

# 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:** July 10, 2024

**Time:** 1-2pm



	Agenda Item	Presenter	Discussion	Next Steps/Action
1:00	Call to Order	Kelly A. Chair	Introduction and call for any additional agenda items. <a href="#">Meeting called to order at 1:02pm</a>	
1:02	Meeting Minutes	Kelly A. Chair	Call for any revisions to June meeting minutes <a href="#">Rebekah motioned to approved and Madison seconded approval of June meeting minutes</a>	Motion to Approve Minutes
1:05	SWDH Updates	Cas A. SWDH	<p>-WIYSC Update</p> <p><a href="#">Things at WIYSC have been going well. There was a week with no admissions and we were wondering if this is what the summer was going to look like, but we're back to an average of 4 admissions a week.</a></p> <p><a href="#">The contract with the general contractor for the remodel is now signed and we are on track for opening in the permanent location around a year from when we opened in the temporary location.</a></p> <p>-MCO/Magellan Update</p> <p><a href="#">SWDH has signed the contract with Magellan for crisis center services, but we haven't received anything back from them with their signature. We will receive monthly payments from Magellan without invoicing them, which was determined by Troy to be an acceptable, albeit not preferred, method of being paid for our services.</a></p> <p>-WIDCCC Budget Update</p> <p><a href="#">Expenditures for June aren't available yet, so a year in review of revenue and expenditures will have to wait until the August meeting.</a></p> <p><a href="#">Cas presented the budget projections for FY25 including revenue from the State and Magellan and anticipated expenses, like personnel/benefits, indirects, allocated costs, rent, printing, in-state travel, etc.</a></p>	<p>Cas to follow-up on contract with Magellan.</p> <p>Cas to present a year-in-review budget to the committee in August.</p> <p>Cas to present monthly budget updates to the committee on an ongoing basis.</p>
1:30	Clarvida	Abigail H.	<i>Monthly WIDCCC Presentation:</i>	Abigail will follow-up

<p>Monthly Presentation</p>	<p>Clarvida</p>	<p>-Census, admissions, demographics, presenting concerns</p> <p>The presentation began with a question from the chair on the name change from Pathways of Idaho to Clarvida. Clarvida means “clarity of life” and is a rebrand for the company as a whole.</p> <p>Abigail detailed the challenges associated with the new EHR they transitioned to (away from WITS), as well as the BHL system they are required to use to track intakes and discharges. There have been some growing pains, as expected. Magellan is being patient with them as they learn the new systems and requirements.</p> <p>Intakes in June grew a small bit from May to 78 total full episodes and more non-episodes than normal.</p> <p>Non-episode increases may be for those who want to come in to cool off, but don’t want to go through the whole intake process for services. Additionally, there have med staff challenges for those who are leaving early for firefighting season, as well as those leaving for better pay or who can’t manage the Idaho EMT requirements. When there aren’t adequate med staff, they can’t take as many people as they would normally be able to and/or they might have to pull some staff from one to center to other, especially from the adult center to the youth.</p> <p>Ryan at Clarvida is working with Magellan to see if there is anything that can be done to alleviate the licensure requirements for the centers. SWDH offered to add a voice to this discussion if needed.</p> <p>The chair asked if this is an issue in other centers and the answer is yes.</p> <p>There have been more female clients recently than usual, which most likely means they are seeing more unique clients who haven’t visited before and that their outreach with local women’s shelters are working. Abigail has been stopping by with food to support them and get the word out about the centers.</p> <p>The number of veterans served is still low, which doesn’t seem relative to the number of veterans in the community.</p> <p>Cas asked if anyone has any connections to veteran serving orgs in the area. Abigail is well connected to the VA and will continue to work with them. Nikki mentioned the VFW posts and Veterans Hall, Kelly mentioned the Area 3 Senior Services and the CHATs, Gabe said that Abigail could present to the social workers at St. Al’s, and Rebekah offered time for Abigail to present at the Canyon County CIT.</p> <p>Another positive we’re seeing is that we’re slowly closing the gap between self-referrals and referrals from organizations. The majority of referrals come from health systems and law enforcement.</p> <p>Referrals to in-patient care has gone up, which has shed some light on some issues with the referrals to and from Lifeways in-patient. Referrals to other in-patient care like</p>	<p>on the items related to veterans outreach.</p>
-----------------------------	-----------------	--	---

			<p>Cottonwood and Intermountain, and other services like Moonlight Mountain continue to go well. It is on Abigail's to-do list to ensure referrals to in-patient care is smooth for both the client and WIDCCC staff and that we close the loop on client referrals to in-patient.</p> <p>-Success stories Abigail shared a few positive remarks from WIDCCC clients and indicated that there are many more like it!</p> <p>-Challenges Some challenges recently have included the vehicle being down for a week with a flat tire (now back up and running), aggressive behavior in the center, and the EHR systems/BHL, which was discussed earlier.</p> <p>To address the aggressive behavior the leadership team has encouraged staff to go back to the basics and what they know with de-escalation, while simultaneously engaging them with additional de-escalation training. It's believed that the rise in temperature may be exasperating some mental health issues, and that crisis center staff can either be a help or hinderance to aggressive behavior.</p> <p>Staff are being reminded to take cues from the client and recognize when they either need to step in or step away. Staff will soon be CPI trained. Rebekah offered additional training from the CoE, as needed.</p> <p>The chair asked if we do any sort of physical de-escalation. Crisis centers do not engage in physical de-escalation, including holds, restraints, or any sort of de-escalation that would require touching the client.</p> <p>-Discussion</p>	
1:55	Wrap up	Kelly A. Chair	<p>Next steps and any assignments</p> <p>Meeting concluded at 1:56pm</p>	<p>Next Meeting: August 14, 1-2pm</p>

In Attendance: Kelly A., Rebekah K., Madison B., & Gabe Carrillo (Proxy for Karla B.)

In Attendance: Cas A., Nikki Z.

In Attendance: Abigail H.

Absent: Glenda G., Chriss W., T.J. O.