



Board of Health Meeting
 Tuesday, January 23, 10:00 a.m.
 13307 Miami Lane, Caldwell, ID 83607

Public comments specific to an agenda item for the January 23, 2024 Board of Health meeting can be submitted [here](#) or by mail to: SWDH Board of Health, Attn: Administration Office, 13307 Miami Lane, Caldwell, ID, 83607. The period to submit public comments will close at 9:00 a.m. on Monday, January 22, 2024. The meeting will be available through live streaming on [the SWDH You Tube channel](#).

Agenda

A = Board Action Required

G =Guidance

I = Information item

10:00	A	Call the Meeting to Order		Chairman Kelly Aberasturi
10:02		Pledge of Allegiance		
10:03		Roll Call		Chairman Kelly Aberasturi
10:05	A	Request for Additional Agenda items; Approval of Agenda		Chairman Kelly Aberasturi
10:07		In-Person Public Comment		
10:12	I	Open Discussion		SWDH Board Members
10:20	A	Approval of Minutes – December 19, 2023		Chairman Kelly Aberasturi
10:25	I	Introduction of New Employees and Board Member	Division Administrators & Nikki Zogg	
10:30	I	December 2023 Expenditure and Revenue Report		Troy Cunningham
10:45	I	Contracts and Services Quarterly Report		Troy Cunningham
10:55	I	Fiscal Year Change Exploration Update		Nikki Zogg
11:05	I	Break		
11:20	I	Year End Communications Overview		Monique Evancic
11:40	I	Think Tank Presentation	Cate Lewis, Andy Nutting, Sam Kenney, Austin Gallyer	
12:40	I	Fiscal Year 2025 Facilities and Infrastructure Plan		Nikki Zogg
12:50	I	Director’s Report		Nikki Zogg
		- Legislative Update		
1:00		Adjourn		

NEXT MEETING: Tuesday, February 27, 2024 - 10:00 a.m. (Winter hours in effect)

Healthier Together

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



BOARD OF HEALTH MEETING MINUTES
Thursday, December 19, 2023

BOARD MEMBERS:

Jennifer Riebe, Commissioner, Payette County – present via Zoom
Lyndon Haines, Commissioner, Washington County – present via Zoom
Zach Brooks, Commissioner, Canyon County – present
Kelly Aberasturi, Commissioner, Owyhee County – present
Viki Purdy, Commissioner, Adams County – present
Sam Summers, MD, Physician Representative – not present
Bill Butticci, Commissioner, Gem County – present via Zoom

STAFF MEMBERS:

In person: Nikki Zogg, Katrina Williams, Colt Dickman, Beth Kriete, Doug Doney, Troy Cunningham, Sam Kenney

Via Zoom: Jeff Renn

GUESTS: No guests attended the meeting.

CALL THE MEETING TO ORDER

Chairman Kelly Aberasturi called the meeting to order at 10:01 a.m.

PLEDGE OF ALLEGIANCE

Meeting attendees participated in the pledge of allegiance.

ROLL CALL

Chairman Aberasturi – present; Dr. Summers – not present; Commissioner Purdy – present; Vice Chairman Haines – present via Zoom; Commissioner Brooks – present; Commissioner Riebe – present via Zoom; Commissioner Butticci – present via Zoom.

REQUEST FOR ADDITIONAL AGENDA ITEMS AND APPROVAL OF AMENDED AGENDA

Chairman Kelly Aberasturi asked for additional agenda items. Board members had no additional agenda items or changes to the agenda. Nikki asked for the addition of an informational item.

MOTION: Commissioner Butticci made a motion to approve the amended agenda with addition of the informational item. Commissioner Purdy seconded the motion. All in favor; motion passes.

IN-PERSON PUBLIC COMMENT

No public comment given.

OPEN DISCUSSION

Board members had no topics for open discussion.

APPROVAL OF MEETING MINUTES – NOVEMBER 28, 2023

Board members reviewed meeting minutes from the meeting held November 28, 2023.

MOTION: Commissioner Riebe made a motion to approve the November 28, 2023, Board of Health meeting minutes as presented. Commissioner Haines seconded the motion. All in favor; motion passes.

APPROVAL OF SPECIAL MEETING MINUTES – DECEMBER 13, 2023

Board members reviewed meeting minutes from the meeting held December 13, 2023.

MOTION: Commissioner Purdy made a motion to approve the December 13, 2023, Special Board of Health meeting minutes as presented. Commissioner Haines seconded the motion. All in favor; motion passes.

CONFIRMATION OF BOARD OF HEALTH PHYSICIAN REPRESENTATIVE

All six counties have confirmed Dr. John Tribble’s appointment to the Board of Health as the Board’s Physician Representative. Board members discussed accepting this confirmation.

MOTION: Commissioner Purdy made a motion to accept the ballots confirming Dr. John Tribble’s appointment to the Board of Health as the Board’s Physician Representative. Commissioner Haines seconded the motion. All in favor; motion passes.

INTRODUCTION OF NEW EMPLOYEES

Division administrators introduced new staff.

NOVEMBER 2023 EXPENDITURE AND REVENUE REPORT

Troy Cunningham, Financial Manager, presented the November 2023 Expenditure and Revenue Report. Troy has been working to develop an anchor report to show what was pulled out of the system. Troy explained he made a change to reporting this month to utilize the modified accrual basis and it includes a significant amount of outstanding accounts receivable in the revenue total. These outstanding accounts receivable are due to Idaho Department of Health and Welfare (IDHW) still struggling to issue payments.

Personnel expenditures are down slightly due to a few staff vacancies. Trustee and Benefits also shows as low due to pass-through funds not yet expended.

Contract revenues for the Western Idaho Community Crisis Center (WIDCCC) and Western Idaho Youth Support Center (WIYSC) are down as SWDH team members continue to work on getting caught up on invoicing. As we get IDHW fully invoiced, the revenue percentage should stabilize.

Troy responded to Board member questions regarding whether there are improvements in the Luma system allowing more efficient, accurate work products. He explained that he has reached out to other agencies to gather information about other platforms. He is also working with the State Treasurer’s Office and the State Controller’s Office to determine next steps and actions needed to pursue navigating away from using Luma.

WASHINGTON COUNTY COMMUNITY HEALTH ACTION TEAM OVERVIEW

Halle McDermott, Health Education Specialist, Sr., provided information on the Health Alliance for Washington County (HAWC), formerly known as the Washington County Community Health Action Team. Halle provided a brief overview of what a community Health Action Team (CHAT) is, the purpose, and the makeup of team members. She explained that CHATs aim to meet multiple essential public

health functions including to assess and monitor local health needs, mobilize communities and partnerships, and champion policies and laws, and innovate to build infrastructure for health.

The HAWC team is comprised of several community organizations including healthcare organizations, smaller health organizations, nonprofit agencies addressing cancer and mental health, and community members interested in improving their communities' health. Priorities for 2024 are being developed.

Board members expressed appreciation for the recruitment to ensure a good mixture of individuals and agencies on the HAWC team.

MPOX STATUS REPORT

Andy Nutting, SWDH Epidemiologist, provided an update on Mpox (formerly known as Monkeypox). He explained the name change is part of an effort to reduce negative connotations around anyone who becomes infected.

Mpox is not a new disease. It was first introduced into the United States in 2003 and is part of the family of viruses that causes diseases like smallpox. The signs and symptoms include a rash on hands, feet, chest, face, or genitals. Fever, chills, and respiratory symptoms may also occur. Those who are exposed to a person sick with Mpox should monitor for symptoms for 21 days.

Andy explained that Mpox has been identified by Idaho Department of Health and Welfare (IDHW) as a disease of public health concern. The spread of the disease through the U.S. has been primarily through sexual contact. The goal is to gather more data on disease presentation. Disease spread can be prevented through the vaccine which includes two doses 28 days apart and may result in milder cases of the disease and help avoid hospitalization.

Next steps include partner notification services, continued disease investigations, increased communication around Mpox, sharing information about vaccine availability and providing assistance to medical providers.

Board members asked if the disease is airborne or only contact related. Andy explained that the population impacted right now is primarily contracting the virus through sexual contact with an infected person. Though there is some information showing it may spread through a droplet, transmission is primarily through direct contact.

BOARD OF HEALTH WORKPLAN DEVELOPMENT DISCUSSION

Nikki Zogg led Board members in discussion around development of a Board of Health Workplan for 2024. She explained that this workplan informs meeting agenda development. She started the conversation by sharing the role and responsibilities of Board members. She also asked for feedback about beginning to use workshops as a tool for educating Board members on specific topics.

She asked Board members whether they have topics that impact their communities that they would like to have training or information on such as Incident Command System (ICS). Commissioner Buttici mentioned that Gem County has already provided ICS training. He does appreciate being involved in the budget process. He also asked for information around priority funding. Commissioner Buttici expressed full confidence in the SWDH Leadership Team staff to develop the spending plan and identify priorities but would ask to just be kept informed of that process. Commissioner Riebe shared she has an interest

in hearing about emerging trends even if it is not in our area just to have an advance notice. She would appreciate hearing from the Think Tank about anything noteworthy. Commissioner Haines echoes the value of having the ICS training and possibly a tabletop exercise to put that information into action. Commissioner Aberasturi would like to have more information on multi-county or multi-district efforts especially those that are more like us in size such as the Twin Falls area. He is also interested in working with other government entities including Area 3 Senior Services to determine how Western Idaho Community Crisis Center and the Western Idaho Youth Support Center are working and can be improved.

Commissioner Purdy suggested that policies hindering the impact of public health would be less if public health had not interfered with people's rights during COVID. Nikki clarified the policies she is referencing are more around the vagueness and who is ultimately responsible for ensuring compliance to protect public's health in areas such as drinking water and sewage waste disposal. Commissioner Purdy also expressed her opinion that the septic program would be more beneficial to Adams County if they could manage that themselves. She stated that the septic system program pays for itself. Commissioner Aberasturi mentioned that the septic programs are managed by the Department of Environmental Quality (DEQ) who contracts with the public health districts and shifting to individual counties would require a statute change.

Board members had no other input on the workplan development. Nikki will continue building out the calendar year 2024 workplan and share it with Board members. She asked Board members to forward further input. She will also ask Dr. Tribble if there are topics of interest to him for inclusion in the workplan.

DIRECTOR'S REPORT

Western Idaho Community Health Collaborative Implementation Plan Kick off meeting

The unveiling event for this is January 11, 2024 and Board members are invited.

Meeting with State Treasurer's Office

Troy and Nikki will meet with the State Treasurer's Office to discuss challenges with Luma and a potential substitute system.

Public Health Symposium Feedback

Nikki thanked Board members for attending the Public Health Symposium and she asked for any feedback or ideas for a focus area for next year's event. Several board members shared their appreciation of the SWDH staff they met and the opportunity to learn more about the programs and services and seeing their skill sets.

There being no further business, the meeting adjourned at 11:37 a.m.

Respectfully submitted:

Approved as written:

Nikole Zogg
Secretary to the Board

Kelly Aberasturi
Chairman

Date: January 24, 2023



SOUTHWEST DISTRICT HEALTH

REVENUES & EXPENDITURE REPORT FOR FY2024

Dec-23

Cash Basis

Target 50.0%

Fund Balances		
	FY Beginning	Ending
General Operating Fund	\$ 362,480	\$ 415,192
Millennium Fund	\$ -	\$ 48,291
LGIP Operating	\$ 6,621,873	\$ 5,851,105
LGIP Vehicle Replacement	\$ 102,536	\$ 105,640
LGIP Capital	\$ 1,299,174	\$ 1,299,174
Total	\$ 8,386,064	\$ 7,719,401

} As of Jan 16, 2023

Income Statement Information			
	YTD		Month
Net Revenue:	\$ 5,270,483		\$ 994,196
Expenditures:	\$ (5,045,138)		\$ (804,648)
Net Income:	\$ 225,345		\$ 189,549

Revenue								
	Admin	Clinic Services	Env & Community Health	General Support	Total	YTD	Total Budget	Percent Budget to Actual
County Contributions	\$ 279,165	\$ -	\$ -	\$ -	\$ 279,165	\$ 1,498,107	\$ 3,031,875	49%
Fees	\$ -	\$ 61,604	\$ 308,623	\$ -	\$ 370,227	\$ 907,184	\$ 1,553,787	58%
Contract Revenue	\$ 14,877	\$ 190,370	\$ 104,807	\$ -	\$ 310,055	\$ 2,447,959	\$ 6,580,992	37%
Sale of Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 12,100	0%
Interest	\$ 34,750	\$ -	\$ -	\$ -	\$ 34,750	\$ 200,152	\$ 150,000	133%
Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 217,081	\$ 124,049	175%
Monthly Revenue	\$ 328,791	\$ 251,974	\$ 413,430	\$ -	\$ 994,196	\$ 5,270,483	\$ 11,452,803	46%
Year-to-Date Revenue	\$ 1,811,839	\$ 1,238,814	\$ 2,219,808	\$ 22	\$ 5,270,483	DIRECT BUDGET		

Expenditures								
	Admin	Clinic Services	Env & Community Health	General Support	Total	YTD	Total Budget	Percent Budget to Actual
Personnel	\$ 41,014	\$ 238,617	\$ 274,136	\$ 82,398	\$ 636,166	\$ 4,184,942	\$ 9,415,704	44%
Operating	\$ 37,428	\$ 47,374	\$ 46,660	\$ 37,021	\$ 168,482	\$ 821,231	\$ 1,784,160	46%
Capital Outlay	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 130,000	0%
Trustee & Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 38,966	\$ 122,938	32%
Monthly Expenditures	\$ 78,442	\$ 285,991	\$ 320,796	\$ 119,419	\$ 804,648	\$ 5,045,138	\$ 11,452,803	44%
Year-to-Date Expenditures	\$ 355,357	\$ 1,670,302	\$ 1,945,469	\$ 897,851	\$ 4,868,979	DIRECT BUDGET		



SOUTHWEST DISTRICT HEALTH - ADULT CRISIS CENTER ACTIVITY

Dec-23

REVENUES & EXPENDITURE REPORT FOR FY2024

Cash Basis

Target **50.0%**

Adult Behavioral Health Activity

Income Statement Information

	YTD	Month
Net Revenue: \$	420,129	\$ 85,275
Expenditures: \$	(466,406)	\$ (13,926)
Net Income: \$	(46,277)	\$ 71,350

Revenue				
	Crisis Center	YTD	Total Budget	Percent Budget to Actual
Contract Revenue	\$ 85,275	\$ 420,129	\$ 935,000	45%
Monthly Revenue	\$ 85,275	\$ 420,129	\$ 935,000	45%
DIRECT BUDGET				

Expenditures				
	Crisis Center	YTD	Total Budget	Percent Budget to Actual
Personnel	\$ 8,106	\$ 22,171	\$ 36,963	60%
Operating	\$ 5,819	\$ 444,235	\$ 898,037	49%
Capital Outlay	\$ -	\$ -	\$ -	0%
Trustee & Benefits	\$ -	\$ -	\$ -	0%
Monthly Expenditures	\$ 13,926	\$ 466,406	\$ 935,000	50%
DIRECT BUDGET				



SOUTHWEST DISTRICT HEALTH - YOUTH CRISIS CENTER ACTIVITY

Dec-23

REVENUES & EXPENDITURE REPORT FOR FY2024

Cash Basis

Target **50.0%**

Youth Behavioral Health Activity

Income Statement Information

	YTD	Month
Net Revenue: \$	363,515	-
Expenditures: \$	(415,003)	(90,998)
Net Income: \$	(51,488)	(90,998)

Revenue				
	Crisis Center	YTD	Total Budget	Percent Budget to Actual
City/County Funds	\$ -	\$ -	\$ 639,237	0%
SWDH OPIOID Settlement	\$ -	\$ -	\$ 124,656	0%
BOH Committed Reserve	\$ -	\$ -	\$ 3,326,325	0%
Contract Revenue	\$ -	\$ 363,515	\$ 300,959	121%
Monthly Revenue	\$ -	\$ 363,515	\$ 4,391,177	8%
DIRECT BUDGET				


Expenditures				
	Crisis Center	YTD	Total Budget	Percent Budget to Actual
Personnel	\$ 19,958	\$ 112,195	\$ 257,040	44%
Operating	\$ 1,813	\$ 42,118	\$ 3,097,601	1%
Capital Outlay	\$ -	\$ -	\$ -	0%
Trustee & Benefits	\$ 69,227	\$ 260,689	\$ 1,036,536	25%
Monthly Expenditures	\$ 90,998	\$ 415,003	\$ 4,391,177	9%
DIRECT BUDGET				



CONTRACTS & SERVICES REPORT

QUARTERLY UPDATE

SOUTHWEST DISTRICT HEALTH
13307 Miami Ln., Caldwell, ID 83607



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Purpose of Public Health

The purpose of governmental public health can be described as:

- Prevent epidemics and spread of disease
- Protect against environmental hazards
- Prevent injuries
- Promote and encourage healthy behaviors
- Respond to disasters and assist communities in recovery
- Assure the quality and accessibility of services

Foundational Public Health Services

The Foundational Public Health Services framework outlines the unique responsibilities of governmental public health and defines a minimum set of foundational capabilities and foundational areas that must be available in every community. This framework aligns with the Idaho legislature’s intent for public health districts. Idaho’s public health districts will provide the basic health services of public health education, physical health, environmental health, and public health administration, but this listing shall not be construed to restrict the service programs of the district solely to these categories (IC 39-409).

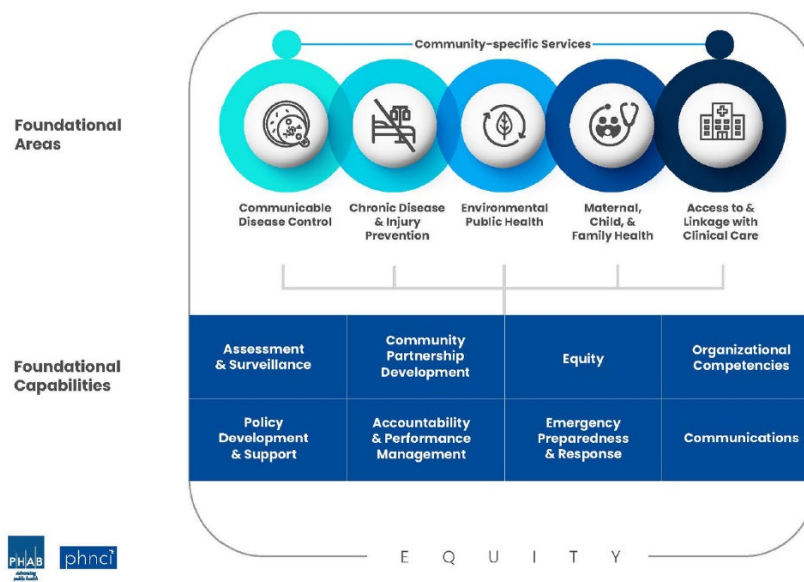
Foundational Areas

Foundational Areas are basic public health topic-specific programs and services aimed at improving the health of the community. The Foundational Areas reflect the minimum level of service that should be available in all communities.

Foundational Capabilities

Public health infrastructure consists of Foundational Capabilities that are the cross-cutting skills and capacities needed to support basic public health protections, programs, and activities key to ensuring community health and well-being.

Foundational Public Health Services



Essential Public Health Services

The 10 Essential Public Health Services provide additional detail and serve as a framework for SWDH to ensure we are maintaining the technical skills, knowledge, and capacity to accomplish the work the public expects of its local public health authority with excellence.

1. Assess and monitor population health status, factors that influence health, and community needs and assets
2. Investigate, diagnose, and address health problems and hazards affecting the population
3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
4. Strengthen, support, and mobilize communities and partnerships to improve health
5. Create, champion, and implement policies, plans, and laws that impact health
6. Utilize legal and regulatory actions designed to improve and protect the public's health
7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy
8. Build and support a diverse and skilled public health workforce
9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
10. Build and maintain a strong organizational infrastructure for public health



Contract Agreements & Services

Title	Keywords	Amount	Brief Description	FUNDING SOURCE	Pass Through	Trustee & Benefit \$	Trustee & Benefit Org.	Foundational Area/ Capability	Essential Public Health Service (EPHS)	FTE Required (taken from FY24 budget)	Contract #	Effective Dates
Public Health Infrastructure	Infrastructure	\$441,787	This subgrant provides funding for a variety of public health infrastructure purposes such as workforce development, performance management, quality improvement, and communications, and building public health capabilities like data collection, evaluation, and analytical tools.	Federal	IDHW	-	-	Accountability and Performance Management	EPHS 8, 9 & 10	2.5	HC3417	07/01/2023 - 06/30/2024
STD/HIV Prevention Activities	STD	\$320,003	This subgrant enhances access to clinical services, HIV testing, partner services, linkage to care, and STD Testing.	Federal	IDHW	-	-	Communicable Disease	EPHS 2 & 7	0.68	HC2650	01/01/2022 - 12/31/2023
Women's Health Check	Cancer Prevention	\$25,000	This subgrant expands access to cancer prevention awareness through client reminders, provider referrals, small media, and collaboration with other community and non-profit organizations.	Federal	IDHW	-	-	Chronic Disease Prevention	EPHS 7	0.51	HC3531	06/30/2023 - 06/29/2024
State Supplied Immunizations and High Risk Seasonal Flu Vaccine	Immunizations	\$80,231	This subgrant funds activities such as marketing, promotion, and education in direct support of increasing immunization rates in Idaho, including populations at high-risk for severe illness or premature death. Funds also support site visits to immunization clinics to assess their general knowledge, provide technical assistance, and education.	Federal & State	IDHW	-	-	Communicable Disease Control	EPHS 7	1.44	HC3576	07/26/2023 - 06/30/2024
Oral Health	Oral Health	\$45,880	This subgrant expands capacity for dental screenings to school based clinics and parent education.	Federal	IDHW	-	-	Communicable Disease Control	EPHS 4 & 7	1.07	HC3539	07/01/2023 - 06/30/2024
State Actions to Improve Oral Health	Oral Health	\$26,275	This subgrant expands capacity to coordinate school-based/linked dental sealant clinics to children and adolescents in elementary and middle schools to improve oral health and reduce the risk for chronic diseases.	Federal	IDHW	-	-	Communicable Disease Control	EPHS 4 & 7	0.2	HC3188	09/01/2023 - 08/31/2024
Nurse Family Partnership	Home Visiting	\$1,128,512	This subgrant funds a portion of the Nurse Family Partnership program, including nurses, nurse supervision, and their required training.	Federal	IDHW	-	-	Maternal, Child, & Family Health	EPHS 7	3.74	HC2745	02/01/2022 - 06/30/2024
NFP MIECHV ARPA	Home Visiting	\$146,297	This subgrant funds a portion of the Nurse Family Partnership program, including nurses, nurse supervision, and their required training.	Federal	IDHW	-	-	Maternal, Child, & Family Health	EPHS 7	1.11	HC2726	07/07/2022 - 09/29/2024
Parents as Teachers	Home Visiting	\$179,968	State funding supports the Parents as Teachers home visiting program to improve outcomes and reduce justice involvement for low-income and high-risk families.	State Appropriation	IDHW	-	-	Maternal, Child, & Family Health	EPHS 7	2.24	Appropriation passed through DHW	07/01/2023 - 06/30/2024
Parents as Teachers - ARPA	Home Visiting	\$179,968	State funding supports the Parents as Teachers home visiting program to improve outcomes and reduce justice involvement for low-income and high-risk families.	Federal	IDHW	-	-	Maternal, Child, & Family Health	EPHS 7	2	HC3164	07/01/2023 - 06/30/2024



Contract Agreements & Services

Title	Keywords	Amount	Brief Description	FUNDING SOURCE	Pass Through	Trustee & Benefit \$	Trustee & Benefit Org.	Foundational Area/ Capability	Essential Public Health Service (EPHS)	FTE Required (taken from FY24 budget)	Contract #	Effective Dates
Citizen's Review Panel	Foster Care	\$6,000	State funded program to support the oversight of DHW's foster care program and improve outcomes of children entering the foster care system.	State Appropriation	IDHW	-	-	Maternal, Child, & Family Health	EPHS 4 & 5	0.07	Appropriation passed through DHW HC2997	07/01/2023 - 06/30/2024
Crisis Center	Adult Mental Health & Substance Use Crisis	\$1,020,000	This subgrant increases access to adult behavioral health crisis de-escalation service by establishing a Behavioral Health Community Crisis Center in Region 3.	State	IDHW	\$977,000	Pathways of Idaho	Access to & Linkage with Clinical Care	EPHS 7	0.32	BC0281	06/29/2018 - 04/30/2024
ID Juvenile Correction	Juvenile Justice & Child Welfare Systems	\$1,500,000	This funding award increases access to behavioral health services for youth and their families by establishing a Safe Teen Assessment Center in Region 3. The majority of this funding is sub-awarded to community partners to carry out the work or to cover training and technical assistance expenses to successfully implement the model. SWDH is serving as the backbone organization.	State	IDJC	\$1,075,000	WICAP, NFJC, AAFV, Boys & Girls Club of Nampa	Access to & Linkage with Clinical Care	EPHS 7	1.17	SWYCOLD3	07/01/2022 - 06/30/2024
Youth Behavioral Health Community Crisis Center Grant	Youth Mental Health & Substance Use Crisis	\$1,100,000	This subgrant increases access to youth behavioral health crisis de-escalation service by establishing a Youth Behavioral Health Community Crisis Center in Region 3. Services will support youth and their parents/guardians.	State	IDJC & IDHW/ Behavioral Health Authority	\$219,999	Pathways of Idaho	Access to & Linkage with Clinical Care	EPHS 7	1.17	IDJC	12/06/2022 - 06/30/2024
City of Caldwell	Youth Mental Health & Substance Use Crisis	\$70,000	This funding is committed to support the renovation costs of the Youth Behavioral Health Community Crisis Center in Region 3.	City	-	-	-	Access to & Linkage with Clinical Care	EPHS 7	0	Transfer	07/01/2022 - 06/30/2024
City of Nampa	Youth Mental Health & Substance Use Crisis	\$159,000	This funding is committed to support the renovation costs of the Youth Behavioral Health Community Crisis Center in Region 3.	City	-	-	-	Access to & Linkage with Clinical Care	EPHS 7	0	Transfer	07/01/2022 - 06/30/2024
Social Services Block Grant	Youth Mental Health & Substance Use Crisis	\$250,000	This funding award is to support the start-up and service delivery of the Youth Behavioral Health Community Crisis Center in Region 3.	Federal	IDHW	\$0	Pathways of Idaho	Access to & Linkage with Clinical Care	EPHS 7	0	KC2985	05/01/2023 - 04/30/2024
Pre-Prosecution Diversion Grant	Justice Involvement, Sequential Intercepts 0, 1, & 2	\$1,829,513	Canyon County in partnership with SWDH applied for and received funding to develop a pre-prosecution diversion program which aims to divert adults with behavioral health needs and law enforcement and justice system involvement out of the system and into coordinated support services, if eligible.	State	Canyon County/ IDOC	-	-	Access to & Linkage with Clinical Care	EPHS 7	0	PPD-FY23-Canyon-004	07/01/2023 - 06/30/2024
Community Health Block Grant	Youth Mental Health & Substance Use Crisis	\$363,515	This subgrant increases access to youth behavioral health crisis de-escalation service by establishing a Youth Behavioral Health Community Crisis Center in Region 3. Services will support youth and their parents/guardians.	Federal	IDHW	\$0	Pathways of Idaho	Access to & Linkage with Clinical Care	EPHS 7	0	BC3605	07/01/2023 - 06/30/2024



Contract Agreements & Services

Title	Keywords	Amount	Brief Description	FUNDING SOURCE	Pass Through	Trustee & Benefit \$	Trustee & Benefit Org.	Foundational Area/ Capability	Essential Public Health Service (EPHS)	FTE Required (taken from FY24 budget)	Contract #	Effective Dates
Community Mental Health and Social Services Block Grant	Youth Mental Health & Substance Use Crisis	\$369,231	This subgrant increases access to youth behavioral health crisis de-escalation service by establishing a Youth Behavioral Health Community Crisis Center in Region 3. Services will support youth and their parents/guardians.	Federal	IDHW	\$120,000	Pathways of Idaho	Access to & Linkage with Clinical Care	EPHS 7	0	BC3687	07/01/2023 - 06/30/2024
Behavioral Health Partnership for Early Diversion of Adults and Youth	Behavioral Health, Early Diversion, Rural, EMS Capacity	\$171,571	This funding award provides capacity enhancing funds to deliver and coordinate early diversion programming at the youth and adult crisis center, via formal partnerships with first responders, schools, and community-based organizations, crisis intervention team training, and a Psychiatric Evaluation Team in Washington County.	Federal	-	-	-	Access to & Linkage with Clinical Care	EPHS 7	0	H79SM089492	09/30/2023 - 09/29/2024
Women, Infants, and Children (WIC)	WIC, Nutrition, Breastfeeding	\$1,155,142	This subgrant funds personnel for the general administration, clients services, breastfeeding promotion, nutrition education, and breastfeeding peer counseling of the WIC program.	Federal	IDHW	-	-	Maternal, Child, & Family Health	EPHS 7	16.76	HC2062	10/01/2023 - 09/30/2024
FDA Program Standards Mentorship - NEHA	Food Protection Standards	\$399,000	This funding develops staff competencies in the nine Voluntary National Retail Food Regulatory Program Standards. SWDH aims to be accountable to the food establishment industry and strengthen the retail food safety program.	National Environmental Health Association/ FDA	-	-	-	Environmental Public Health & Organizational Competencies	EPHS 8 & 9	0	G-BDEV1-202210-02788	07/01/2023 - 06/30/2024
Public Water Systems	Potable Drinking Water	\$269,331	This subgrant funding provides for the oversight, inspection, and related activities to ensure that public drinking water systems comply with applicable state and federal regulations.	Federal	IDHW	-	-	Environmental Public Health	EPHS 6	1.12	K345	07/01/2023 - 06/30/2025
Child Care Health/Safety Program and Child Care Complaints	Child Care	\$383,926	This subgrant funding provides for the implementation of the Child Care Health and Safety Program throughout Idaho and helps ensure that all children in child care settings are in a health and safe environment while receiving care.	Federal	IDHW	-	-	Environmental Public Health	EPHS 6	2.03	WC0899	07/01/2022 - 06/30/2026
Fit and Fall Proof	Physical Activity, Fit and Fall	\$74,897	This subgrant funding provides for the implementation of Fit and Fall Proof fall prevention training and coordination; age friendly park assessments; childhood obesity prevention; and the promotion of child and family health.	Federal	IDHW	-	-	Chronic Disease Prevention	EPHS 3	0.85	HC3658	10/01/2023 - 09/30/2024
Diabetes	Diabetes Prevention	\$17,000	This subgrant funding provides for the delivery of community-based diabetes prevention programming.	Federal	IDHW	-	-	Chronic Disease Prevention	EPHS 3	0.22	HC3560	06/30/2023 - 06/29/2024
Cancer Prevention Activities	Cancer Prevention Education	\$19,366	This subgrant funding provides for the implementation of evidence-based strategies to increase cancer screening and prevention (e.g., sun safety training, physical activity to reduce cancer risk, etc.).	Federal	IDHW	-	-	Chronic Disease Prevention	EPHS 3	0.21	HC3465	06/30/2022 - 06/29/2023
Prescription Drug Monitoring Program (PDMP)	Prescription Drug Monitoring	\$114,000	This subgrant funding advances opioid prevention work through public and prescriber education, local capacity building, and public safety partnerships.	Federal	IDHW	-	-	Injury Prevention	EPHS 3	1.16	HC3878	09/22/2023 - 08/31/2024



Contract Agreements & Services

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Opioid Settlement Funds	Opioid Settlement	\$815,229	The opioid settlement funding must be used for specific purposes as outlined in the settlement agreement. The Board of Health will approve all uses of the settlement funding.	Settlement	-	-	-	Injury Prevention	EPHS 1, 2, 3, 4, & 7	0	-	-
Families Talking Together	Healthy Relationships, Unplanned Pregnancy Prevention	\$14,992	This subgrant will implement the Families Talking Together program to provide parents/caregivers with the tools/strategies to increase parent-child communication about sexual health topics.	Federal	IDHW	-	-	Maternal, Child, & Family Health	EPHS 3	0	NOA Received 10/11/2023	-
Suicide Prevention	Suicide Prevention	\$45,000	This subgrant funding supports staffing to organize and coordinate a district-wide collaborative of individuals, businesses, community members, and survivors, whose purpose is to develop a plan with strategies consistent with the Idaho State Suicide Prevention Plan to reduce deaths by suicide.	State	IDHW	-	-	Community Partnership Development	EPHS 1, 4, & 7	0.3	HC3554	07/01/2023 - 06/30/2024
Partnership for Success	Partnership for Success	\$374,455	This award supports improving positive outcomes for youth health and reducing and preventing youth use of alcohol, marijuana, and stimulants. Funds are used to support personnel, community capacity to address risk and protective factors, and community-led youth substance use prevention projects.	Federal	-	-	-	Maternal, Child, & Family Health	EPHS 3 & 4	0	H79SP083777	09/30/2023 - 09/29/2024
Tobacco Prevention Resource Program Activities	Tobacco Use Prevention	\$68,500	This subgrant funding provides resources to prevent tobacco use among youth and young adults, eliminate secondhand smoke, promote quitting among youths and adults, and identify and eliminate tobacco related disparities among population groups.	Federal	IDHW	-	-	Chronic Disease Prevention	EPHS 3	0.43	HC3402	4/29/2023 - 4/28/2024
Millennium Fund	Millennium Fund, Tobacco Use Prevention	\$182,672	State appropriated funds to prevent tobacco use among youth and young adults, eliminate secondhand smoke, promote quitting among youths and adults, and identify and eliminate tobacco related disparities among population groups.	State Settlement	IDHW	\$10,000	Carl Rizzo, Stop Tobacco Now, Valor Health	Chronic Disease Prevention	EPHS 3 & 7	0.92	-	-
Millennium Fund	Millennium Fund, Youth Vaping Prevention	\$71,400	State appropriated funds to prevent tobacco/vape use among youth and young adults, eliminate secondhand smoke, promote quitting among youths and adults, and identify and eliminate tobacco related disparities among population groups.	State Settlement	-	-	-	Chronic Disease Prevention	EPHS 3 & 4	0	-	-
ELC Cares Enhancing Support COVID-19	COVID	\$181,382	As this subgrant sun downs, the scope of work is changing. We expect the grant deliverables to be refocused on assisting vulnerable populations and healthcare workers in long term care facilities, hospitals, and in congregate care settings (day cares, correctional facilities, shelters, schools, refugee centers, etc.) An emphasis will be placed on advising the best practices to prevent, surveil, and manage, communicable diseases.	Federal	IDHW	-	-	Communicable Disease Control and Emergency Preparedness & Response	EPHS 2, 3, & 4	2	HC3253	11/20/2022 - 07/31/2024
Vaccinations Subgrant- COVID-19	COVID Vaccines	\$1,341,867	We expect this amount to be reduced in the near future. As this subgrant sundowns, the scope of work has changed to focus on creating resiliency within our district so that communities are better prepared to deal with emergencies like a pandemic, in the future.	Federal	IDHW	-	-	Communicable Disease Control	EPHS 7	6	HC2330	5/20/2021- 6/30/2024



Contract Agreements & Services

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Disease Reporting	Epidemiology	\$82,921	This subgrant funding provides resources and capacity for epidemiologic investigation and reporting of all reportable diseases as outlined in IDAPA.	Federal	IDHW	-	-	Communicable Disease Control	EPHS 2 & 6	0.47	HC2453	07/01/2021 - 06/30/2024
TB Elimination	Tuberculosis Prevention	\$18,802	This subgrant funding provides capacity for directly observed therapy, contact investigations, RVCT reporting, EDN reporting, and attendance at tuberculosis-specific training.	Federal & State	IDHW	-	-	Communicable Disease Control	EPHS 2, 3, & 7	0.12	HC170400 (archived)	01/01/2020 - 06/30/2023
Perinatal Hep B	Hepatitis B	\$7,050	This subgrant funding provides for the surveillance and case management of perinatal hepatitis B.	Federal	IDHW	-	-	Communicable Disease Control	EPHS 2, 3, & 7	0.1	HC3526	07/01/2023 - 06/30/2024
Viral Hepatitis Prevention	Hepatitis	\$8,951	This subgrant funding supports capacity for documenting and investigating reportable viral hepatitis infection cases as described in IDAPA.	Federal	IDHW	-	-	Communicable Disease Control	EPHS 2, 3, & 7	0.12	HC3077	8/11/2022-4/30/2024
Preparedness - Preparedness Assessment, Cities Readiness Initiative	Emergency Response Planning, Training, and Coordinating	\$512,307	This funding provides capacity for community preparedness and recovery, incident management and emergency operations coordination, emergency public information and warning management, medical countermeasures dispensing and administration, mass care, fatality management, and public health surveillance and epidemiologic investigation.	Federal	IDHW	-	-	Emergency Preparedness & Response	EPHS 4, 5, & 7	4.06	HC3513	07/01/2023 - 06/30/2024
NACCHO MRC	Medical Reserve	\$25,000	This award is intended to provide resources to support volunteer training to meet mission requirements, technology to support volunteer management and administrative requirements, and replenish or purchase needed response materials and supplies.	Federal	National Association of City & County Health Officials	-	-	Communicable Disease Control	EPHS 2	0.52	MRC RIS 0246	-
NACCHO Community	Epidemiology, Data Analytics, Predictive Modeling	\$64,483	This funding provides abilities to strengthen local readiness to respond to existing or emerging infectious diseases by building capacity to create, interpret, and communicate models and outbreak analytics and to also strengthen disease forecasting and communications.	Federal	National Association of City & County Health Officials	-	-	Communicable Disease Control	EPHS 2	0.52	MRC RIS 0246	-
NACCHO Decreasing Syphilis	Syphilis	\$136,043	This funding provides additional capacity to build community connections to identify, reach and involve populations disproportionately affected by syphilis and mobilize public health partners to actively engage in addressing syphilis. Also, this funding will develop a community-informed plan to decrease syphilis that is tailored to the affected community and addresses the issues identified during the community engagement process.	Federal	National Association of City & County Health Officials	-	-	Communicable Disease Control	EPHS 2	0.52	2023-073105	07/01/2023 - 06/30/2024



Contract Agreements & Services

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NEDSS - National Electronic Disease Surveillance System	Disease Surveillance	\$120,919	This subgrant funding provides capacity for vaccine preventable disease surveillance and disease investigation data entry.	Federal	IDHW	-	-	Communicable Disease Control	EPHS 2	0.2	HC1747	12/19/2022 - 10/14/2024
Non-contract Services												
Nuisance Complaints	Nuisance	\$69,636	SWDH responds to calls from the public about a variety of public health and safety issues including, but not limited to improper sewage disposal, open dumps, hotel, bed bugs, swimming pool/splash park, restaurant complaints and food borne illnesses, mold, rabies exposure/animal control, harmful algal blooms, chronic wasting disease, and uninhabitable housing.	Counties	-	-	-	Environmental Public Health & Communicable Disease Control	EPHS 2	0.62	-	-
Food Safety Inspections	Food Safety, Protection	\$534,356	SWDH permits and inspects food establishments to assure that food from regulated food facilities is safe for consumption by the State of Idaho's residents and visitors. Improperly handled food can become contaminated by microbiological, physical, or chemical constituents that can result in illness or injury.	Fees and Counties	-	-	-	Environmental Public Health & Communicable Disease Control	EPHS 6	5.6	-	-
Food Safety Training	Food Handler, Training, Food Safety, Manager	\$19,461	SWDH offers food handler training to food services managers and workers.	Fees	-	-	-	Environmental Public Health & Communicable Disease Control	EPHS 3	0.1	-	-
Public Pools	Public Pools	\$11,997	SWDH inspects public pools and investigates complaints and waterborne disease outbreaks linked to pools.	Fees and Counties	-	-	-	Environmental Public Health & Communicable Disease Control	EPHS 6	0.1	-	-
Water Quality	Well Water Testing, Ground Water Quality, Education	\$36,320	SWDH offers educational and consultation services to homeowners with private wells.	Fees and Counties	-	-	-	Environmental Public Health & Communicable Disease Control	EPHS 1, 2, 3	0.4	-	-
Solid Waste	Solid Waste, Landfill	\$30,944	SWDH approves solid waste operations and maintenance plans and conducts annual inspections of municipal and non-municipal solid waste facilities.	Fees	-	-	-	Environmental Public Health & Communicable Disease Control	EPHS 6	0.25	-	-
Sub-surface Sewage	Sewage Disposal	\$820,518	SWDH permits the installation and repair of sub-surface sewage systems, licenses and inspects septic installers and pumper trucks, to protect ground water quality and surface water quality so that ground water can continue to be used as a safe source of drinking water and that the surface waters of the state are safe for swimming, fishing, and other recreational, agricultural, commercial or industrial uses.	Fees	-	-	-	Environmental Public Health & Communicable Disease Control	EPHS 6	6.9	-	-
Land Development	Land Development, Sub-divisions	\$152,954	The primary goal of the Land Development Program is to provide a reasonable process for the development of platted parcels while preventing the spread of disease and protecting current and future beneficial uses of surface and ground water.	Fees	-	-	-	Environmental Public Health & Communicable Disease Control	EPHS 6	1.2	-	-



Contract Agreements & Services

Title	Keywords	Amount	Brief Description	FUNDING SOURCE	Pass Through	Trustee & Benefit \$	Trustee & Benefit Org.	Foundational Area/ Capability	Essential Public Health Service (EPHS)	FTE Required <small>(taken from FY24 budget)</small>	Contract #	Effective Dates
Chief Health Strategist	Health Strategist, Health Educator, CHAT	\$60,594	SWDH staff lead or provide support to local community efforts to identify and address the most pressing health issues alongside residents and key community partners. SWDH staff bring expertise, data, connections to resources, and infrastructure such as grant writing to help move initiatives forward that address the community's top priorities.	Counties	-	-	-	Community Partnership Development and Communication	EPHS 4	0.47	-	-
Medical Clinic	Medical Clinic, Primary Care, Preventative Care	\$1,073,414	SWDH team has family medicine practitioners who specialize in preventative care, diagnosis, and treatment of acute and chronic illnesses, as well as manage the overall health and well-being of individuals and their families.	Fees and Counties	-	-	-	Access to & Linkage with Clinical Care and Community Partnership Development	EPHS 1 & 7	9.8	-	-
School-based Clinic	School Clinic	\$55,754	SWDH provides a part-time nurse practitioner to the Marsing School Hub to deliver school-based medical care.	Fees and Counties	-	-	-	Access to & Linkage with Clinical Care and Community Partnership Development	EPHS 1 & 7	0.6	-	-
Dental Clinic	Dental, Oral Health	\$47,723	The SWDH dental program offers a range of preventive services to promote good oral health and prevent infectious and chronic disease. Services include oral health assessments, fluoride treatments, dental sealants, patient education, and referrals.	Fees and Counties	-	-	-	Access to & Linkage with Clinical Care and Community Partnership Development	EPHS 1 & 7	0.4	-	-
Immunizations	Immunizations, Vaccines	\$259,143	The SWDH immunization program offers a wide variety of vaccines, and some are not readily available to the community anywhere else (e.g., monkey pox, rabies).	Fees and Counties	-	-	-	Access to & Linkage with Clinical Care and Community Partnership Development	EPHS 1 & 7	1.9	-	-



SWDH in the News 2023 Year in Review

Monique Evancic
Communications Manager & Public Information Officer

Media Mentions

- Since tracking began in May 2023, SWDH has had **54 media mentions**
- Most are local articles
 - Some statewide
 - 1 national story via Associated Press

Media Outlets

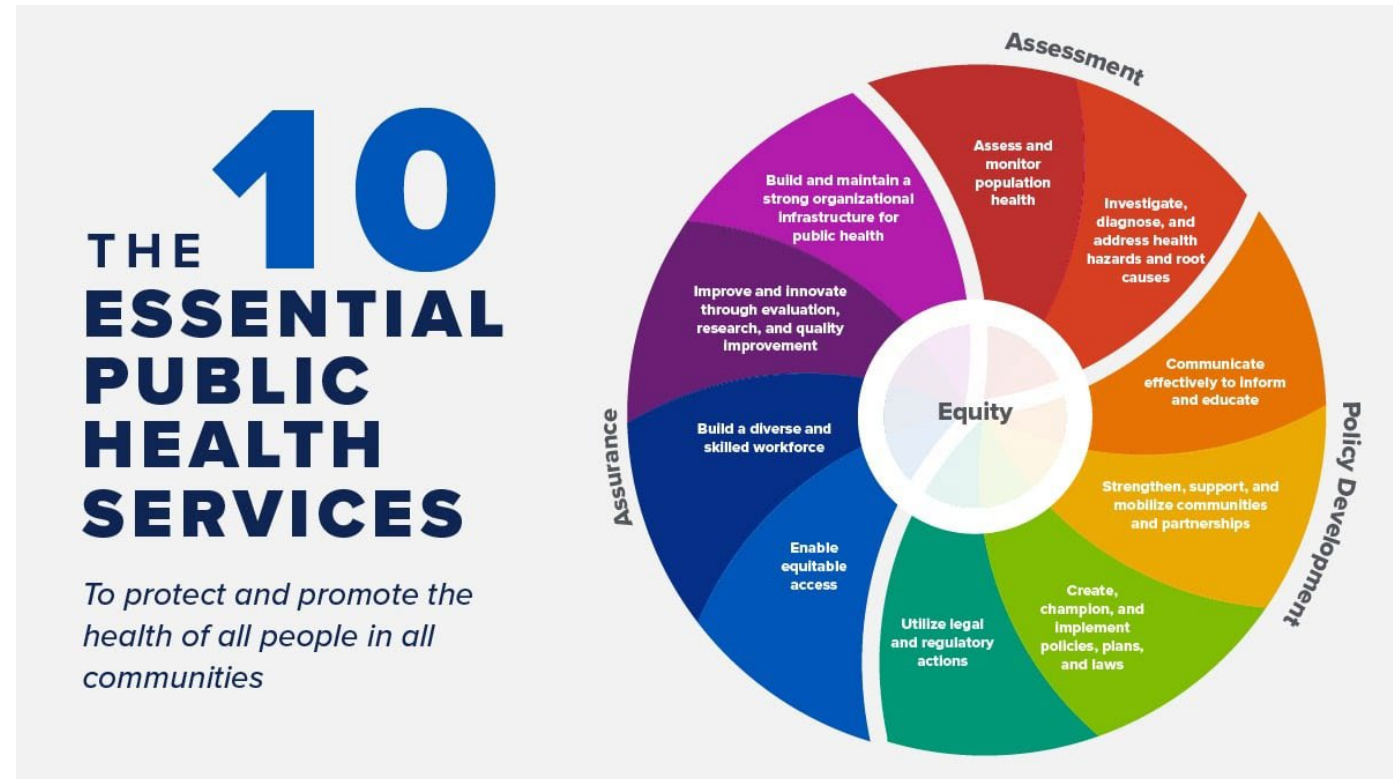


Headlines

- National grant puts \$600,000 toward Payette community's health care needs
- Fentanyl awareness event set in Marsing
- 'We work better together': Idaho health organizations collaborate on health needs assessment
- Health district's WIC services move to Homedale Community Center
- Health districts warn of harmful algal blooms in local waters during summer months
- First human infection of West Nile Virus confirmed in Idaho this year
- A New Fit and Fall Proof Class Has Begun In Council
- New YouthROC program aims to boost local teen well-being with accessible resources
- Recent Measles outbreak limited to single Canyon County household
- Marsing Commits \$100k to Fitness Court, community health
- Free Fit & Fall Proof Classes Begin Again in Weiser
- First case of Mpox reported in Canyon County, officials start investigation
- A Beautiful Day "Ruined": When Wedding Receptions Become Tainted by Food Poisoning
- Health officials push to get schoolchildren vaccinated as more US parents opt out
- Idaho volunteer finds home for her expertise through AmeriCorps

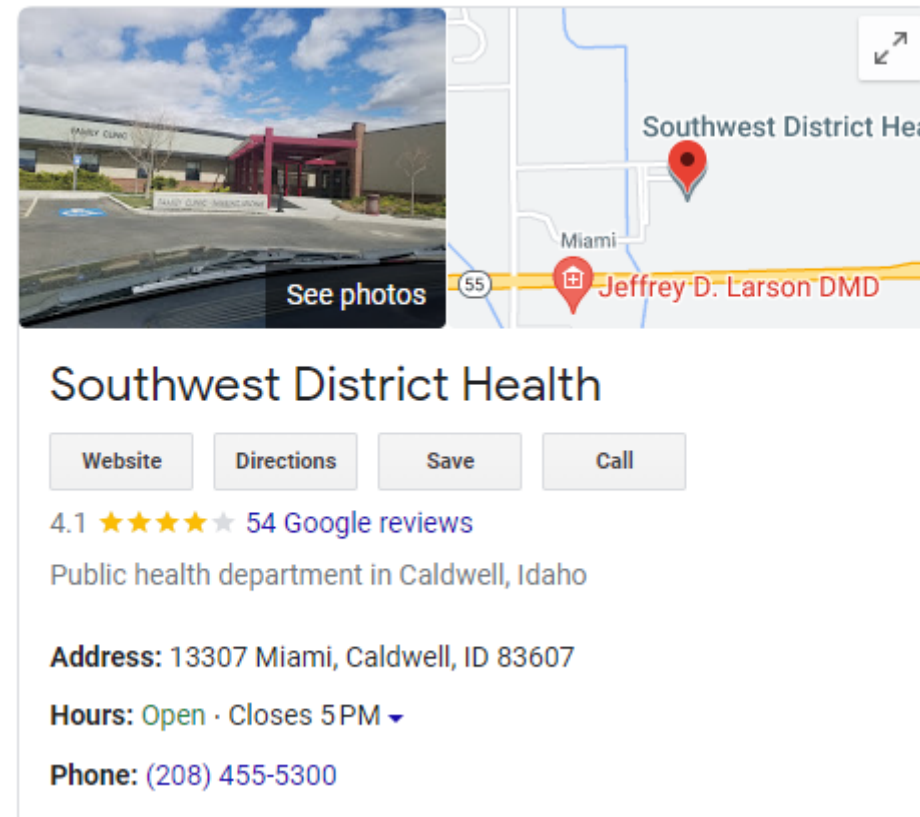
Essential Function

- #3 - Communicate effectively to inform and educate
- Strategic goal: Build trust and confidence in SWDH



Reputation Management

- Google Review Campaign
 - SWDH improved from 2-star category to 4.1 stars across 54 reviews



Reviews

★★★★★ 3 weeks ago **NEW**

Wic program is so helpful. Provides healthy foods and get access to Breastfeeding assistance. Emily was so awesome and kind. Really recommend to anyone who may need some extra help who had a baby or is having a baby. Great program

Like

Response from the owner 6 days ago

Thank you for the review! We are so happy that SWDH and WIC has been helpful for your family.

T

Terra Mcftridge

5 reviews

★★★★★ a month ago

Love them very nice

1

Response from the owner 6 days ago

Thank you, Terra!

Y

Yesenia Contreras

4 reviews

★★★★★ a month ago

Friendly, quick and efficient. Very helpful!

A

Angie Montiel

2 reviews

★★★★★ 3 months ago

Very happy with my appt.

E

Erin Field

3 reviews

★★★★★ 3 months ago

My experience was great! I accidentally made my appointment at the wrong location but they still will very helpful! Stephanie at the Boise location worked with me over the phone while Herlinda in Caldwell worked with me in person. What an awesome makeshift team they were!

U

1 review

★★★★★ 2 months ago

They are kind and friendly and they take very good care of you

1

Response from the owner a month ago

Thank you for the kind feedback, Rosy!

R

Rosalba Guerrero

1 review

★★★★★ 2 months ago

Great work treat with respect

1

Response from the owner a month ago

Thank you, Rosalba! We are happy to hear about your positive experience.

J

Joseph Pugmire

1 review

★★★★★ 2 months ago

Angie was very nice and sweet and very responsive to me and my wife's questions concerning wic, overall very very good services

Amie Delgadillo

2 reviews

★★★★★ 22 hours ago **NEW**

Staff is always welcoming, informative and thorough!

Like

Z

Zoraida Ortiz

4 reviews

★★★★★ 2 days ago **NEW**

Welcomed as I entered the building. She explained to me everything as she was going thru the questions. Ask about my daughter's eating. Went thru my benefits

Like

k

kelly Rockwell

Local Guide · 18 reviews · 1 photo

★★★★★ a week ago **NEW**

Angie is just sweet and amazing She did my appointment even after I was late from driving in the fog. Cecilia at the front desk was so nice as well. I love WIC it's always been really nice and helpful for my family and I love the option of WIC smart and only having to come to the office every couple months. I think all the ladies there really care about individuals and their children

H

Heladia Hernandez

Local Guide · 22 reviews · 1 photo

★★★★★ 2 months ago

It was the best experience I've had and thank you so much Angie for being patient with My Little Monster



1

Response from the owner a month ago

Thank you Heladia! We are happy to hear that your family had a great experience.

K

Kashindi John

3 reviews · 1 photo

★★★★★ 2 months ago

You're amazing, I love your service. You're kind also friendly. Be blessed ❤️

Social Media

- Facebook
 - 1,900 Followers
- Instagram
 - 279 Followers
- YouTube
- NextDoor ***NEW!**
 - 74,000 members
 - 50,000 households

nextdoor

Southwest District Health ✓
Mo Evans • Edited 25 Sep

Hello, neighbors! Starting today, we'll be using Nextdoor to help fulfill our mission of promoting the health and wellness of those who live, work, and play in Southwest. See more...

Healthier Together | SWDH.org
Services for all ages • Affordable • Confidential

Healthy Individuals

- Flexible payments and sliding fees for qualified patients.
- Primary care & wellness visits
- Immunizations
- Health screenings, preventive services & treatments
- STD testing & treatment
- Medicaid and most insurance accepted

Healthy Families

- WIC nutrition program (Women, Infants, Children)
- Breastfeeding support
- Home visiting program:
 - Parent as Teachers supporting & educating families
 - Nurse Family Partnership for first-time moms

Healthy Environment

- Permits for septic & food establishments
- Inspections for septic, childcare facilities, food establishments & public drinking water
- Response to environmental nuisance complaints

Healthy Communities

- Community health coalitions

MÁS SALUDABLES JUNTOS | SWDH.org
Servicios para todos los edades • Económico • Confidencial

Individuos Sanos

- Pagos flexibles y tarifas de descuento para pacientes calificados.
- Visitas de bienestar y atención primaria de salud
- Inmunizaciones
- Exámenes de salud, servicios preventivos y tratamientos
- Pruebas y tratamiento de enfermedades venéreas
- Medicaid y la mayoría de los seguros aceptados

Familias Sanas

- Programa de nutrición de WIC (Mujeres, Bebés, Niños)
- Apoyo a la lactancia materna
- Programas de visitas domiciliarias:
 - Padres como maestros - apoyo y educando familias
 - Asociación de enfermeras y familias para madres primerizas

Medio Ambiente Saludable

- Permisos para establecimientos sépticos y de alimentos
- Inspecciones para instalaciones sépticas, establecimientos de cuidado infantil y de alimentos, y agua potable pública
- Respuesta a quejas ambientales

Comunidades Saludables

- Coaliciones de salud comunitaria

Posted to **Subscribers of Southwest District Health**

👍❤️😊 106 · 13,264 Impressions ❤️ Like 💬 41 Comments ➦ Share



The Think Tank Team

How SWDH is building capacity for innovation to address emerging public health issues.

Today's presentation

- Origin of the Think Tank Team at SWDH
- SWDH's process of innovation
- T3 projects 2023
- T3 going forward

Origin of the Think Tank Team (T3)

Presented by Sam Kenney

What's a Think Tank?

A group of experts providing advice and ideas around community problems.



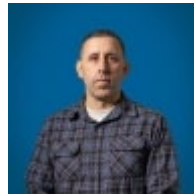
Andy Nutting



Cate Lewis



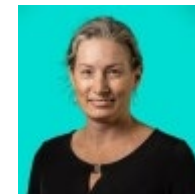
Charlene Cariou



Colt Dickman



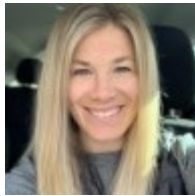
Tara Woodward



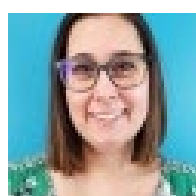
Nikki Zogg



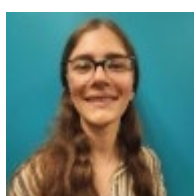
Sam Kenney



Haley Comer



Jody Waddy



Haley Glenn



Emily Geary



Austin Gallyer

SWDH's Think Tank brings together diverse views and expertise from within our staff and seeks out community perspective and subject matter experts as needed to help identify root causes and explore solutions.

SWDH's Think Tank Team's Purpose

Research and identify emerging issues that have the potential to impact the health of our six-county region and when needed, innovate and propose new solutions to mitigate them.

T3's purpose is driven by our strategic plan goal to “...seek out opportunities to tackle the most daunting public health problems. Our staff monitor data and trends and provide technical expertise and recommendations to help our communities address and prepare for emerging public health issues.” (Strategic Plan Goal 3, 2022-2027)

SWDH's Process of Innovation

Presented by Nikki Zogg

Human Centered Design & Design Thinking



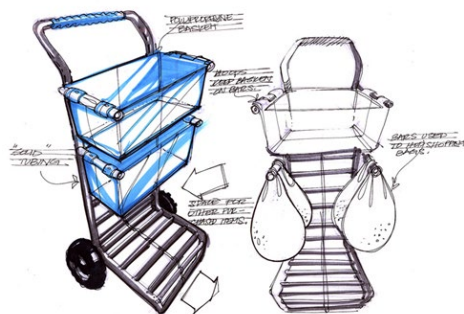
Credit: OfficeDivvy.com

Human Centered Design Examples



Source:
<https://www.ideo.com/works/creating-the-first-usable-mouse>

From improving
tech and tangible
products to...



Source:
<https://kgmcgovern.wordpress.com/2013/11/20/inside-ideo/>

improving services
and customer
experiences.

SUICIDE PREVENTION BEGINS WITH ALL OF US.

Scan below for local resources

At ACHC, we care. Call 208-253-4242 to schedule an appointment with one of our amazing counselors!!!

ACHC
ADAIR COUNTY HEALTH CENTER, INC.
PO BOX 10000 COEREN, ID 83410

BUILD PAYETTE

BOLD | UPSTREAM | INTEGRATED | LOCAL | DATA-DRIVEN

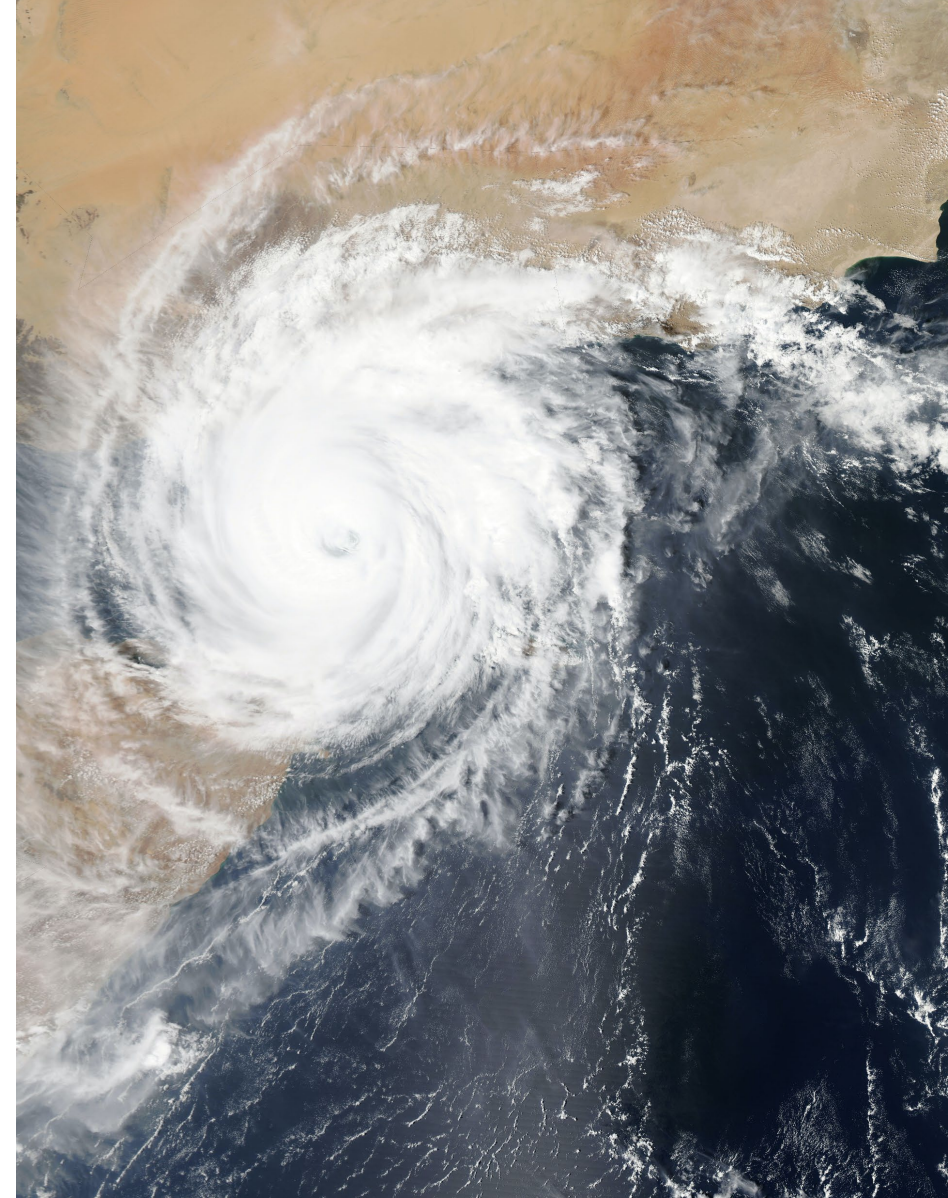
YOUTH ROC

STRONG FOUNDATIONS FOR IDAHO'S YOUTH

T3's Year One Projects

T3's Forecasted Issues

Presented by Austin Gallyer



Emerging public health problems in 5 – 10 years

- Lack of youth risk data
- Low wages coupled with high prices
- Access to maternal/women's healthcare

5 – 10 year problems: Youth Risk Behavior Survey

EDUCATION

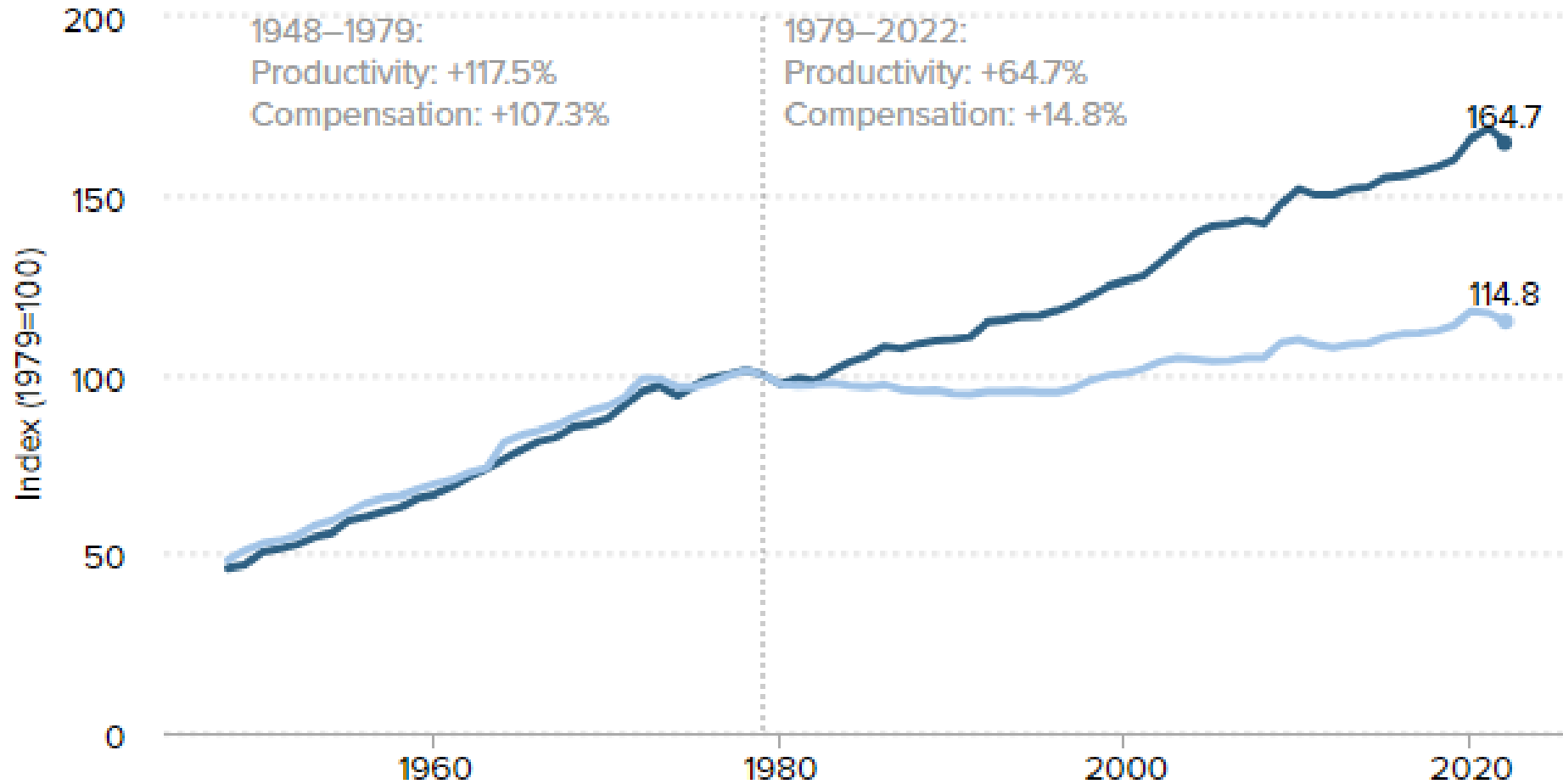
Analysis: To solve a student mental health crisis, Idaho first needs to measure it

BY: KEVIN RICHERT - APRIL 27, 2023 3:17 PM

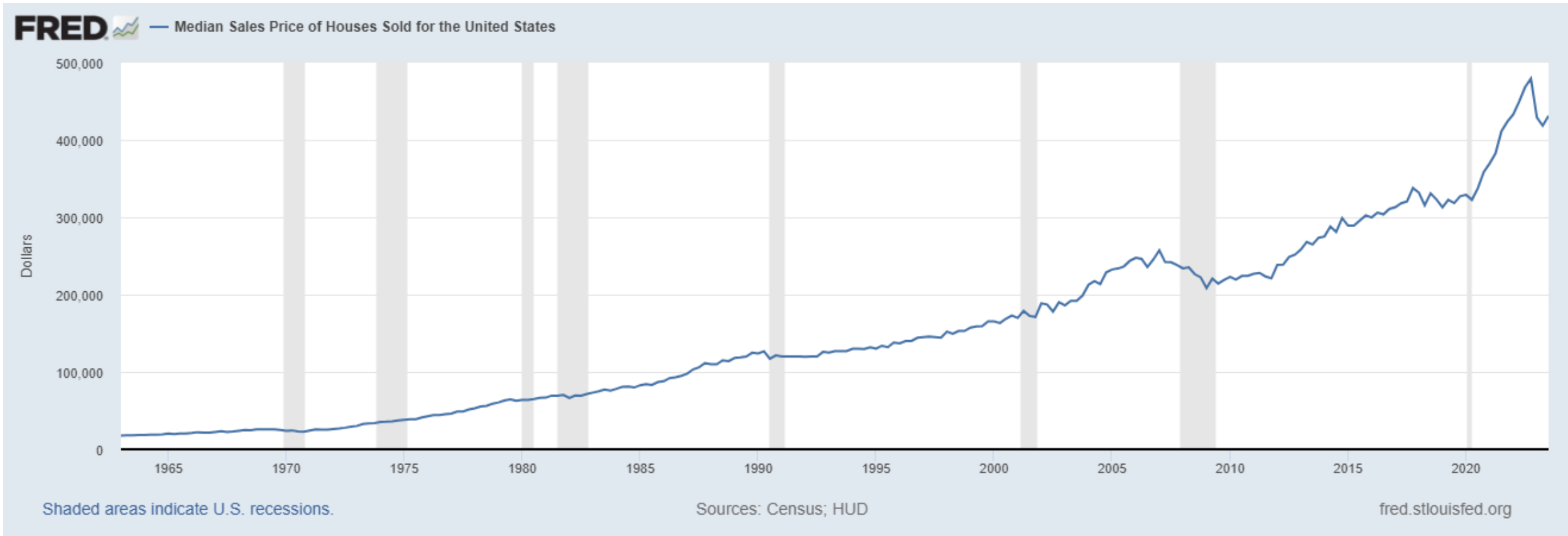


5 – 10 year problems: Low wages & high cost of living

Productivity growth and hourly compensation growth, 1948–2022



5 – 10 year problems: Low wages and high cost of living



Median house price has increased 2,321% since 1963.

Emerging public health problems in 10 – 20 years

- Environmental (water shortages, air quality, population migration)
- Chronic conditions (aging population)
- Political instability
- New emerging diseases
- Larger population not met with larger public health infrastructure
- New technologies (AI)

Nampa Mayor's Health Coalition

Degradation of the Family Priority area

Presented by Cate Lewis

Degradation of The Family

- Met with Bekah Bowman, Executive Director of CASA
- Goal: Why are residents in our communities experiencing a degradation of family?
- What is unique about this project:
 - First time working with an external partner
- Process:
 - T3 ideation session



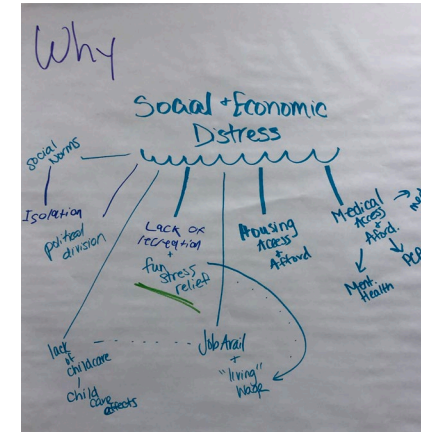
Degradation of The Family

Why

- Time to spend on family
- Basic needs not being met (financial, housing, medical, etc.)
- Drug abuse
- Unrealistic expectations due to social media/culture

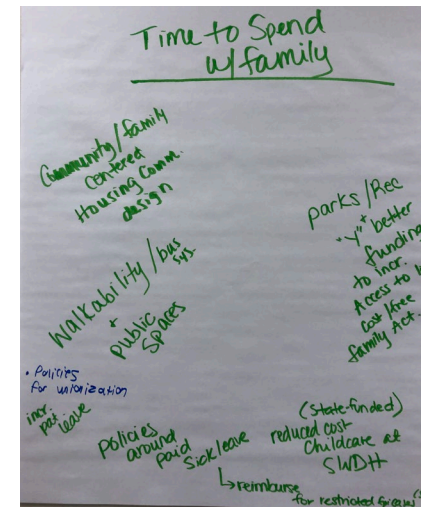
Solutions around "time to spend with family"

- Walkability/public transit
- Community centered housing designs
- Access to low-cost family focused activities ("Y", parks and rec)
- Employer policies more family centered
- Reduced cost childcare, onsite childcare



Why

- * Basic needs not being met (Financial, housing, food)
- * Drug abuse
- Not having a strong family structure (not being modeled)
- * Time to spend on family - social norms
- Unrealistic expectations --- connected to social media & culture



Employer Policies

- Entry point - Chambers
- Incentivize employers to adopt family-friendly policies
- Employer internship/trade exp opportunities for high-scholars
- Not req. degrees → consider value of experience
- OJT - apprenticeship opportunity
- Bring baby to work
- Onsite childcare
- Paternal/Sick leave
- Adjust min wage ↑

Degradation of The Family

Outcome: Workgroup decided to focus on the power of being a good neighbor.

- Our community members live in isolation and don't realize the struggles their fellow neighbors are experiencing.
- Launching the "Good Neighbor Initiative" in summer 2024
 - "The first 5" challenge- Initiating conversations between a person and their 5 closest houses through contact cards
 - Goal: have neighbors get to know each other to reduce loneliness, increase safety of children, share resources, etc.



The SWDH Public Health Symposium: Alive or Thrive

Presented by Andy Nutting

Goal of the project

Convey the work and expertise that Southwest District Health conducts daily

- Use data gathered from the community
- Created hypothetical but real-world scenarios that occur in our area
- Linked these scenarios to the services provided at Southwest District Health
- Developed an interactive and memorable learning experience

Why use T3

- Diverse group of Public Health experts
- Multiple perspectives and priorities
- Caters to different groups within the community



Unique process

- Iterative process
 - How do we want to convey the work Southwest District Health does?
 - Representation from across the district
 - How do we make it relatable to our participants?
 - Use everyday work experience from our Southwest District Health Staff
 - How do we make it engaging and memorable?
 - Engaging- both physically and mentally
 - Active
 - Informative



Specialized outcome

The Game of Life

- Game play
 - Actions based off possible real-world experiences
 - Player's characters based off Census data to be demographically appropriate for the county represented
 - Highlights the variety of public health experts at Southwest District Health and services provided

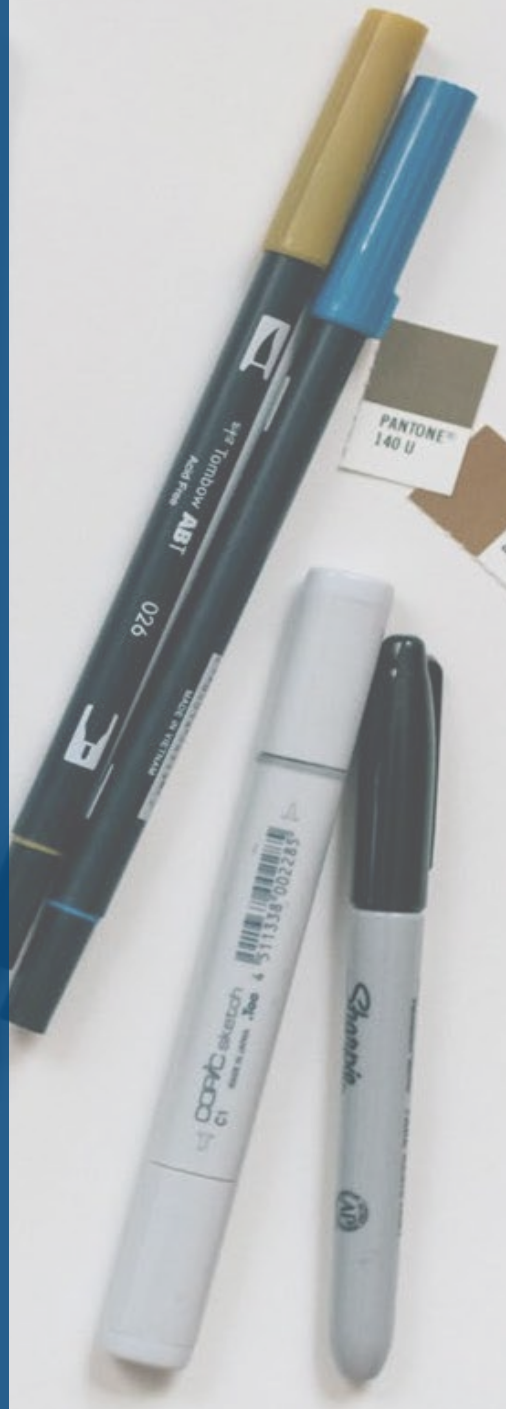


T3 Going Forward

- Deeper dive into future public health issues (e.g., AI, climate, population change)
- Undertaking projects that connect to the strategic plan
- Strengthening our skillsets in human-centered design, quality improvement, and innovation
- Increases team engagement across the organization

Facility and Infrastructure Plan

2024



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EXECUTIVE SUMMARY

Southwest District Health (SWDH) is charged with ensuring essential public health services are made available to protect the health of all citizens within the Public Health District.

The legislative intent is that SWDH operate and be recognized not as state agency or departments, but as a governmental entity similar to other single purpose districts.

For the purposes of Chapter 4, Title 39, Idaho Code, SWDH is not a subdivision of the state and shall be considered an independent body corporate and politic pursuant to section 1, article VIII, of the constitution of the state of Idaho, and is not authorized hereby to levy taxes nor to obligate the state of Idaho concerning such financing.

Funding for real estate and facility costs such as the purchase of a building or leasing, and renovating, repairing, and maintaining such facilities must be accomplished through thoughtful planning. Over the past 10 years, funding constraints have limited SWDH's ability to appropriately staff its three satellite offices located in Emmett, Payette, and Weiser. Simultaneously, public health needs have shifted over the years and staffing numbers have similarly shifted between divisions contributing to overcrowding in some areas and underutilized spaces in other areas of the main office that is located in Caldwell.

In 2024, SWDH will be evaluating the utilization of each of its owned facilities, collecting information from the local communities about their current and future healthcare and public health service needs, and meeting with partner organizations to gain insight into their perspectives about the current and future healthcare needs in their footprint. Results of this evaluation will inform SWDH's leadership team and the Board of Health about the current and future healthcare and public health service needs of the six counties served by SWDH, and inform decisions about SWDH's future facility locations, mobile, telehealth, and community-based services, and healthcare services.

Fiscal Year 2025 projected funding needs for facility and information technology projects are summarized below.

Estimated facilities costs for projects above and beyond normal maintenance are \$235,000.

Estimated IT costs for projects above and beyond normal maintenance are \$393,000.

There is no plan to acquire or sell real estate. However, there may be recommendations in fiscal year 2026 following the evaluation referenced above.

Routine operations and maintenance costs are informed by SWDH's professional staff and third-party vendors and are not included in this plan. In accordance with State Risk Management requirements, SWDH contracts with a third-party vendor to conduct annual inspections of each of SWDH's real properties. Reports are used to inform decisions on how projects are prioritized.

SECTION I: INTRODUCTION AND PURPOSE

INTRODUCTION

Southwest District Health (SWDH) was established in 1970 under Chapter 4, Title 39, Idaho Code. SWDH was created to ensure essential public health services were made available to protect the health of all citizens within the Public Health District.

The legislative intent is that SWDH operate and be recognized not as state agency or departments, but as a governmental entity whose creation is authorized by the state, much in the manner as other single purpose districts.

For the purposes of Chapter 4, Title 39, Idaho Code, SWDH is not a subdivision of the state and shall be considered an independent body corporate and politic pursuant to section 1, article VIII, of the constitution of the state of Idaho, and is not authorized hereby to levy taxes nor to obligate the state of Idaho concerning such financing.

Idaho Code (39-409) stipulates that SWDH provide the basic services of public health education, physical health, environmental health, and health administration to the citizens of our district to prevent disease, disability, and premature death; and to promote healthy lifestyles; and to protect and promote the health and quality of our environment.

SWDH is funded through a variety of revenue streams, including fees, contracts and subgrants, and county contributions. SWDH does not have access to state appropriated building funds. As such, SWDH must anticipate and plan for all facility and infrastructure needs, budget for these costs, and ensure SWDH has a reserve fund to cover these expenses, especially in the case of emergency repairs or situations.

Through proactive planning, SWDH aims to identify costs and budget accordingly to ensure preventive maintenance, necessary repairs, and facility enhancements can occur in a timely manner to support the mission of the organization and ensure responsible fiscal stewardship of tax-payer dollars.

SWDH will ensure compliance with this plan and for completing major maintenance requirements within projected time limits. The term, “major maintenance” means all actions necessary to keep roofing, siding, painting, floor and window coverings, fixtures, cabinets, heating and cooling systems, landscaping, fences, and other items needed in good repair. Our plan includes:

1. Identification of the major maintenance needs for the project.
2. Specification of a schedule for completing the major maintenance.

3. Specification of a current cost estimate for the scheduled major maintenance needs.
4. Specification of the schedule for funding the scheduled maintenance needs.
5. Review of the plan annually, as a part of the annual budget process with the Board of Health.
6. Strategic forecasting of SWDH facility needs in our six counties, evaluating the existing space and potential needs for providing services within our counties in the future.

PURPOSE OF THE PLAN

Purpose Statement: The SWDH Facilities and Infrastructure Plan was developed to help inform our organization and our board members of potential future infrastructure needs, identify resources required, help develop and identify budgets for these needs, and to maintain and operate our facilities and infrastructure itself currently and into the future. Our plan includes the coordination of people, places, processes, and technology and incorporates factors such as safety, security, maintenance, and operational practices to build and maintain organizational success.

CONTENTS OF THE PLAN

Facility Infrastructure needs include strategies for operations and management, including how to prevent mistakes and delays and allow SWDH to be more efficient with its resources and equipment. This plan identifies current and future facilities and Information Technology (IT) infrastructure repairs or replacement needs. In the sections that follow, elaboration and details are provided for long-range planning in these areas. SWDH will continue to strive for improvement to the procedures and practices within this plan.

The SWDH Facilities and Infrastructure Plan incorporates:

- 1) **Safety:** Ensuring the safety of all employees and clients on our property is our number one goal. This includes environmental health and safety issues, particularly ones that concern staff and clients, facilities, and equipment. Failure to monitor the safety of our facilities and equipment can result in loss of life, noncompliance, and losing the trust of our community partners and elected officials. Thorough facility assessments can reduce risk, ensure compliance, and provide for a well-trained team of staff.
- 2) **Security:** Provides for the protection of staff and clients and our equipment and resources within our facilities. Security practices include internal and external protection, ensuring best practices are identified and followed, identification of security concerns and taking proactive measures to prevent or mitigate these concerns.

- 3) **Maintenance and Inspections:** Maintaining up to date preventative maintenance plans and conducting routine inspections is important in keeping our infrastructure running. All systems, including HVAC systems, electrical, etc., must be maintained. Because some parts of our infrastructure need regular maintenance, establishing and following strict preventative maintenance schedules helps ensure all equipment runs appropriately. Along with general maintenance, inspections are needed to ensure systems run appropriately. Inspections are based on the equipment or item monitored and can be daily, monthly, quarterly, yearly, etc., depending upon the item. Changes to equipment may require alterations to inspection periods or compliance needs.
- 4) **Business Continuity Planning:** Part of our facility management plan includes planning for “worst case scenarios.” This means we must be prepared when disaster strikes, and our organization must continue providing services. This plan must work in concert with SWDH’s Continuity of Operations Plan (COOP). Developing redundancy for our business operations is important to ensure we can provide identified services when and if needed through any of our facilities.

TYPES OF MAINTENANCE INCLUDED IN THIS PLAN

Facilities maintenance includes much more than keeping the grounds groomed and the rooms clean. SWDH maintenance staff are responsible for providing a safe and hygienic environment, ensuring clean air and comfortable temperatures in buildings, and managing water and waste control. The older our buildings, the more challenging these tasks can be.

There are typically five categories of maintenance. They are predictive, preventative, routine, emergency and deferred. The distinction between the categories is:

Predictive Maintenance – This includes forecasting the failure of equipment based on its age, user demand, and various performance measures.

Preventative Maintenance – Is a planned program that includes lubricating, cleaning, painting, replacement of expendable parts and other activities designed to maintain the component as possible in its original condition.

Routine Maintenance – Includes activities that cannot be programmed or forecast to correct breakdowns. This could include unscheduled repairs to the heating and air conditioning systems, repair of roof leaks, responding to vandalism, etc.

Emergency Maintenance – This category includes activities that cannot be programmed or forecast; however, due to the breakdown, the repairs and corrections are considered an emergency.

Deferred Maintenance: Deferred maintenance is usually maintenance work deferred to a future budget cycle.

This Facility and Infrastructure Plan will be reviewed annually as part of the annual budget process and will be updated as needed.

PRIMARY OBJECTIVES OF THE FACILITY AND INFRASTRUCTURE PLAN

The SWDH Facilities and Infrastructure Plan allows for a proactive focus on potential future needs and increases our efficiency rather than focusing on current workloads or factors such as responding to requests by customers, work orders, regulations, deadlines and demands of the organization. Our Facility and Infrastructure Plan is flexible and based on the specific and unique considerations within our organization and our communities, to include SWDH's mission, vision, values, and goals and how they pertain to facilities and infrastructure needs. Understanding future challenges, we may face and how these impact SWDH's vision, mission, values, and goals, is paramount in our planning. Tools such as systematic layout planning (SLP), strengths, weaknesses, opportunities, and threats analysis (SWOT), strategic creative analysis (SCAN), and scenario planning assist in determining our future facility needs. Once we identify our future needs, we can implement plans for potential responses and identify periodic updates in response to these factors while keeping SWDH's focus points at the forefront.

Daily Operational Duties

Daily operations are based on priority and often are scheduled through our help ticket system to ensure timeliness and customer satisfaction standards are met. Examples of daily operations include moving office furniture for staff, hanging whiteboards in the office, changing filters in HVAC units, etc.

The overall objective of the maintenance program is to maintain, throughout its expected useful life, the interior and exterior of facilities, grounds, parking lots, and other equipment through preventive maintenance and repairs. This maintenance program is intended to provide:

1. Buildings and their components, to function safely.
2. Continuous use of facilities without disruptions.
3. Protection of district property through proper planning, scheduling, and preventive maintenance.

LEVELS OF MAINTENANCE AND RELATED COST FACTORS

There are a variety of factors associated with the desired level of facilities maintenance which relate directly to the available resources. These include age of facility, age of equipment, available workforce, current level of funding or available budget, and facility use beyond normal constraints. To assess the impact of required building maintenance efforts, the following factors are considered:

1. BUILDING USE

SWDH facilities require various levels of maintenance due to the diversity of use and age of each facility. The maintenance effort and cost can be traced to the extent of the use, the type of uses, community user respect, and how old the facility is. Respect and care by the building users commonly results in fewer dollars required for maintenance.

2. CONDITION OF EXISTING DISTRICT BUILDINGS

The condition of existing facilities must be considered as well as frequency of use beyond the normal type of use when evaluating the overall maintenance effort. These factors significantly impact SWDH's ability to provide adequate funding, staffing, and effective building maintenance.

3. BUILDING AND EQUIPMENT DESIGN

Another major factor that influences equipment and building maintenance is the design of the facility. Design opportunities can conserve funds by incorporating design characteristics consistent with maintenance efficiency and longevity. During the design process, materials, and equipment selected should demonstrate characteristics of:

- Design simplicity and equipment accessibility.
- Quality and maintainability.
- Ease of component replacement and repair parts availability.
- Following identified best practices
- Incorporating technological improvements such as LED lighting, etc.

4. BUILDING CODES

Various federal, state and city codes change frequently. These standards must be adhered to, to ensure a safe, accessible, and healthy building environment for staff, visitors, clients, and members of the public. Maintaining compliance with these code modifications is a cost factor that must be considered in addition to regular building maintenance as changes to these increase staff time to address these modifications and require purchasing new or specialized equipment.

5. ADVANCES IN TECHNOLOGY

Modern technology and energy savings measures related to building equipment and components need to be carefully considered and incorporated into the building maintenance program to ensure a more cost-effective level of maintenance.

6. SERVICE STANDARDS AND BUDGETS

Maintenance service standards for SWDH facilities are best established through adequate program administration and supervision, effective employee selection, training, and maintaining employee performance within the organization.

7. OPERATIONS

The operations component of the individual facility is an important consideration in assessing overall maintenance levels and determining associated costs. Effective building operation function should complement overall effective infrastructure planning.

8. OTHER FACTORS

Additional considerations include the budgetary impact on SWDH. With the long-term cost and impact of facility decisions, financial analysis is an extremely critical component in planning for future needs. Decisions made must demonstrate they support SWDH's organization's core mission and strategy, and the financial analysis must demonstrate that the recommendations will yield the highest return at the lowest risk.

SWDH will evaluate planning processes using tools such as a statement of facility objectives, risk analysis, sustainability analysis, sources and uses of funds, operating expense analysis, return on investment, life cycle cost analysis/whole life cost analysis, cost/benefit rating of alternatives, and determine the best recommendation using clearly stated assumptions.

SWDH may require specific or specialized analyses of facility issues such as feasibility analysis, lease versus own analysis, buy/build/expand/renovate analysis, merger/acquisition facility study, analysis of highest and best use, consolidation study, decentralization study, space optimization plan, project estimating and scheduling, stay/move analysis. Oftentimes facility planning focuses on short term day- to-day issues and not long-term projects which helps solve problems related to specifics, such as where individuals sit, or the type of equipment required accommodating a specific situation. SWDH will use optimal facility management to coordinate the physical workplace, and ensure we meet our agencies and employees' needs with this in mind.

GENERAL MAINTENANCE METHODS

SWDH employs the following methods for performing required building and equipment maintenance that have proven to be cost-effective. They are:

- Utilization of a centralized maintenance in-house workforce
- Effective use of personnel to perform preventative maintenance, including internal staff
- Utilization of outside contractors and service agreement, as needed

The SWDH full time maintenance workforce provides the following services:

- Emergency response to power failures, plumbing, heating, and air conditioning failures
- Interior and exterior painting
- Carpentry, electrical, plumbing, heating, air conditioning and minor roof repairs
- Grounds maintenance
- Minor building modifications
- Minor construction
- Vandalism repairs
- Utilization of a computerized maintenance management system**

**Automated processes are essential to the operation of the maintenance program at SWDH. We use software maintenance systems for a variety of activities to assist in managing the daily operation and maintenance of facilities.

The importance of having trained personnel who are highly capable and readily available constitutes many advantages regarding timely response and maintaining facilities in a safe and ready condition for use.

The contracted services (outside vendors) component relates to the following areas:

- Heating, ventilation, and air conditioning (HVAC)
- Fire sprinkler systems maintenance and inspection
- Roof/building envelope maintenance, repair, and inspections
- Fire extinguisher inspections and service
- Fire and security monitoring
- Motorized gates and rollup doors

- Emergency Lighting Inverter testing and maintenance
- Environmental services
- Paving and seal coating

MAINTENANCE TYPES

The overall budget necessary for adequate maintenance and services is highlighted in the following sections of this report. They are intended to reflect Routine Maintenance, Preventative Maintenance and Deferred Maintenance based on budget projections and expenses related to these areas.

Routine maintenance makes up most daily tasks performed by the staff. Typical routine maintenance tasks include responding to the following requests:

- HVAC: uncomfortable space temperature
- Plumbing: dripping faucet or clogged toilet
- Electrical: power outages, lighting ballast, switches, plugs
- Painting: damage to walls or repairs upon office moves
- Carpentry: broken doors, broken furniture, or cabinets
- Lock/Key: broken keys, key requests
- General Maintenance: fencing, ceiling tiles

Preventative maintenance is performing maintenance and service to building systems and equipment to prevent critical system breakdowns and maximize equipment and system efficiency, reducing energy consumption. A preventative maintenance plan includes regular inspections of building structures and equipment that show signs of wear and tear that will require routine or corrective maintenance. These inspections are performed by maintenance personnel as well as outside vendors or contractors. See Appendix ... for identified preventative maintenance schedules for SWDH facilities.

An emphasis and prioritization of a comprehensive preventative maintenance program will reduce the amount of routine maintenance, reduce the overall cost of ownership, and reduce the undesired disruption in the work environment. Work orders are generated by staff to notify maintenance personnel of these needs and tracked to determine the number of issues or time spent on these services.

Deferred maintenance projects include major repair or replacement of building parts and components. Major maintenance for Deferred Maintenance purposes includes lighting,

electrical, floor covering, HVAC, painting, paving, plumbing, and roofing issues. In many cases, these projects are capital outlay expenses.

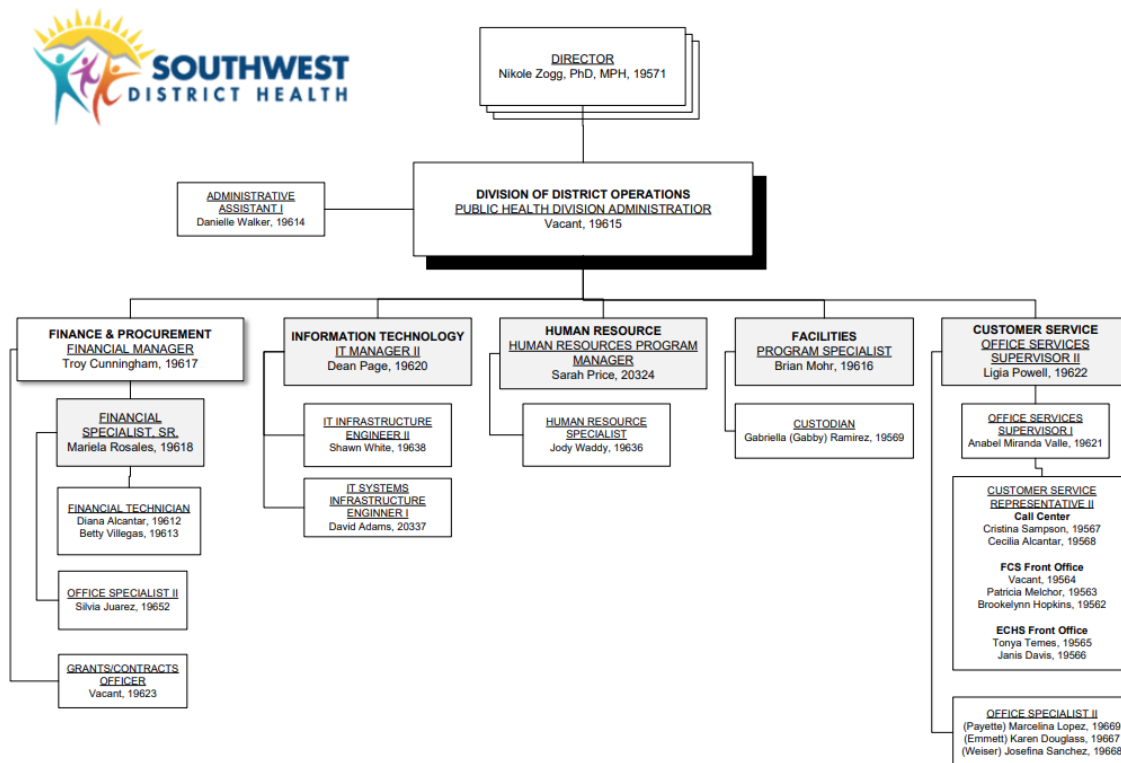
PRIORITIZATION METHODOLOGY

Maintenance work is prioritized as follows:

- **Emergency:** Work requested is intended to protect the life, health and safety of staff, clients, and visitors, ensure legal compliance, and prevent injury or damage to facilities or equipment.
- **Urgent:** Issues that require immediate attention. Intended to ensure SWDH can provide necessary services with minimal downtime.
- **Priority:** Work requested is not an Emergency or Urgent. Priority requests are time sensitive.
- **Routine Scheduled:** Work requested is cosmetic in nature or is not interrupting the day- to-day workload of staff.

SECTION II: FACILITIES ORGANIZATION

The facilities staff and our SWDH plan’s priority is to ensure the health, safety and well-being of staff, visitors, and clients. SWDH adheres to all regulations and standards including all building codes, the Americans with Disabilities Act, and all local, state, and federal requirements regarding facility management and building safety.



Current organization charts may be accessed and printed off of SharePoint.

Nikole Zogg, PhD, MPH

Date

Last Revised: 1/2/2024

MAINTENANCE SERVICES

Maintenance services has the prime responsibility for building and equipment maintenance based on specific areas of responsibility. Note that there are some maintenance areas in which contracted services supplement or have major responsibilities for building and/or equipment maintenance. In those cases, where contracted services have traditionally been utilized, such services have proven to be cost- effective.

CUSTODIAL SERVICES

Custodial services are provided as part of our facility infrastructure and housed within the District Operations Division. The custodian reports directly to the Building Superintendent.

Grounds services are provided via a contractor. This company is responsible for mowing, pruning, weed control, and spring and fall clean ups. SWDH also contracts with a snow removal company for all facilities to ensure parking lots are clear from snow/ice as quickly as possible and ice melt is applied to prevent slips/falls.

SECTION III: MAINTENANCE PROGRAM SCHEDULE AND BUDGETS

Facility and IT infrastructure costs are budgeted yearly. These costs are included in our organization's indirect rate calculation and are allocated throughout the district per an annual determinant set by our Financial Manager. Board committed funding for facility and infrastructure improvements is also a source of funding used particularly for large projects that take time to save for (e.g., a new roof) which often are identified at the end of a fiscal year where SWDH has budgeted funds left over which could be rolled into our facility improvement costs unlike state and county agencies which often have a dedicated fund set aside for facility improvements or purchases.

In general, capital outlay project funds are established to account for financial resources to be used for the acquisition or construction of major capital facilities and other capital assets. It is an investment to purchase new assets or to extend the useful life of assets owned. Capital outlay may include expenditures that result in the acquisition of fixed assets, existing buildings, improvements to sites, construction of buildings, construction of additions to buildings, retrofitting of existing buildings, and initial equipment and furnishings for district use. These accounts provide additional resources for larger facility maintenance projects that exceed the funds available in the other accounts.

Appendices A and C provide detail into SWDH's facilities budget, recent facilities assessments conducted by a third-party, and anticipated short and long-term facility and IT infrastructure projects. Except for large capital improvement IT projects, budgets for IT infrastructure are managed at the program level.

Appendix A: Facility and IT Infrastructure Budget Information

PROGRAM BUDGETS				
CANYON COUNTY BUILDING				51600
SUM OBJ CODE SUMMARY OBJECT	FY21 ACTUAL	FY22 ACTUAL	FY23 REV BUDGET	FY24 REQUEST
1000 APPROPRIATED FUNDS	\$0	\$0	\$0	\$0
1501 SALE OF SERVICES	\$902	\$835	\$275	\$540
1901 SALE LAND BLDG EQUIP	\$0	\$0	\$0	\$0
2001 FED GRANTS & CONTRIBS	\$0	\$0	\$0	\$0
2101 ST GRANTS & CONTRIBUTIONS	\$0	\$0	\$0	\$0
2201 CTY/CO GRTS & CONTR	\$0	\$0	\$0	\$0
2501 INTEREST	\$0	\$0	\$0	\$0
2701 RENT AND LEASE INCOME	\$0	\$0	\$0	\$0
3601 MISCELLANEOUS REVENUE	\$0	\$309	\$31	\$0
3615 BOARD-COMMITTED RESERVE	\$0	\$0	\$0	\$0
3900 CARRY-OVER FUNDS	\$0	\$0	\$0	\$0
Total Revenue	\$902	\$1,143	\$306	\$540
4101 GROSS SALARY & WAGE	\$71,753	\$89,982	\$90,295	\$96,678
4201 EMPLOYEE BENEFITS	\$39,495	\$46,823	\$46,083	\$49,050
Total Payroll Costs	\$111,248	\$136,806	\$136,378	\$145,728
9999 <i>INDIRECT COST</i>	\$0	\$0	\$0	\$0
5001 COMMUNICATION COSTS	\$12,341	\$17,399	\$18,000	\$21,600
5051 EMPLOYEE DEVELOPMENT COSTS	\$0	\$0	\$1,000	\$0
5101 GENERAL SERVICES	\$12,160	\$24,458	\$20,000	\$36,000
5151 PROFESSIONAL SERVICES	\$1,797	\$1,864	\$7,500	\$10,010
5201 REPAIR & MAINT SVCS	\$134,847	\$126,206	\$125,000	\$102,000
5251 ADMINISTRATIVE SERVICES	\$49	\$0	\$250	\$0
5301 COMPUTER SERVICES	\$107	\$5,174	\$0	\$0
5351 EMPLOYEE TRAVEL COSTS	\$0	\$0	\$1,000	\$0
5401 ADMINISTRATIVE SUPPLIES	\$3,045	\$1,447	\$4,000	\$5,400
5451 FUEL & LUBRICANTS COSTS	\$2,629	\$1,867	\$1,800	\$725
5501 MANUFACTURING	\$0	\$0	\$0	\$0
5551 COMPUTER SUPPLIES	\$531	\$179	\$3,000	\$2,400
5601 REPAIR & MAINT SUPPLIES	\$11,903	\$10,700	\$10,946	\$12,000
5651 INSTITUTIONAL	\$0	\$0	\$0	\$0
5701 SPECIFIC USE SUPPLIES	\$0	\$8,509	\$1,500	\$1,500
5751 INSURANCE	\$529	\$586	\$729	\$742
5851 UTILITY CHARGES	\$45,944	\$48,644	\$55,630	\$60,000
5901 RENTALS & OPER LEASES	\$609	\$619	\$250	\$1,880
5961 MISC EXPENDITURES	\$3,148	\$2,654	\$2,500	\$2,500
Total Operating Expenditures	\$229,640	\$250,307	\$253,105	\$256,757
6001 PROPERTY & IMPROVEMENTS	\$13,194	\$0	\$0	\$0
6151 SITE DEVELOPMENTS	\$41,969	\$26,771	\$0	\$0
6201 BLDG & IMPROVEMENTS	\$25,777	\$0	\$60,000	\$0
6401 COMPUTER EQUIPMENT	\$0	\$0	\$0	\$0
6601 MOTORIZED/NON-MOTORIZED EQUIP	\$0	\$0	\$0	\$0
6701 OFFICE EQUIPMENT	\$8,456	\$0	\$0	\$0
6801 SPECIFIC USE EQUIPMENT	\$0	\$0	\$114,077	\$0
6901 CAPITALIZED LEASES	\$0	\$0	\$0	\$0
6961 MISCELLANEOUS CAPITAL OUTLAY	\$0	\$0	\$0	\$0
Total Capital Outlay	\$89,396	\$26,771	\$174,077	\$0
7401 FED PMTS TO SUBGRANTEES	\$0	\$0	\$0	\$0
7601 NON-FED PMTS TO SUBGRANTEES	\$0	\$0	\$0	\$0
Total Trustee / Benefit Payments	\$0	\$0	\$0	\$0
Total Expenditures	\$430,284	\$413,883	\$563,560	\$402,485
Total Revenues Less Total Expenditures	-\$429,382	-\$412,740	-\$563,254	-\$401,945

PROGRAM BUDGETS					
EMMETT BUILDING				51700	
SUM		FY21	FY22	FY23 REV	
OBJ		ACTUAL	ACTUAL	BUDGET	
CODE	SUMMARY OBJECT			FY24	
				REQUEST	
1000	APPROPRIATED FUNDS	\$0	\$0	\$0	\$0
1501	SALE OF SERVICES	\$902	\$835	\$275	\$540
1901	SALE LAND BLDG EQUIP	\$0	\$0	\$0	\$0
2001	FED GRANTS & CONTRIBS	\$0	\$0	\$0	\$0
2101	ST GRANTS & CONTRIBUTIONS	\$0	\$0	\$0	\$0
2201	CTY/CO GRTS & CONTR	\$0	\$0	\$0	\$0
2501	INTEREST	\$0	\$0	\$0	\$0
2701	RENT AND LEASE INCOME	\$0	\$0	\$0	\$0
3601	MISCELLANEOUS REVENUE	\$0	\$0	\$0	\$0
3615	BOARD-COMMITTED RESERVE	\$0	\$0	\$0	\$0
3900	CARRY-OVER FUNDS	\$0	\$0	\$0	\$0
	Total Revenue	\$902	\$835	\$275	\$540
4101	GROSS SALARY & WAGE	\$0	\$0	\$0	\$0
4201	EMPLOYEE BENEFITS	\$0	\$0	\$0	\$0
	Total Payroll Costs	\$0	\$0	\$0	\$0
9999	INDIRECT COST	\$0	\$0	\$0	\$0
5001	COMMUNICATION COSTS	\$10,073	\$13,472	\$13,000	\$15,000
5051	EMPLOYEE DEVELOPMENT COSTS	\$0	\$0	\$0	\$0
5101	GENERAL SERVICES	\$0	\$200	\$0	\$0
5151	PROFESSIONAL SERVICES	\$0	\$0	\$0	\$0
5201	REPAIR & MAINT SVCS	\$7,543	\$12,874	\$13,500	\$10,000
5251	ADMINISTRATIVE SERVICES	\$0	\$0	\$0	\$0
5301	COMPUTER SERVICES	\$0	\$0	\$0	\$0
5351	EMPLOYEE TRAVEL COSTS	\$0	\$0	\$0	\$0
5401	ADMINISTRATIVE SUPPLIES	\$0	\$0	\$0	\$0
5451	FUEL & LUBRICANTS COSTS	\$0	\$0	\$0	\$0
5501	MANUFACTURING	\$0	\$0	\$0	\$0
5551	COMPUTER SUPPLIES	\$0	\$0	\$0	\$0
5601	REPAIR & MAINT SUPPLIES	\$127	\$209	\$750	\$750
5651	INSTITUTIONAL	\$0	\$0	\$0	\$0
5701	SPECIFIC USE SUPPLIES	\$0	\$0	\$0	\$0
5751	INSURANCE	\$0	\$0	\$0	\$0
5851	UTILITY CHARGES	\$3,772	\$4,314	\$4,200	\$5,520
5901	RENTALS & OPER LEASES	\$239	\$180	\$16	\$0
5961	MISC EXPENDITURES	\$119	\$92	\$150	\$150
	Total Operating Expenditures	\$21,873	\$31,341	\$31,616	\$31,420
6001	PROPERTY & IMPROVEMENTS	\$0	\$0	\$0	\$0
6151	SITE DEVELOPMENTS	\$0	\$0	\$0	\$0
6201	BLDG & IMPROVEMENTS	\$0	\$0	\$0	\$0
6401	COMPUTER EQUIPMENT	\$0	\$0	\$0	\$0
6601	MOTORIZED/NON-MOTORIZED EQUIP	\$0	\$0	\$0	\$0
6701	OFFICE EQUIPMENT	\$0	\$0	\$0	\$0
6801	SPECIFIC USE EQUIPMENT	\$0	\$0	\$0	\$0
6901	CAPITALIZED LEASES	\$0	\$0	\$0	\$0
6961	MISCELLANEOUS CAPITAL OUTLAY	\$0	\$0	\$0	\$0
	Total Capital Outlay	\$0	\$0	\$0	\$0
7401	FED PMTS TO SUBGRANTEES	\$0	\$0	\$0	\$0
7601	NON-FED PMTS TO SUBGRANTEES	\$0	\$0	\$0	\$0
	Total Trustee / Benefit Payments	\$0	\$0	\$0	\$0
	Total Expenditures	\$21,873	\$31,341	\$31,616	\$31,420
	Total Revenues Less Total Expenditures	-\$20,971	-\$30,506	-\$31,341	-\$30,880

PROGRAM BUDGETS					
PAYETTE BUILDING				51800	
SUM		FY21	FY22	FY23 REV	
OBJ		ACTUAL	ACTUAL	BUDGET	
CODE	SUMMARY OBJECT			FY24	
				REQUEST	
1000	APPROPRIATED FUNDS	\$0	\$0	\$0	\$0
1501	SALE OF SERVICES	\$902	\$835	\$275	\$540
1901	SALE LAND BLDG EQUIP	\$0	\$0	\$0	\$0
2001	FED GRANTS & CONTRIBS	\$0	\$0	\$0	\$0
2101	ST GRANTS & CONTRIBUTIONS	\$0	\$0	\$0	\$0
2201	CTY/CD GRTS & CONTR	\$0	\$0	\$0	\$0
2501	INTEREST	\$0	\$0	\$0	\$0
2701	RENT AND LEASE INCOME	\$0	\$0	\$0	\$0
3601	MISCELLANEOUS REVENUE	\$0	\$0	\$0	\$0
3615	BOARD-COMMITTED RESERVE	\$0	\$0	\$0	\$0
3900	CARRY-OVER FUNDS	\$0	\$0	\$0	\$0
	Total Revenue	\$902	\$835	\$275	\$540
4101	GROSS SALARY & WAGE	\$0	\$0	\$0	\$0
4201	EMPLOYEE BENEFITS	\$0	\$0	\$0	\$0
	Total Payroll Costs	\$0	\$0	\$0	\$0
9999	INDIRECT COST	\$0	\$0	\$0	\$0
5001	COMMUNICATION COSTS	\$10,068	\$13,467	\$13,000	\$15,000
5051	EMPLOYEE DEVELOPMENT COSTS	\$0	\$0	\$0	\$0
5101	GENERAL SERVICES	\$5,421	\$3,224	\$0	\$0
5151	PROFESSIONAL SERVICES	\$0	\$0	\$0	\$0
5201	REPAIR & MAINT SVCS	\$26,116	\$15,100	\$6,500	\$5,000
5251	ADMINISTRATIVE SERVICES	\$0	\$0	\$0	\$0
5301	COMPUTER SERVICES	\$0	\$0	\$0	\$0
5351	EMPLOYEE TRAVEL COSTS	\$0	\$0	\$0	\$0
5401	ADMINISTRATIVE SUPPLIES	\$0	\$0	\$0	\$0
5451	FUEL & LUBRICANTS COSTS	\$0	\$0	\$0	\$0
5501	MANUFACTURING	\$0	\$0	\$0	\$0
5551	COMPUTER SUPPLIES	\$0	\$0	\$0	\$0
5601	REPAIR & MAINT SUPPLIES	\$458	\$1,103	\$1,500	\$1,500
5651	INSTITUTIONAL	\$0	\$0	\$0	\$0
5701	SPECIFIC USE SUPPLIES	\$0	\$0	\$0	\$0
5751	INSURANCE	\$0	\$0	\$0	\$0
5851	UTILITY CHARGES	\$5,043	\$5,351	\$5,500	\$7,020
5901	RENTALS & OPER LEASES	\$321	\$271	\$500	\$0
5961	MISC EXPENDITURES	\$90	\$68	\$200	\$250
	Total Operating Expenditures	\$47,516	\$38,585	\$27,200	\$28,770
6001	PROPERTY & IMPROVEMENTS	\$0	\$0	\$0	\$0
6151	SITE DEVELOPMENTS	\$0	\$0	\$0	\$0
6201	BLDG & IMPROVEMENTS	\$0	\$0	\$50,000	\$0
6401	COMPUTER EQUIPMENT	\$0	\$0	\$0	\$0
6601	MOTORIZED/NON-MOTORIZED EQUIP	\$0	\$0	\$0	\$0
6701	OFFICE EQUIPMENT	\$0	\$0	\$0	\$0
6801	SPECIFIC USE EQUIPMENT	\$0	\$0	\$0	\$0
6901	CAPITALIZED LEASES	\$0	\$0	\$0	\$0
6961	MISCELLANEOUS CAPITAL OUTLAY	\$0	\$0	\$0	\$0
	Total Capital Outlay	\$0	\$0	\$50,000	\$0
7401	FED PMTS TO SUBGRANTEES	\$0	\$0	\$0	\$0
7601	NON-FED PMTS TO SUBGRANTEES	\$0	\$0	\$0	\$0
	Total Trustee / Benefit Payments	\$0	\$0	\$0	\$0
	Total Expenditures	\$47,516	\$38,585	\$77,200	\$28,770
	Total Revenues Less Total Expenditures	-\$46,614	-\$37,750	-\$76,925	-\$28,230

PROGRAM BUDGETS				
WEISER BUILDING				51900
SUM	FY21	FY22	FY23 REV	FY24
OBJ	ACTUAL	ACTUAL	BUDGET	REQUEST
CODE SUMMARY OBJECT				
1000 APPROPRIATED FUNDS	\$0	\$0	\$0	\$0
1501 SALE OF SERVICES	\$902	\$835	\$275	\$540
1901 SALE LAND BLDG EQUIP	\$0	\$0	\$0	\$0
2001 FED GRANTS & CONTRIBS	\$0	\$0	\$0	\$0
2101 ST GRANTS & CONTRIBUTIONS	\$0	\$0	\$0	\$0
2201 CTY/CO GRTS & CONTR	\$0	\$0	\$0	\$0
2501 INTEREST	\$0	\$0	\$0	\$0
2701 RENT AND LEASE INCOME	\$0	\$0	\$0	\$0
3601 MISCELLANEOUS REVENUE	\$0	\$0	\$0	\$0
3615 BOARD-COMMITTED RESERVE	\$0	\$0	\$0	\$0
3900 CARRY-OVER FUNDS	\$0	\$0	\$0	\$0
Total Revenue	\$902	\$835	\$275	\$540
4101 GROSS SALARY & WAGE	\$0	\$0	\$0	\$0
4201 EMPLOYEE BENEFITS	\$0	\$0	\$0	\$0
Total Payroll Costs	\$0	\$0	\$0	\$0
9999 INDIRECT COST	\$0	\$0	\$0	\$0
5001 COMMUNICATION COSTS	\$10,078	\$13,482	\$13,000	\$15,000
5051 EMPLOYEE DEVELOPMENT COSTS	\$0	\$0	\$0	\$0
5101 GENERAL SERVICES	\$1,305	\$100	\$0	\$0
5151 PROFESSIONAL SERVICES	\$0	\$0	\$0	\$0
5201 REPAIR & MAINT SVCS	\$3,234	\$6,301	\$7,500	\$5,000
5251 ADMINISTRATIVE SERVICES	\$0	\$0	\$0	\$0
5301 COMPUTER SERVICES	\$0	\$0	\$0	\$0
5351 EMPLOYEE TRAVEL COSTS	\$0	\$0	\$0	\$0
5401 ADMINISTRATIVE SUPPLIES	\$0	\$0	\$0	\$0
5451 FUEL & LUBRICANTS COSTS	\$0	\$0	\$0	\$0
5501 MANUFACTURING	\$0	\$0	\$0	\$0
5551 COMPUTER SUPPLIES	\$0	\$0	\$0	\$0
5601 REPAIR & MAINT SUPPLIES	\$170	\$1,332	\$500	\$500
5651 INSTITUTIONAL	\$0	\$0	\$0	\$0
5701 SPECIFIC USE SUPPLIES	\$0	\$0	\$0	\$0
5751 INSURANCE	\$0	\$0	\$0	\$0
5851 UTILITY CHARGES	\$2,631	\$2,843	\$2,000	\$4,020
5901 RENTALS & OPER LEASES	\$326	\$180	\$250	\$0
5961 MISC EXPENDITURES	\$111	\$114	\$250	\$0
Total Operating Expenditures	\$17,856	\$24,352	\$23,500	\$24,520
6001 PROPERTY & IMPROVEMENTS	\$0	\$0	\$0	\$0
6151 SITE DEVELOPMENTS	\$0	\$0	\$0	\$0
6201 BLDG & IMPROVEMENTS	\$0	\$0	\$10,000	\$0
6401 COMPUTER EQUIPMENT	\$0	\$0	\$0	\$0
6601 MOTORIZED/NON-MOTORIZED EQUIP	\$0	\$0	\$0	\$0
6701 OFFICE EQUIPMENT	\$0	\$0	\$0	\$0
6801 SPECIFIC USE EQUIPMENT	\$0	\$0	\$0	\$0
6901 CAPITALIZED LEASES	\$0	\$0	\$0	\$0
6961 MISCELLANEOUS CAPITAL OUTLAY	\$0	\$0	\$0	\$0
Total Capital Outlay	\$0	\$0	\$10,000	\$0
7401 FED PMTS TO SUBGRANTEES	\$0	\$0	\$0	\$0
7601 NON-FED PMTS TO SUBGRANTEES	\$0	\$0	\$0	\$0
Total Trustee / Benefit Payments	\$0	\$0	\$0	\$0
Total Expenditures	\$17,856	\$24,352	\$33,500	\$24,520
Total Revenues Less Total Expenditures	-\$16,954	-\$23,518	-\$33,225	-\$23,980

PROGRAM BUDGETS				
INFORMATION TECHNOLOGY				51300
SUM				
OBJ	FY21	FY22	FY23 REV	FY24
CODE SUMMARY OBJECT	ACTUAL	ACTUAL	BUDGET	REQUEST
1000 APPROPRIATED FUNDS	\$0	\$0	\$0	\$0
1501 SALE OF SERVICES	\$0	\$0	\$0	\$0
1901 SALE LAND BLDG EQUIP	\$0	\$0	\$0	\$0
2001 FED GRANTS & CONTRIBS	\$0	\$0	\$0	\$0
2101 ST GRANTS & CONTRIBUTIONS	\$0	\$0	\$0	\$0
2201 CTY/CO GRTS & CONTR	\$0	\$0	\$0	\$0
2501 INTEREST	\$0	\$0	\$0	\$0
2701 RENT AND LEASE INCOME	\$0	\$0	\$0	\$0
3601 MISCELLANEOUS REVENUE	\$0	\$0	\$0	\$0
3615 BOARD-COMMITTED RESERVE	\$0	\$0	\$0	\$0
3900 CARRY-OVER FUNDS	\$0	\$0	\$0	\$0
Total Revenue	\$0	\$0	\$0	\$0
4101 GROSS SALARY & WAGE	\$188,290	\$181,642	\$203,653	\$230,194
4201 EMPLOYEE BENEFITS	\$72,343	\$68,832	\$79,232	\$92,560
Total Payroll Costs	\$260,633	\$250,473	\$282,885	\$322,754
9999 INDIRECT COST	\$0	\$0	\$0	\$0
5001 COMMUNICATION COSTS	\$5,247	\$3,805	\$40,000	\$8,200
5051 EMPLOYEE DEVELOPMENT COSTS	\$0	\$16,142	\$150	\$0
5101 GENERAL SERVICES	\$114	\$5,921	\$300	\$300
5151 PROFESSIONAL SERVICES	\$565	\$328	\$8,000	\$2,644
5201 REPAIR & MAINT SVCS	\$42,427	\$43,185	\$100,000	\$52,055
5251 ADMINISTRATIVE SERVICES	\$88	\$30	\$100	\$100
5301 COMPUTER SERVICES	\$7,769	\$56,239	\$64,500	\$61,545
5351 EMPLOYEE TRAVEL COSTS	\$0	\$71	\$0	\$0
5401 ADMINISTRATIVE SUPPLIES	\$773	\$7,146	\$7,000	\$0
5451 FUEL & LUBRICANTS COSTS	\$47	\$65	\$5	\$0
5501 MANUFACTURING	\$0	\$0	\$0	\$0
5551 COMPUTER SUPPLIES	\$9,255	\$15,389	\$17,000	\$9,000
5601 REPAIR & MAINT SUPPLIES	\$746	\$2,955	\$150	\$0
5651 INSTITUTIONAL	\$0	\$0	\$0	\$0
5701 SPECIFIC USE SUPPLIES	\$0	\$0	\$0	\$0
5751 INSURANCE	\$928	\$924	\$963	\$1,106
5851 UTILITY CHARGES	\$0	\$5,165	\$0	\$0
5901 RENTALS & OPER LEASES	\$866	\$801	\$245	\$2,667
5961 MISC EXPENDITURES	\$1,940	\$1,724	\$1,737	\$2,000
Total Operating Expenditures	\$70,765	\$159,890	\$240,150	\$139,617
6001 PROPERTY & IMPROVEMENTS	\$0	\$0	\$0	\$0
6151 SITE DEVELOPMENTS	\$0	\$0	\$0	\$0
6201 BLDG & IMPROVEMENTS	\$0	\$0	\$0	\$0
6401 COMPUTER EQUIPMENT	\$85,027	\$0	\$0	\$0
6601 MOTORIZED/NON-MOTORIZED EQUIP	\$0	\$0	\$0	\$0
6701 OFFICE EQUIPMENT	\$0	\$0	\$0	\$0
6801 SPECIFIC USE EQUIPMENT	\$0	\$0	\$0	\$0
6901 CAPITALIZED LEASES	\$0	\$0	\$0	\$0
6961 MISCELLANEOUS CAPITAL OUTLAY	\$0	\$0	\$0	\$0
Total Capital Outlay	\$85,027	\$0	\$0	\$0
7401 FED PMTS TO SUBGRANTEES	\$0	\$0	\$0	\$0
7601 NON-FED PMTS TO SUBGRANTEES	\$0	\$0	\$0	\$0
Total Trustee / Benefit Payments	\$0	\$0	\$0	\$0
Total Expenditures	\$416,426	\$410,363	\$523,035	\$462,371
Total Revenues Less Total Expenditures	-\$416,426	-\$410,363	-\$523,035	-\$462,371

Appendix B: Future Facility and IT Infrastructure Needs

Facility Needs

2024/2025 (Current)

- Cooling Tower rebuild during winter of 2023/2024. Pictures show rust from the upper section. Panels would be made locally to save cost and time. The problem is chemical imbalance and condensation over time. Estimated cost \$75,000.
- Continued HVAC repairs in the Caldwell facility (ongoing). Estimated cost \$50,000.
- New HVAC units for the front area of Weiser facility. This would include the inside furnace and roof top A/C unit. Estimated cost \$15,000.00.
- Two new HVAC units for the Caldwell Facility Community Rooms. The estimated cost for each unit is \$35,000. \$70,000 total cost estimated.
- New partial linoleum for the Caldwell facility. Estimated cost \$25,000.

5 Year (Future)

- A new membrane roof for the Weiser facility would include our portion of the building and the separate garage. Estimated cost \$30,000.
- Fence and landscaping for remainder of Caldwell facility after Hwy 55 has been widened. Estimated cost \$250,000.
- New interior hallway carpet. Estimated cost \$150,000.
- New roof for the Caldwell facility. Estimated cost \$75,000. Does not include cost to remove existing roof.
- New partial linoleum for the Caldwell facility. Estimated cost \$100,000.

10 Year (Long Term)

- New interior LED lighting for Caldwell facility. Currently exploring with electrical vendor and Idaho Power.
- New interior and exterior lighting for Weiser, Payette, and Emmett buildings. Currently exploring with electrical vendor and Idaho Power.

IT Infrastructure Needs

PROJECT	YEAR	COST ESTIMATE	LIFE-CYCLE	TERMS
Conferencing System Upgrade	FY24	\$180,000.00	10 Year	Once
Security Appliance (Additional Layer of Security)	FY24	\$40,000.00	5 Year	Once
Local Server Upgrade	FY24	\$25,000.00	5 Year	Once
Printer Upgrades	FY24	\$50,000.00	5 Year	Lease
Circuit Upgrades	FY24	\$3,000.00	N/A	Monthly Increase
Network Router Upgrade	FY24	\$15,000.00	5 Year	Once
Phone System Upgrade	FY25	\$50,000.00	10 Year	Annually
Website Redesign	FY25	\$30,000.00	5 Year	Once
Datacenter Upgrade	FY26	\$40,000.00	10 Year	Once
Wireless Access Point Upgrade	FY27	\$36,000.00	5 Year	Once
Network Switch Upgrade	FY27	\$48,000.00	5 Year	Once
Firewall Upgrade	FY29	\$15,000.00	5 Year	Once
Network Router Upgrade	FY29	\$12,000.00	5 Year	Once
Camera/Physical Security Upgrade	FY31	\$100,000.00	10 Year	Once
Security Appliance (Additional Layer of Security)	FY32	\$50,000.00	5 Year	Once

Legislative Update – January 23, 2024

+ Indicates a priority bill or bill of concern for SWDH that would have significant impact to the organization or the public’s health.

Bill number	Title	Brief description	Impact	Status
H392	Health districts, powers, duties	Amends existing law to revise the powers and duties of the district board of health.	The bill changes language from “all things” to “necessary and reasonable” and removes reference to preventive health. It does not appear that these language changes would result in any significant changes to the way public health districts operate or our statutory role and responsibilities.	Referred to Health & Welfare Committee on 1/16.
H396+	Mask mandate, prohibition	Adds to existing law to establish provisions regarding the prohibition of mask mandates.	The bill would prohibit political subdivisions (e.g., SWDH) from mandating that an individual use a face mask, face shield, or other face covering for the purposes of preventing or slowing the spread of contagious or infectious disease and would prohibit us from mandating the use of a face mask, face shield, or face covering as a condition of employment. While concerning, health care facilities are exempt. Since we are both a political subdivision and a health care facility, our legal counsel advises that we can continue to follow standard healthcare precautions to protect our patients and employees from exposure to contagious or infectious diseases.	Referred to State Affairs on 1/17.
H397+	Immunization registry, opt in	Amends existing law to revise procedures for a child’s immunization data to be included in the registry.	This bill would change enrollment in the Idaho Immunization Reminder Information System (IRIS) from opt-out to opt-in. Considerations: 1. Healthcare providers would need to provide more education about the benefits of using IRIS.	Referred to Health & Welfare on 1/17.

			<p>2. Immunizations records are often lost or misplaced. This means that individuals could receive unnecessary duplicate vaccines if they are not in the registry.</p> <p>3. Schools and parents/guardians would have to increase coordination amongst varied healthcare providers to track down immunization records to fulfill the requirement for admission to Idaho schools.</p>	
H398	Medicaid, legislative approval	Adds to existing law to provide for legislative approval of Medicaid state plan amendments and waivers.	The bill would prevent Health & Welfare from seeking or implementing a Medicaid state plan amendment or waiver without first obtaining approval from the legislature. Approval must be provided by statute. By requiring DHW to wait until the legislative session to seek approval for Medicaid state plan amendments or waivers, important health services could be delayed for a year or more (waiting for the legislature to reconvene and for CMS approval).	Referred to Health & Welfare on 1/17.
H399	Maternal mortality, board, report	Adds to existing law to authorize the Board of Medicine to collect and report data on maternal mortality rates.	<p>Review of maternal deaths (i.e., deaths that occur during pregnancy, or at or soon after delivery), are valuable in understanding causes of death and measures that could be taken to prevent future maternal deaths. The committee was dissolved July 1, 2023, due to no legislative action to extend it. There is currently no opportunity to understand these causes of death and develop population-based strategies that could prevent premature death.</p> <p>This bill would expand the scope of the Board of Medicine and allow for the collection and review of data and information on maternal mortality in Idaho.</p>	Referred to Health & Welfare on 1/17.
H406	Fentanyl trafficking, drug homicide	Adds to existing law to provide for the crimes of trafficking in fentanyl and drug-induced homicide.	This bill adds fentanyl to the list of dangerous drugs that carry minimum sentences. It defines the amounts of fentanyl that are required to meet the elements for the crime of trafficking. It targets those who choose to manufacture, deliver, or bring into the state certain	Referred for printing on 1/18.

			quantities. It also adds provisions for the crime of drug induced homicide and the corresponding punishment.	
S1222	Children's device protection act	Add new chapter to the Idaho code establishing provisions requiring certain internet filters on computer devices used by children.	This bill aims to protect children from exposure to harmful material online and from being groomed by the use of the material into sexual exploitation, abuse, and sex trafficking. The legislation would require manufacturers of smartphones and tablets to enable existing filters for Idaho's children. The filters are already there but defaulted to "off."	Referred to State Affairs on 1/16.
S1227	Patient medical rights	Amends and adds to existing law to clarify the health rights of Idahoans.	<p>The bill would prohibit the state and political subdivisions (e.g., SWDH) from:</p> <ol style="list-style-type: none"> 1. Ordering residents in general to remain in their homes, close their businesses, social distance, or wear masks because of an emergency, extreme emergency, or medical emergency, whether declared or undeclared. 2. Advertising via any medium, for the recommended public use of any vaccine, drug, or medication classified as experimental by a competent medical authority or any vaccine, drug, or medication that has not been fully clinically tested and approved according to recognized, traditional, and accepted standards of clinical testing. <p>All other patient medical rights in the bill are consistent with providing ethical medical care and practice.</p> <p>Considerations:</p> <p>In #1, the term "in general" is vague. Does it mean a person/place or persons/place? Also, unsure if this applies to other settings (e.g., the shelter in place order given with a gas pipeline ruptured recently...also a threat to public health).</p> <p>In #2, who determines who a "competent medical authority" is and what are "recognized, traditional, and accepted standards of clinical testing"?</p>	Referred State Affairs on 1/17.

S1229	Abortion, exceptions	Amends existing law to remove certain exceptions.	This bill amends existing law to disallow the affirmative defense to the felony of criminal abortion in the case of incest or rape. Making it a criminal offense if a physician performs an abortion as a result of rape or incest.	Referred to State Affairs on 1/17.
S1234	Contraception, six months	Adds to existing law to provide that health benefit plans and student health benefit plans covering prescription contraception must provide reimbursement for a six-month supply except under certain circumstances.	This bill allows enrollees to receive up to a 6 months supply of prescribed contraceptives if they choose or if they are on an established prescription already. Currently, many insurance plans reimburse for only a 1 – 3 month supply of contraceptive supplies.	Referred to Commerce & Human Resources on 1/18.
SCR110	COVID-19, study committee	States findings of the Legislature and authorizes the Legislative Council to establish a committee to complete a study of Idaho's response to the COVID-19 pandemic.	The senate authorizes the Legislative Council to appoint a committee consisting of Senate and House members to undertake a study of the State of Idaho's response to the COVID-19 pandemic.	Referred to State Affairs on 1/17.

Potential legislation:

Change to IC 39-411(3) to remove the requirement for county board appointments to the Board of Health to get approval from other county commissioners within the public health district.