

NOTICE OF SPECIAL MEETING

BOARD OF HEALTH - EASTERN IDAHO PUBLIC HEALTH

Notice is hereby given that Eastern Idaho Public Health’s Board of Health will hold a special meeting via conference on Thursday, October 22, 2020, at 7:00 a.m. at its Bonneville County office, 1250 Hollipark Drive, Idaho Falls, Idaho. The meeting room will accommodate seating for approximately 6 people. Social distancing will be required and masks must be worn. Any person who does not wish to social distance or wear a mask will not be allowed to enter and is invited to observe the meeting through live streaming. No outdoor viewing option will be available. No verbal public comments will be accepted during the meeting. Written public comment can be submitted to EIPHBoard@eiph.idaho.gov before 5:00 pm on Wednesday, 10/21/20, for consideration at the meeting.

AGENDA
Thursday, October 22, 2020
7:00 a.m.

View Live on EIPH’s YouTube Channel:
<https://www.youtube.com/channel/UCaiWpIoiGwhF95yxXgM01VA>

1. Call to Order and Roll Call.....Chairman Reed
2. Approval of October 8, 2020 Board of Health Minutes (Action).....Chairman Reed
3. Reports from Hospitals re: ICU and Overall Capacity.....Chairman Reed
 - A. Idaho Falls Community Hospital
 - B. Eastern Idaho Regional Medical Center
 - C. Madison Memorial Hospital
4. Presentation on Mental Health Impacts of COVID-19 Dr. John Landers
5. New Mental Health Resources in Idaho..... Shannon Fox
6. COVID-19 Update..... Geri Rackow & James Corbett
7. Discussion and Possible Revision of EIPH COVID-19 Regional Response Plan (Action)
 Geri Rackow & James Corbett

SPECIAL MEETING
BOARD OF HEALTH MEETING MINUTES
October 8, 2020
7:30 a.m.
Zoom Meeting

PRESENT:	<u>BOARD OF HEALTH MEMBERS</u> Bryon Reed, Commissioner, Chairman Bill Leake, Teton County, Trustee Lee Miller, Commissioner Ken Miner, Commissioner Shayne Young, Commissioner Barbara Nelson, MD, Vice Chair Greg Shenton, Commissioner Brent Mendenhall, Commissioner Wayne Butts, Commissioner	<u>STAFF MEMBERS</u> Geri Rackow James Corbett Angy Harwood Cheryl O'Connell Amy Gamett Kellye Johnson Steve Thomas
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1. Call Board Meeting to Order

Chairman Reed called the meeting order at 7:33 a.m. Some Board members are attending this meeting virtually and it is being streamed live through EIPH's YouTube channel. EIPH staff is present at the Idaho Falls office where there is also a space for the public to view in person.

2. Approval of October 1, 2020 Board of Health Meeting Minutes

MOTION: Dr. Nelson made a motion to approve the minutes of the October 1, 2020 BOH meeting.
SECOND: Commissioner Miner
ACTION: MOTION CARRIED UNANIMOUSLY

3. EIPH Division Updates
Environmental Health

- Kellye Johnson announced the Environmental Health Division has hired two new Environmental Health Specialists. Kathleen Price will be working out of our Driggs office and Christopher Ellis will fill a new position in our Idaho Falls office. Ms. Johnson is appreciative of her current staff who have been helping out while EIPH filled the positions.
- Ms. Johnson updated the Board on the shutdown of a food establishment and a child care facility.
- Environmental Health's Septic Program is schedule for an audit by Idaho Department of Environmental Quality next week.

Clinical Services

- Amy Gamett provided information on the 2019-2020 influenza season and Hepatitis C Treatment Program.
- EIPH's Immunization Program held a drive-thru flu clinic this week. Drive-thru clinics will be held each Tuesday in October from 4:00 to 6:00 p.m.

Nutrition

Angy Harwood reported the WIC program will continue providing remote services to clients. Many WIC staff are working from home to provide WIC and Peer Counseling services.

4. Fiscal Year 2021 Financial Report

- Steve Thomas reported that for the three months ended September 30, 2020 the expenses were 45% under and revenue was 10.28% over budget for the District.
- Mr. Thomas provided information on the COVID-19 response spending and requested consideration of the Board to adjust the budget by \$1,863,495.20.

MOTION: Bill Leake made a motion to approve a budget adjustment of 1,863,495.20 as presented.
SECOND: Commissioner Shenton
ACTION: MOTION CARRIED UNANIMOUSLY

5. Review of Public Comment

Chairman Reed reviewed and responded to the public comments received. Topics included support and opposition of mask mandates, concern over the rise in cases in Madison County and why they have not been moved to a higher risk level, and the Great Barrington Declaration. Discussion followed.

6. Reports from Hospitals re: ICU and Overall Capacity

a. Idaho Falls Community Hospital (IFCH)

Casey Jackman, Chief Operating Officer, reports their ICU was almost full over the weekend with only 1 bed available. They currently have 5 COVID ICU patients and all are on ventilators. Their staffing is currently good but they are see some staff with COVID fatigue.

b. Eastern Idaho Regional Medical Center (EIRMC)

David Hoffenberg, Chief Operating Officer, reports they currently have 26 COVID inpatients, 6 are in the ICU with 4 on ventilators. EIRMC experienced their highest number of patients over the weekend of 31 COVID patients. Staffing is currently good. They continue to communicate with other hospitals to coordinate care.

c. Madison Memorial Hospital

Kevin McEwan, Chief Nursing Officer, reports they currently have 6 COVID patients with 1 in the ICU, their ages range from 38-83. Madison does have a surge plan but staffing will be their biggest limitation. Personal Protective Equipment resources and staff are fair to good. They are busy with testing and are doing 40 a day at the hospital and 40 at the clinic. Since COVID began, Madison Memorial has transferred 4-5 patients to Idaho Falls hospitals. While the cases continue to rise in Madison County, they have had very few students admitted to the hospital.

Ms. Rackow asked the hospitals to explain their emergency management plan should they reach their capacity. All responded that they do have plans and would work together to continue providing patient care in our area.

- The hospitals are asking the public to be vigilant with mitigation strategies to protect resources.
- Total number of ICU beds available is not always a good number because there may not be staffing resources available to be able to fill the beds.

7. COVID-19 Update

Mr. Corbett and Ms. Rackow provided a review of the data dashboard and active cases in each county. Mr. Corbett thinks that the extracurricular activities within schools and busing may be why we are seeing an increase in cases. Social contact and family gathering are also contributing to the increase. Disease Investigators continue to have trouble contacting some of the cases, as some individuals do not respond to the health district's phone calls or texts.

8. Discussion on Mental Health Impacts of COVID-19

Dr. John Landers was unable to attend the meeting this morning. Ms. Rackow will reschedule Dr. Landers for a future meeting.

9. Discussion and Possible Revision of EIPH COVID-19 Regional Response Plan

Ms. Rackow presented recommended changes to the EIPH COVID-19 Regional Response Plan. Discussion followed.

MOTION: Bill Leake made a motion to approve modifications to the EIPH Regional Response Plan as discussed and agreed upon by the Board of Health effective immediately.
SECOND: Dr. Nelson
ACTION: MOTION CARRIED

Changes to the EIPH Regional Response Plan include:

- When the Plan was developed back in July, the key risk reduction strategies of staying home when sick and monitoring your health, washing hands or using hand sanitizer, maintaining physical distance of at least 6 feet from others, and wearing a face covering when not able to physical distance, were the backbone of the plan. These will continue to be core strategies in each risk level of our Response Plan. The Board chose to eliminate many of the unenforceable mitigation strategies and instead plan to focus its efforts on promoting and providing additional education on the everyday strategies people can adopt and follow that will help to reduce the spread of COVID-19 in our communities. Two mitigation measures that will remain in the plan are Public Health Orders requiring face coverings and limitations on social gatherings and events outside of the Minimal (green) Risk Level. This is because these are two proven public health strategies that can help slow the spread of the virus.
- The Board of Health and EIPH Administration also feel it is imperative for local community leaders (elected officials, school officials, law enforcement, businesses, and others) to expand their role in helping their cities and counties reduce the spread of COVID-19 to protect the limited healthcare resources in our communities and region. EIPH will continue to collaborate with leaders to assist them in these efforts.
- The metrics (active cases/10,000 population) to elevate a county to the Moderate (yellow) Risk Level will remain the same and are based on the expected number of COVID-19 hospitalizations that result when cases reach that level. For an individual county to be elevated to the High (orange) Risk Level, the rate of active cases/10,000 population has been reduced from 50 to 30. For the region, we are currently at 27.3 active case/10,000 population which has resulted in increased hospitalizations and is placing an increasing burden on our hospitals and healthcare systems. When healthcare systems are stressed, it affects not only COVID-19 patients but all people seeking higher levels of medical care. Following the four key risk reduction strategies will reduce the impact on hospitals and help them continue to provide the medical care we have become accustomed to in our region.

EIPH's COVID-19 Regional Response Plan document will be revised and made available on the health district's website as soon as possible.

10. Discussion and Vote regarding potential actions to protect life, health, and safety within the District as to the COVID-19 pandemic, to include consideration of orders that include, but are not limited to, mandating face coverings and limiting social events and gatherings in Bonneville, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, and Teton Counties

With changes made to the Region Response Plan today no action by the BOH is necessary.

Due to their dramatic increase in COVID-19 cases, Madison County has been elevated to the High (orange) Risk Level. Escalation to this level serves as a warning that the situation is becoming more serious and if a person hasn't adopted the four key risk reduction strategies, now would be a great time to start.

Commissioner Reed adjourned the meeting at 11:59 a.m. The next meeting will be held Thursday, October 22, 2020 at 7:00 a.m.

Commissioner Bryon Reed, Chairman

Gerri L. Rackow, Secretary

Mental Health, Covid-19, & Public Health – October 2020

John E. Landers, Ph.D.

Clinical Psychologist

Questions from Public Health

1. What has been the effect of the pandemic upon mental health?
2. Who is most impacted?
3. How are healthcare workers responding?
4. How has the pandemic impacted what is seen in the clinical setting?
5. Is the impact due to fear of getting the disease, due to the stress from mitigation efforts imposed, or both?
6. What can be done by the EIPH Board as well as other organizations and individuals in the community to mitigate suffering, both collectively and individually?

Question 1:

**WHAT HAS BEEN THE EFFECT OF THE
PANDEMIC UPON MENTAL HEALTH?**

Significant increase in MH Disorders^{1, 2, 3}

- The prevalence of symptoms of anxiety disorders was approximately *three times* those reported in the second quarter of 2019 (25.5% versus 8.1%)
- Prevalence of depressive disorders was approximately *four times* that reported in the second quarter of 2019 (24.3% versus 6.5%)
- Approximately *twice as many* respondents reported serious consideration of suicide in the previous 30 days than did adults in the United States in 2018, referring to the previous 12 months (10.7% versus 4.3%)

Question 2:

WHO IS MOST IMPACTED?³

CDC – 2020 Pandemic MH Data

(Morbidity and Mortality Weekly Report / August 14, 2020 / 69(32);1049–1057)

TABLE 1. Respondent characteristics and prevalence of adverse mental health outcomes, increased substance use to cope with stress or emotions related to COVID-19 pandemic, and suicidal ideation — United States, June 24–30, 2020

Characteristic	All respondents who completed surveys during June 24–30, 2020 weighted no. (%)	Weighted % Conditions			COVID-19– related TSRD	Started or increased substance use to cope with pandemic- related stress or emotions	Seriously considered suicide in past 30 days	≥1 adverse mental or behavioral health symptom
		Anxiety disorder	Depressive disorder	Anxiety or depressive disorder				
All respondents	5,470 (100)	25.5	24.3	30.9	26.3	13.3	10.7	40.9
				Gender				
Female	2,784 (50.9)	26.3	23.9	31.5	24.7	12.2	8.9	41.4
Male	2,676 (48.9)	24.7	24.8	30.4	27.9	14.4	12.6	40.5

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		Anxiety disorder	Depressive disorder	Anxiety or depressive disorder	COVID-19–related TSRD	Started or increased substance use to cope with pandemic-related stress or emotions	Seriously considered suicide in past 30 days	≥1 adverse mental or behavioral health symptom
All respondents	5,470 (100)	25.5	24.3	30.9	26.3	13.3	10.7	40.9
		Age group (yrs)						
18–24	731 (13.4)	49.1	52.3	62.9	46.0	24.7	25.5	74.9
25–44	1,911 (34.9)	35.3	32.5	40.4	36.0	19.5	16.0	51.9
45–64	1,895 (34.6)	16.1	14.4	20.3	17.2	7.7	3.8	29.5
≥65	933 (17.1)	6.2	5.8	8.1	9.2	3.0	2.0	15.1

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		Anxiety disorder	Depressive disorder	Anxiety or depressive disorder				
All respondents	5,470 (100)	25.5	24.3	30.9	26.3	13.3	10.7	40.9
				Race/Ethnicity				
White, non-Hispanic	3,453 (63.1)	24.0	22.9	29.2	23.3	10.6	7.9	37.8
Black, non-Hispanic	663 (12.1)	23.4	24.6	30.2	30.4	18.4	15.1	44.2
Asian, non-Hispanic	256 (4.7)	14.1	14.2	18.0	22.1	6.7	6.6	31.9
Other race or multiple races, non-Hispanic	164 (3.0)	27.8	29.3	33.2	28.3	11.0	9.8	43.8
Hispanic, any race(s)	885 (16.2)	35.5	31.3	40.8	35.1	21.9	18.6	52.1

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		Anxiety disorder	Depressive disorder	Anxiety or depressive disorder	COVID-19–related TSRD	Weighted %			
All respondents	5,470 (100)	25.5	24.3	30.9	26.3	13.3	10.7	40.9	
2019 Household income (USD)									
<25,000	741 (13.6)	30.6	30.8	36.6	29.9	12.5	9.9	45.4	
25,000–49,999	1,123 (20.5)	26.0	25.6	33.2	27.2	13.5	10.1	43.9	
50,999–99,999	1,775 (32.5)	27.1	24.8	31.6	26.4	12.6	11.4	40.3	
100,999–199,999	1,301 (23.8)	23.1	20.8	27.7	24.2	15.5	11.7	37.8	
≥200,000	282 (5.2)	17.4	17.0	20.6	23.1	14.8	11.6	35.1	

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		Anxiety disorder	Depressive disorder	Anxiety or depressive disorder	COVID-19–related TSRD	Started or increased substance use to cope with pandemic-related stress or emotions	Seriously considered suicide in past 30 days	≥1 adverse mental or behavioral health symptom
All respondents	5,470 (100)	25.5	24.3	30.9	26.3	13.3	10.7	40.9
				Education				
Less than high school diploma	78 (1.4)	44.5	51.4	57.5	44.5	22.1	30.0	66.2
High school diploma	943 (17.2)	31.5	32.8	38.4	32.1	15.3	13.1	48.0
Some college	1,455 (26.6)	25.2	23.4	31.7	22.8	10.9	8.6	39.9
Bachelor’s degree	1,888 (34.5)	24.7	22.5	28.7	26.4	14.2	10.7	40.6
Professional degree	1,074 (19.6)	20.9	19.5	25.4	24.5	12.6	10.0	35.2

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		Anxiety disorder	Depressive disorder	Anxiety or depressive disorder	COVID-19–related TSRD	Started or increased substance use to cope with pandemic-related stress or emotions	Seriously considered suicide in past 30 days	
All respondents	5,470 (100)	25.5	24.3	30.9	26.3	13.3	10.7	40.9
		Employment status						
Employed	3,431 (62.7)	30.1	29.1	36.4	32.1	17.9	15.0	47.8
Essential	1,785 (32.6)	35.5	33.6	42.4	38.5	24.7	21.7	54.0
Nonessential	1,646 (30.1)	24.1	24.1	29.9	25.2	10.5	7.8	41.0
Unemployed	761 (13.9)	32.0	29.4	37.8	25.0	7.7	4.7	45.9
Retired	1,278 (23.4)	9.6	8.7	12.1	11.3	4.2	2.5	19.6

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		Anxiety disorder	Depressive disorder	Anxiety or depressive disorder	COVID-19–related TSRD	Started or increased substance use to cope with pandemic-related stress or emotions	Seriously considered suicide in past 30 days	
All respondents	5,470 (100)	25.5	24.3	30.9	26.3	13.3	10.7	40.9
Know someone who had positive test results for SARS-CoV-2								
Yes	1,109 (20.3)	23.8	21.9	29.6	21.5	12.9	7.5	39.2
No	4,361 (79.7)	26.0	25.0	31.3	27.5	13.4	11.5	41.3
Knew someone who died from COVID-19								
Yes	428 (7.8)	25.8	20.6	30.6	28.1	11.3	7.6	40.1
No	5,042 (92.2)	25.5	24.7	31.0	26.1	13.4	10.9	41.0

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		Anxiety disorder	Depressive disorder	Anxiety or depressive disorder	COVID-19–related TSRD	Started or increased substance use to cope with pandemic-related stress or emotions	Seriously considered suicide in past 30 days	
All respondents	5,470 (100)	25.5	24.3	30.9	26.3	13.3	10.7	40.9
Receiving treatment for previously diagnosed condition								
Anxiety								
Yes	536 (9.8)	59.6	52.0	66.0	51.9	26.6	23.6	72.7
No	4,934 (90.2)	21.8	21.3	27.1	23.5	11.8	9.3	37.5
Depression								
Yes	540 (9.9)	52.5	50.6	60.8	45.5	25.2	22.1	68.8
No	4,930 (90.1)	22.6	21.5	27.7	24.2	12.0	9.4	37.9
Posttraumatic stress disorder								
Yes	251 (4.6)	72.3	69.1	78.7	69.4	43.8	44.8	88.0
No	5,219 (95.4)	23.3	22.2	28.6	24.2	11.8	9.0	38.7

Question 3:

**HOW ARE HEALTHCARE WORKERS
RESPONDING?**

MH Sx & Stress/Burnout for HCW's^{4, 5, 6}

- Hospital ED/ICU with high level of utilization
- Exacerbation of previous HCW shortage
 - Increased risk for infection for HCW's
 - Increased turnover and hard to fill nonclinical and entry-level HCW's
- Increases in MH Sx and Burnout for HCW's
 - Insomnia
 - Depression
 - Anxiety
 - Helplessness
 - Fatigue
 - Impacts on other areas of functioning (e.g., family)
- Nurses appear to be most impacted
- HCW's less likely to seek help or engage in adaptive coping

Question 4:

**HOW HAS THE PANDEMIC IMPACTED
WHAT IS SEEN IN THE CLINICAL
SETTING?**

Increasing Demand for MH Services⁷

- Increasing demand for MH services due to bereavement, isolation, loss of income, fear, or direct COVID-19 effects:
 - triggering new mental health conditions
 - exacerbating existing ones

Decreasing Supply for MH Services⁷

- The COVID-19 pandemic has disrupted or halted critical mental health services in 93% of countries worldwide
 - 78% to services in the academic environment
 - 75% to services in the workplace
 - 67% saw disruptions to psychotherapy
 - 65% to crisis services
 - 45% to substance use treatment services
 - 60% to vulnerable populations
 - 30% to access for psychiatric medication management
- Locally, service providers are overburdened with demand
 - Decreased private-payer and increased Medicaid utilization

Question 5:

**IS THE IMPACT DUE TO FEAR OF
GETTING THE DISEASE, DUE TO THE
STRESS FROM MITIGATION EFFORTS
IMPOSED, OR BOTH?**

The Answer is “Yes”

- Fear, worry, and distress are normal reactions when faced with the unknown
 - (but refer to slide 12, as this does not appear to be the primary cause of stress)*
- Restrictions, as a result of pandemic, naturally impact:
 - Employment (e.g., working from home, unemployment)
 - Education (e.g., home schooling, distance learning, closures, continuing education)
 - Support (e.g., isolation from family, friends, activities, associations at school/work, religious services)
 - Access (e.g., leisure activities, essential goods & services, medical/mental health services)

Question 6:

WHAT CAN BE DONE BY THE EIPH BOARD AS WELL AS OTHER ORGANIZATIONS AND INDIVIDUALS IN THE COMMUNITY TO MITIGATE SUFFERING, BOTH COLLECTIVELY AND INDIVIDUALLY?

EIPH Considerations

- Balanced response
- Collaborate with stakeholders
- Lead through influence (see attached tip list to consider)

“The only way on earth to influence other people is to talk about what they want and show them how to get it.” – Dale Carnegie

- Enlist community leaders formal/informal
- Work to eliminate stigma/encourage help seeking

Considerations for Businesses

- Make compliance with public health guidelines your standard
- Support employees/customers in ways that facilitate compliance
- Provide a healthy workplace climate and enable work/life balance
- Encourage help seeking and provide resources

Individual Considerations

- Take personal responsibility for being a part of the solution through compliance & encourage others to do the same
- Seek support through informal/formal supports as needed
- Provide support to others & encourage further care when needed

Community Resources

- The Idaho Careline –
 - 211
- Idaho Suicide Prevention Hotline –
 - 1-208-398-4357 (call/text) / 1-800-273-8255 (call)
- DHW Behavioral Health –
 - 1-208-528-5700
- Behavioral Health Crisis Center of East Idaho –
 - 1-208-522-0727

Citation Index

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2. Substance Abuse and Mental Health Services Administration. Key substance use and mental health indicators in the United States: results from the 2018 National Survey on Drug Use and Health. Rockville, MD: US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration; 2018.
<https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf>
3. Czeisler MÉ , Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1049–1057. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1>
4. Shaukat, N., Ali, D.M. & Razzak, J. Physical and mental health impacts of COVID-19 on healthcare workers: a scoping review. *Int J Emerg Med* **13**, 40 (2020). <https://doi.org/10.1186/s12245-020-00299-5>
5. Spoorthy MS, Pratapa SK, Mahant S. Mental health problems faced by healthcare workers due to the COVID-19 pandemic-A review. *Asian J Psychiatr.* 2020;51:102119. doi:10.1016/j.ajp.2020.102119.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7175897/>
6. North Carolina State University. "Study highlights mental health risks facing healthcare workers during pandemic." ScienceDaily. ScienceDaily, 30 July 2020.
<https://www.sciencedaily.com/releases/2020/07/200730141257.htm>
7. Who.int. 2020. *COVID-19 Disrupting Mental Health Services In Most Countries, WHO Survey*. [online] Available at: <https://www.who.int/news/item/05-10-2020-covid-19-disrupting-mental-health-services-in-most-countries-who-survey>

Hello,

This is Shannon Fox and I am reaching out in follow-up from the EIPH Board of Health meeting about the **new service that has been developed for our communities, Idaho Strong**. To review, this program is a grant based effort to help Idahoans **in response to the COVID-19 crisis**. Idaho Strong is providing services to the our community members in a 3 pronged approach. Learn about this through the description of each prong below:

1 - The Idaho Strong Media Campaign, see the link to the Facebook page here: <https://www.facebook.com/IdahoStrong/>. There are also Instagram and Twitter pages, billboards, radio, and TV ads to help in covering the program. This media campaign is helping people learn about the Idaho Strong program and the services that it provides.

2 - The COVID Help Now Hotline, documents have been attached with additional information. This hotline **serves to provide people with immediate assistance for stress, brief crisis counseling, referral services, and connection to CCCRS's**. There has been some confusion between our hotline and 2-1-1. The main difference is that **anyone can call the COVID Help Now Hotline for any reason** and they will have a warm person that answers their call. They do not have to call knowing what their needs are and the **call is completely anonymous unless some information is needed to refer them to a CCCRS worker**. The calls can be made for simply discussing and processing stress and finding resources that can help that person.

3 - COVID Crisis Community Resources Specialists (CCCRS's) - There are 7 regional positions covering the state of Idaho, **I am the specialist for region 7 of Idaho and work with the following counties: Bingham, Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, and Teton**. The CCCRS's work to provide assistance to those who call the Help Now Hotline and that may need additional support or local help. The positions also act to help the communities that they work with process and manage stress. This looks different throughout the state but our outreach includes working with schools, child care providers, service providing agencies, healthcare organizations, and more.

I am very interested in talking, collaborating, and assisting everyone that is part of the EIPH Board of Health Meeting. If you are not sure how the Idaho Strong program could be helpful, just let me know because there is a lot of flexibility and possibility. I can be reached by email or you can give me a call at (986)200-9402. Thank you for your time,
Shannon Fox

Shannon Fox

COVID-19 Crisis Community Resource Specialist

Idaho Department of Health & Welfare | Division of Behavioral Health | Region 7

Bingham, Butte, Bonneville, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, Teton

(986) 200-9402 | shannon.fox@dhw.idaho.gov





IDAHO DEPARTMENT OF
HEALTH & WELFARE



COVID Help Now Line

Call or Text 986-867-1073 ● Toll Free 866-947-5186

www.ioem.idaho.gov/covidhelpnow

As Idahoans feel the many impacts of COVID-19, the need increases for behavioral health support and services. The COVID Help Now Line offers statewide support for anyone challenged by the stress associated with this global pandemic.

The COVID Help Now Line is:

- Staffed from 8am to 8pm Mountain Time, 7 days a week.
- Available via phone, text, or chat. Callers may also leave a message during off hours and receive a return call the following day.
- Anonymous. Responders do not classify, label, or diagnose people, and no records or case files are kept.
- Accessible to hearing impaired via TTY and TRS services.

COVID Help Now Can:

- Help you understand your current situation.
- Help reduce your stress and provide emotional support.
- Help you with your immediate crisis needs and connect you with community resources.
- Help you identify coping strategies.
- Provide language assistance and interpreter services.



IDAHO DEPARTMENT OF
HEALTH & WELFARE



Línea de ayuda inmediata sobre el COVID

Llamada o texto 986-867-1073 ● Gratis 866-947-5186

www.ioem.idaho.gov/covidhelpnow

A medida que los habitantes de Idaho sienten los muchos impactos del COVID-19, aumenta la necesidad de apoyo y servicios de salud mental.

La línea de ayuda inmediata sobre el COVID ofrece apoyo en todo el estado para cualquier persona que se enfrente al estrés asociado a esta pandemia global.

La línea de ayuda inmediata sobre el COVID:

- Tiene personal de 8 a.m. a 8 p.m., hora de la montaña, 7 días a la semana.
- Está disponible por teléfono, texto o chat. Quienes llamen también pueden dejar un mensaje en horas no laborables y que se les devuelva la llamada al día siguiente.
- Anónimo. Quien responde no clasifica, etiqueta o diagnostica a las personas, y no se guardan registros o archivos de los casos.
- Accesible para los discapacitados auditivos y del habla a través de los servicios de TTY y TRS.

La línea de ayuda inmediata sobre el COVID puede:

- Ayudarle a entender su situación actual.
- Ayudar a reducir el estrés y proporcionar apoyo emocional.
- Ayudarle con sus necesidades de crisis inmediatas y conectarle con los recursos de la comunidad.
- Ayudarle a identificar estrategias de afrontamiento.
- Proporcionar asistencia lingüística y servicios de interpretación.

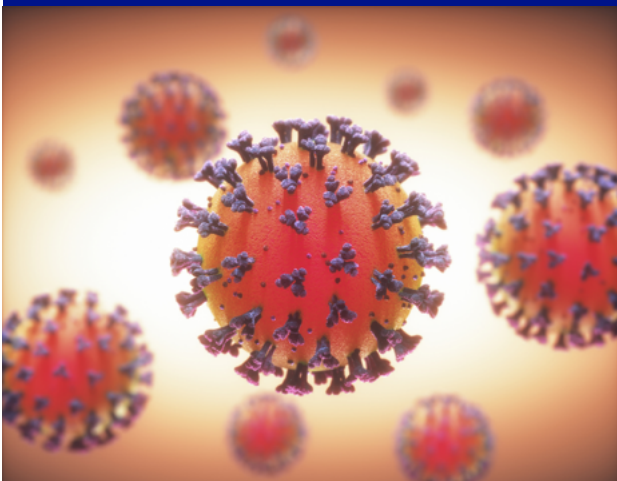
Coronavirus Counseling Assistance for Frontline Workers

866-536-0239



About

Idaho recognizes that the stress of responding to the COVID-19 outbreak put you — medical professionals, first responders, and other frontline professionals — at an increased risk for experiencing secondary traumatic stress reactions. The stress of the crisis may affect your mental health and your relationships. Support is being offered to you through the Coronavirus Counseling Assistance for Frontline Workers program.



Types of Services

Screening and Benefit Navigation

A toll-free hotline offering access to benefit navigators who will guide you in any behavioral health benefits you may have access to through your current benefits, and provide referrals to behavioral health resources. Screening and navigation services include:

- 24 hour, 7 day a week access to telephonic crisis counselors.
- Screening and benefit navigation 8am to 6pm (8am to 5pm Friday) Mountain Time.
- Coaching on how to access benefits and recommendations on available services in any region of the state.

5-Session Professional Assistance Program

For individuals who do not have access to behavioral health services through their current benefits, or have significant financial or access barriers to those benefits, this program offers up to five sessions of confidential assessment and brief solution-focused problem intervention provided by licensed, professional counselors. Sessions are offered via telehealth services or, when appropriate given social distancing measures, face to face. Sessions can be individual, couples, or family counseling. In addition to five counseling sessions, the program offers participants:

- A national, licensed, and credentialed provider network for appropriate access to urgent and non-urgent care.
- Beyond program visits, referral to additional behavioral health services and community resources based on the client's needs, recommended treatment, and financial means.
- Substance abuse expertise and referrals for treatment of chemical dependency and other addictions.
- Online lifestyle tools and resources including legal, financial and identity theft information, calculators, tip sheets, and webinars.