



**Public Health**  
Prevent. Promote. Protect.  
**Panhandle Health District**

## **2024 Community Health Improvement Plan**



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# 2024 Community Health Improvement Plan

## Overview

The Panhandle Health District's (PHD) mission is to prevent disease, disability, premature death; to promote healthy lifestyles; and to protect the health and quality of the environment. PHD strives to achieve their mission and vision through a variety of specialized programs and services. PHD offers over 40 programs and services to residents across all five counties (Benewah, Bonner, Boundary, Kootenai, and Shoshone counties) in the service area. All programs and services fall under the broader categories of healthcare services, licensing and permitting, nutrition and physical activity, adult and senior services, and parenting and Youth Services.

PHD remains committed towards its mission, vision, and goals by periodically assessing community needs through the Community Health Assessment (CHA) process, followed by strategic planning centered on developing a Community Health Improvement Plan (CHIP). The pairing of the CHA and CHIP processes allows for timely assessment of prevailing health issues, in addition to incorporating perspectives and opinions from community stakeholders. Emphasis is given to integrating the input of community stakeholders and members from underserved and underrepresented populations.

This Community Health Improvement Plan (CHIP) was developed in partnership between Panhandle Health District and Crescendo Consulting Group ("Crescendo"). There were three areas of focus for the CHIP, based on the three top Priority Need Categories identified in PHD's 2023 CHA:

### Exhibit: Community Health Improvement Plan (CHIP) Priority Need Categories



ACCESS TO CARE

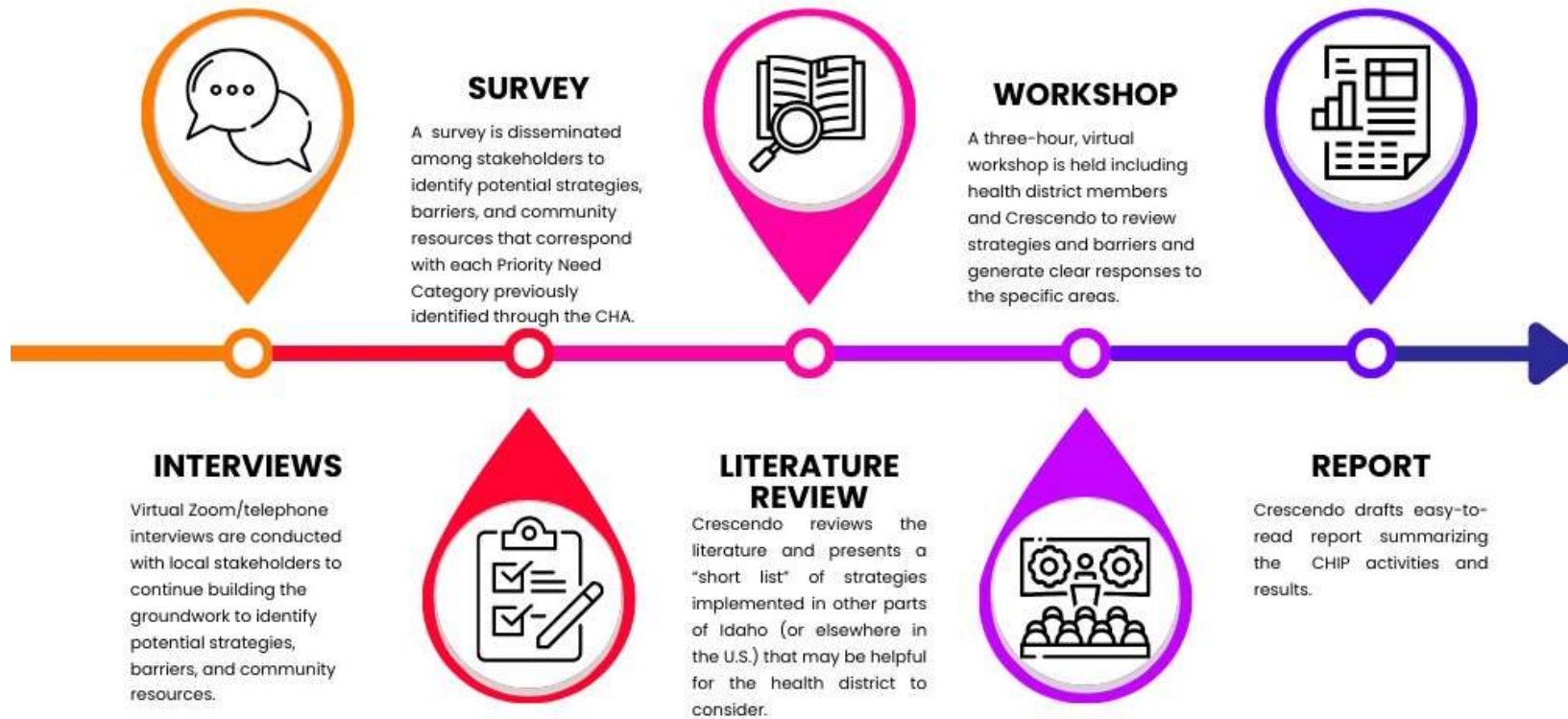


BEHAVIORAL HEALTH



YOUTH SERVICES

## COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) PROJECT TIMELINE



## Methodology

Between August of 2023 and February of 2024, Crescendo worked in collaboration with Panhandle Health Department to conduct a Community Health Assessment (CHA) followed by a Community Health Improvement Plan (CHIP). A mixed-methods approach consisting of both quantitative and qualitative research methods was implemented during the CHA. CHA findings were then directly applied to the development of PHD's CHIP. Specifically, the information gathered through the CHA was used to facilitate the process of identifying priority health issues, developing realistic strategies, specifying goals and monitoring plans to maintain accountability over time.

**Upon completion of the CHA, Crescendo implemented a multi-phase process.**

**Step 1.** The priority needs identified by the CHA were finalized, culminating in three Priority Need Categories: Access to Care, Behavioral Health, and Youth Services.

**Step 2.** Crescendo conducted a scoping literature review of promising best practices and strategies employed across the nation related to the specific identified community health need. Simultaneously, Crescendo conducted executive one-on-one interviews with PHD staff and community partner organization staff to continue building the groundwork to identify potential strategies, barriers, and community resources.

**Step 3.** A CHIP survey was administered through SurveyMonkey, providing community stakeholders a platform to identify potential strategies, barriers, and community resources that correspond with each Priority Need Category previously identified through the CHA.

**Step 4.** Crescendo facilitated a three-hour, virtual "Prioritization Day" CHIP workshop on February 23, 2024. A culmination of CHIP activities, the virtual workshop involved small group discussions of potential strategies and barriers to address the community health needs identified and prioritized through the CHA process. The small group discussions were followed by a voting session in which all attendees voted on their preferred strategies for each category of need. The result of this process, presented here, is a set of prioritized strategies for each CHA need category (Access to Care, Behavioral Health, and Youth Services), equipping PHD and its partners to better address pressing health needs throughout the community moving forward.



# Overview of Health Priorities

## Community Health Assessment (CHA) Prioritized Needs

The needs prioritization process provided Panhandle Health District with an opportunity to review key findings and categorize identified needs that fall within the district's purview to address. The needs featured in the table below were prioritized through the CHA process prior to beginning the CHIP (categories of need and specific identified needs are not in any priority order).

**Exhibit: High-Priority Identified Priority Need Categories with Corresponding Need Examples**

CATEGORY OF NEED	IDENTIFIED NEED EXAMPLES
Access to Care	<b>Provider availability (primary and specialty care). Examples:</b> <ul style="list-style-type: none"> <li>- Attract local providers who live in the community in which they work</li> <li>- For rural areas, attract providers who want to work in rural communities</li> <li>- Improve continuity of care through provider retention</li> </ul>
	<b>Mobile outreach programs. Example:</b> <ul style="list-style-type: none"> <li>- Develop mobile health and outreach health units to provide primary and specialty care for community members living in rural areas</li> </ul>
	<b>Transportation. Examples:</b> <ul style="list-style-type: none"> <li>- Improve transportation services for people needing to go to doctor's appointments or the hospital, especially in rural areas (including increasing community members' awareness of what already exists)</li> <li>- Provide transportation specifically to pregnant women for prenatal appointments</li> </ul>
	<b>Cost of services (including providers accepting a variety of health insurances). Example:</b> <ul style="list-style-type: none"> <li>- Reduce cost of routine care and medical appointments</li> </ul>
Behavioral Health for Youth and Adults	<b>Mental health provider availability (including accepting a variety of health insurances). Examples:</b> <ul style="list-style-type: none"> <li>- Additional (non-telehealth) Behavioral Healthcare providers, including those that accept Medicaid, Tricare, and Medicare</li> <li>- Increase overall number of licensed Behavioral Health providers for pediatrics and adults</li> </ul>
	<b>Crisis intervention. Examples:</b> <ul style="list-style-type: none"> <li>- Provide mental health and crisis trainings for law enforcement and first responders</li> <li>- Develop and/or expand Behavioral Health crisis and emergency care programs</li> </ul>
	<b>Substance use prevention and early intervention. Example:</b> <ul style="list-style-type: none"> <li>- Improve access to quality substance abuse prevention and early intervention programs</li> </ul>
	<b>Recovery services. Example:</b> <ul style="list-style-type: none"> <li>- Increase the number of programs to help substance use disorder patients enter and stay in recovery (esp. for alcoholism)</li> </ul>

	<b>Mental health education, prevention, and early intervention. Example:</b> - Provide Mental Health First Aid training through places of employment.
Youth Services	<b>Childcare, including after-school care. Examples:</b> - Increased availability of affordable before- and after-school activities for youth, including transportation to activities, hosting activities on school grounds, and finding staffing to provide such programs - Affordable childcare for low-income, working-class, and middle-class families
	<b>Health education. Example:</b> - Provide youth-specific health education programs (especially targeting Behavioral Health, substance use, staying physically healthy, and nutrition)
	<b>Services for youth experiencing housing instability. Example:</b> - School-based services that address the needs of youth qualifying as homeless under the McKinney-Vento definition, such as providing extra meals, tutoring, internet access for homework, mentorship, etc.

## Community Health Improvement Plan (CHIP) Executive Interviews

The CHIP executive interview guide instrument can be found in Appendix A.

In collaboration with the PHD, several stakeholders were identified and recruited. Based on previous CHIP procedures and CHIP regulations, a template discussion guide was created and adapted for each topic area based on the information provided by the PHD. Nine (9) total executive interviews were then conducted over the phone or via Zoom, depending on each participant's preference. Access to Care, Behavioral Health, and Youth Services Priority Need Categories were addressed in depth throughout the interviews, along with comments on existing approaches and suggestions for innovative strategies.

## Community Health Improvement Plan Survey

The purpose of the CHIP survey was to comprehensively evaluate stakeholder insights on each Priority Need Category in preparation for the CHIP workshop. A link to the CHIP pre-workshop survey was provided to all CHA community stakeholder participants after CHIP executive interviews were completed. For each of the three Priority Need Categories, survey participants were asked to list one to three strategies for each Priority Need Category, as well as any associated barriers.

The CHIP pre-workshop survey instrument can be found in Appendix C.

In addition to laying the groundwork for the CHIP workshop, the survey also provided an avenue for stakeholders who were unable to attend the virtual prioritization session to convey their

ideas for strategies, barriers, and keys to success. These contributions were included in forming the strategies considered by CHIP workshop attendees.

A link to the CHIP pre-workshop survey was provided to all CHA community stakeholder participants after CHIP executive interviews were completed. Survey participants were asked to identify one to three strategies, and any corresponding barriers, for each of the three Priority Need Categories.

**Exhibit: Participant Organizations Represented in CHIP Survey and/or CHIP Workshop**

Organization Name	Organization Name
Benewah Community Hospital	Lake Pend Oreille School District
Bonner County Justice Services	Marimn Health
Boundary Community Hospital	NAMI – Idaho
Brevity Treatment Services	Panhandle Health District
Children’s Village	Safe Passage
Hospice of North Idaho	Sandpoint Family Medicine
Idaho Department of Corrections	Shoshone Medical Center
Kootenai Health	St. Vincent de Paul

## Key Findings

Across all three Priority Need Categories, a variety of potential strategies and corresponding barriers were identified by 16 participants. The major strategies to address Access to Care included addressing various barriers to healthcare access including cost, transportation limitations, and geographical isolation, with a focus on meeting the needs of underserved rural communities. For Behavioral Health, participants collectively identified strategies that aimed to address mental health challenges, encompassing awareness, access, education, community engagement, and workforce development. Strategies identified for Youth Services involved comprehensive approaches aimed at creating a supportive environment for youth and addressing youth mental health, wellness, and educational needs both within schools and in the broader community.

All survey participants were presented with two additional open-ended questions apart from questions pertaining to each Priority Need Category. The first additional open-ended question provided survey participants an opportunity to share other community issues that need to be addressed aside from the three Priority Need Categories. Participants identified the following additional areas of need in the community:

1. **Staffing:** This refers to shortages or challenges in recruiting and retaining personnel across various sectors, likely including healthcare, mental health services, and other essential roles.



2. **Community Cohesion:** The pandemic and political unrest have eroded the sense of community, necessitating efforts to rebuild connections, trust, and participation in community events.
3. **Housing Crisis:** Issues related to affordable housing, homelessness, and inadequate housing conditions, which pose significant challenges to individuals' well-being and community stability.

The second additional open-ended question asked participants to identify keys to success in implementing the previously identified strategies. The following list outlines several strategies for improving community health services:

1. **Increasing Collaboration Between Services:** Enhance collaboration between existing services to leverage the strengths of each organization, both clinically and operationally, for more effective delivery of care. For example, utilizing Heritage Health's Medicaid-based model while complementing it with services from other organizations.
2. **Public Information Events and Wellness Opportunities:** Organize public information events, such as the fentanyl series, to raise awareness about health issues. Offer free or reduced-cost wellness opportunities, such as subsidized gym memberships, and nutrition classes like the "Eat Smart" program from the University of Idaho to promote healthy lifestyles.
3. **Simplify Access and Systems:** Streamline access and systems for stakeholders and clients to reduce complexity and ensure ease of use.
4. **Community-Centered Approach:** Meet the community where they are by implementing small changes or tactics that can lead to significant positive impacts. Listen to the community's needs, build rapport, and gain their trust to better serve them.
5. **Shared Staff and Services:** Share staff and services among facilities to maximize resources and meet community needs efficiently. For example, Boundary Community Hospital shares staff with other facilities and hosts specialized services like mobile MRI and surgical consultations on a scheduled basis, recognizing the limitations of full-time staffing and adapting accordingly.

**Survey responses for potential strategies and corresponding barriers for each category of need are listed below.**

**Exhibit: Identified Strategies for Access to Care**

Strategies
Improve retention by lessening admin burden
Lobby state government regarding the system of tax breaks or perhaps stipends for professionals that remain in the area for 2 years minimum
Mobile SUDS and mental health treatment in rural communities
Implement mobile Behavioral Health services or partner with an organization that already does this
Increase Access to Care for those without insurance by reducing the cost of medical appointments
Public Health districts, FQHCs, and local hospitals could partner and share providers so more people can be seen

Improve transportation to appointments
Survey private providers and determine what would best assist them to be able to offer free or affordable transportation
Work with Medicaid, Medicare, and private payers on reimbursement amounts/costs
Bring health care to the patient in their home and beyond what home health already does – more hospital care services in the home
Provide more low- to no-cost preventative health programs
Explore private foundations that could help fund transportation costs
<b>Barriers</b>
Existing payors require extensive documentation
The state is not overly supportive of Behavioral Health programs – as evidenced by the recent push to scale back Medicaid.
Lack of internet and funds to go to a place like CDA
Lack of providers
Cost of insurance can be prohibitive to many in our community so they will not go for routine appointments due to no coverage
Time constraints of physicians, insurance barriers
Cost, challenges with logistics limiting effectiveness
Legislation and change take too long

**Exhibit: Identified Strategies for Behavioral Health**

<b>Strategies</b>
Recruit more therapists (master's level) to the area
Explore options to provide mental health awareness training in the workplace
Streamline mental health services in rural areas to make access easier for clients
Hire a Behavioral Health provider to help meet the needs of the community
Prepare a poster/handout to state the symptoms of suicide
Develop a program for first responders or a team approach with a mental health specialist as part of the team
Provide positive mental health programming in schools
Provide programs, education, and services that recruit local people who are interested in Behavioral Health and give them training and opportunity to enter the field.
Market 988 to schools and workplaces
Hire a peer recovery coach/specialist to assist those with SUD
Expand Behavioral Health crisis services at existing practices
Prepare a slide deck to show suicide symptoms and the corresponding resources.
<b>Barriers</b>
Reimbursement limits/funding
Time constraints

Lack of resources and knowledge
Finding and attracting a Behavioral Health provider to work in public health
The cost of counseling services is unaffordable for most patients.
Staffing is always an issue, and it may be hard to hire mental health specialists who can be on call for these instances
Schools often don't have spare time to give up on a program outside of the traditional curriculum
There is a limited amount of providers who relate to the population; and need more providers of color.
Unwillingness to understand or accept the need for such materials
Feelings of shame and embarrassment often influence people away from seeking help
Educational institutions not providing enough online options for those who are interested in the field

**Exhibit: Identified Strategies for Youth Services**

Strategies
Increase school-based services
Offer existing programs as part of the curriculum. Rosebuds, Sources of Strength, etc. These could be clubs and not part of classes.
Community-based programs in rural areas to help troubled youths
Implementation of a youth/parent educational series that addresses a variety of topics: mental health, nutrition, SUD/vaping prevention, sexual risk/adolescent pregnancy prevention, etc.
Increase education/support within schools
Educate parents – via school emails, event information, and public training. Survey parents about what topics of interest would be – Ex: Social Media dangers to mental health.
Boundary County does not have school on Fridays – use that day for youth programs to provide food, shelter, companionship
Work with local higher education institutions to provide mentorship to high school students
Barriers
Challenging business model: students are often not available, i.e. in summer or holidays
Local School Boards do not want these services in classrooms. Philosophy is that this should stay in the home and that it is up to the parents
No resources in rural areas especially boundary counties
Getting the word out; dependent on funding, community partners, and participant engagement
Teacher qualifications, limitations on the staffing, responsibility placed on teachers not educated in Behavioral Health
Transportation, parent buy-in
Lack of funding
Expand the school counselor ratio
Parents may have low-interest levels
Time constraints

## Promising Strategies Review

In addition to eliciting strategy ideas from PHD stakeholders, Crescendo conducted a high-level review of promising practices to use to supplement strategy lists for each identified category of need in preparation for the CHIP workshop session. Identified practices are briefly summarized below, by category of need.

### Access to Care

- Implement a mobile van offering free health services to uninsured people – visit schools, community colleges, and nonprofit organizations across the counties.
- Establish a community mobile van that offers prenatal screenings.
- Implementing a digitally capable mobile health clinic (MHC) that provides in-person and advanced telehealth options for patients in rural communities.
- Launch community engagement programs that address and prevent drug overdose deaths through a variety of methods, including providing Rescue Kits for individuals, families, community organizations, and law enforcement personnel.
- Promote rural track programs that identify and encourage promising undergraduate students from rural parts of the state to enter health professions.
- Implement a non-emergency transportation service that offers rides for patients demonstrating a transportation need for timely primary and preventive care access.

### Behavioral Health

- Establish a virtual mentorship network to address the rural shortage of mental health providers. The development of a virtual mentoring network can bridge geographic gaps and connect interested students with Behavioral Health practitioners to increase applicant numbers to graduate programs from underserved areas.
- Establish digital clinics using smartphone apps to augment and extend mental health care.
- Create a buprenorphine hotline residents can reach via phone call to be connected with a qualified clinician for initial assessment and, if appropriate, an initial buprenorphine prescription and referral to a community clinic for continued MOUD treatment.
- Promote school-based parenting interventions that teach caregivers to identify and respond to children's emotional needs and behaviors in a way that builds connection and warmth, while simultaneously promoting children's emotional competence, sense of emotional security, and well-being.

### Youth Services

- Implement online mentoring for youth, providing guidance in areas such as healthcare careers, post-secondary education, working rurally, and finding allies.
- Enact a school-based group-matched mentoring program rooted in a social framework for at-risk students.

- Support and expand prevention programming for youth such as harm reduction services.

## Strategy Prioritization: The CHIP Workshop

Panhandle Health District held their 2024 Community Health Improvement Plan (CHIP) virtual session on Zoom. The session was attended by 14 individuals representing Panhandle Health District, community providers, non-profit organizations, high-risk communities, and others.

The CHIP workshop slide deck can be found in Appendix D.

The agenda for the CHIP workshop included a brief background of the CHA/CHIP processes, CHIP findings, overview of the three Priority Need Categories, “Strategy Prioritization” in which participants split into three Zoom breakout rooms to review and prioritize the initial set of strategies, a “Reporting Out” time by each Priority Need Category breakout room leader to report out to the entire workshop group, and a strategy voting stage – engaging the entire workshop group – to help rank the top strategies identified in the breakout rooms. After the strategy voting, the entire workshop group engaged in two conversations. The first conversation surrounded barriers and resources in relation to each strategy. The second conversation surrounded measures of success and early stages of SMART goal planning in relation to each strategy.

### Exhibit: CHIP Workshop Activities



**BACKGROUND**



**STRATEGY  
PRIORITIZATION**



**REPORTING OUT**

- **Background.** Participants were provided with a brief overview of the CHA and CHIP processes. This included a brief overview of CHA findings, as well as goals of the CHIP workshop session.
- **Strategy Prioritization.** During the Strategy Prioritization phase of the CHIP workshop, participants were divided into three Zoom breakout rooms. Each room was assigned one of the three Priority Need Categories (as identified in the CHA):
  - Access to Care – Breakout Room 1
  - Behavioral Health – Breakout Room 2

- Youth Services – Breakout Room 3

Each breakout room included a designated leader who led a discussion about their designated Priority Need Category. A member of Crescendo’s team was also in each breakout room to facilitate the discussion and take notes. Participants were provided with a list of approximately ten (10) initial strategies as identified through the CHIP interviews, pre-workshop survey, and review of national best practices.

Breakout Room Group  
Leader Handouts can  
be found in Appendix B.

Breakout room leaders reviewed the full list of ten (10) initial strategies for their breakout room’s Priority Need Category. Subsequently, a discussion of the merits and other considerations for each strategy occurred. Ultimately, each breakout room identified three (3) to four (4) top strategies (not rank-ordered) to bring to the entire workshop group for consideration. The set of top strategies for each of the three categories was then shared with the event facilitator.

The complete set of strategies included in the Strategy Prioritization phase are presented below. Note that strategies which are bolded below were ultimately chosen as the top strategies identified to be brought to the entire workshop group for Reporting Out and Strategy Voting.

- **Reporting Out.** During the Report Out phase, the three individual break-out rooms reassembled into one workshop group. The purpose of the Reporting Out phase was to share insight regarding the three separate Strategy Review discussions. Reporting Out included sharing the rationale behind the selection of the three higher-priority strategies, the discussion of potential challenges or barriers, and the practicality and feasibility of deploying the chosen top strategies.
- **Strategy Voting.** During the Strategy Voting phase, each workshop participant was asked to vote on their first choice, second choice, and third choice strategy for each Priority Need Category. The top strategies, as well as their voted ranking, are listed below.

The following section delves into the CHIP workshop outcomes for each Priority Need Category. Please note that strategies were allowed to be merged and/or modified as each breakout room deemed necessary.





## Prioritized Strategy: Access to Care

**Strategy description:** Improving Access to Care includes: efforts to streamline services to increase accessibility and ease navigation; attracting and increasing providers available with emphasis on rural areas; and building a larger PHD presence throughout Northern Idaho.

### Exhibit: Strategies reviewed by Breakout Room 1, Access to Care

Strategies (Three top strategies bolded)
<b>Conduct a transportation study with private providers to understand transportation barriers and a collaborative discussion to create a flexible, shared telehealth and in-person provider sharing opportunities.</b>
<b>Conduct public health awareness campaigns for community services and education on access to insurance.</b>
<b>Conduct a feasibility study to develop a mobile clinic and home health opportunities for people with limited transportation options and those living in rural communities.</b>
Provide home health opportunities for patients who cannot make it to provider offices, through utilizing EMS or incentivizing providers to schedule one day per week for in-home patient visits.
Organizations and providers across all five counties work together to create more flexible and shared provider schedules via telehealth and in-person provider sharing opportunities.
Increase the number of locally based community health workers to provide connectivity to needed basic resources
Provide housing incentives for new providers during recruitment, such as subsidized housing, houses specifically for new providers, loan programs, etc.
Increase PHD presence at community and school events in all five counties.
Provide financial incentive for professionals that remain in the area for two years minimum.

### The highest priority strategies as voted by community members are shown below.

- Priority Voted #1: Conduct public health awareness campaigns for community services and education on access to insurance.
- Priority Voted #2: Conduct a transportation study with private providers to understand transportation barriers and a collaborative discussion to create a flexible, shared telehealth and in-person provider sharing opportunities.
- Priority Voted #3: Conduct a feasibility study to develop a mobile clinic and home health opportunities for people with limited transportation options and those living in rural communities.

### Primary barriers to the three highest priority strategies were:

- Barrier #1: Providers are already short staffed.
- Barrier #2: Hard to engage providers in studies due to work loads.
- Barrier #3: External policies, including pay and insurance policies.
- Barrier #4: Specific to public health awareness campaigns, funding is limited.
- Barrier #5: Priorities 1 and 3 both require collaboration between agencies.

**Participants also identified resources and strengths corresponding to the three highest priority strategies:**

- This may encourage providers to engage in more studies.
- Can learn from the currently functioning mobile clinic in Kootenai about what works and does not work.
- The Department of Health and Welfare has a strong relationship to support public health awareness.

**Measures of success were identified for the three highest priority strategies:**

- Measures of Success for Priority #1: Measure through conversions, website traffic, engagement on social media, and/or number of Panhandle Health Department clients. Can also track the number of referrals received by Panhandle Health Department from “Healthy Connections” and calculate the conversion of how many actually come in for an appointment at Panhandle Health Department.
- Measures of Success for Priorities #2 and #3: Creating and building out questionnaires that providers have clients fill out prior to appointment while in waiting room. Can also be measured by the number of questionnaires completed.



## Prioritized Strategy: Behavioral Health

**Strategy description:** Addressing Behavioral Health for youth and adults includes: counseling services for community members of all ages; substance use prevention programs; crisis programs for Behavioral Health issues; culturally competent mental health programs that reduce stigma and promote awareness of early signs of mental health illness; and increased numbers of providers, particularly in rural areas.

### Exhibit: Strategies reviewed by Breakout Room 2, Behavioral Health

Strategies (Four top strategies bolded)
<b>Develop long-term detailed plan (including organizations, staffing, funding, etc.) for a youth crisis center that provides emergency intervention for youth, and referrals and resources for parents.</b>
<b>Hire one case manager as PHD staff to help clients navigate the system by providing referrals and connecting to resources.</b>
<b>Public awareness campaigns for Behavioral Health (mental health and substance use), as well as corresponding local, statewide, and national resources. Includes PHD attendance at more community events to provide education and awareness.</b>
<b>Mobile crisis intervention team and/or team member that can be integrated as a mental health specialist into a first responders team.</b>
Attract more mental health providers to the area through salary, loan repayment, help finding housing, free training/guidance on insurance billing, etc.
Increase the number of a mental health counselors or therapists available to each school district.
Hire one counselor or therapist as PHD staff, with ability to provide short-term treatment, workplace trainings, and referrals throughout all five counties
In school and/or after-school Behavioral Health education provided on school property, where students don't need extra transportation to attend. Includes potentially sending resources home for parents' Behavioral Health.
Create inpatient substance use treatment (including detox) for both youth and adults, through collaborative efforts between health district, health care providers, and related organizations within each county.
Recruit local people (from high school age through adulthood) who are interested in entering Behavioral Health workforce and give them opportunities to enter the field (internships, tuition stipends/incentives for bachelor's and master's level education, etc.)

### The highest priority strategies as voted by community members are shown below.

- Priority Voted #1: Hire one case manager as PHD staff to help clients navigate the system by providing referrals and connecting to resources.
- Priority Voted #2: Mobile crisis intervention team and/or team member that can be integrated as a mental health specialist into a first responders team.
- Priority Voted #3: Develop long-term detailed plan (including organizations, staffing, funding, etc.) for a youth crisis center that provides emergency intervention for youth, and referrals and resources for parents.

- Priority Voted #4: Public awareness campaigns Behavioral Health (mental health and substance use), as well as corresponding local, statewide, and national resources. Includes PHD attendance at more community events to provide education and awareness.

**Primary barriers to the four highest priority strategies were:**

- Barrier #1: Funding is limited.
- Barrier #2: Specific to a youth crisis center, partnerships would need to be branched out and/or built.
- Barrier #3: Shortage in staff for a youth crisis center and for a mobile crisis intervention team.
- Barrier #4: External policies, including policies surrounding licensing and credentialing, can impact what is or is not accessible for a health department.
- Barrier #5: HIPAA compliance during partnerships and across organizations.

**Participants also identified resources and strengths corresponding to the four highest priority strategies:**

- Panhandle Health Department already has grant awareness and pre-existing ideas that can be built upon.
- Many community members and organizations are passionate about potential partnerships, especially regarding a future youth crisis center.
- Willingness across the board to learn from other organizations and people who also want to improve upon Behavioral Health throughout North Idaho.
- Panhandle Health Department has a strong substance use team that has already brought a lot of awareness to the community. Department of Health and Welfare has a strong relationship to support public health awareness.

**Measures of success were identified for the four highest priority strategies:**

- Measures of Success for Priority #1: Hiring a staff person specifically for case management, and then assessing retention and sustainability of the case manager position.
- Measure of Success for Priority #2: Begin by measuring whether Panhandle Health Department either has a mobile crisis team or is partnered with a different organization to have a mobile crisis team. Can also measure the building and/or growth of partnerships among organizations and Panhandle Health Department, to begin next steps towards a mobile crisis team.
- Measures of Success for Priority #3: Begin by measuring whether a plan is developed and build partnerships to further the plan. Can also be measured based on grant funding awarded.
- Measures of Success for Priority #4: Measure through conversions, website traffic, engagement on social media, number of events held, and/or number of Panhandle Health Department clients.



## Prioritized Strategy: Youth Services

**Strategy description:** Increasing Youth Services includes: building on pre-existing school district relationships to enhance youth education programming; efforts to incorporate parents and family members in Youth Services; and emphasizing life skills opportunities for youth.

### Exhibit: Strategies reviewed by Breakout Room 3, Youth Services

Strategies (Three top strategies bolded)	
<b>Telehealth youth peer groups based out of schools, and community organizations that provide peer-to-peer support and mental health awareness led by adult supervisors</b>	
<b>Work with local institutions to provide mentorship and internships to high school students.</b>	
After-school programs for middle school and high school youth, where youth have access to internet, homework help, mentorship, and snacks; funded through small fee to attend with scholarships available for families unable to afford the small fee.	
<ul style="list-style-type: none"> <li>• Partner with school districts to provide classes that focus on life skills, nutrition education, and cooking classes, which incorporate not only youth but also parents; build on the relationship the health district has with school districts.</li> <li>• Substance use prevention education that focuses on how to use Narcan and prevent overdose, healthy vs. unhealthy alcohol use, etc. for students in 5th grade and up; fund through opioid settlement funds.</li> <li>• PHD-supported classes that focus on social media, communication, consent, and healthy relationships; try to angle STI prevention and pregnancy prevention as well.</li> </ul>	
Public health awareness campaign to educate parents on different youth Behavioral Health issues and healthy parenting tips.	
In counties where school is only four days per week, utilize that fifth day to have more services for youth (either in person or online).	
For all public health campaigns run by PHD, include programming that specifically targets and speaks to youth.	

### The highest priority strategies as voted by community members are shown below.

- Priority Voted #1: After-school programs for middle school and high school youth, where youth have access to internet, homework help, mentorship, and snacks; funded through small fee to attend with scholarships available for families unable to afford the small fee.
  - Partner with school districts to provide classes that focus on life skills, nutrition education, and cooking classes, which incorporate not only youth but also parents; build on the relationship the health district has with school districts.
  - Substance use prevention education that focuses on how to use Narcan and prevent overdose, healthy vs. unhealthy alcohol use, etc. for students in 5<sup>th</sup> grade and up; fund through opioid settlement funds.

- PHD-supported classes that focus on social media, communication, consent, and healthy relationships; try to angle STI prevention and pregnancy prevention.
- Priority Voted #2: Telehealth youth peer groups based out of schools, and community organizations that provide peer-to-peer support and mental health awareness led by adult supervisors.
- Priority Voted #3: Work with local institutions to provide mentorship and internships to high school students.

**Primary barriers to the three highest priority strategies were:**

- Barrier #1: Funding is limited.
- Barrier #2: Shortage in staffing.
- Barrier #3: Transportation if programs and activities are not located at the school.
- Barrier #4: Access to schools, such as school space not always being available outside of school hours.
- Barrier #5: External policies and laws can make schools even harder to access.
- Barrier #6: Communication between agencies would need to improve.
- Barrier #7: Rural geography impacts accessibility.

**Participants also identified resources and strengths corresponding to the three highest priority strategies:**

- There is potential for other partnerships with more accessible locations to hold programs and related activities.
- Can learn from Sandpoint's teen center about what works and what does not work.
- Panhandle Health Department and community partners have a wealth of expertise in this area.
- There is potential for partnering with pre-existing after-school programs.
- Community organizations tend to be very willing to collaborate on Youth Services.

**Measures of success were identified for the three highest priority strategies:**

- Measures of Success for Priority #1: Development of program and educational materials, and then tracking the number of programs available to youth and total youth participation (both enrollment and attendance). Can also measure through tracking juvenile offenses in each county in correlation with engagement in after-school programs. Another option would be to track Sexually Transmitted Infection rates among youth and/or pregnancy rates among youth, depending on policies and regulations.
- Measures of Success for Priority #2: Begin by measuring whether support groups exist and/or partnerships could help advance the availability of such services. Also track participation from youth for both enrollment and attendance.
- Measures of Success for Priority #3: Measure through the number of internships provided and organizations involved.



## Monitoring and Annual Updates

In order to track progress in addressing the community health needs identified in the CHA through strategies identified in the CHIP process, Panhandle Health District endeavors to conduct ongoing monitoring of its implementation efforts, as well as of those of its partners across the service area who are identified in this report. This will include an annual review process to revisit the CHIP and implement revisions to the plan as needed, based on progress towards articulated goals, unforeseen public health priorities or challenges, or other substantive events that have implications for this plan as originally composed. Updates on progress towards goals, as well as to the plan itself, will be shared with the community, including the partners who contributed to the original CHIP plan and others across PHD's five-county service area who have an interest in the CHA/CHIP process and its objectives.

COMMUNITY HEALTH NEED CATEGORY:		Access to Care
GOAL:	By July 31, 2026, develop and implement public health awareness campaigns for community services that have been identified as hard to access.	
OBJECTIVES:	1. 2024: Identify funding streams and determine total budget available for awareness campaigns. 2. 2024: Determine what specific services the community is lacking access to and if there is a significant audience in our area we could assist with that service. 3. 2025: Develop campaign(s) targeting the identified audience.	
KEY PARTNERS, ASSETS, & RESOURCES:	Collaboration with IDHW is supportive of public health awareness; health systems with common goals to educate the public with evidence-based information	
ANTICIPATED BARRIERS TO SUCCESS:	Funding is extremely limited	

COMMUNITY HEALTH NEED CATEGORY: Access to Care	
GOAL:	By July 31, 2026, conduct a transportation study with private providers to understand transportation barriers and discuss the feasibility of creating flexible, shared telehealth and in-person provider sharing opportunities.
OBJECTIVES:	<ol style="list-style-type: none"> <li>1. 2024: Create list of local providers we want to survey.</li> <li>2. 2024: Develop a transportation survey to gauge need and barriers.</li> <li>3. 2024: Gather feedback on the feasibility of creating a flexible, shared telehealth and in-person provider sharing program.</li> <li>4. 2024: Implement surveys and analyze results.</li> <li>5. 2025: Present results to provider group and provide options on moving forward.</li> </ol>
KEY PARTNERS, ASSETS, & RESOURCES:	Lack of access may encourage providers to participate in study to increase participation in services
ANTICIPATED BARRIERS TO SUCCESS:	Providers are already short staffed; hard to engage providers in studies due to workloads; external policies may be in place regarding reimbursement and insurance policies

COMMUNITY HEALTH NEED CATEGORY: Access to Care	
GOAL:	By July 31, 2026, conduct a feasibility study to develop a mobile clinic and home health opportunities for people with limited transportation options and those living in rural communities.
OBJECTIVES:	<ol style="list-style-type: none"> <li>1. 2024: Determine what is already being done to fill this need and by what partners.</li> <li>2. 2024: Discuss barriers (if any) current programs are facing, if there is a need to expand, and further dynamics of mobile programs.</li> <li>3. 2024: Develop survey to determine the public's interest and potential use of mobile services.</li> <li>4. 2025: Research potential funding sources and sustainability plan.</li> <li>5. 2025: Create action plan.</li> </ol>
KEY PARTNERS, ASSETS, & RESOURCES:	Heritage Health: Can learn from currently functioning mobile clinic in Kootenai about what works and does not work
ANTICIPATED BARRIERS TO SUCCESS:	Providers are already short staffed; hard to engage providers in studies due to workloads; requires collaboration between community partners, need may already be filled

COMMUNITY HEALTH NEED CATEGORY: Behavioral Health	
GOAL:	By July 31, 2026, hire one case manager at PHD to help clients navigate the healthcare system by providing referrals and connecting to resources.
OBJECTIVES:	<ol style="list-style-type: none"> <li>1. 2024: Outline position description to determine the position's job duties, number of hours needed per week, and comparable rate of pay.</li> <li>2. 2024: Research and determine funding source(s) for case manager.</li> <li>3. 2025: Assess reimbursement opportunities for a case manager.</li> <li>4. 2026: Hire, if feasible, a case manager at PHD.</li> </ol>
KEY PARTNERS, ASSETS, & RESOURCES:	PHD has sought some funding opportunities; seek advice from other organizations who employ case managers (hospitals, FQHCs)
ANTICIPATED BARRIERS TO SUCCESS:	Funding; sustainability; external policies, including licensing and credentialing, may limit the health district's capacity

COMMUNITY HEALTH NEED CATEGORY: Behavioral Health	
GOAL:	By July 31, 2026, develop a plan for a mobile crisis intervention team and/or the potential to hire a team member that can be integrated as a mental health specialist to work alongside a first responders' team.
OBJECTIVES:	<ol style="list-style-type: none"> <li>1. 2024: Assess feasibility of partnering with first responders to offer a mobile crisis intervention team or team member.</li> <li>2. 2025: Build a coalition of partners/organizations (including first responders) who have passion and capacity for creating crisis intervention teams.</li> <li>3. 2026: Determine policies and procedures for implementation of a mobile crisis intervention team.</li> </ol>
KEY PARTNERS, ASSETS, & RESOURCES:	Willingness across organizations and people who also want to improve upon Behavioral Health throughout North Idaho; many community members and organizations are passionate about potential partnerships; partners include first responders, those who have mental health specialists
ANTICIPATED BARRIERS TO SUCCESS:	Funding; shortage of staff with credentials to support a mobile crisis intervention team; HIPAA compliance during partnerships and across organizations

COMMUNITY HEALTH NEED CATEGORY: Behavioral Health	
GOAL:	By July 31, 2026, determine the need for a youth crisis center that provides emergency intervention for youth, and referrals and resources for parents.
OBJECTIVES:	<ol style="list-style-type: none"> <li>1. 2024: Identify organizations already providing these services.</li> <li>2. 2024: Organize group discussions with identified organizations to identify barriers and areas that need additional support, if any.</li> <li>3. 2025: Research and identify funding opportunities to support areas of need.</li> </ol>
KEY PARTNERS, ASSETS, & RESOURCES:	Many community members and organizations are passionate about potential partnerships; willingness to learn from other organizations and people who also want to improve upon Behavioral Health throughout North Idaho.
ANTICIPATED BARRIERS TO SUCCESS:	Funding; takes time to build partnerships for a large endeavor; shortage of needed staff (credentials, etc.); a Youth Crisis Center currently exists so we would not want to compete with existing programs

COMMUNITY HEALTH NEED CATEGORY: Youth Services	
GOAL:	By July 31, 2026, implement after-school programs for middle school and high school youth, where youth have access to internet, homework help, mentorship, and life skills education.
OBJECTIVES:	<ol style="list-style-type: none"> <li>1. 2024: Develop curriculum and programming outline including determining topics to deliver (nutrition/cooking classes, substance use prevention to include alcohol misuse, healthy relationships, social media, mental health, etc.).</li> <li>2. 2024: Partner with school districts or other locations to determine interest in partnering.</li> <li>3. 2025: Identify funding source or determine small fee.</li> <li>4. 2026: Implement and evaluate life skills classes.</li> </ol>
KEY PARTNERS, ASSETS, & RESOURCES:	PHD, Schools, Churches, Activity centers, Sandpoint Teen Center
ANTICIPATED BARRIERS TO SUCCESS:	Funding; staffing; transportation if programs are not at schools; school space availability; hard to access schools due to policies; rural geography makes accessibility difficult

COMMUNITY HEALTH NEED CATEGORY: Youth Services	
GOAL:	By July 31, 2026, create plan for telehealth youth peer groups based out of schools, and community organizations that provide peer-to-peer support and mental health awareness led by adult supervisors.
OBJECTIVES:	<ol style="list-style-type: none"> <li>1. 2024: Determine capacity for telehealth in school settings.</li> <li>2. 2025: Identify community organizations and adults who can lead a peer-to-peer support and mental health awareness group.</li> <li>3. 2025: Determine policies and procedures for programming/group sessions.</li> <li>4. 2026: Market, implement, and evaluate programming.</li> </ol>
KEY PARTNERS, ASSETS, & RESOURCES:	Mental health providers, schools including staff (counselors)
ANTICIPATED BARRIERS TO SUCCESS:	Funding; staffing; access to schools; policies within schools

COMMUNITY HEALTH NEED CATEGORY: Youth Services	
GOAL:	By July 31, 2026, work with local institutions to provide mentorship and internships to high school students.
OBJECTIVES:	<ol style="list-style-type: none"> <li>1. 2025: Identify institutions/organizations who are willing and able to provide mentorship and internships to high school students.</li> <li>2. 2025: Collaborate with school staff (administration and teachers) to create internship programs, including types of internships available, timeline, eligible credits, goals, and expectations of interns.</li> <li>3. 2026: Connect students with organizations.</li> </ol>
KEY PARTNERS, ASSETS, & RESOURCES:	Chambers of Commerce; participating organizations (tend to be willing to collaborate for youth services); high schools
ANTICIPATED BARRIERS TO SUCCESS:	Staff and time (capacity of organizations) to host students

# Appendices

## Appendix A: Executive Interview Guide



### Executive Interview Guide

Good morning [or afternoon]. My name is [Interviewer Name] from Crescendo Consulting Group. We are working with Panhandle Health District to conduct a Community Health Improvement Plan (or “CHIP”).

The purpose of this conversation is to learn more about the strategies for the needs categories identified during the Community Health Assessment (or “CHA”).

We appreciate your time today and any insight you have regarding strategies. We will describe our discussion in a written report; however, individual names will not be used. **Please consider what you say in our conversation to be confidential.**

Do you have any questions for me before we start?

#### Identifying Strategies for the Needs

We’re seeking to gather your ideas for strategies to address each of the need categories identified in the CHA. These categories of need are *(FOR INTERVIEWER: Refer to middle column below. Other columns are for reference/context)*:

Rank	Category of Need	Examples of Granular Need
1	Behavioral health for youth and adults	<b>Mental health provider availability (including accepting a variety of health insurances).</b> <b>Examples:</b> Additional (non-telehealth) behavioral healthcare providers, including those that accept Medicaid, Tricare, and Medicare; increase overall number of licensed behavioral health providers for pediatrics and adults
		<b>Crisis intervention.</b> <b>Examples:</b> Provide mental health and crisis trainings for law enforcement and first responders; develop and/or expand behavioral health crisis and emergency care programs



		<b>Substance use prevention and early intervention.</b> <b>Example:</b> Improve access to quality substance abuse prevention and early intervention programs
		<b>Recovery services.</b> <b>Example:</b> Increase the number of programs to help substance use disorder patients enter and stay in recovery (esp. for alcoholism)
		<b>Mental health education, prevention, and early intervention.</b> <b>Example:</b> Provide Mental Health First Aid training through places of employment.
2	Access to care	<b>Provider availability (primary and specialty care, including memory care).</b> <b>Examples:</b> Attract local providers who live in the community in which they work; for rural areas, attract providers who want to work in rural communities; improve continuity of care through provider retention
		<b>Mobile outreach programs.</b> <b>Example:</b> Develop mobile health and outreach health units to provide primary and specialty care for community members living in rural areas
		<b>Transportation.</b> <b>Examples:</b> Improve transportation services for people needing to go to doctor's appointments or the hospital, especially in rural areas (including increasing community members' awareness of what already exists); provide transportation specifically to pregnant women for prenatal appointments
		<b>Cost of services (including providers accepting a variety of health insurances).</b> <b>Example:</b> Reduce cost of routine care and medical appointments
3	Youth services	<b>Childcare, including after-school care.</b> <b>Examples:</b> Increased availability of affordable before- and after-school activities for youth, including transportation to activities, hosting activities on school grounds, and finding staffing to provide such programs; affordable childcare for low-income, working-class, and middle-class families
		<b>Health education.</b> <b>Example:</b> Provide youth-specific health education programs (especially targeting behavioral health, substance use, staying physically healthy, and nutrition)
		<b>Services for youth experiencing housing instability.</b> <b>Example:</b> School-based services that address the needs of youth qualifying as homeless under the McKinney-Vento definition, such as providing extra meals, tutoring, internet access for homework, mentorship, etc.

1. What are the top 2-3 strategies for addressing **behavioral health for youth and adults** in North Idaho? [*Probes: Can you tell me more about that? Can you expand on that? Can you describe in greater detail? Are there specific resources that might be needed?*]
  - a. What is needed to successfully address these issues?
  - b. In other words, what are the keys to success for any of these strategies?
  
2. What are the top 2-3 strategies for improving **access to care** in North Idaho? [*Probes: Can you tell me more about that? Can you expand on that? Can you describe in greater detail? Are there specific resources that might be needed?*]
  - a. What is needed to successfully address these issues?
  - b. In other words, what are the keys to success for any of these strategies?
  
3. What are the top 2-3 strategies for increasing **youth services** in North Idaho? [*Probes: Can you tell me more about that? Can you expand on that? Can you describe in greater detail? Are there specific resources that might be needed?*]
  - a. What is needed to successfully address these issues?
  - b. In other words, what are the keys to success for any of these strategies?
  
4. Regardless of the need or strategy, what is necessary to achieve success for any of your suggested strategies throughout North Idaho? [*Probes: Can you tell me more about that? Can you expand on that? Can you describe in greater detail? Are there specific resources that might be needed?*]
  - a. What is needed to successfully address these issues?
  - b. In other words, what are the keys to success for any of these strategies?

## RESEARCHER NOTES

- Bring up each of the categories and include probes and subcategories in the dialogue.
- Note comments and particular areas of emphasis. Include comparisons between topics where helpful (e.g., “So, which do you think requires more attention: substance abuse education in schools or opioid abuse intervention among the homeless?”).

## Appendix B: Breakout Room Leader Handouts

### “Strategy Group” Access to Care

**“Strategy Group” description:** Improving access to care includes: efforts to streamline services to increase accessibility and ease navigation; attracting and increasing providers available with emphasis on rural areas; and building a larger PHD presence throughout Northern Idaho.

Star (*) the Top 3	Strategies <u>Add to this List or Delete Some</u>	Primary Barriers
1	Increase recruitment of all providers, especially of specialists, with consideration to providers from more conservative colleges and states.	
2	Organizations and providers across all five counties work together to create more flexible and shared provider schedules via telehealth and in-person provider sharing opportunities.	
3	Public health awareness campaigns for services offered by PHD, community health centers, etc.	
4	Create mobile clinic(s) with emphasis in the more rural areas of Boundary, Bonner, Shoshone, and Benewah.	
5	Provide housing incentives for new providers during recruitment, such as subsidized housing, houses specifically for new providers, loan programs, etc.	
6	Increase PHD presence at community and school events in all five counties.	
7	Public health campaign to increase awareness and understanding of how to access and sign up for insurance.	
8	Provide home health opportunities for patients who cannot make it to provider offices, through utilizing EMS or incentivizing providers to schedule one day per week for in-home patient visits.	
9	Provide financial incentive for professionals that remain in the area for two years minimum.	
10	Survey private providers to determine what would best assist them in offering transportation for patients and what would incentivize them to accept a wider variety of insurances.	

## “Strategy Group” Behavioral Health for Youth and Adults

**“Strategy Group” description:** Addressing behavioral health for youth and adults includes: counseling services for community members of all ages; substance use prevention programs; crisis programs for behavioral health issues; culturally competent mental health programs that reduce stigma and promote awareness of early signs of mental health illness; and increased numbers of providers, particularly in rural areas.

Star (*) the Top 3	Strategies <u>Add to this List or Delete Some</u>	Primary Barriers
1	Develop long-term detailed plan (including organizations, staffing, funding, etc.) for a youth crisis center that provides emergency intervention for youth, and referrals and resources for parents.	
2	Attract more mental health providers to the area through salary, loan repayment, help finding housing, free training/guidance on insurance billing, etc.	
3	Increase the number of mental health counselors or therapists available to each school district.	
4	Hire one counselor or therapist as PHD staff, with ability to provide short-term treatment, workplace trainings, and referrals throughout all five counties	
5	Hire one case manager as PHD staff to help clients navigate the system by providing referrals and connecting to resources.	
6	In-school and/or after-school behavioral health education provided on school property, where students don't need extra transportation to attend. Includes potentially sending resources home for parents' behavioral health.	
7	Create inpatient substance use treatment (including detox) for both youth and adults, through collaborative efforts between health district, health care providers, and related organizations within each county.	
8	Public awareness campaigns for behavioral health (mental health and substance use), as well as corresponding local, statewide, and national resources. Includes PHD attendance at more community events to provide education and awareness.	
9	Mobile crisis intervention team and/or team member that can be integrated as a mental health specialist into a first responders team.	
10	Recruit local people (from high school age through adulthood) who are interested in entering behavioral health workforce and give them opportunities to enter the field (internships, tuition stipends/incentives for bachelor's and master's level education, etc.)	

## “Strategy Group” Youth Services

**“Strategy Group” description:** Increasing youth services includes: building on pre-existing school district relationships to enhance youth education programming; efforts to incorporate parents and family members in youth services; and emphasizing life skills opportunities for youth.

Star (*) the Top 3	Strategies <u>Add to this List or Delete Some</u>	Primary Barriers
1	Youth peer groups based out of schools, that provide peer-to-peer support and mental health awareness.	
2	Provide access to telehealth services for youth in the school setting, such as access to telehealth mental health counseling.	
3	After-school programs for middle school and high school youth, where youth have access to internet, homework help, mentorship, and snacks; funded through small fee to attend with scholarships available for families unable to afford the small fee.	
4	Partner with school districts to provide classes that focus on life skills, nutrition education, and cooking classes, which incorporate not only youth but also parents; build on the relationship the health district has with school districts.	
5	Substance use prevention education that focuses on how to use Narcan and prevent overdose, healthy vs. unhealthy alcohol use, etc. for students in 5 <sup>th</sup> grade and up; fund through opioid settlement funds.	
6	Public health awareness campaign to educate parents on different youth behavioral health issues and healthy parenting tips.	
7	In counties where school is only four days per week, utilize that fifth day to have more services for youth (either in person or online).	
8	PHD-supported classes that focus on social media, communication, consent, and healthy relationships; try to angle STI prevention and pregnancy prevention as well.	
9	For all public health campaigns run by PHD, include programming that specifically targets and speaks to youth.	
10	Work with local institutions to provide mentorship and internships to high school students.	

## Appendix C: Pre-Workshop Survey

### Introduction and Background

**The Panhandle Health District is hosting a Community Health Improvement Plan (CHIP) workshop in collaboration with Crescendo Consulting Group on [BLANK].**

**To use our time together on the [BLANK] as efficiently as possible, we are asking for you to complete a brief exercise.**

**As background, over the past several months, you have participated in the Panhandle Health District's Community Health Assessment by helping to identify community health resources and challenges in the County. Based on your input and other research, we grouped the needs into the following three "priority categories":**

- 1. Behavioral health for youth and adults**
- 2. Access to care**
- 3. Youth Services**

**The next step is to generate a list of specific actions to address the Priority Categories. Specifically, we want you to BRIEFLY list up to three specific actions / tactics to help address each of the three Priority Categories. For each, also list barriers. Examples are shown within the survey.**

**The results of this query will be presented for discussion at the [BLANK]**

**The Workshop results will help the Panhandle Health District to align its resources and collaborating relationships in its Community Health Improvement Plan, which will guide action aimed at addressing the identified Priority Categories in the coming years.**

\* 1. What is your name? Please note that your individual responses will be confidential. We ask your name only to assure that we engage a broad spectrum of participants.

2. What organization(s) are you associated with (if any)?



3. Will you be attending the CHIP workshop on [BLANK]

☐ Yes

☐ No

Comments:

Priority: Behavioral Health for Youth and Adults (1 of 3)

**Behavioral health for youth and adults refers to needs such as:**

- **Additional (non-telehealth) behavioral healthcare providers, including those that accept Medicaid, Tricare, and Medicare**
- **Develop and/or expand behavioral health crisis and emergency care programs**
- **Increase overall number of licensed behavioral health providers for pediatrics and adults**

**An example of tactics and barriers may be something such as -**

**Tactic: Provide Mental Health First Aid training through places of employment.**

**Barriers: Negative attitudes around mental health and stigma pose a significant barrier to the successful implementation of training programs.**

**In the spaces below, please provide 1 tactic and 1 associated barrier. You can include up to 3 tactics and/or barriers if desired but not required.**

**FIRST**

TACTIC:

Please be brief, as there is a limit of 300 characters -- about one or two sentences.

**FIRST**

BARRIER:

Please be brief, as there is a limit of 300 characters -- about one or two sentences.

## **SECOND**

TACTIC:

Please be brief, as there is a limit of 300 characters -- about one or two sentences.

## **SECOND**

BARRIER:

Please be brief, as there is a limit of 300 characters -- about one or two sentences.

## **THIRD**

TACTIC:

Please be brief, as there is a limit of 300 characters -- about one or two sentences.

## **THIRD**

BARRIER:

Please be brief, as there is a limit of 300 characters -- about one or two sentences.

Priority: Access to Services (2 of 3)

**Access to services refers to needs such as:**

- **Improve transportation services for people needing to go to doctor's appointments or the hospital, especially in rural areas**
- **Reduce cost of routine care and medical appointments**
- **Improve continuity of care through provider retention**

**An example of tactics and barriers may be something such as -**

**Tactic: Implementing a digitally capable mobile health clinic that provides both in-person and advanced telehealth options for patients in rural communities.**

**Barriers:** Lack of infrastructure, lack of equipment, and a significant technology gap.

In the space provided below, please share UP TO three actions or "TACTICS" and associated "BARRIERS."

**FIRST**

TACTIC:

Please be brief, as there is a limit of 300 characters -- about one or two sentences.

**FIRST**

BARRIER:

Please be brief, as there is a limit of 300 characters -- about one or two sentences.

**SECOND**

TACTIC:

Please be brief, as there is a limit of 300 characters -- about one or two sentences.

**SECOND**

BARRIER:

Please be brief, as there is a limit of 300 characters -- about one or two sentences.

**THIRD**

TACTIC:

Please be brief, as there is a limit of 300 characters -- about one or two sentences.

**THIRD**

BARRIER:

Please be brief, as there is a limit of 300 characters -- about one or two sentences.

Priority: Youth Services (3 of 3)

**Youth Services refers to needs such as:**

- **Increased availability of affordable before- and after-school activities for youth**
- **School-based services that address the needs of youth qualifying as homeless under the McKinney-Vento definition**
- **Provide youth-specific health education programs (especially targeting behavioral health, substance use, staying physically healthy, and nutrition)**

**An example of tactics and barriers may be something such as -**

**Tactic: Implementation of after-school mentorship programs for at-risk youth**

**Barriers: Attendance, engagement, and funding.**

**In the space provided below, please share UP TO three actions or "TACTICS" and associated "BARRIERS."**

**FIRST**

TACTIC:

Please be brief, as there is a limit of 300 characters -- about one or two sentences.

**FIRST**

BARRIER:

Please be brief, as there is a limit of 300 characters -- about one or two sentences.

**SECOND**

TACTIC:

Please be brief, as there is a limit of 300 characters -- about one or two sentences.

**SECOND**

BARRIER:

Please be brief, as there is a limit of 300 characters -- about one or two sentences.

**THIRD**

TACTIC:

Please be brief, as there is a limit of 300 characters -- about one or two sentences.

**THIRD**

BARRIER:

Please be brief, as there is a limit of 300 characters -- about one or two sentences.

**Final Questions**

1. Regardless of the TACTICS and BARRIERS listed above, are there other issues we need to address?

2. If you had to share one or two "KEYS TO SUCCESS" to improve health and well-being in the county, what advice would you give?

A large, empty rectangular box with a thin black border, intended for the user to write their response to the question above. It is positioned directly below the question text.

## Appendix D: Slide Deck



**Public Health**  
Prevent. Promote. Protect.  
Panhandle Health District

# Community Health Improvement Plan

CHIP Workshop

February 23, 2024

crescendo | 





# Agenda

Time	Item	Lead
12:00pm-12:10pm	Introduction & Background ➤ Overview of CHA/CHIP Process ➤ Summary of CHA Findings	Crescendo
12:10pm-12:15pm	Present the 3 Priority Need Categories	Crescendo
12:20pm-12:40pm	Small Group Discussions – Strategy Prioritization	Access to Care = Katelyn Michaud & Kate Hoyer Behavioral Health = Aidan Ottoni-Belval & Katie Schmeer Youth Services = Isa Perea Caicedo & Kim Young
12:40pm-12:55pm	Reporting Out by Group Leads	Group Leads
12:55pm-1:05pm	Break	
1:05pm-1:35pm	Strategy Voting	Crescendo
1:35pm-2:20pm	Barriers & Resource – Large Group Discussion (15 min per Priority Group)	Crescendo
2:15pm-3:00pm	Measures of Success and SMART Goal Planning – Large Group Discussion (15 min per Priority Group)	Crescendo
3:00pm-3:05pm	Wrap-Up and Next Steps	Crescendo

## Goals and Purpose of Today



Prioritize key strategies and solutions to address top health needs in North Idaho



Build consensus around results



Start the process to begin activities that will improve the lives of North Idaho residents

**Core Question: “How can Panhandle Health District focus funding/resources to make the biggest impact?”**



**What we’ve done so far:**

- Data analysis
- **20+** interviews
- **9** focus group discussions (~50 participants)
- **750+** community survey responses
- **15** access audits (“mystery shopper”) calls



**Today:**

- Prioritize **THREE CATEGORIES** of strategies

# Community Resident Insights

## Access to Care

"It's hard to receive any continuity of care here. Keeping providers here over the past two decades has been a massive challenge."



## Behavioral Health Demands

"There's no inpatient treatment out here, and there isn't significant crisis management. There's not enough behavioral health in our area to meet the need."

## Impacts of Housing Costs

"It's all connected. The kids are covered by insurance, but the parents don't qualify. If the parents do get sick, they end up with a huge debt, which makes it harder to find housing and afford housing. It makes everything else harder."



## Youth Needs

"Since the pandemic, youth mental health has declined tremendously. Youth were very affected by the isolation. Some kids are too anxious now to go back to school or get a job."



## Community Health Improvement Plan

Crescendo worked with PHD staff and community partners to complete its Community Health Improvement Plan (CHIP), which focuses on identifying strategies and goals to address the three priority need categories from the CHA:

### **Access to Care**

Needs include provider availability (primary and specialty care), mobile outreach programs, transportation, and cost of services.



### **Behavioral Health for Youth and Adults**

Needs include mental health provider availability (including accepting a variety of health insurances), crisis intervention, substance use prevention and early intervention, recovery services, and mental health education, prevention, and early intervention.



### **Youth Services**

Needs include childcare (including afterschool care), health education, and services for youth experiencing housing instability.





## Today's Process:

- Small group discussions
- Identify top **three to five** strategies
  - Group leaders will share a list of existing suggestions and you will discuss the list; combine suggestions or make changes to suggestions if needed
  - Group leaders will ask the group to identify the most critical three to five strategies
- Reassemble as a group after about **20 minutes**
  - (After a break) Use our cell phones to vote on the **TOP THREE** strategies in each of the need priority categories





**Small Group  
Discussion Time!**



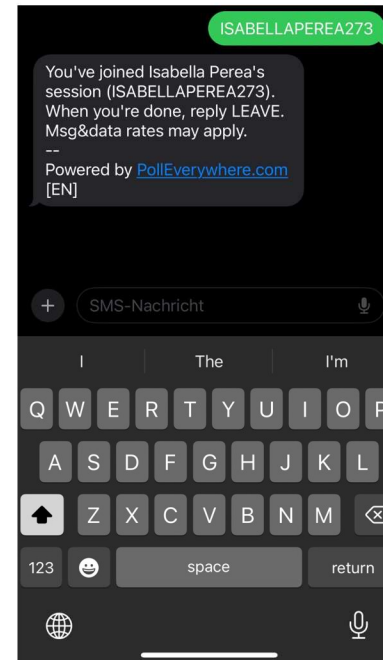
## **Welcome Back!**

Let's hear about the results! How will it direct our work ahead?



# Voting Process

**TEXT...**  
ISABELLAPEREA273  
To  
22333



# Strategy Categories



**Access to  
Care**



**Behavioral  
Health for  
Youth and  
Adults**



**Youth  
Services**

## Barriers & Resources



Large Group Discussion  
Time!



## **Access to Care**

- Conduct a feasibility study to develop a mobile clinic and home health opportunities for people with limited transportation options and those living in rural communities.
- Conduct public health awareness campaigns for community services and education on access to insurance.
- Conduct a transportation study with private providers to understand transportation barriers and a collaborative discussion to create a flexible, shared telehealth and in person provider sharing opportunities.




## **Behavioral Health for Youth and Adults**

- Develop long term detailed plan (including organizations, staffing, funding, etc.) for a youth crisis center that provides emergency intervention for youth, and referrals and resources for parents.
- Hire one case manager as PHD staff to help clients navigate the system by providing referrals and connecting to resources.
- Public awareness campaigns behavioral health (mental health and substance use), as well as corresponding local, statewide, and national resources. Includes PHD attendance at more community events to provide education and awareness.
- Mobile crisis intervention team and/or team member that can be integrated as a mental health specialist into a first responders team.



## Youth Services

- Telehealth youth peer groups based out of schools, and community organizations that provide peer-to-peer support and mental health awareness led by adult supervisors.
  - Work with local institutions to provide mentorship and internships to high school students.
  - Afterschool programs for middle school and high school youth, where youth have access to internet, homework help, mentorship, and snacks; funded through small fee to attend with scholarships available for families unable to afford the small fee.
    - Partner with school districts to provide classes that focus on life skills, nutrition education, and cooking classes, which incorporate not only youth but also parents; build on the relationship the health district has a school district.
    - Substance use prevention education that focuses on how to use Narcan and prevent overdose, healthy vs unhealthy alcohol use, etc. for students in 5<sup>th</sup> grade and up; fund through opioid settlement funds.
    - PHD-supported classes that focus on social media, communication, consent, and healthy relationships; try to angle STI prevention and pregnancy prevention as well.
- 

## Measures of Success & SMART Goals



Large Group Discussion  
Time!



# Thank You



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