

Minutes

WIDCCC Advisory Committee Location:

Southwest District Health – 13307 Miami Lane, Caldwell, ID, 83607

Conference/Video Information: Optional

Join the Microsoft Teams Meeting at the following link: [Click here to join the meeting](#)

Date: April 10, 2024 Time: 1-2pm



	Agenda Item	Presenter	Discussion	Next Steps/Action
1:00	Call to Order	Karla B. Vice-Chair	Introduction and call for any additional agenda items. Meeting called to order at 1:00pm	
1:02	Meeting Minutes	Karla B. Vice-Chair	Call for any revisions to March meeting minutes Rebekah motioned to approve; Kelly seconded; all approved (also did introductions)	Motion to Approve Minutes
1:05	SWDH Updates	Cas A. SWDH	<p>Western Idaho Youth Support Center update</p> <p>From January 29th – April 6th there were 40 admissions and 20 unique clients. Clients are generally being diverted from self-harm and hospital visits.</p> <p>A tour requested by the Nampa Mayor’s Office occurred on 4/9 - it was a little chaotic due to there being so many people and there being several youth clients in the center, but it went well, and they made some good connections with people.</p> <p>Budget update</p> <p>The team met with Troy, SWDH’s Finance Officer recently, and he recommended that we hold off on spending the donations and allocations on WIDCCC operations until we know how many funds we have on the back end (what Cas sees on her end may be different than what we actually have). Troy will know more in middle of May upon which we be able to plan on how to use the donations and allocations.</p> <p>Magellan/MCO Update</p> <p>Beginning July 2024 Magellan will fund WIDCCC for \$125K/month (not based on census), however, there will be no Medicaid billing in the first year. This will require SWDH and Pathways to renegotiate Pathways’ monthly rate, because their current rate is only \$78.5K and reimbursements make up for the gap. The four youth crisis center providers determined that the centers cost approximately \$130K+ per month, but Magellan was only approved by DHW for \$125K per month. Magellan sited the need for more data on census on insurances held before creating a rate that will begin in Year 2.</p>	<p>Cas to email the committee with a budget update after our next meeting with Troy.</p> <p>Cas to send Nikki FY25 costings (including other crisis centers, if allowed) and non-Medicaid third party reimbursement data.</p>
1:20	Pathways	Cas A.	<i>Monthly WIDCCC Presentation:</i>	

	<p>Monthly Presentation</p>	<p>SWDH & Abigail H. Pathways</p>	<p>-Census, admissions, demographics, presenting concerns</p> <p>There were 106 total client visits in March and 50 unduplicated clients. This is the highest we have since Pathways took over since July! Average length of stay has gone up to 13.5 hours and the average number of days for duplicated clients is about 5.5 days. 89 clients were homeless or at risk for being homeless, 68 males, 36 females, 2 veterans, and an average age of 40. The majority of clients either experienced co-occurring disorders or mental health only – a smaller percentage was substance use only or none.</p> <p>A variety of substances were identified as being used by clients, prominently including meth, marijuana, alcohol, cocaine, and fentanyl, with a smaller amount identifying heroine, opioids, kratom, spice, acid, Xanax, and nicotine.</p> <p>Over 70% of clients had Medicaid with a small amount without insurance or a different type of insurance.</p> <p>Cas and Abigail site a variety of reasons why we might be seeing the uptick, including great attention to admitting more clients and new partnerships. An incident occurred where a client who was homeless, but suicidal was turned away by a staff member who came from the Boise center. Luckily they received the help they needed, but it spurred a variety of individual and group conversations with staff about the importance of giving every person the opportunity to get services and come back, if needed.</p> <p>The group discussed the follow-up process with clients. Cas and Abigail described how there used to not be a process for follow-up, but one is being implemented and streamlined. Cas also provided information about how WIDCCC plans to increase their star rating on Google, which will include putting up a couple flyers in the building and implementing a process to ask appropriate clients at discharge if they would leave a review.</p> <p>Referrals came from Health and Welfare, Probation and Parole, EMS/Hospitals, Community-Based Organizations, Law Enforcement, and Self-referrals (in the order smallest to greatest) - law enforcement referrals went up! There was no information available for outbound referrals. Client satisfaction data was unavailable, but diversions from substance use, hospital stays, inpatient stays, sleeping in a car/outside, harm to self, and police involvement were identified. Cas also noted that many clients would've called friends/family if they didn't go to the center. No ROI data available for March.</p> <p>-Success stories</p> <p>The biggest success is the number of clients seen in March, but Abigail shared a success story with a client who is making progress with their basic living needs and medication management.</p> <p>-Challenges</p> <p>With support from colleagues, Cas has been information gathering about what to do with the harm reduction vending machine now that Idaho Harm Reduction Program is no longer operating. She's trying to determine how it was funded, if SWDH will have oversight into how</p>	
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1:57	Wrap up	Karla B. Vice-Chair	Next steps and any assignments Meeting adjourned at 1:48pm	Next Meeting: May 8, 1-2pm

Present: SWDH – Nikki Z., Cas A., Vito K.; Pathways – Abigail H.; Members – Kelly A., Karla B., Rebekah K., T.J. O., Ariel F. (on behalf of Glenda)

Absent: Chriss W., Bethany F.