	\$ 850,000	\$ 935,000	91%
Monthly Revenue	\$ 170,000	\$ 850,000	\$ 935,000	91%
DIRECT BUDGET				

Expenditures				
	Crisis Center	YTD	Total Budget	Percent Budget to Actual
Personnel	\$ 1,077	\$ 33,696	\$ 36,963	91%
Operating	\$ 84,006	\$ 789,953	\$ 898,037	88%
Capital Outlay	\$ -	\$ -	\$ -	0%
Trustee & Benefits	\$ -	\$ -	\$ -	0%
Monthly Expenditures	\$ 85,082	\$ 823,649	\$ 935,000	88%
DIRECT BUDGET				

SOUTHWEST DISTRICT HEALTH - YOUTH CRISIS CENTER ACTIVITY

Apr-24

REVENUES & EXPENDITURE REPORT FOR FY2024

Cash Basis

Target **83.3%**



Income Statement Information

	<u>YTD</u>	<u>Month</u>
Restricted Funds:	\$ 4,090,218	\$ -
Net Revenues:	\$ 1,098,131	\$ 93,077
Expenditures:	\$ (1,376,698)	\$ (206,877)
Net Income:	\$ 6,565,047	\$ (113,800)

Youth Behavioral Health Activity

Revenue				
	Crisis Center	YTD	Total Budget	Percent Budget to Actual
City/County Funds	\$ -	\$ 639,237	\$ 639,237	100%
SWDH OPIOID Settlement	\$ -	\$ 124,656	\$ 124,656	100%
BOH Committed Reserve	\$ -	\$ 3,326,325	\$ 3,326,325	100%
Contract Revenue	\$ 93,077	\$ 1,098,131	\$ 300,959	365%
Monthly Revenue	\$ 93,077	\$ 5,188,349	\$ 4,391,177	118%
DIRECT BUDGET				

Expenditures				
	Crisis Center	YTD	Total Budget	Percent Budget to Actual
Personnel	\$ 18,319	\$ 214,513	\$ 257,040	83%
Operating	\$ 107,781	\$ 731,822	\$ 3,097,601	24%
Capital Outlay	\$ -	\$ -	\$ -	0%
Trustee & Benefits	\$ 80,777	\$ 430,364	\$ 1,036,536	42%
Monthly Expenditures	\$ 206,877	\$ 1,376,698	\$ 4,391,177	31%
DIRECT BUDGET				





Year of Service Overview

Karen Swenson, AmeriCorps Service Member
May 21, 2024



What is AmeriCorps?

- National Service Program that is funded by the Corporation for National and Community Service (CNCS).
- Federally funded, locally implemented.
- Benefits the localities in which members serve by meeting critical community needs.
- Benefits members by educating them about their community and responsible citizenship.
- Access to an Education Award for successful completion of a term of service.

Details and Benefits



- Members complete a 10-month commitment of 1,700 service hours.
- Members receive a \$16,000 stipend for their service.
- Members receive a \$6,345 education award upon completion of service commitment.

AmeriCorps at SWDH

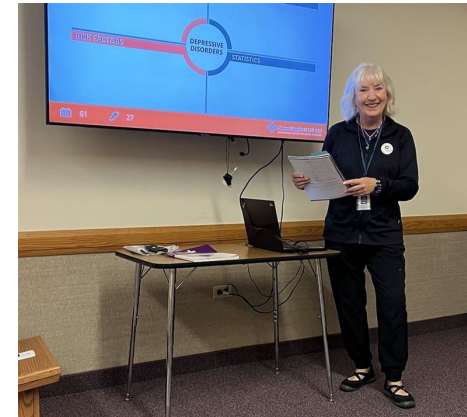


Partnership with a national organization called Healthy Minds Alliance.

AmeriCorps members are trained in select programs as designated by the specific host site.

Programs must be a pre-approved evidence-based/ informed program.

During Karen's Year of Service, she trained over **175** community members and participated in several community events.



Organizations Trained

Question Persuade Refer (QPR)

- SWDH Staff
- Idaho State University Nursing Students
- Council School District
- Adams County Health Coalition
- Centennial Job Corps
- 7th Day Adventist Church

Mental Health First Aid (MHFA)

- Region 3 Probation and Parole
- Fit and Fall Proof – Greenhurst LDS Church
- Fit and Fall Proof – Payette
- Fit and Fall Proof – Middleton

Lessons Learned

- Marketing and coordinating schedules takes time
- Community buy-in
- Virtual vs. in-person learning
- Adapt the training to fit community needs
- Duration of AmeriCorps year of service

Year of Service Highlights

- Established trust in Southwest Idaho communities
- Promoted mental health awareness to several Fit and Fall Proof cohorts
- Featured in Department of Labor and Health 360 blog posts
- Served as an integral member of the SWDH team

Thank you for
the
opportunity to
serve as an
AmeriCorps
Service
Member!



FY 2023
2024

Impact Report

Utilization of SWDH
Opioid Settlement
Funding and Looking
Ahead



Overview

By allocating Opioid Settlement funds effectively, communities can mitigate the devastating impact of the opioid crisis and work toward building healthier, safer environments for all individuals affected by opioid use disorder. An environmental scan of the SWDH region shows that communities want funding to support the following themes:

- Building stronger families
- Creating safer communities
- Fostering strong mental health

SWDH has been implementing approved Opioid Abatement strategies since Winter 2023.



Budget

To date, SWDH has received approximately \$1.3 million in Opioid Settlement payments. Funds are received based on settlement arrangements and distributions vary by year. To date, SWDH has spent approximately \$117,000.*

Includes FY23 and FY24 expenditures.

Main Activities



**GUIDING
GOOD CHOICES®**



1

Prevention

- Identified Guiding Good Choices, a family-focused program designed to prevent substance abuse and promote healthy behaviors among youth. Staff trained for facilitation and secured program materials.

2

Infrastructure

- Convened meetings with Canyon, Payette, and Washington County leaders to coordinate and collaborate on regional implementation efforts.

3

Support and Treatment

- Hosted 3 SBIRT (Screening, Brief Intervention, Referral to Treatment) trainings for partner agencies and healthcare providers.
- Fostered community connections and collaborations to support local initiatives and ensure nonduplication of efforts.
- Identified need and plan to onboard full-time telehealth behavioral health provider.
- Supplied over 275 boxes of naloxone to community-based organizations in the absence of Narcan distribution due to House Bill 350.
- Provided environmental change supplies to organizations to ensure naloxone available in high-risk locations.

Looking Ahead to FY 2024-2025



1

Prevention

- Partner with schools to provide training to prevent drug misuse among youth.
- Coordinate parent and caregiver cohorts of Guiding Good Choices.
- Support the opening of the permanent location of the Western Idaho Youth Crisis Support Center.

2

Infrastructure

- Continue to convene a regional collaborative of settlement recipients to coordinate and work together.

3

Support and Treatment

- Coordinate SBIRT training targeted at high-risk populations.
- Ensure the availability of naloxone to high-risk groups.
- Provide mobile or telehealth counseling services.
- Enhance community programming to support prevention and treatment needs.

FY25 Budget Proposal

SWDH is requesting approximately \$434,000.00 in FY25 to accomplish activities focused on expanding infrastructure, fostering community connectedness and prevention, and providing support and treatment to those in need.

Board of Health Request

FY25 Proposed Opioid Settlement Activities

Background

Southwest District Health is a recipient of approximately \$3.1 million in anticipated opioid settlement funds through FY39. Funds are received based on settlement arrangements and distributions vary by year.

The Idaho Attorney General's Office oversees opioid settlement distribution and monitoring and has an approved list of activities. More information is available here: <https://www.ag.idaho.gov/consumer-protection/opioid-settlement/>

Opioid-Settlement Aligned SWDH Activities

Prevention, support, and treatment activities already supported by SWDH programming:

- Community naloxone trainings and educational outreach
- Communities for Youth – community-led conversations and action plan development to support development of protective factors (ex. social connection, parent training and support)
- Adult and Youth Community Crisis Centers
- Basic needs and behavioral health assessment for youth – Youth Resource and Opportunity Collaborative (YouthROC)
- Behavioral health gatekeeper trainings (ex. Mental Health First Aid, QPR)
- Pilot program for community paramedic EMS diversion

FY25 Proposed SWDH Activities to Decrease and Prevent Opioid Overdose

	Proposed Activities <i>(Exhibit A – Approved Activity Reference)</i>	Measurement of Success	Resources Needed
Infrastructure	Convene and facilitate regional collaborative of settlement recipients to coordinate and collaborate on implementation efforts. <i>(Activity J.1)</i>	Awareness and coordination of regional activities to prevent and address substance misuse and opioid overdose. Identify future strategic and coordinated use of settlement funds within the SWDH region.	.10 FTE to support regional collaboration
Prevention/ Connectedness	Fund/implement community-based family competency programs (ex. Guiding Good Choices). <i>(Activity G.8)</i>	Number of individuals participating in community-based family competency programs.	.10 FTE to oversee implementation of community-based programming.
	Provide school-based or youth focused programs that have demonstrated effectiveness in preventing drug misuse. <i>(Activity G.9)</i>	Number of youths participating in school-based curriculum.	.02 FTE to oversee the implementation of school-based programming.
	Provide stabilization and connections to care for people who are at risk of developing OUD. <i>(Activity C.8)</i>	Number of youth ages 5-17 stabilized at the Western Idaho Youth Support Center. Number of youth ages 5-17 referred to tailored aftercare from the Western Idaho Youth Support Center.	Funding to support opening a permanent 24/7/365 youth crisis center location with capacity to serve youth ages 5-17 in an accessible and safe location.
	Support efforts to discourage and prevent misuse of opioids through evidence-informed and focused- programs. <i>(Activity G.9)</i>	Number of youth ages 5-17 referred to evidence-informed prevention programming from the Western Idaho Youth Support Center.	Funding to support opening a permanent 24/7/365 youth crisis center location with capacity to serve youth ages 5-17 in an accessible and safe location.

	Provide community-based interventions that provides 24/7/365 access for families, youth, and adolescents at risk for OUD and any other co-occurring SUD/MH conditions. <i>(Activity G.10)</i>	Opening of a 24/7/365 youth crisis center location in a convenient location with capacity to serve youth ages 5-17 experiencing a behavioral health crisis.	Funding to support opening a permanent 24/7/365 youth crisis center location with capacity to serve youth ages 5-17 in an accessible and safe location.
	Support greater access to mental health services and supports for young people <i>(Activity G.12)</i>	Number of youth ages 5-17 referred to mental health services from the Western Idaho Youth Support Center.	Funding to support opening a permanent 24/7/365 youth crisis center location with capacity to serve youth ages 5-17 in an accessible and safe location.
Support & Treatment	Host SBIRT (Screening, Brief Intervention, and Referral to Treatment) training for partner agencies and healthcare providers. <i>(Activity C.2)</i>	Number of individuals and organizations trained in SBIRT.	0.05 FTE to oversee and coordinate SBIRT training
	Increase availability of overdose prevention supplies (ex. Naloxone) to people at highest risk or provide Naloxone training. <i>(Activity H.1)</i>	Amount of naloxone distributed and in which counties. Decrease in overdose deaths. Number of individuals trained in overdose prevention using naloxone.	.15 FTE to support regional naloxone distribution
	Regional post-overdose response team – assess feasibility of pilot program in coordination with health systems, law enforcement, and EMS agencies. <i>(Activity A.5)</i>	Decrease in overdose rates. Decrease in overdose deaths.	.15 to assess feasibility of SWDH serving as backbone entity for regional mobile response team.
	Provide mobile or telehealth counseling services. <i>(Activity G.8 - G.12)</i>	Number of clients served.	.5 FTE to provide BH counselling services

Overall Spending Years to Date

Fiscal Year	Funds Expended by FY
FY22	\$0.00
FY23	\$59,264.63
FY24 (YTD through March 2024)	\$57,253.66

Requested Budget for FY25

Item	Estimated Budget
Personnel (to include direct and indirect costs)	
0.5 Program Manager 1	\$50,051.63
0.05 Program Manager 2	\$6,011.22
0.1 Administrative Assistant 2	\$7,317.48
0.5 Behavioral Health Provider	\$47,191.57
0.02 Health Education Specialist, Sr.	\$4,453.67
0.05 Division Administrator	\$7,398.48
Total	\$122,424.05
Operating	
Naloxone Supplies (include supplies for leave behind program)	\$10,000.00
General office supplies	\$500.00
Travel (ex. Mileage)	\$500.00
General operating expenses (ex. Allocated expenses, cell phone, copier utilization, etc.)	\$1,000.00
This is Not About Drugs – up to 4 cohorts	\$1,500.00
Guiding Good Choices Community Facilitator (\$1500 per cohort) – up to five cohorts	\$7,500.00
SBIRT Training Facilitator (\$400 per training) – up to twelve trainings	\$4,800.00
BH Provider	\$34,810.00
WIYSC	\$250,000.00
Total	\$310,610.00
Total Requested	\$433,034.05

Appendices

Summary Environmental Scan Results

In preparation for developing a plan for settlement fund utilization, SWDH contracted with Rathbone Falvey Research to conduct an environmental scan to better understand community needs and perceptions, gaps and needs, and how other settlement recipients were utilizing their funds to best coordinate efforts. Through this environmental scan, community partners, community members, and other opioid settlement recipients provided input on current unmet needs. Rathbone Falvey Research summarized this input and provided the following recommendations for SWDH consideration:

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

These same community partners, members, and other settlement recipients within the SWDH region were asked what they would like to see occur after impactful investment of these settlement funds. The following three themes were identified:

1. Building stronger families
2. Creating safer communities
3. Fostering mental health

HOW WIC HELPS IDAHO



State WIC Director

Leah Sallas
450 W State Street, 4th Floor
Boise, ID 83720

208.334.5952
leah.sallas@dhw.idaho.gov

Mission of WIC

Assuring healthy pregnancies, birth outcomes, growth and development for mothers, babies, and young children to age 5 who are at nutritional risk. Providing nutritious supplemental foods, breastfeeding promotion and support, education on healthy eating, and referrals to healthcare and critical social services.



29%

OF INFANTS BORN
IN IDAHO
PARTICIPATE IN WIC



44%

OF ELIGIBLE INDIVIDUALS
IN IDAHO
PARTICIPATE IN WIC

WHO PARTICIPATES IN WIC IN IDAHO?

30,607

WIC PARTICIPANTS

Pregnant women.....	2,212
Breastfeeding women.....	3,170
Postpartum women.....	1,332
Infants.....	6,413
Children.....	17,480

BREASTFEEDING IN WIC

Idaho WIC breastfeeding initiation rates increased by **4 percent** between 2010 and 2020.



Among WIC infants who initiated breastfeeding in Idaho in 2020, **38 percent** continued breastfeeding at 6 months.



Fruit and Vegetable Benefit: Congress enhanced WIC's fruit and vegetable benefit to align with scientific recommendations. Current monthly benefit amounts are \$26 for children, \$47 for pregnant and postpartum participants, and \$52 for breastfeeding participants. In FY 2023, WIC provided an estimated **\$9.0M** in fruit and vegetable benefits to **24,194** participants in Idaho.

CHILDHOOD OBESITY IN WIC IN IDAHO

There was no significant change in the obesity rate among WIC toddlers in Idaho between 2010 and 2020.

Childhood obesity rate, WIC toddlers, 2020..... **12%**

MORTALITY AND BIRTH OUTCOMES IN IDAHO

Maternal mortality per 100,000 births, 2017-2021... **18.2**

Infant mortality per 1,000 live births, 2021..... **5.1**

Preterm birth rate, 2021..... **9%**

IDAHO WIC PARTICIPANT CHARACTERISTICS

\$22,947

AVERAGE FAMILY INCOME

76%

RECEIVED MEDICAID

\$47.41

AVERAGE MONTHLY FOOD COST IN FY 2023

HOW WIC SUPPORTED THE IDAHO ECONOMY IN FY 2023

\$17.4M

TO SPEND AT FOOD RETAILERS

\$6.0M

FORMULA REBATES RECEIVED

\$8.8M

NUTRITION, BREASTFEEDING SERVICES & ADMIN

Sources: WIC eligible individuals participating from USDA WIC Eligibility Estimates report for 2021 (<https://www.fns.usda.gov/wic/eligibility-and-program-reach-estimates-2021>). WIC participants and economic impact from USDA WIC Data Tables for fiscal year (FY) 2023 (<https://www.fns.usda.gov/pd/wic-program>) as of January 30, 2024. Participant characteristics for 2020 and WIC breastfeeding and rates for years displayed from USDA WIC Participant and Program Characteristics reports (<https://www.fns.usda.gov/wic/participant-program-characteristics-2020>). WIC fruit and vegetable benefit calculated as the sum of FY 2023 issuance rates multiplied by average participation rates for each participant category from USDA WIC Data Tables. Maternal mortality from America's Health Rankings (https://www.americashealthrankings.org/explore/measures/maternal_mortality_c). Infant mortality and preterm birth rate from CDC (https://www.cdc.gov/nchs/pressroom/stats_of_the_states.htm). Obesity outcomes from CDC (<https://www.cdc.gov/obesity/data/obesity-among-WIC-enrolled-young-children>).

SOLID WASTE AUTHORITY

Problem Statement:

Currently, Idaho Statute 39-7406(c) places the responsibility of enforcing all aspects of landfill operation, closure, and post closure. As noted in Table 1 (page 2), nearly all landfills in Idaho are municipal. This puts Idaho's Public Health Districts in a position where they could be responsible for enforcement against a county for which they also receive funding to support public health district operations. This is problematic because it could impact future county contributions to the public health district and could also place a financial burden on the public health district. The financial implications to the public health district and hence, all counties in the public health district could be significant.

This statute has been in place since the 1990's and there has not been an incident as described above. However, a recent enforcement action against a non-municipal landfill in Idaho brought this matter to the public health district directors. In addition, since HB316 the counties contribute a larger proportion of support to the public health districts, and financial consequence to a district could have rippling affects to the entire organization.

For the reasons stated above, Idaho's Public Health District directors are recommending a change to Idaho Statute 39-7406(c) or removal of this section.

Current statute language:

39-7406(c) The health district shall ascertain that operations standards are met, prepare and/or adopt technical guidance, review and recommend approval of alternative operating, closure and post-closure requirements to the director, and review and enforce all aspects of operation, closure and post closure except as specified above.

Proposed statute language:

39-7406(c) The health district shall ascertain that operations standards are met, prepare and/or adopt technical guidance, review and recommend approval of alternative operating, closure and post-closure requirements to the director, ~~and review and approve/enforce~~ all aspects of operation, closure and post closure except as specified above, and refer enforcement to the director.

Note: The reference to director in this section of Idaho Code is the DEQ director.

Next Steps:

1. The Director will be scheduling meetings with BOCCs who have a landfill to discuss this matter and seek their input on this proposed change.
2. This topic will be discussed at the Idaho Association of Counties Clerks and Commissioner Conference in June.
3. This topic will be discussed and voted on at the annual meeting of the Idaho Association of District Boards of Health in October.

Table 1 Current List of All Landfills in Idaho

Landfill Name	DEQ R	County
Boundary County Landfill	1	Boundary
Fighting Creek /Farm MSWLF	1	Kootenai
Hidden Hollow Landfill (Post-Closure)	3	Ada
North Ravine Landfill	3	Ada
Goodrich Landfill	3	Adams
Idaho City/Warm Sprgs (Post-Closure)	3	Boise
Pickles Butte Landfill	3	Canyon
Bennet Road Landfill	3	Elmore
Glenns Ferry Landfill (Post-Closure)	3	Elmore
Mt. Home AFB MSWLF (Post-Closure)	3	Elmore
Simco Road Landfill	3	Elmore
Bruneau-Granview LF (Post-Closure)	3	Owyhee
Rimrock Landfill (Post-Closure)	3	Owyhee
Clay Peak Landfill	3	Payette
S. ID. Reg. SWLF-Milner Butte	4	Cassia
Twin Falls Co.-Hub Butte	4	Twin Falls
Ft. Hall Canyon New MSWLF	5	Bannock
Bear Lake County MSWLF	5	Bear Lake
Fielding/Bingham Co. LF(Post-Closure)	5	Bingham
Caribou County MSWLF	5	Caribou
Franklin Co. Dayton LF (Post-Closure)	5	Franklin
Franklin Co. Riverdale MSWLF	5	Franklin
Oneida County MSWLF (Post-Closure)	5	Oneida
Oneida County East Expansion LF	5	Oneida
Power County MSWLF (Post-Closure)	5	Power
Peterson Hill MSWLF	6	Bonneville
Hatch Pit Closed MSWLF (Post-Closure)	6	Bonneville
Arco MSWLF	6	Butte
Howe Landfill	6	Butte
St. Anthony MSWLF	6	Fremont
Island Park MSWLF	6	Fremont
Circular Butte MSWLF	6	Jefferson
North Rifle Range MSWLF	6	Lemhi
Driggs Landfill (Post-Closure)	6	Teton

Source: Landfill data provided by Idaho Department of Environmental Quality

TITLE 39
HEALTH AND SAFETY
CHAPTER 74

IDAHO SOLID WASTE FACILITIES ACT

39-7406. RESPECTIVE ROLES OF COUNTY, DIRECTOR AND HEALTH DISTRICT - LIBERAL CONSTRUCTION. (1) The county, director and health district each perform key roles in statewide solid waste management. Principal jurisdiction for the various functions of solid waste regulation and management as it pertains to site selection, development, operation, and closure shall be carried out as outlined herein:

(a) Each county may select a solid waste landfill site or sites, evaluate said site(s) for compliance with site certification criteria, develop design plans for construction and operation of MSWLF unit(s), including ground water monitoring programs, provide for public review of its site certification, facility design and operation plans through the conduct of a twenty-eight (28) day public comment period, publish legal notices, serve as the repository of funds established for financial assurance, cooperate with the director and district to construct and operate a solid waste disposal system which protects human health and the environment, and perform such other solid waste related duties as may be specified in chapter 44, title 31, Idaho Code;

(b) The director shall interact and cooperate with federal agencies to secure approved state status concerning solid waste programs, administer the site selection process by requiring an owner to certify, through such professional documentation as may be required in this chapter, that the site is not encumbered by critical site limitations as set forth in section 39-7407, Idaho Code, ascertaining that such certification has been made by a qualified professional, review and approve MSWLF unit design plans, the ground water monitoring program, alternative daily cover and final cover, alternative closure and post-closure care requirements recommended to the director for approval by the district, financial assurance and any other approvals required in 40 CFR 258, prepare and/or adopt such regulations as may be necessary to implement the provisions of this chapter, and cooperate in actual site monitoring and corrective action programs; and

(c) The health district shall ascertain that operations standards are met, prepare and/or adopt technical guidance, review and recommend approval of alternative operating, closure and post-closure requirements to the director, and review and enforce all aspects of operation, closure and post closure except as specified above.

(d) All approvals required by 40 CFR 258 shall be obtained by the owner and/or applicant; and all provisions of 40 CFR 258 which provide for flexibility may be obtained by the owner and/or applicant; and the director shall have the authority to grant all such approvals in accordance with the provisions of this chapter, the duty to make a determination that an application meets standards or provides an acceptable alternative, and the duty to approve or disapprove the application in a timely manner prescribed in this chapter.

(2) This chapter shall be liberally construed to allow these public entities having jurisdiction to perform their respective roles to protect human health and the environment through

while recognizing the authority of local governments to act in their governmental capacity to perform the duties prescribed in chapter 44, title 31, Idaho Code.

History:

[39-7406, added 1992, ch. 331, sec. 1, p. 979; am. 1993, ch. 139, sec. 6, p. 351; am. 1994, ch. 75, sec. 5, p. 166.]