



Board of Health Meeting
 Tuesday, April 22, 2025
 13307 Miami Lane, Caldwell, ID 83607

Public comments specific to an agenda item for the April 22, 2025 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 10:00 a.m. on Monday, April 21, 2025. The meeting will be available through live streaming on [the SWDH You Tube channel](#).

Agenda

A = Board Action Required

G =Guidance

I = Information item

9:00	A	Call Meeting to Order	Chairman Kelly Aberasturi
9:01		Pledge of Allegiance	
9:02		Roll Call	Chairman Kelly Aberasturi
9:04	A	Call for changes to agenda; vote to approve agenda	Chairman Kelly Aberasturi
9:05		In-person public comment	
9:07	I	Introduction of new employees	Division Administrators
9:12	A	Approval of March 2025 meeting minutes	Chairman Kelly Aberasturi
9:15	I	February 2025 Monthly Expenditure and Revenue Report	Aaron Howard
9:25	A	Employee Compensation Request	Jody Waddy
9:35	A	County Contribution Request	Aaron Howard
9:45	A	Fiscal Year 2026 Budget Proposal Review and Approval	Nikki Zogg, Aaron Howard
10:00	I	YouthROC Overview	Savannah Nalder
10:20		Break	
10:30	I	Childhood Morbidity and Mortality Trends Follow Up	Anna Briggs
10:45	I	Clearwater Financial Situation Analysis Project Overview	Clearwater Financial Staff
11:15	I	Executive Council Report	Commissioner Viki Purdy
11:20	I	Pool Inspection Discussion	Ben Shatto, Jeff Buckingham
11:40		Directors Report	
		<ul style="list-style-type: none"> • Proposed Fall IADBH Meeting Dates • Finance Workgroup • Fiscal Year 2026 Budget Committee Meeting proxy forms • Board of Health term expirations <ul style="list-style-type: none"> ○ Commissioner Brooks, Commissioner Aberasturi, Commissioner Harberd, Dr. Tribble • Pre Prosecution Diversion (PPD) Facilities 	
11:50		Executive Session Pursuant to Idaho Code 742-206(b)	
11:55	A	Action taken as a result of Executive Session	
11:58	I	Future Agenda Items	
12:00		Adjourn	

NEXT MEETING: Tuesday, May 20, 2025 – 9:15 a.m. (Following FY2026 Budget Committee Meeting and Public Hearing)



BOARD OF HEALTH MEETING MINUTES
Tuesday, March 18, 2025

BOARD MEMBERS:

Jennifer Riebe, Commissioner, Payette County – present
Jim Harberd, Commissioner, Washington County – present
Zach Brooks, Commissioner, Canyon County – present
Kelly Aberasturi, Commissioner, Owyhee County – present via Microsoft Teams
Viki Purdy, Commissioner, Adams County – present via Microsoft Teams
John Tribble, MD, Physician Representative – present via Microsoft Teams
Bill Butticci, Commissioner, Gem County – present

STAFF MEMBERS:

In person: Nikki Zogg, Katrina Williams, Don Lee, Beth Kriete, Aaron Howard, Ben Shatto, Violeta Pulido, Charlene Cariou, Sarah Price

Virtual: Colton Osborne

GUESTS: Jordan Zwygart

CALL THE MEETING TO ORDER

Vice-Chairman Zach Brooks 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 via Microsoft Teams; Dr. John Tribble – present via Microsoft Teams; Commissioner Purdy – present via Microsoft Teams; Commissioner Harberd – present; Vice Chairman Brooks – present; Commissioner Riebe – present; Commissioner Butticci – present.

REQUEST FOR ADDITIONAL AGENDA ITEMS AND APPROVAL OF AGENDA

Vice-Chairman Zach Brooks asked for additional agenda items. Board members had no additional agenda items or changes to the agenda.

MOTION: Commissioner Riebe made a motion to approve the agenda as presented. Commissioner Butticci seconded the motion. All in favor; motion passes.

IN-PERSON PUBLIC COMMENT

No public comment provided in person.

INTRODUCTION OF NEW EMPLOYEES

Division administrators introduced new employees.

FISCAL YEAR 2026 BUDGET WORKSHOP

Division Presentations

Family and Clinic Services

Beth Kriete, Family and Clinic Services Division Administrator, shared Family and Clinic Services highlights. Part of the behavioral health team has moved from the community health team to clinic services. Magellan, state's managed care contractor for all behavioral health services, assumed managing the contracts for the crisis center. Beth also shared that the Canyon County Pre-Prosecution Diversion Program is fully supported by grant funds.

Environmental and Community Health Services

Beth Kriete has been acting as co-division administrator for the Environmental and Community Health Services Division. She shared an overview of the division and a summary of the budget request highlights. The Public Health Emergency Preparedness and Epidemiological Response (PHEPER) team anticipates some funding decreases. In addition, the Consumer Protection Program is requesting another full-time equivalent (FTE) position to assist with restaurant inspections.

District Operations

Don Lee, Chief Operating Officer, provided a few highlights from the District Operations team including replacing the easement area lost to the Idaho Transportation Department (ITD) Highway 55 expansion project. The easement includes part of the walking track SWDH staff use regularly as well as some landscaped areas. In addition, he is working to coordinate a broad district-wide analysis of all of SWDH office locations, their services and physical locations to help inform decisions going forward.

Subgrants and Contracts Forecast

Nikki Zogg, District Director, and Aaron Howard, Financial Manager, shared an overview of anticipated subgrants and contracts. Stable funding is anticipated for the next fiscal year. There may be some shifts at the federal level as the new fiscal year approaches with some of the funding priorities shifting with the focus of the current administration.

Staff are looking for funding opportunities that may support gaps or needs in our services. Also, staff are working with partners to identify work that may benefit communities such as jail diversion and better support for emergency medical services (EMS).

Budget Proposal

Nikki Zogg shared the draft Fiscal Year 2026 (FY26) Budget Proposal. Board member discussion included fee increases, Medicaid payer services, and how demand for services has changed over time compared to the growth in the number of employees.

Aaron Howard, Financial Officer, provided an overview of the Fiscal Year 2026 (FY26) budget request. The executive summary shows the budget overall is increasing by 7.9%. We anticipate a 3.1% increase in fee revenue on the Environmental Health side. An increase of 2.25% in county contributions equating to a \$70,000 increase over last fiscal year is being requested.

Nikki added that this budget includes a 3% cost of living adjustment (COLA) for employees. Commissioner Brooks asked what each COLA percentage point equates to dollar-wise. Aaron will

calculate that dollar amount and share it out. Commissioner Aberasturi asked for a breakdown of actual budget versus pass through dollars.

Employee Compensation Plan Overview and Change in Employee Compensation

Sarah Price, Human Resources Manager, presented the Employee Compensation Plan. Board members discussed bonuses and one board member expressed philosophical opposition to bonuses being paid with taxpayer dollars. When asked if Nikki awarded any bonuses this current fiscal year, she responded that she had awarded several limited bonuses to finance team members for their work on implementing Luma in fiscal year 2024, but none that she can recall in the current fiscal year.

The only change to this year's plan is removal of the recognition bonus and the addition of the 401a social security replacement plan.

MOTION: Commissioner Riebe made a motion to accept the Employee Compensation Plan as presented. Commissioner Buttici seconded the motion. Six in favor; one opposed. Adams County's Board of Health representative voted no.

Opioid Settlement Fund Spending Plan

Charlene Cariou, SWDH Program Manager, presented the proposed opioid settlement fund spending plan for approval.

MOTION: Commissioner Riebe made a motion to approve the spending plan as presented. Commissioner Buttici seconded the motion. All in favor; motion carries.

Five Year Facilities and I.T. Infrastructure Plan

Don Lee presented the Five-Year Facilities and Infrastructure Plan. He noted that Clearwater Financial expects to complete the situation analysis by the beginning of the 2026 calendar year. Clearwater Financial will be engaging the board throughout the project.

JANUARY 2025 EXPENDITURE AND REVENUE REPORT

Aaron Howard, Chief Financial Officer, presented the January 2025 Expenditure and Revenue Report. Overall, personnel remains on target. Aaron is working through whether crisis center funds are processed through Trustee and Benefits or Operating.

APPROVAL OF FEBRUARY 2025 MEETING MINUTES

Board members reviewed meeting minutes from the February 25, 2025 Board of Health meeting.

MOTION: Commissioner Riebe made a motion to approve the February 25, 2025 meeting minutes as corrected. Commissioner Buttici seconded the motion. All in favor; motion passes.

ANNUAL AUDIT REVIEW AND ACCEPTANCE OF AUDIT REPORT

Jordan Zwygart from Zwygart John & Associates presented the audit report for fiscal year 2024 that ended June 30, 2024. Jordan reported that specific to federal grant, grant funds were spent correctly and adequate controls are in place to ensure no material deficiencies.

In response to questions regarding accuracy of Luma, Jordan explained that everything they saw showed the transaction was recorded in Luma but getting that data out of Luma was a challenge.

MOTION: Commissioner Butticci made a motion to accept the fiscal year 2024 audit review as presented. Commissioner Riebe seconded the motion. All in favor; motion passes.

WOMEN INFANT CHILDREN (WIC) OVERVIEW

Emily Geary, Program Manager, shared a video highlighting the WIC services available to ensure eligible families have access to nutritious foods and nutritional education information. Impacts of WIC participation include healthier diets, overall, and higher developmental scores for infants. Emily also shared that recruiting and retaining WIC staff has been a challenge.

DIRECTORS REPORT

Legislative Update

Nikki emailed this document out for Board member review.

Clearwater Financial Situational Assessment

This assessment was discussed previously in the meeting and updates will be provided periodically.

There being no further business, the meeting adjourned at 12:53 p.m.

Respectfully submitted:

Approved as written:

Nikole Zogg
Secretary to the Board

Zach Brooks
Vice-Chairman

Date: April 22, 2025



SOUTHWEST DISTRICT HEALTH

REVENUES & EXPENDITURE REPORT FOR FY2025

Feb 2025

Cash Basis

Target 66.6%

Fund Balances		
	FY Beginning	Feb 2025 Ending
General Operating Fund	\$ 636,900	\$ 1,181,424
LGIP Operating	\$ 6,938,818	\$ 5,977,913
LGIP Vehicle Replacement	\$ 108,497	\$ 112,982
LGIP Capital	\$ 1,299,174	\$ 1,299,174
Total	\$ 8,983,390	\$ 8,571,494

Income Statement Information			
	YTD	Month	
Net Revenue:	\$ 7,943,372	\$ 114,529	
Expenditures:	\$ (7,570,133)	\$ (819,771)	
Net Income:	\$ 373,239	\$ (705,243)	

District Activity - Fund 29000

Revenue								
	Office of the Director	Clinic Services	Env & Community Health	District Operations	Total	YTD	Total Budget	Percent Budget to Actual
County Contributions	\$ 38,937	\$ -	\$ -	\$ -	\$ 38,937	\$ 1,859,011	\$ 3,122,831	60%
Fees	\$ -	\$ 14,545	\$ 58,564	\$ -	\$ 73,109	\$ 1,488,110	\$ 1,704,841	87%
Contract Revenue	\$ -	\$ 2,483	\$ -	\$ -	\$ 2,483	\$ 3,967,040	\$ 6,257,743	63%
Sale of Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%
Interest	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 250,004	\$ 337,850	74%
Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 379,206	\$ 1,656,666	23%
Monthly Revenue	\$ 38,937	\$ 17,028	\$ 58,564	\$ -	\$ 114,529	\$ 7,943,372	\$ 13,079,931	61%
Year-to-Date Revenue	\$ 2,109,933	\$ 2,064,961	\$ 3,407,676	\$ 360,802	\$ 7,943,372	DIRECT BUDGET		

Expenditures								
	Office of the Director	Clinic Services	Env & Community Health	District Operations	Total	YTD	Total Budget <small>*Shift personnel savings down*</small>	Percent Budget to Actual
Personnel	\$ 26,061	\$ 280,196	\$ 235,767	\$ 140,101	\$ 682,125	\$ 5,876,116	\$ 9,324,880	63%
Operating	\$ 3,809	\$ 32,904	\$ 16,019	\$ 84,914	\$ 137,647	\$ 1,675,248	\$ 2,403,122	70%
Capital Outlay	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,455	\$ 80,000	3%
Trustee & Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 16,314	\$ 1,271,929	1%
Monthly Expenditures	\$ 29,870	\$ 313,101	\$ 251,786	\$ 225,015	\$ 819,771	\$ 7,570,133	\$ 13,079,931	58%
Year-to-Date Expenditures	\$ 288,627	\$ 3,304,903	\$ 2,436,687	\$ 1,539,916	\$ 7,570,133	DIRECT BUDGET		

SOUTHWEST DISTRICT HEALTH - ADULT CRISIS CENTER ACTIVITY

Feb 2025

REVENUES & EXPENDITURE REPORT FOR FY2025

Cash Basis

Target **66.6%**



Income Statement Information

	YTD	Month
Net Revenue: \$	1,027,546	\$ -
Expenditures: \$	(830,341)	\$ (6,256)
Net Income: \$	197,205	\$ (6,256)

Adult Crisis Activity - Fund 29001

Revenue				
	Crisis Center	YTD	Total Budget	Percent Budget to Actual
Contract Revenue	\$ -	\$ 1,027,546	\$ 1,020,000	101%
Monthly Revenue	\$ -	\$ 1,027,546	\$ 1,020,000	101%
DIRECT BUDGET				

Expenditures				
	Crisis Center	YTD	Total Budget	Percent Budget to Actual
Personnel	\$ 830	\$ 14,016	\$ 18,870	74%
Operating	\$ 5,426	\$ 816,324	\$ 77,495	1053%
Capital Outlay	\$ -	\$ -	\$ -	0%
Trustee & Benefits	\$ -	\$ -	\$ 923,635	0%
Monthly Expenditures	\$ 6,256	\$ 830,341	\$ 1,020,000	81%
DIRECT BUDGET				

82% (Including T&B Budget)

SOUTHWEST DISTRICT HEALTH - YOUTH CRISIS CENTER ACTIVITY

Feb 2025

REVENUES & EXPENDITURE REPORT FOR FY2025

Cash Basis

Target **66.6%**



Income Statement Information

	YTD	Month
Restricted Funds: \$	1,336,691	\$ -
Net Revenues: \$	910,650	\$ -
Expenditures: \$	(1,749,001)	\$ (32,940)
Net Income: \$	498,340	\$ (32,940)

Youth Crisis Activity - Fund 29002

Revenue				
	Crisis Center	YTD	Total Budget	Percent Budget to Actual
Carry Over Restricted	\$ -	\$ 1,336,691	\$ 1,336,691	100%
Contract Revenue	\$ -	\$ 910,650	\$ 355,750	256%
Monthly Revenue	\$ -	\$ 2,247,341	\$ 1,692,441	133%
DIRECT BUDGET				

Expenditures				
	Crisis Center	YTD	Total Budget	Percent Budget to Actual
Personnel	\$ 10,291	\$ 102,014	\$ 221,775	46%
Operating	\$ 301	\$ 731,449	\$ 717,973	102%
Capital Outlay	\$ -	\$ 658,254	\$ -	0%
Trustee & Benefits	\$ 22,348	\$ 257,283	\$ 752,693	34%
Monthly Expenditures	\$ 32,940	\$ 1,749,001	\$ 1,692,441	103%
DIRECT BUDGET				

68% (Including \$350,000 T&B Budget)

64% (Excluding \$350,000 T&B Budget)



As of: March 31, 2025

Southwest District Health
Summary of Restricted and Committed Funds - FY 2025

Cash on hand

Restricted Funds - Cash on hand from third party restricted by contract, grant, or donation terms
Note: Restricted fund balances carry from year to year until expended or grant ends

Committed Funds - Cash on hand committed by the Board of Health for a specific purpose

Fund Balances as of last prior month reported

	Restricted Funds	Committed Funds
<u>Fund 0290</u>		
Citizen's Review Panel	\$14,193	
City Crisis Contributions	\$54,124	
OPIOID Settlement	\$1,666,190	
Parents As Teachers	\$129,314	
Tobacco Cessation - MF	\$155,973	
Social Services Block Grant	\$194,027	
Social Services Block Grant - Ongoing	\$245,553	
Mental Health Block Grant	\$5,676	
IDJC - YROC	\$499,673	
IDJC - Crisis Center	\$45,584	
Adult Crisis	\$161,294	
MRC	\$11,527	
WICHHC	\$159,242	
School Health - Blue Cross	\$12,195	
Delta Dental	\$3,079	
Employee Development & Engagement		\$44,116
County Collaborations		\$70,000
27th Pay Period		\$242,576
Facility Improvements		\$694,451
	<u>\$3,357,645</u>	<u>\$1,051,143</u>

Total Restricted/Committed: \$4,408,788



Request for Change in Employee Compensation – FY2026

Southwest District Health (SWDH) is requesting a 3% cost of living adjustment (COLA) for employees who have successfully completed 6 months of probation as of June 07, 2025, received a meets some or higher rating on their current performance evaluation, and are not on a performance improvement plan. Employees who complete entrance probation between June 08, 2025 and December 31, 2025, will receive a 3% COLA effective the pay period following their probation completion.

The board is being asked to consider implementing the COLA on June 08, 2025 for an effective date of July 1. The cost of the 3% increase for fiscal year 2026 is approximately \$176,573.30.

The SWDH leadership team is recommending a COLA over a merit-based pay increase for the following reasons.

- SWDH adopted a new performance evaluation process in fiscal year 2024. Following evaluation of the new process we found that the district's average rating exceeded expectations.
- 57% of evaluations received a rating of exceeds expectations rating, 42% received a rating of meets most expectations, and 1% received a rating of meets some expectations.
- Executing a merit-based pay increase of 3% would mean only 10ths of a difference in percent of increase between the two rating tiers to stay within the budgeted 3%.

Justification

- 58% of staff received the top rating available on their performance summary and 42% received the next lowest. Because we have so many high performing staff, breaking up the 3% in the budget for pay increases among largely the top two performance ratings would mean only 10ths of a difference in percent of increase between the two rating tiers to stay within the budgeted 3%.
- While inflation has slowed it has mostly leveled off and not gone down.
- Some research shows that merit-based increases are more harmful to organizational morale. We think this is especially true in high-performing organizations like ours.
- Retain top performing professional staff.
- Minimize the cost of onboarding (estimated cost is \$4,700 per recruitment and cost increases with multiple postings).
- Minimize the cost of training new employees, which can range from a few thousand dollars to tens of thousands of dollars depending on the position.



Trends

Southwest District Health's request for a 3% COLA increase is consistent with what other similar organizations have done across the region in the past 12 months.

FY25 County Increases	
County	Increase
Gem	\$2,500 COLA
Payette	3%
Washington	4%

Other FY25 Increases in our Market	
Central District Health	Move to the FY26 state pay scale and move to the same compa-ratio (or a percentage of) for all staff
State of Idaho	4% CEC

SOUTHWEST DISTRICT HEALTH EMPLOYEE STATISTICS FY25

TREND ALERT

Employee Retention Rate



JAN 2022 - DEC 2022

JAN 2023 - DEC 2023

JAN 2024 - DEC 2024

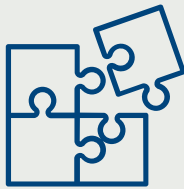
(ending employees–new employees/starting employees)×100

RECRUITING MARKET

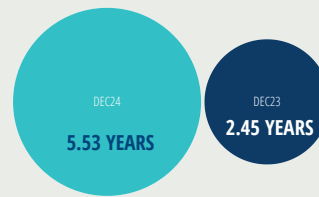


11 CURRENT VACANCIES

As of: March 2025



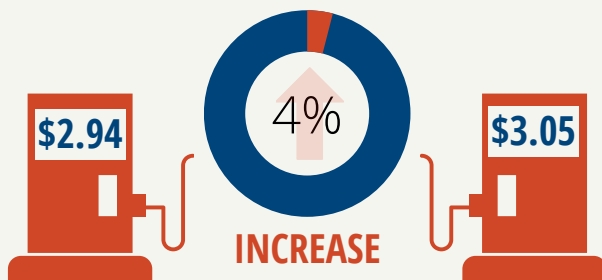
SWDH EMPLOYEE AVERAGE TENURE



ending date–employee start date/365 then
average of all entries

GAS PRICE IN TREASURE VALLEY

January 2023-January 2025



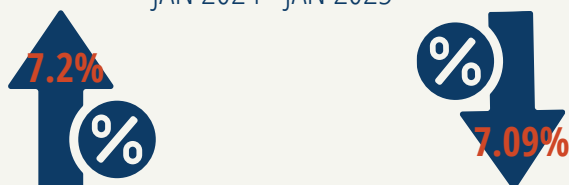
HOME PRICE IN CANYON COUNTY

(Intermountain Multiple Listing Service)



MORTGAGE INTEREST RATE

JAN 2024 - JAN 2025



6.3% INCREASE YTD



FISCAL YEAR JULY 2023 TO JUNE 2024
IMPACT REPORT

Healthier Together | SWDH.org

Our Mission

We work to promote the health and wellness of those who live, work and play in southwest Idaho.

Our Values:



Accountability



Customer Focus



Teamwork

Our Vision

A healthier southwest Idaho

With our partners, we work to

- **Protect** our environment and resources to ensure healthy future generations
- **Promote** healthy lifestyles and behaviors
- **Prevent** disability and premature death



Ben Critchfield

★★★★★ a year ago

I would like to recognize Anjee at the WIC office. She was absolutely amazing from the time she came and got us out in the hallway till the time we left, she explained everything to a tea to my daughter who has a first time baby. She answered all questions she was very supportive. She was absolutely amazing and I hope that you guys recognize her that you have such an amazing employee With a caring heart.



Tina Hilton

★★★★★ 10 months ago

The nurse that I had was wonderful and made me feel so comfortable, I barely felt the needle which is crazy because I have a huge fear of needles. The nurse was Katie N. and she was so great. Really loved my experience!

Table of Contents

Serving Adams County	3
Serving Canyon County	5
Serving Gem County	9
Serving Owyhee County	11
Serving Payette County	13
Serving Washington County	15
Funding	17

Serving Adams County



Milestones



57
Septic
Inspections



3
Signed Plats



75
Restaurant
Inspections



1
Temporary Food
Events Attended



1
Pool
Inspections



173
Fit & Fall Proof
Class Visits



100
Reportable Diseases
Reported



6
Patients Seen in our
Medical Clinic



3
Immunizations
Administered



19
WIC Participants



\$8,700
WIC Voucher
Money Spent Locally



26
Residents Trained in
Suicide Prevention

Highlights



PFS supported Western Central Mountains Youth Advocacy Coalition (YAC), and the Meadows Valley Planet Youth Coalition to support the implementation of the Icelandic Prevention Model in the Meadows Valley. Over \$9,000 in funds were used to support youth connection activities to address identified risk and protective factors associated with youth substance use and poor mental health outcomes. Funding was used to pay an afterschool program faacilitator to provide and supervise up to 35 youth who participated in free after-school activities for any student at the community center including arts and crafts, mentoring, and more. The program was so high in demand for Meadows Valley youth and families that they increased from just one, to two days per week, and began having interest from parents to come gather and create further community connections. The program offers a safe space for school aged youth to go after school to engage with their peers in a structured activity. Providing safe, engaging, pro-social areas for youth to get together with trusted adults is a protective factor against youth substance use. Before this program, youth in the area said that there were few social opportunities in their community. YAC used these data and PFS funding to change that, making a significant impact in youth and families lives.

In addition, Ignite Idaho, an organization serving Adams County, provided the evidence-based parenting program, Active Parenting of Teens, to four families in Meadows Valley thanks to funding from SWDH.

Partnerships for Success

ACHAT Team

The Adams County Health Action Team (ACHAT) continued to address goals of reducing stigma associated with accessing mental health resources and increasing awareness of mental wellbeing resources. Given this focus area, the group developed a suite of materials including magnets, postcards, stickers, and bookmarks to increase awareness, decrease stigma, and connect residents directly to resources within their own community. 250 of each item were printed and distributed through various organizations and at community events with the goal of increasing awareness and use of behavioral health resources in and outside of their community. ACHAT community members and organizations including the Meadows Valley foodbank, the Meadows Valley library, the City of New Meadows, Youth Advocacy Coalition, Adams County Health Center, Adams County Sheriff's Office, Council School District, Ignite Idaho, and Meadows Valley EMS/Fire received or distributed materials.



In addition, the group gained new members who are passionate about mental health. They developed an additional behavioral health resource pamphlet and wallet cards informed by the needs of first responders, who expressed interest in information to have as a professional resource and to leave behind at behavioral health-related calls. Leaving behind this information empowers residents to reach out to resources that will support them through their challenges and provides paid and volunteer staff with quick ability to reference local resources.



The ACHAT also hosted New Meadows' first ever Drug Take Back Day event in partnership with the Adams County Sheriff's Office and supported the Drug Take Back Day event in Council in April 2024. Six pounds of medication were dropped off between the two events. These events raise awareness around the importance of regularly disposing of unwanted, unused, or expired medication, and keeping current prescription medications safe. This prevents accidental or intentional use of prescription medication, reducing the risk of misuse, overdose and death.

Serving Canyon County



Milestones



518
Septic
Inspections



78
Signed Plats



1592
Restaurant
Inspections



63
Temporary Food
Events Attended



306
Childcare
Inspections



20
Pool
Inspections



880
Fit & Fall Proof
Class Visits



7790
Reportable Diseases
Reported



653
Patients Seen in
Our Medical Clinic



2673
Immunizations
Administered



8198
WIC Participants



\$3,961,090
WIC Voucher Money
Spent Locally



1835
Fluoride Varnishes
Applied



10
Dental Sealants
Applied



1847
Oral Health
Screenings



886
NFP Home
Visits



521
PAT Home Visits



386
YouthROC
Referrals



738 *Adults Served*
Western Idaho
Community
Crisis Center



76 *Youth Served*
Western Idaho Youth
Support Center



786
Youth Vape Prevention
Presentation Attendees



920 *Student Participation*
Catch My
Breath Class



20
Tobacco Cessation
Class Participants



305 *People Trained*
Drug Overdose
Prevention
Training



197 *Total Attendees*
Certified Food
Protection
Manager Course
8 English classes
4 Spanish Classes

Highlights



Canyon County CHAT

The Caldwell Health Coalition completed another successful year of the Senior Produce Program at the Caldwell Farmer's Market with a **93% redemption rate** of the \$10,000 in vouchers that were given out for fresh produce. **303 local households were served.** A new addition to the program this year was the Backyard Gardener's Booth with support from the University of Idaho Extension Master Gardeners and the Idaho Farmers Market Association. The Backyard Gardener's booth allowed participants to use their vouchers on produce that had been donated by local Master Gardeners. The booth increased the variety of produce available and has contributed to the sustainability of the program. The Coalition also supported food access efforts in Caldwell with the Traveling Table Mobile Food Pantry at Serenity Park, Washington Elementary, and now routine food distribution at Wilson Elementary.

Certified Food Protection Manager Course

We received praise from the owner of multiple local Mexican Restaurants regarding the CFPM course being offered in Spanish and how impactful it has been. We are the **only health district in the state** that offers the instruction portion in Spanish on a quarterly basis due to high demand. We are proud to serve as a valuable resource for our Spanish speaking community.

Pre-Prosecution Diversion Program

Southwest District Health, in collaboration with the Canyon County Prosecuting Attorney's Office, kicked off the Pre-Prosecution Diversion (PPD) Program in Canyon County in August of 2024. This innovative program addresses the critical needs of adults facing mental health and/or substance use disorders by diverting individuals from entering or reentering the justice system. The PPD Program offers a proactive approach to reduce recidivism and improve long-term outcomes for individuals by addressing their basic needs and behavioral health concerns. The PPD developed client handbooks, applications, and policies and procedures to ensure that all clients receive consistent, high-quality services. This foundational work will allow for a well-structured program that can adapt and evolve to meet the needs of clients, while also providing transparency and accountability for all stakeholders involved. Other valued partners include the State Public Defender's Office and community behavioral health providers throughout the Treasure Valley.



Western Idaho Youth Support Center

The Western Idaho Youth Support Center (WIYSC) hosted a well-attended Grand Opening in January 2024. The facility offers vital crisis response resources to youth ages 10-17. The support center, operated by Clarvida (formerly Pathways of Idaho), is open 24 hours a day, every day to provide **free services to youth in crisis.** The center is a safe place for youth to get support to de-escalate their crisis, for up to 23 hours and 59 minutes during a single episode of care. A crisis looks different for everyone, but may include thoughts of suicide, bullying, homelessness, physical or sexual trauma, emotional abuse, loss of a loved one, excessive stress, or anxiety and depression. Youth crisis centers have been proven to prevent escalation in family conflict and violence in the home. They also help to avoid expensive and unnecessary hospital visits, and involvement with the juvenile justice system or inappropriate incarceration because of a behavioral health crisis. Parents and legal guardians are encouraged to join their children at the center and are required to consent to treatment. From January 29 to June 30, 2024, WIYSC had **81 admissions, 76** of which were local youth and families.

Highlights cont.



Bike Rodeo

The coalition hosted a bike rodeo at Caldwell Family Fun Day to promote active transportation and bike safety to area youth. Approximately **100 kids** learned essential bike-handling skills, traffic safety rules, and the importance of wearing helmets, reducing their risk of crashes and collisions while building confidence in cycling. Coalition members also actively contributed to the Caldwell Comprehensive Plan update, helping to ensure health and well-being were prioritized in the city's future growth and development.

Free Health Screening Events

We organized and participated in several free testing events within the Canyon County community, which offered screenings for HIV, syphilis, hepatitis C, and elevated blood lead levels. These events were held at the College of Idaho and the Idaho Hispanic Community Center. We consistently serve **25 or more people** at these events and hand out Sexually Transmitted Illness (STI) awareness materials to nearly **100 people**.

Partnerships for Success



Vallivue School District Middle and High Schools used the 3rd Millennium Prevention and Intervention program to equip students with the knowledge to understand the impact of any substance use, and the skills to avoid using substances and make healthy choices. This program was integrated into their procedures to address incidents of student use of drugs or alcohol. 15 students who violated school substance use policies completed intervention courses, and **17 students** completed prevention courses.



Elevate Academy is a Career Technical Public Charter School serving at-risk students in 6th – 12th grades. They also used the 3rd Millennium Prevention and Intervention program to provide their students with education and tools on how to prevent or stop substance use. This program was integrated into their procedures to address incidents of student use of drugs or alcohol. 10 students who violated school substance use policies completed intervention courses, and **10 students** completed prevention courses.



BOYS & GIRLS CLUBS
OF CANYON COUNTY

Through the Partnerships For Success grant, we awarded the Boys and Girls Club of Canyon County was over **\$4,000 in funding** to support the implementation of the evidence-based Positive Action program with their youth members at the Caldwell and Nampa location. Positive Action teaches students how to make their own healthy choices, including how to say no to alcohol and other drugs. The program started in FY24 and was completed in FY25. **35 youth** finished the program.



Through the Partnerships For Success grant, we awarded Big Brothers Big Sisters nearly **\$10,000 in funding** to enhance recruitment strategies of Bigs (mentors) to support Littles (mentees) in Canyon County where they had no matches. In the past they've had a challenging time with recruitment due to lack of volunteers and program awareness and this funding allowed them to deliberately invest in recruitment in the area. Recruitment resources developed included videos, social media posts, and physical informational materials. During the recruitment campaign, we had 21 applications from potential Bigs in Canyon County, and we currently have 5 active matches.



Through the Partnerships For Success grant, we awarded the Canyon County Employee Paramedics Foundation over **\$8,700** to increase awareness of supporting good mental health and increasing access to trusted adults in Canyon County, a protective factor for preventing youth substance use. Their awareness materials and outreach reached **28 schools**, with **30,000 materials reaching youth** aged 19 years and under in Canyon and Owyhee Counties. They also partnered with local law enforcement to highlight resources, and the opportunity for First Responders to be trusted adults for not only youth, but all community members in Canyon County.



Insight Matters provided family focused youth substance use prevention education materials at Old Fort Boise Days in Parma where they distributed 235 materials available in both English and Spanish. These materials provide education on the risks of using substances, how to talk to your kids about not using substances, and how to avoid using substances. Age appropriate materials were available for youth and adults, to provide knowledge for all ages.

A “How to Talk to Youth About Substance Use,” screening, brief intervention and referral to treatment (SBIRT) training was provided to over **40 youth-serving professionals** in Canyon County during FY 24. The training structure is SBIRT. Staff from Vallivue and Nampa School Districts attended the trainings, as well as Saint Alphonsus Trauma staff, and medical residents at Full Circle Health in Nampa.

Disease outbreak

The epidemiology team worked on a simultaneous outbreak of Flu and Norovirus in a long-term care facility where **18** people were ill with flu and **31** people ill with norovirus. Thankfully, there were **no deaths or hospitalizations**. The team worked with the facility to provide infection control guidance, including implementation of:

- Enhanced infection prevention measures
- Staff and resident monitoring for symptom on set
- Testing protocols for both staff and residents
- Temporary work restrictions
- Isolation precautions for residents
- Enhanced cleaning and disinfection, hand hygiene and food handling practices
- Outbreak guidelines and management toolkit
- Antiviral treatment and prophylaxis as deemed necessary by the facility’s medical provider
- Enhanced monitoring, surveillance, and infection control practices until the close of the outbreak



2nd Annual Fentanyl Town Hall

This community event hosted at our Caldwell campus provided around 50 attendees with the opportunity to:

- Learn about the dangers of fentanyl and its devastating impact on individuals, families, and communities
- Gain insights into the latest trends in fentanyl trafficking and distribution
- Explore collaborative approaches to addressing the opioid crisis, including law enforcement efforts, public health initiatives, and community-based interventions
- Participate in a Q&A session with local leaders and experts on potential solutions and resources available for prevention, treatment, and recovery

The Town Hall panel of speakers included professionals from the US Attorney’s Office, Nampa EMS, the Canyon County Coroner’s Office, Trivium Life Services and featured Keynote Speaker, Canyon County Sheriff Kieran Donahue. The participation of these household agencies helps foster a more informed community that can better understand the social, emotional, and economic impact of fentanyl use.

Serving Gem County



Milestones



132
Septic
Inspections



18
Signed
Plats



160
Restaurant
Inspections



16
Temporary Food
Events Attended



11
Childcare
Inspections



280
Fit & Fall Proof
Class Visits



324
Reportable Diseases
Reported



44
Patients Seen in our
Medical Clinic



211
Immunizations
Administered



386
WIC
Participants



\$132,857
WIC Voucher
Money Spent
Locally



143
Fluoride Varnishes
Applied



143
Oral Health
Screenings



5
YouthROC
Referrals



35 *Students*
Youth Vape
Prevention
Presentation

Highlights



Gem County CHAT

The Gem Community Health Coalition (GCHC) focused on increasing membership to include additional sectors in the community. Membership increased by **142%**, including Keystone Hospice, A Better Solution In-Home Care, Emmett Family Services, Valley Family Health Center, Cornerstone Whole Healthcare Organization, Hale Counseling, Gem Family Medicine and Pregnancy Care, Horizons Home Health Care, Youth Rising, and the Behavioral Health department at Valor Health.



A variety of sectors in the GCHC is important because it brings diverse perspectives, expertise, and resources to the table, which are all critical for addressing our three priority areas: Food Security, Behavioral Health Access to Resources, and A Safe and Active Community. This united front demonstrates to the community that the issues are important and it maximizes the potential for creating real, lasting change.

In an effort to keep CHAT members engaged and educated on the numerous community resources available, monthly meetings included field trips to tour community partner location, like the Gem County Recreation Center and Valor Health.

Serving Owyhee County



Milestones



60
Septic
Inspections



112
Restaurant
Inspections



4
Temporary Food
Events Attended



10
Childcare
Inspections



5
Pool
Inspections



54
Fit & Fall Proof
Class Visits



325
Reportable Diseases
Reported



34
Patients Seen in our
Medical Clinic



45
Immunizations
Administered



379
WIC
Participants
\$144,452
WIC Voucher
Money Spent Locally



156
Fluoride Varnishes
Applied



21
Dental Sealants
Applied



156
Oral Health
Screenings



59
NFP Home Visits



18
PAT Home Visits



5
YouthROC Referrals



276 ^{Student Participation}
Catch My Breath Class



32 ^{People Trained}
Drug Overdose
Prevention Training

Highlights



Owyhee County Fitness Court

The Owyhee Health Coalition raised over **\$129,000** in funding through local donations, sponsorships and grants for the Owyhee County fitness court project. The Owyhee Fitness Court is a high-tech platform for all ages and abilities to develop healthy habits, maintain long-term wellness, and fight the obesity epidemic. The award-winning outdoor Fitness Court will make world-class fitness free and accessible to the Marsing Community. The Fitness Court will be fully installed in fiscal year 2025.



Paws for Husky Health

A highlight of the year was our collaboration with the Marsing School District during their inaugural health and wellness community health fair, Paws for Husky Health. This event, held in partnership with the Idaho Immunization Coalition and SWDH, was a day to offer health services and education for adults and youth in their community, get connected to community resources, and a bike rodeo for youth.



Communities for Youth Initiative

Southwest District Health and Southwest Idaho Communities for Youth partnered with the Marsing School District to implement the Communities for Youth initiative. The initiative focuses on collecting youth voices through a survey, and using the results to guide the development of goals and strategies to improve youth wellbeing and prevent substance use. SWDH awarded the Marsing school district a **\$30,000 grant**, which was used to fund activities, events, and resources that address the priorities of social connection and increasing physical activity opportunities. Data collection happens annually to monitor changes over time. Between January 2024 and October 2024, we saw a **5%** increase in the number of youth reporting feeling physically healthy 5-7 days a week, and a **1%** decrease in the number of youth reporting having used alcohol in the past twelve months.

One parent shared her heartfelt gratitude, explaining that our presence in Marsing made it possible for her children to receive immunizations. She sometimes finds it difficult to schedule appointments because of her busy work schedule and limited access to healthcare providers since she lives in a rural community.

Serving Payette County



Milestones



70
Septic
Inspections



5
Signed Plats



211
Restaurant
Inspections



10
Temporary Food
Events Attended



30
Childcare Inspections



5
Pool Inspections



324
Fit & Fall Proof
Class Visits



834
Reportable Diseases
Reported



39
Patients Seen in our
Medical Clinic



133
Immunizations
Administered



885
WIC
Participants



\$361,616
WIC Voucher
Money Spent Locally



254
Fluoride Varnishes
Applied



260
Oral Health Screenings



43
PAT Home Visits



6
YouthROC Referrals



152<sup>Student
Participation</sup>
Catch My
Breath Class



1
Tobacco Cessation
Class



23<sup>People
Trained</sup>
Drug Overdose
Prevention Training



Highlights

Food Drive

Southwest District Health employees collected **558 lbs** of non-perishable food items during the holiday season and donated it to the Fruitland School District's brand-new food pantry located at the Grizzly Corridor. This donation laid the foundation for the new food pantry to start addressing the food insecurity needs within the community. According to the Community Health Needs Assessment (CHNA) conducted in 2022, Payette County's population has a food insecurity rate of **11.8%**. Of the total population, 2,700 individuals had limited or uncertain access to adequate food.

BUILD Payette Project

Payette County Community Health Action Team (CHAT) affirmed its organizational structure and health priorities by formally adopting its charter in December 2023. PCHAT began its partnership with the BUILD Payette project in the Fall of 2023 and serves loosely as an advisory committee as well as provides in-kind support to the project. The BUILD Payette Project addresses health disparities such as equitable access to care and preventive services with a focus on mental health and chronic disease. The goal is to increase access to, and utilization of, community health resources, services, and infrastructure. PCHAT assisted in gaining community buy-in with a pair of listening sessions to better understand supportive services most needed by community members. The Head Start parent focus group had about **24 participants** and the New Plymouth Senior Center focus group had **47 attendees**.



Insight Matters

Partnerships for Success

Insight Matters provided family focused youth substance use prevention education activities at community events in Fruitland and Payette. They engaged **68** individuals in one-on-one interactive learning stations with games and activities focused on understanding the negative impacts of substance use, how to talk about substance use as a family, and how to say no to alcohol and other drugs. This is important education because parents are one of the most significant protective factors when it comes to preventing youth substance use. When parents and kids openly communicate about expectations around substance use, lay out clear rules, are open to talking about how to avoid substances and make healthy choices, youth are less likely to try alcohol or other drugs. Resources were available in English and Spanish.

During the summer of 2024, Insight Matters provided family focused youth substance use prevention education materials at the Payette Street Fair. They distributed **200** materials and had **300** booth visitors. Resources were available in Spanish and bilingual staff was present.

Serving Washington County



Milestones



54
Septic
Inspections



3
Signed Plats



144
Restaurant
Inspections



10
Temporary Food
Events Attended



8
Childcare Inspections



8
Pool Inspections



72
Fit & Fall Proof
Class Visits



240
Reportable Diseases
Reported



18
Patients Seen in our
Medical Clinic



372
Immunizations
Administered



338
WIC
Participants



\$128,389
WIC Voucher
Money Spent Locally



24
Fluoride Varnishes
Applied



24
Oral Health Screenings



38
PAT Home Visits



3
YouthROC Referrals



192 ^{Attendees}
Youth Vape Prevention
Presentation



15 ^{Attendees}
Certified Food Protection
Manager Course



7 <sup>People
Trained</sup>
Drug Overdose
Prevention Training



Partnerships for Success

Insight Matters provided family focused youth substance use prevention education materials at the Boys and Girls Club in Weiser, where they engaged with **23 youth**. They also had a booth at the Weiser Fiddle Festival and participated in the parade, sharing **450** materials. These resources equip youth with the tools to say no to alcohol and other drugs, learn about the impact on their bodies, and understand that it's most common to not use alcohol or other drugs. These resources also allow for parents to learn the true risks of using substances at an early age, current substance use trends, and how to talk to their kids about not using alcohol or other drugs.

Highlights

Health Alliance for Washington County

The Washington County CHAT rebranded itself as the Health Alliance for Washington County (HAWC) and reinvigorated its membership by building relationships, increasing its presence in the community and focusing on its priority health areas of improving youth mental health, increasing access to nutritious foods, and supporting aging adults.

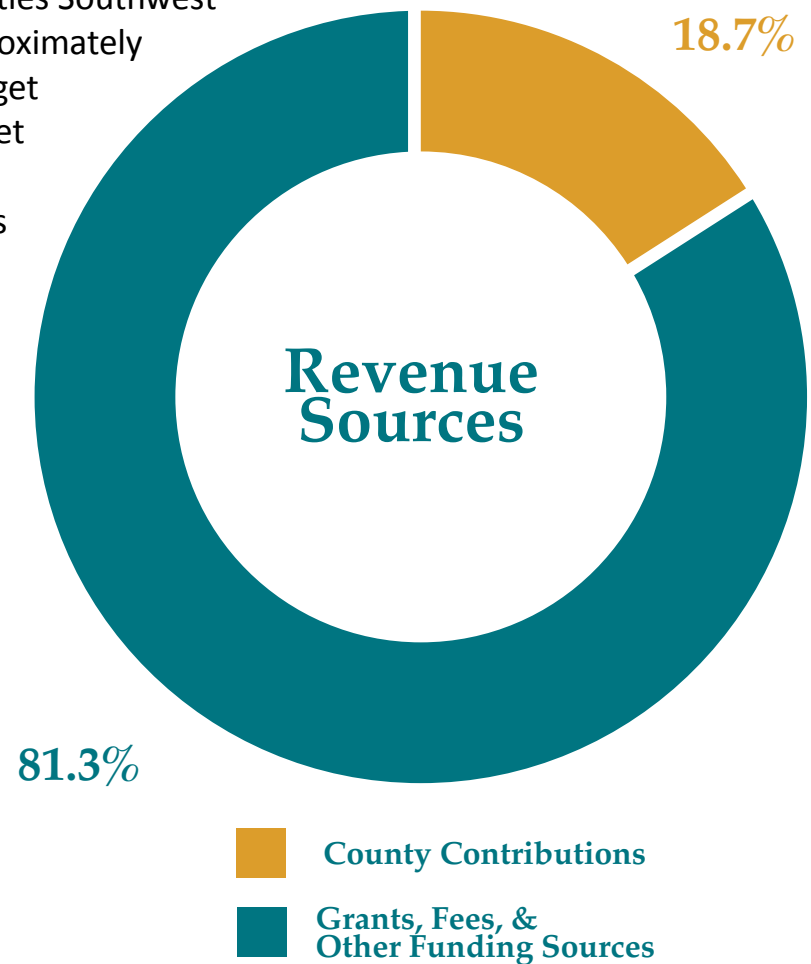




Funding

Contributions from the six counties Southwest District Health serves fund approximately **18.7%** of the district's total budget and **23.7%** of the district's budget less funding budgeted for crisis centers. In total, the six counties will contribute **\$3.9 million** to SWDH.

The other revenues come from fees, grants, contracts, and donations to support SWDH's statutory obligations and strategic priorities.





Every \$1 from county property taxpayers is matched with **\$5.33** from other funding sources. That’s a pretty good return on investment, but that is not the only benefit. Residents participating in WIC will spend an estimated **\$4.8** million on healthy food purchases at local grocery stores across the district in fiscal year 2026. SWDH ensures communities across all six counties have full access to essential public health services, health professionals, and local data.

County Dollars at Work

County dollars help fund a well-trained workforce of local health professionals making a local impact.

Financials

Because of the financial investment of our counties and their commitment to healthy and thriving communities, SWDH has been able to maintain a strong infrastructure, be responsive to our communities’ needs, and be a meaningful partner for leading and improving health.

Revenues	FY 2024 (Approved Revenues Budget)	FY 2025 (Approved Revenues Budget)	FY 2026 (Proposed Revenues Budget)
County Contributions	\$3,031,875	\$3,122,831	\$3,193,095
Grants, Contracts, Fees, & Other	\$13,747,105	\$12,669,542	\$13,840,078
Total Revenues	\$16,778,980	\$15,792,373	\$17,033,173

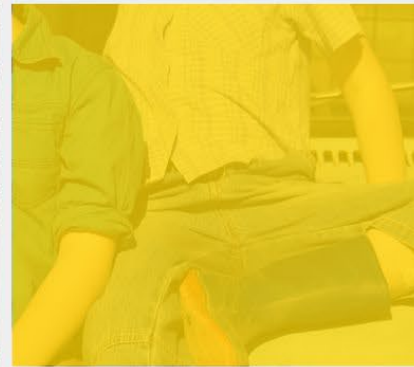
Expenses	FY 2024 (Approved Expenses Budget)	FY 2025 (Approved Expenses Budget)	FY 2026 (Proposed Expenses Budget)
Salaries & Benefits	\$9,709,707	\$9,565,523	\$10,405,461
Other Expenses	\$7,069,272	\$6,226,850	\$6,628,074
Total Expenses	\$16,778,979	\$15,792,373	\$17,033,535



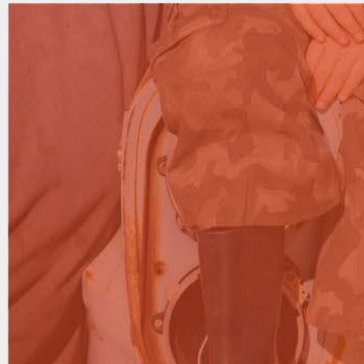
FY26 BUDGET BOOK

Proposed Budget for Fiscal Year 2026
July 1, 2025 - June 30, 2026

Serving Adams, Canyon, Gem, Owyhee,
Payette, and Washington Counties



Healthier Together | [SWDH.org](https://www.swdh.org)





Esteemed Members of the Board and Budget Committee,

The following budget book is a culmination of effort put forth by Southwest District Health's (SWDH) leadership team and managers who oversee the day-to-day work of their respective programs.

The fiscal year 2026 (FY 2026) budget supports the regulatory and public health programs and services SWDH is obligated to deliver as well as the infrastructure necessary to support the daily operations and mission of the district per Idaho Code §39-409. This year's budget includes additional investments in food safety and protection, WIC, home visiting, and pre-prosecution diversion programs to meet the growing demand for services in these areas. This budget also includes additional one-time expenditures for landscape and signage repairs needed following the expansion of Highway 55 along the southern border of SWDH's Caldwell facility.

Accountability is a core value of SWDH and as such we use the following guiding principles when developing and managing our budget.

1. Ensure every position has an essential role and purpose in the organization.
2. Evaluate staffing models when vacancies occur, or funding streams go away or change.
3. When applicable, request the Board of Health establish a fee to cover the cost of delivering a service.
4. Pursue public and private grant funding to deliver services that directly align with SWDH's mission and meet the specific needs of our community; prioritizing services that will make the greatest positive impact on health and vitality.
5. Strategically utilize county tax-payer funding to address the public's needs that cannot be fully supported by fees or other funding opportunities.

Maintaining a lean, but agile and professional workforce allows the SWDH team to successfully carry out its mission and work toward our vision of a healthier southwest Idaho.

Looking ahead, our consistently conservative approach to budgeting puts the financial health of SWDH on a good trajectory.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Nikki Zogg".

Nikki Zogg, District Director

A handwritten signature in blue ink, appearing to read "Aaron".

Aaron Howard, Financial Officer

Table of Contents

Board of Health	4
Organizational Chart	5
History	6
District Profile	7
District Health Needs & Priorities	8
Executive Summary	9
Budget Calendar	10
Financial Information	11
Fiscal Year 2026 Budget Request Summary	12
Fiscal Year 2026 New Positions	13
County Contributions	16
Office of the Director	18
District Operations Division	19
Family & Clinic Services Division	20
Environmental & Community Health	22
Services Division	22
Fiscal Policies	24
Budget Guidelines	26
Appendix: Fiscal Year 2026 Budget Request Detail	28

Board of Health

Idaho Code 39-414 outlines the powers and duties of the Board of Health. The board's duties include but are not limited to the administration and enforcement of all state and district health laws, regulations, and standards. They are furthermore responsible for determining the location of the main office and any branch offices, entering into contracts, depositing money or payments, establishing the fiscal control policy and fees, and entering into leases and purchasing, exchanging, or selling real property among other responsibilities.



Kelly Aberasturi
COMMISSIONER
BOARD OF HEALTH
CHAIRMAN AND TRUSTEE
 Owyhee County



Jim Harberd
COMMISSIONER
BOARD OF HEALTH
 Washington County



Viki Purdy
COMMISSIONER
BOARD OF HEALTH
EXECUTIVE COUNCIL REP
 Adams County



Zach Brooks
COMMISSIONER
BOARD OF HEALTH
VICE-CHAIRMAN
 Canyon County

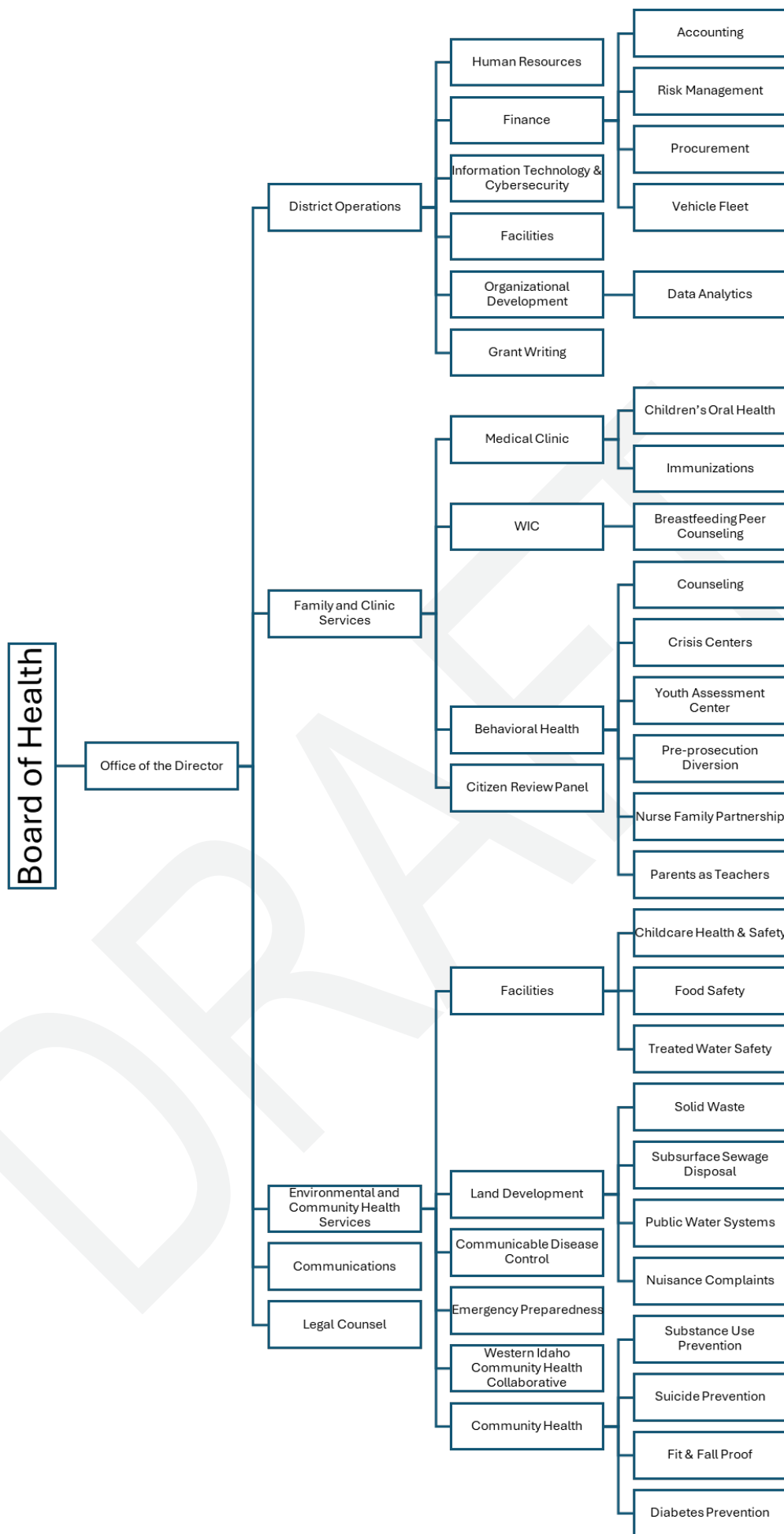


Bill Butticci
COMMISSIONER
BOARD OF HEALTH
 Gem County

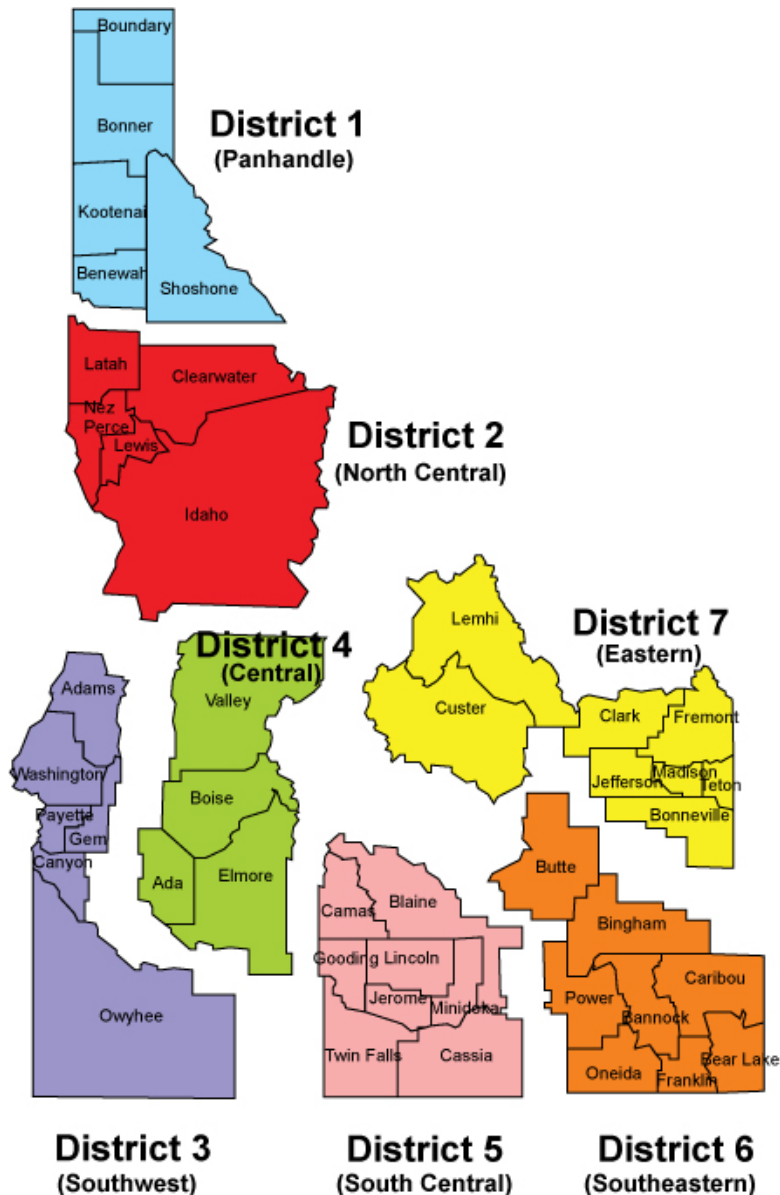


Jennifer Riebe
COMMISSIONER
BOARD OF HEALTH
 Payette County

Organizational Chart



History



Established in 1970

Idaho's seven public health districts were established in 1970 under Chapter 4, Title 39, Idaho Code. They were created to ensure essential public health services are made available to protect the health of all citizens of the state—no matter the size of their county population.

It is legislative intent that health districts operate and be recognized not as state agencies or departments, but as governmental entities whose creation has been authorized by the state, much in the manner as other single purpose districts.

For the purposes of this chapter, a public health district 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.

The law (IDAPA 39-409) stipulates that public health districts provide the basic services of public health education, physical health, environmental health, and health administration. However, the law does not restrict the districts solely to these categories.

District Profile

Southwest District Health serves a six-county region across Southwest Idaho including Adams, Canyon, Gem, Owyhee, Payette, and Washington counties. The region includes a unique blend of urban, rural and frontier areas.

The region boasts a strong construction industry, agriculture, and all forms of manufacturing, from semi-conductors to trailers to cheese and frozen potato products. The region is also home to many recreational activities with easy access to skiing, snowboarding, fishing, hiking and biking trails, rushing rivers, sand dunes, historical sites, top-notch wineries, and other easily accessible adventures.

County	Population
Adams	4,998
Canyon	266,892
Gem	21,857
Owyhee	12,748
Payette	27,662
Washington	11,539
TOTAL	345,696

316,198



Population

36.4



Median Age

\$70,076



Median Household Income

62%



Labor Force Participation

3.4%



Unemployment Rate

Source: Idaho Oregon Community Health Atlas: American Community Survey (ACS) (Table B27022)

Leading Infectious Diseases (2024)*

*Excluding COVID-19

Respiratory Syncytial virus (RSV)
Pertussis
Chlamydia



Children (0-18 years)

Chlamydia
Gonorrhea
Chronic Hepatitis C



Adults (19-59)

Respiratory Syncytial virus (RSV)
Campylobacteriosis
Chronic Hepatitis C



Seniors (60+)

Leading Causes of Death (2021-2023)

Accidents
Suicide
Congenital Malformations

Accidents
Malignant Neoplasms
Disease of Heart

Diseases of Heart
Malignant Neoplasms
Chronic Lower Respiratory Diseases

Source: National Electronic Disease Surveillance System Base System.
(2025). Leading Infectious Diseases 2024 by Age Group

Source: Idaho Department of Health and Welfare; Harder, P. (2025). Idaho Resident Leading Causes of Death by Age Group and District 2018

District Health Needs & Priorities

According to the Community Health Needs Assessment (CHNA) completed in 2023, residents across the six-county region Southwest District Health serves ranked the following three areas as priority needs. In addition, children in foster care is a state Department of Health & Welfare priority and one that SWDH has also adopted.

Safe, Affordable Housing, and Homelessness



Housing Units	115,376
Housing Vacancy Rate	4.8%

A vacancy rate below 5% indicates higher demand than housing supply. A vacancy rate above 10% indicates more housing supply than demand.

Behavioral Health, Including Mental Health and Well-Being, and Substance Misuse



Drug Overdose Deaths per 100,000 Residents	14.7
Suicide Deaths per 100,000 Residents	20.2
Depression in Adults	23%

Access to Affordable Health Care, Including Oral and Vision Health



Delayed Needed Physician Care Due to Cost	19.3%
Uninsured Rate	11.7%
Public Insurance	37.8%
Private Insurance	63.5%

Decreasing the Number of Youth Entering Foster Care

of Children in Foster Care

329

*in Region 3 as of March 12, 2025



Top Reasons for Removal

- Neglect
- Physical Abuse
- Caretaker/Parent Substance Use
- Incarceration of Caretaker/Parent
- Unstable Home environment

Executive Summary

Executive Summary: Fiscal Year 2026 Southwest District Health Budget

Southwest District Health (SWDH) has successfully navigated a challenging fiscal landscape for the Fiscal Year (FY) 2025, exacerbated by the ongoing pressures of inflation. These economic factors have increased the need for careful attention to financial planning and budget flexibility. Despite these challenges, the projected economic development within our counties offers a slight upturn in revenue for the FY2026 budget, with continued growth in both population and infrastructure. This will notably impact the Land Development and Subsurface Sewage Disposal programs, leading to an expected 3.1% increase in fee revenues. County contributions are forecasted to rise by 2.25%, equating to a \$70,264 increase in total funding from the counties.

For every dollar counties contribute to SWDH, \$5.33 is allocated to sustaining the infrastructure, personnel, and operational needs that enable the agency to deliver critical services protecting and improving public health. Additionally, these county contributions create significant local economic benefits through the multiplier effect, including increased community reinvestment, higher tax revenues, and job creation.

Despite the relentless impact of inflation, which has driven up operational costs across the health care industry, SWDH is committed to balancing its budget through a cautious 2.25% increase in county contributions. This increase is necessary to offset rising expenses, particularly in the areas of healthy outcomes and staffing, where higher wages are required to attract and retain qualified personnel amidst a competitive labor market.

Furthermore, other revenue sources and state grants are projected to rise above the FY2025 budget levels, with additional funding earmarked for critical public health initiatives, including the enhancement of infrastructure, drug overdose prevention, and tobacco education programs. These funds are primarily provided through federal pass-through sub-grants and opioid settlement resources. Additionally, carry-forward funds from the previous fiscal year will be directed toward restricted expenditures, ensuring the continued fulfillment of public health priorities.

In conclusion, while inflation presents significant financial challenges, SWDH remains poised to manage its budget prudently, ensuring continued service delivery and positive community outcomes with careful stewardship of resources.



Aaron Howard

Financial Officer, Southwest District Health

Budget Calendar

Budget development is a process of fiscal strategic planning that involves decisions and guidance from the Board of Health, input from the community, and close coordination between the executive team and numerous staff across all divisions and program areas. During the internal development of the budget document, all staff are encouraged to advance budgetary concerns and needs for their programs through their respective program manager and division administrator.

Community input is sought through our Board of Health meetings, which occur monthly and are open to the public. Starting in January each year, our staff present budget elements to the board for guidance and decisions. Below is a list of elements the board acts on leading up to the final approved proposed budget.

1. 5-Year Facility and IT Infrastructure Plan
2. Changes in Fees
3. Change in Employee Compensation
4. Opioid Settlement Plan
5. Change in County Contributions
6. Proposed Budget

In the month of May, the public has additional opportunities to provide input as the Director and Financial Officer present the proposed budget to each board of county commissioners in the district (i.e., Adams, Canyon, Gem, Owyhee, Payette, and Washington). Furthermore, the proposed budget is printed in each local newspaper in all six counties with a notice for the public hearing where the proposed budget will be approved by the Budget Committee.

Idaho Code 39-423 describes the duties of the Budget Committee. The chairman of the Boards of County Commissioners located within the public health district are constituted as the Budget Committee. The Board of Health will submit to the Budget Committee by the first Monday in June of each year the preliminary budget for the public health district and the estimated cost to each county, as determined by Idaho Code 39-424. The Budget Committee must meet and hold a public hearing on the proposed budget on or before the first Monday in July. A budget for the public health district shall be agreed upon and approved by a majority of the Budget Committee. Such a determination shall be binding upon all counties within the district and the district itself.

Financial Information

Basis of Accounting

Basis of accounting refers to when revenues and expenditures are recognized in the accounts and reported in the financial statements, regardless of the measurement that is applied. All funds are accounted for using the modified accrual basis of accounting. Fund revenues are recognized when they become measurable and available as net current assets. Measurable means the amount of the transaction can be determined and available means the amount is collectible within the current period or soon enough thereafter to be used to pay liabilities of the current period.

Expenditures are also generally recognized under the modified accrual basis of accounting.

Cost Accounting

The district uses cost accounting to determine the proper allocation to recover costs for services provided. For each service or program, in addition to direct staff support and allocations for supplies and services, it also receives support from the administrative and operations staff and benefits from centralized services. These indirect costs (also known as administrative and overhead costs) need to be allocated to each major service or program in order to determine the full cost of providing services. Centralized service costs are typically budgeted and advanced by District dollars. District dollars are noncommitted funds that include contributions paid by the counties in the district in accordance with Idaho Code 39-424 and fee revenue. Cost allocation is necessary to ensure that each of these operating funds share the administrative and overhead costs equitably.

Budget Request Summary

The Budget Request Summary section details the:

- SWDH's budget request,
- County contributions, and
- Summarizes the service delivery and budgetary information for each division as follows: mission, services, and budget request highlights.

Fiscal Year 2026 Budget Request Summary

We have taken a conservative approach to our staffing model by retaining essential positions and finding ways to offer a competitive compensation package that considers salaries, benefits, and workplace culture. Table 1 captures our budgeted full-time equivalent (FTE) employee data for the past three years and Figure 1 shows SWDH's FTE compared to district population growth. Seven new positions are proposed for fiscal year 2026 and are further described on page 13. Figure 2 shows the change in fiscal year budget to district population growth.

Table 1: SWDH FTE

Division	FY2023 Adopted Budget	FY2024 Adopted Budget	FY2025 Adopted Budget	FY2026 Proposed Budget
Office of the Director	6	5	3	3.2
District Operations	15	15	26	18.5
Environmental and Community Health	47	48	41	36
Family and Clinic Services	47	41	34	53
Total	115	109	104	110.7

Figure 1: Population and FTE Trends FY 2005 - FY 2025

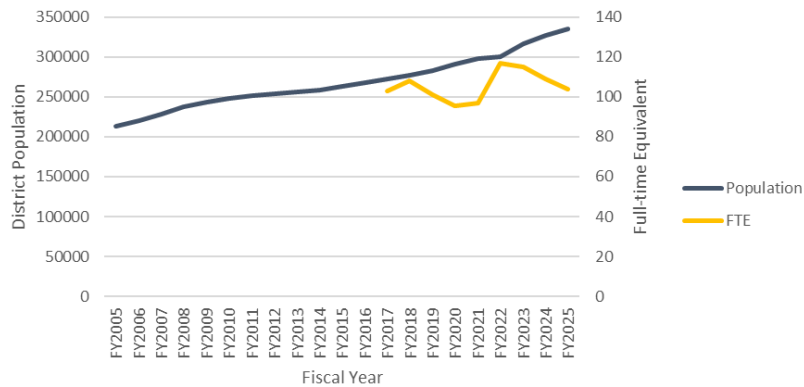
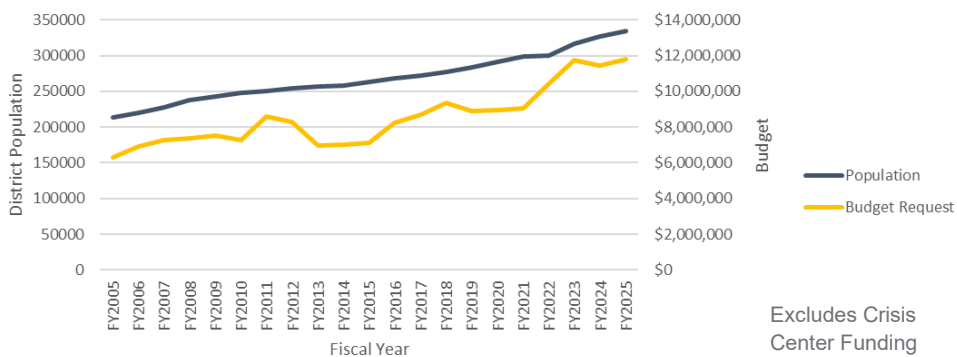


Figure 2: Population and Budget Request Trends FY 2005 - FY 2025



Fiscal Year 2026 New Positions

There are a total of 7.0 new positions. The new positions are as follows:

1. Case manager – 2 positions

The Pre-Prosecution Diversion program is expanding to serve more individuals. Increase in referrals received from the Canyon County Prosecuting Attorney's (CCPA) office and projected increase in clients served necessitate this request to ensure appropriate staff to client ratios. These positions are funded by an Idaho Department of Correction grant awarded to CCPA and passed through to SWDH to perform the work.

2. Peer Recovery Support Specialist – 2 positions

The Pre-Prosecution Diversion program is expanding to serve more individuals. Increase in referrals received from the Canyon County Prosecuting Attorney's (CCPA) office and projected increase in clients served necessitate this request to ensure appropriate staff to client ratios. These positions are funded by an Idaho Department of Correction grant awarded to CCPA and passed through to SWDH to perform the work.

3. Environmental Health Specialist – 1 position

The Food Establishment Licensing and Permitting program has experienced an increase in inspection counts due to increased facilities in district 3. FDA recommends 280-320 inspections per inspector annually. The current staffing is 600 inspections per inspector. The position will be funded by the existing staff model within the food program (food licensing fees, NEHA grant and district support).

4. Resources and Services Navigator (Home Visitor) – 1 position

Parents As Teachers (PAT) home visiting program supports a parent's role in promoting school readiness and healthy development of children. PAT program serves 30-40% families that are child welfare involved. The program's current waitlist is eleven families. This position is being requested to address current and future needs in collaboration with DHW for increased referrals to support the goal of decreasing the number of children entering foster care. This position will be funded by Opioid Settlement funds.

5. Program Specialist – 1 position

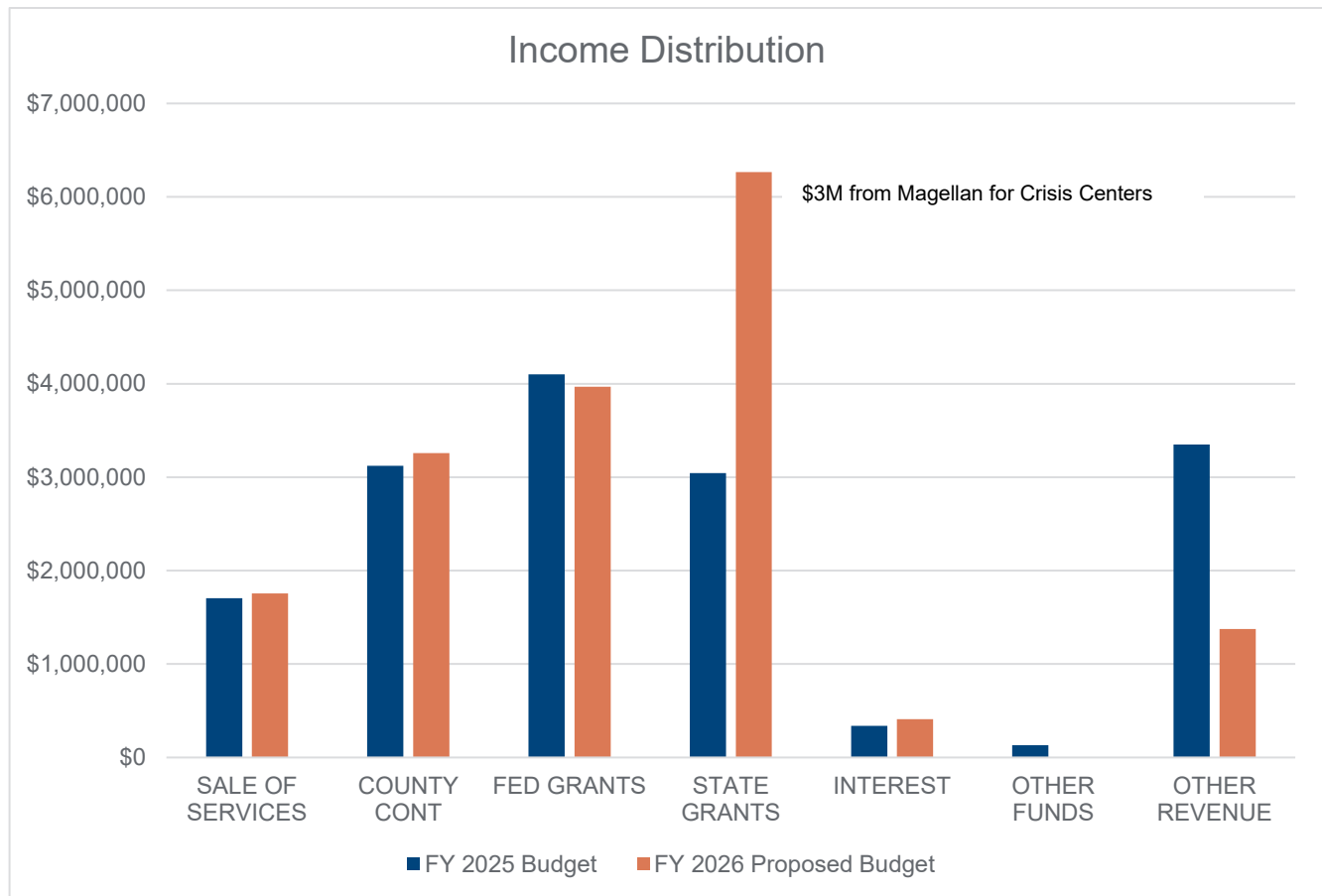
Current WIC program staffing levels exceed the ideal span of control for supervisors. This position will supervise clinical assistants and will support individual staff development, team development, and oversight. This position will be funded by the existing staff model within WIC (grant and district support).

As shown in the budget summary on page 14, the proposed FY 2026 budget (including the crisis center work) is balanced, with \$17 million in both revenues and expenditures. The estimated revenue for FY 2026 across all funds is \$17 million, which represents a net increase of \$1.24 million, or 7.9%, compared to the FY 2025 adopted budget's estimated revenue of \$15.8 million. This increase is primarily due to the Family and Clinic Services crisis funding and the carry-forward of grant funding, which is included in our revenue but falls under restricted funding. Southwest District Health is requesting a 3% COLA for all staff who successfully complete probation in FY2026, this equates to a \$176,573 increase in salary and wages should the Board of Health approve. These figures are accounted for in the proposed budget year-over-year growth, as are the funding for recommended positions described above. Capital expenditures are reduced over FY 2025 as a result of no scheduled capital projects.

Budget Summary

District Revenue	FY 2025 Adopted Budget	FY 2026 Proposed Budget	Year over Year \$	Year over Year %
SALE OF SERVICES	\$1,704,841	\$1,757,051	\$52,210	3.1%
CITY CO GRANTS	\$3,122,831	\$3,193,095	\$70,264	2.2%
FED GRANTS	\$4,101,722	\$3,966,968	-\$134,754	-3.3%
STATE GRANTS	\$3,043,715	\$6,329,028	\$3,285,313	107.9%
INTEREST	\$337,850	\$410,400	\$72,550	21.5%
OTHR FND STATUTE TXFR	\$132,307	\$0	-\$132,307	-100.0%
OTHER REVENUE	\$3,349,107	\$1,376,631	-\$1,972,476	-58.9%
Total	\$15,792,373	\$17,033,535	\$1,241,162	7.9%

District Expenditures	FY 2025 Adopted Budget	FY 2026 Proposed Budget	Year over Year \$	Year over Year %
SALARY AND WAGE	\$6,625,145	\$7,250,473	\$625,328	9.4%
EMPLOYEE BENEFITS	\$2,940,379	\$3,154,988	\$214,610	7.3%
EXPENSES	\$3,198,592	\$3,319,778	\$121,185	3.8%
CAPITAL	\$80,000	\$0	-\$80,000	-100.0%
TRUSTEE AND BENEFITS	\$2,948,257	\$3,307,933	\$359,676	12.2%
Total	\$15,792,373	\$17,033,535	\$1,241,161	7.9%

Budget Funding Sources – FY 2025 and Projected FY 2026

County Contributions

Section 31-862, Idaho Code authorizes counties to establish a special tax to be used solely and exclusively for preventive health services by county or district boards of health. The board of county commissioners is authorized to levy a special tax not to exceed four hundredths per cent (.04%) of market value. The current approved values for each county in Public Health District 3 (Southwest District Health) are as follows:

2024 Approved Preventive Health Levy Rates	
County	Levy Rate
Adams	0.000038449
Canyon	0.000063909
Gem	0.000065753
Owyhee	0.000064107
Payette	0.000060367
Washington	0.000068992

Source: Idaho State Tax Commission

Section 39-424, Idaho Code describes the formula that is to be used to determine the apportionment to each county in the public health district. Seventy percent (70%) shall be apportioned among the various counties based on population and 30% based on taxable market value.

	FY 2024	FY2025	Population	FY 2024	FY 2025	TMV
	2023 Pop	2024 Pop	Percent	CY 2023	CY 2024	Percent
County	Population Est.	Change	Net Taxable Values		Change	
Adams	4,903	4,998	1.94%	\$1,304,695,948	\$1,399,467,082	7.26%
Canyon	257,674	266,892	3.58%	\$34,916,246,030	\$37,883,599,077	8.50%
Gem	21,071	21,857	3.73%	\$3,108,928,476	\$3,072,576,729	-1.17%
Owyhee	12,722	12,748	0.20%	\$1,407,915,287	\$1,549,383,438	10.05%
Payette	27,279	27,662	1.40%	\$3,519,906,134	\$3,720,156,753	5.69%
Washington	11,425	11,539	1.00%	\$1,315,390,375	\$1,393,698,340	5.95%
Total	335,074	345,696		\$45,573,082,250	\$49,018,881,419	

County Request - 2.25%

Budget Request for County Fiscal Year 2026
 Period Covered: October 2025 – September 2026
 Based on Idaho code §39-424

County Fiscal Year Request

County Contribution = 70% Population Distribution + 30% Taxable Market Value (TMV)

County	2024 Population	Percent Current Year	Amount	2024 Dollar	Amount	County Total FY25	County Total FY24
	Estimate			TMV		Contribution	Contribution
ADAMS	4,998	1.45%	\$32,316	2.85%	\$27,348	\$59,664	\$59,153
CANYON	266,892	77.20%	\$1,725,644	77.28%	\$740,322	\$2,465,967	\$2,396,685
GEM	21,857	6.32%	\$141,321	6.27%	\$60,044	\$201,365	\$200,977
OWYHEE	12,748	3.69%	\$82,425	3.16%	\$30,278	\$112,703	\$112,518
PAYETTE	27,662	8.00%	\$178,854	7.59%	\$72,699	\$251,554	\$251,624
WASHINGTON	11,539	3.34%	\$74,608	2.84%	\$27,236	\$101,843	\$101,874
TOTAL	345,696	100.00%	\$2,235,168	100.00%	\$957,928	\$3,193,096	\$3,122,831

County Contribution Year over Year

CHANGE FY 2025 to FY 2026				
County	Approved FY2025	Total Annual FY 2026 County Cost	Dollar Change	% Change
	SWDH Budget	Jul - June	Annual	Annual
ADAMS	\$59,153	\$59,471	\$318	0.54%
CANYON	\$2,396,685	\$2,452,835	\$56,150	2.34%
GEM	\$200,977	\$199,960	(\$1,017)	-0.51%
OWYHEE	\$112,518	\$109,204	(\$3,314)	-2.95%
PAYETTE	\$251,624	\$247,915	(\$3,709)	-1.47%
WASHINGTON	\$101,874	\$98,580	(\$3,294)	-3.23%
TOTAL	\$3,122,831	\$3,167,964	\$45,133	1.45%

Office of the Director

Office: Director
FY 2025 budgeted full-time positions: 3

The mission of the Office of the Director is to be the public health leader of the region and of service to the employees, board members, and public within whom we are entrusted.

Services	
Oversees the daily operations of the district.	Serves as the administrative officer to the Board of Health.
Prescribes the policies and procedures of the district in accordance with local, state, and federal laws.	Establishes the positions and qualifications of all personnel under the district director and sets rate of pay.
Manages communications for the district.	Serves as district representatives at public events and functions.

FY 2026 Requested Budget Highlights

It is recommended that the 0.19 FTE communications outreach coordinator be increased to 0.24 FTE. This increase in personnel time will be funded by a federal grant. Should the grant no longer be available the position will be assessed and if needed, will be funded through the indirects like all other positions in the Office of the Director.

OFFICE OF THE DIRECTOR

Category	FY 2025 Budget	FY 2026 Proposed Budget	Year over Year \$
Income - Total	\$ 3,460,681	\$ 3,731,858	\$ 271,177
Personnel - Total	\$ 348,015	\$ 415,241	\$ 67,226
Expenses - Total	\$ 73,524	\$ 81,581	\$ 8,057
Capital - Total	\$ -	\$ -	\$ -
T&B - Total	\$ -	\$ -	\$ -
Expenditures Total:	\$ 421,539	\$ 496,822	\$ 75,283

District Operations Division

Division: District Operations

FY 2025 budgeted full-time positions: 26

The mission of District Operations is to provide professional services, support, and customer service that empowers our whole team to carry out the mission and move closer to our vision of a healthier southwest Idaho.

Services	
Information Technology & Cybersecurity	Facilities Maintenance & Building Safety
Human Resources & Employee Engagement	Organizational & Workforce Development, Data Analytics
Fleet Management	Finance, Accounting, & Procurement
Grant Writing & Management	Risk Management & Compliance

FY 2026 Requested Budget Highlights

- Facilities staff will be contracting and overseeing repairs to exterior signage and landscape following the expansion of Highway 55 on the south side of SWDH's main facility in Caldwell. Southwest District Health received \$128,000 from ITD for the repairs and that is what has been budgeted.
- Broad impacts to the division were realized with the Customer Service reorganization and all customer service staff were moved to District Operations in FY25. The customer service changes for FY26 will move 4 FTEs from the indirect pool to FCS division and move 3 FTEs from the indirect pool to ECHS division for direct program support. Four FTE staff will remain centralized in District Operations.

District Operations

Category	FY 2025 Budget	FY 2026 Proposed Budget	Year over Year \$
Income - Total	\$ 783,500	\$ 441,787	\$ (341,713)
Personnel - Total	\$ 1,707,277	\$ 1,971,578	\$ 264,301
Expenses - Total	\$ 1,002,974	\$ 1,051,357	\$ 48,383
Capital - Total	\$ 80,000	\$ -	\$ (80,000)
T&B - Total	\$ -	\$ -	\$ -
Expenditures Total:	\$ 2,790,250	\$ 3,022,935	\$ 232,684

Family & Clinic Services Division

Division: Family & Clinic Services

FY 2025 budgeted full-time positions: 34

Together, empowering southwest Idaho communities to create healthier lives.

Services	
Women, Infants, and Children (WIC) Nutrition Program	Family Medical Clinic
Idaho Home Visiting Programs (IHVP)	Behavioral Health Counseling
YouthROC – Safe Teen Early Intervention Program	Behavioral Health Partnerships for Early Diversion
Pre-Prosecution Diversion Program	Project Oversight for Crisis Centers

FY 2026 Requested Budget Highlights

- Broad impacts to the division were realized with the Customer Service reorganization and the change in indirect rate from 34.3% in FY25 to 24.95% in FY26. The customer service changes for FY26 will move 4 FTEs from the indirect pool to FCS division for direct program support.
- The WIC program estimates a 3% or a \$48,378 increase in the grant funding and are requesting a 1 FTE for a Program Specialist. WIC enrollment and participation increased 4% or 232 in FY25.
- Family Medical Clinic has seen an increased demand for family planning appointments, an uptick in positive STI screenings, and immigration exams.
- Idaho Home Visiting programs offered in all counties in District 3 include Parents As Teachers and Nurse-Family Partnership. These home visiting programs support families and first-time moms through parent skills training, improved pregnancy outcomes, and early childhood health and development milestones. 1 FTE to fill increased need and caseload. Funding stream changes include a request to use a portion (\$272K) of Opioid Settlement Funds to support personnel costs in FY26 that align with Prevention/Connectedness under Activity E.6-9.
- YouthROC is in its last year of funding support from the Millenium Fund. Alternate funding by other community behavioral health partners will need to be effectuated for sustainability.
- Behavioral Health Partnership for Early Diversion expects to see an increase in number of clients served due to the addition of the community paramedicine program in Washington County.
- Pre-Prosecution Diversion Program in partnership with the Canyon County Prosecuting Attorney's Office diverts adults with behavioral health needs from entering the justice system. 4 FTE projected need for increased referrals from the prosecuting attorney's office to ensure appropriate staff to client ratio.
- Crisis centers expected income to remain unchanged unless Magellan changes the current funding and billing structure. Operating expenses are projected to increase in rental expense.

Family and Clinical Services

Category	FY 2025 Budget	FY 2026 Proposed Budget	Year over Year \$
Income - Total	\$ 3,655,725	\$ 4,525,915	\$ 870,190
Personnel - Total	\$ 3,931,222	\$ 4,182,081	\$ 250,859
Expenses - Total	\$ 880,104	\$ 1,380,293	\$ 500,189
Capital - Total	\$ -	\$ -	\$ -
T&B - Total	\$ -	\$ 59,077	\$ 59,077
Expenditures Total:	\$ 4,811,327	\$ 5,621,452	\$ 810,125

Family and Clinical Services: Crisis Centers

Category	FY 2025 Budget	FY 2026 Proposed Budget	Year over Year \$
Income - Total	\$ 4,003,352	\$ 4,086,678	\$ 83,327
Personnel - Total	\$ 337,970	\$ 218,996	\$ (118,973)
Expenses - Total	\$ 575,347	\$ 245,754	\$ (329,593)
Capital - Total	\$ -	\$ -	\$ -
T&B - Total	\$ 2,809,507	\$ 3,114,856	\$ 305,349
Expenditures Total:	\$ 3,722,823	\$ 3,579,606	\$ (143,217)

Environmental & Community Health Services Division

Division: Environmental & Community Health

FY 2025 budgeted full-time positions: 41

The mission of Environmental & Community Health is to be physically present in our communities, building relationships to create and maintain a healthier southwest Idaho.

Services	
Public health emergency preparedness and epidemiological response	Community health education, prevention, and partnerships
Facility based programs	Land development and wastewater

FY 2026 Requested Budget Highlights

- Broad impacts to the division were realized with the Customer Service reorganization and the change in indirect rate from 34.3% in FY25 to 24.95% in FY26. The customer service changes for FY26 will move 3 FTEs from the indirect pool to ECHS division for direct program support.
- Public health emergency preparedness projects a \$70K increase in revenue due to a formula change with Cities Readiness Initiative funding. Epidemiological response will realize a \$20K decrease in revenue due to a change in funding amount from the Epidemiologic Laboratory Capacity (ELC) grant. The ELC grant will continue to support the same staffing and funding structure.
- Facility based programs include the licensing, inspecting, and enforcement of regulations for food establishments, childcare facilities, and public swimming pools. Income projected to increase due to more food license applications and potential increased funding through National Environmental Health Association (NEHA) and Food and Drug Administration (FDA). Added 1 FTE to address increased inspection counts in District 3.
- The Land development programs anticipate increased revenue due to a rise in land-use applications, pre-development meetings, and subsurface sewage permit applications, driven by population growth and new construction. The Land Development team oversees various programs, including engineered subdivision reviews, subsurface sewage disposal permitting, solid waste management, public water system inspections, water quality testing, and nuisance inspections related to wastewater and solid waste compliance. As development expands, the demand for these services continues to grow, contributing to higher permit volumes and overall program revenue.
- Community health programming focuses on individual and group level behavior changes to prevent disease and improve health. This includes vape prevention education with youth, fit and fall proof, suicide prevention collaboratives, drug overdose prevention training, youth substance use prevention, and facilitating community health collaboratives across the region. No significant changes to programmatic budgets for FY26.

Environmental and Community Health

Category	FY 2025 Budget	FY 2026 Proposed Budget	Year over Year \$
Income - Total	\$ 3,889,116	\$ 4,247,298	\$ 358,182
Personnel - Total	\$ 3,241,040	\$ 3,617,565	\$ 376,524
Expenses - Total	\$ 666,643	\$ 561,154	\$ (105,489)
Capital - Total	\$ -	\$ -	\$ -
T&B - Total	\$ 138,750	\$ 134,000	\$ (4,750)
Expenditures Total:	\$ 4,046,434	\$ 4,312,719	\$ 266,286

Fiscal Policies

General Financial Goals

1. To maintain a financially viable district that can maintain an adequate level of services.
2. To maintain financial flexibility to be able to continually adapt to local, state, and national economic change.
3. To ensure we can meet our legal obligations under Idaho State Law and contractual agreements through our grants and agreements with our partners.
4. To maintain and enhance, long-term, the sound fiscal condition of the district.
5. To ensure the financial position necessary to successfully carry out SWDH's mission and strategic priorities.
6. Committed funds are defined as those funds which are committed by the Board of Health for specific purposes, and Restricted funds are defined as those funds restricted by an outside source such as a donor, funder, or grantor. These funds are incorporated in the annual budget as needed and are tracked using a balance sheet approach.

Operating Budget Policies

7. The district will adopt a balanced budget by June 30th of each year.
8. Budget development begins in December each year. SWDH staff begin validating the remainder of the current fiscal year, while planning for the next fiscal year. SWDH has established effective controls to ensure accuracy throughout the budget development and execution process and to maintain adherence throughout the budget cycle.
9. The district will maintain appropriate internal controls to minimize financial reporting misstatements, fraud, waste, abuse, and reduce risk to the organization.
10. During the annual budget development process, the existing base budget will be thoroughly examined to assure sound fiscal stewardship and strategic alignment.
11. The district will avoid balancing the current budget at the expense of future budgets, unless the use of reserves or committed funds is expressly authorized by the Board of Health.
12. The district will maintain no more than a three (3) month operating reserve.
13. The district's operating budget will be prepared on a basis consistent with generally accepted accounting principles (GAAP) except that encumbered, committed, and restricted funds are considered budgetary expenditures in the year of the commitment to purchase.

Revenue Policies

14. The district will try to maintain a diversified and stable revenue system to avoid over-reliance on any one revenue source.
15. Revenue estimates are to be accurate and realistic, sensitive to local, state, and national economic conditions.
16. The district will estimate its annual revenues by an objective, analytical process utilizing trend, judgmental, and statistical analysis, as appropriate.
17. Fees that are set by the Board of Health will be reviewed periodically and increased or decreased in accordance with Idaho Code 39-414.

Expenditures Policies

18. Employee benefits and salaries will be consistent with local trends for governmental entities and maintained at competitive levels. The district's compensation schedule and change in employee compensation is reviewed and approved by the Board of Health annually.
19. Fixed assets will be maintained and replaced as necessary, minimizing deferred

maintenance.

20. The district will develop and use technology and productivity enhancements that are cost effective in reducing or avoiding increased personnel costs.

Capital Budget Policies

21. The district will review and revise an annual Five-Year Capital Improvement Plan/Facility Plan (CIP) with the goal to develop and maintain infrastructure in support of existing facilities and future anticipated development.
22. The CIP will identify the estimated full cost of each project which includes administration, design, development and implementation, and operating costs once the projects are completed.
23. Each CIP project will be assigned to a project manager whose responsibilities are to monitor all phases of the project to ensure timely completion of the project and compliance with the project budget and all regulations and laws.
24. Generally, anticipated or emergency capital projects that exceed \$10,000 in a fiscal year will be paid for using the Facilities and Infrastructure board committed fund. This will allow for stable year-to-year budgeting for general maintenance or improvement-related costs in the facilities and IT budgets.

Accounting, Auditing, and Financial Reporting Policies

25. The district's accounting and financial reporting systems will be maintained in conformance with generally accepted accounting principles as they apply to governmental accounting.
26. An annual audit of all financial transactions will be performed by an independent public accounting firm and presented to the Board of Health for approval each year in accordance with Idaho Code 39-414A.
27. Monthly financial reports and status reports will be submitted to the Board of Health at the monthly board meeting. The reports will provide an analysis of budgeted versus actual revenues and expenditures, on a year-to-date basis.

Budget Guidelines

Through the adoption of the annual operating budget, the Budget Committee approves the funding of District services and estimates of resources available to fund the district's services.

The Board of Health is responsible for proposing a balanced budget which is consistent with the district's service level priorities and sound business practices. A Balanced Budget is defined as a budget where the anticipated operating revenues and other financing resources including carryover of outstanding funding requirements from the prior year are equal to or exceed operating expenditures.

The Financial Officer is responsible for developing the operating budget on behalf of the District Director, establishing budget and fiscal policy, providing periodic budget status reports to the District Director and the Board of Health, and developing internal monthly budget management reports for the Division Administrators to facilitate control and compliance with the budget. The District Director is responsible for establishing a system for the preparation, execution, and control of the budget which provides reasonable assurances that the intent of agency priorities is met.

Division Administrators are responsible for assisting in the development of annual budgets and monitoring their respective budgets for compliance with the intent of district priorities to ensure that budget authorizations of the aggregate total of the district are not exceeded.

Managers are responsible for assisting in the development of their specific budgets and monitoring their budgets to include monthly revenues and expenditures to ensure they remain within budget, compliant with all contract and grant requirements and rules or laws and identify and report any issues or concerns to their division administrator.

Summary of Budget Guidelines

1. Basis of Budgeting

District budgets are adopted on a basis consistent with generally accepted accounting principles (GAAP) except where funds that are encumbered, restricted, or committed. These exceptions are considered budgetary expenditures in the year of the commitment to purchase. For all governmental funds, revenues and expenditures are budgeted on a modified accrual basis.

2. Budget Calendar

The Financial Officer publishes a budget preparation calendar for the District Director and Division Administrators at the beginning of the budget process each year. The calendar sets forth, at a minimum, dates for the following:

- a) Review of agency priorities.
- b) Review of potential fee updates.
- c) Engagement and Outreach for District employees.
- d) Personnel costs review and input.
- e) Operating costs review and input.
- f) Capital Improvement Projects Budget.
- g) Presentation of the Proposed Budget to the Board of Health before the first day of May.
- h) Posting of the public hearing notice.
- i) Presentation of the Proposed Budget to each of the Boards of County Commissioners prior to the first Monday in June.

- j) Presentation to the Budget Committee on or prior to the first Monday in July.

3. Adoption of the Budget

In accordance with Idaho Code 39-424, the Budget Committee will adopt the budget by majority vote on or prior to the first Monday in July, setting forth the amount of authority of the District Director to administer the adopted budget.

4. Budget Authority of the District

The district shall have the authority to revise the adopted budget provided that the Board of Health is notified in writing of the revision, giving the reason, the amount of the revision and the year-to-date total amount of revisions in a publicly noticed meeting where the request for a budget revision is listed on the agenda as an informational item.

Additionally, the District shall have the authority, without a budget revision, to:

- Amend and/or transfer authority among divisions, programs, and projects, provided that the amount is \$100,000 or less.
- Reasonably deviate from the budgeted personnel allocation schedule provided that at no time the personnel cost appropriations authorized by the district is exceeded without prior Board of Health approval.
- Double fill positions for no more than six months as long as total authority is not exceeded to ensure adequate staffing levels, to facilitate training of new employees in critical positions by the outgoing incumbents, or to respond to urgent staffing needs.
- Add/delete positions or to move positions between divisions and/or programs to respond to organizational needs, as long as the total district approved personnel cost authority is not exceeded.

Prior approval from the Board of Health is required for changes that:

- Increase the overall district spending authority.
- Result in changes not consistent with the purpose and intent of the Budget as adopted.
- Require an appropriation action from any unassigned fund balances or reserves.

5. Budget Amendments by the District

At Board of Health meetings, the Board may from time to time approve expenditures and identify funding sources not provided for in the adopted budget including those expenditures funded through unassigned fund balances or reserves.

6. Budget Monitoring and Reporting

Monthly, the Financial Officer will prepare and make available a monthly budget report including actual expenditures for distribution to the District Director, Division Administrators, and Managers to facilitate monitoring of the budget.

Quarterly, as part of the 4th Quarter Financial Status Report, the Financial Officer shall report on all active grants and grants closed out during the fiscal year including the purpose of the grant, the granting agency, and the grant amount awarded.

Appendix: Fiscal Year 2026 Budget Request Detail

DRAFT



FY26 BUDGET REQUEST

Revenue

Expenditures

Description	Income	Personnel	Operating	Capital	T&B
Administration					
11010 Administration	\$ -	\$ 271,940	\$ 28,502	\$ -	\$ -
11020 County, Interest & Other Revenues	\$ 3,603,858	\$ -	\$ -	\$ -	\$ -
11030 Indirect Excluded Costs	\$ -	\$ -	\$ 8,775	\$ -	\$ -
11110 Board of Health	\$ -	\$ 11,556	\$ 6,950	\$ -	\$ -
11120 Board of Health Committed	\$ 128,000	\$ -	\$ -	\$ -	\$ -
11210 Public Information	\$ -	\$ 86,861	\$ 14,182	\$ -	\$ -
11220 Marketing	\$ -	\$ 44,883	\$ 23,172	\$ -	\$ -
Subtotal	\$ 3,731,858	\$ 415,241	\$ 81,581	\$ -	\$ -

District Operations

27210 Infrastructure Grant - A1	\$ 399,000	\$ 219,047	\$ 64,172	\$ -	\$ -
27215 Infrastructure Grant - A2	\$ 42,787	\$ -	\$ 34,243	\$ -	\$ -
21010 District Operations Administration	\$ -	\$ 273,552	\$ 13,642	\$ -	\$ -
26010 Fleet Management	\$ -	\$ -	\$ 45,712	\$ -	\$ -
28010 District Customer Service	\$ -	\$ 296,761	\$ 10,416	\$ -	\$ -
22010 Finance	\$ -	\$ 441,143	\$ 37,292	\$ -	\$ -
22110 Grants and Procurements	\$ -	\$ 97,551	\$ 5,373	\$ -	\$ -
23010 Human Resources	\$ -	\$ 211,472	\$ 13,803	\$ -	\$ -
24010 Information Technology	\$ -	\$ 337,163	\$ 262,719	\$ -	\$ -
25010 Caldwell	\$ -	\$ 94,890	\$ 441,178	\$ -	\$ -
25110 Emmett	\$ -	\$ -	\$ 40,804	\$ -	\$ -
25210 Payette	\$ -	\$ -	\$ 50,480	\$ -	\$ -
25310 Weiser	\$ -	\$ -	\$ 31,524	\$ -	\$ -
Subtotal	\$ 441,787	\$ 1,971,578	\$ 1,051,358	\$ -	\$ -

Environmental & Community Health Services

Community Health					
41010 CHAT	\$ -	\$ 112,715	\$ 19,215	\$ -	\$ -
41025 Fit & Fall Proof - PHHS	\$ 65,897	\$ 67,327	\$ 8,771	\$ -	\$ -
41030 Fit & Fall Proof - State General	\$ 30,000	\$ 18,637	\$ 5,400	\$ -	\$ -
41035 Diabetes	\$ 16,000	\$ 10,439	\$ 2,408	\$ -	\$ -
41040 Diabetes Prevention Classes	\$ -	\$ 4,173	\$ -	\$ -	\$ -
41050 Comprehensive Cancer	\$ 19,366	\$ 21,635	\$ 2,290	\$ -	\$ -
41055 Prescription Drug Overdose Prevention	\$ 78,500	\$ 65,740	\$ 5,707	\$ -	\$ -
41056 Prescription Drug Overdose Prevention_BJA	\$ 40,000	\$ 27,956	\$ 4,261	\$ -	\$ -
41060 Opioid Settlement	\$ 436,933	\$ 272,986	\$ 56,718	\$ -	\$ 20,000
41110 Suicide Prevention	\$ 45,000	\$ 62,549	\$ 4,900	\$ -	\$ -
41126 Partnership For Success SAMSHA YR2	\$ 114,497	\$ 31,694	\$ 32,918	\$ -	\$ 28,500
41127 Partnership For Success SAMSHA YR3	\$ 312,780	\$ 105,647	\$ 89,791	\$ -	\$ 85,500
41240 Tobacco Prevention Grant	\$ 56,000	\$ 42,648	\$ 5,870	\$ -	\$ -
41255 Tobacco Cancer Control	\$ 8,000	\$ 6,278	\$ 125	\$ -	\$ -
41260 Millennium Fund IDHW	\$ 397,038	\$ 257,689	\$ 60,002	\$ -	\$ -
Subtotal	\$ 1,620,012	\$ 1,108,113	\$ 298,376	\$ -	\$ 134,000
Epidemiological Response					
42010 Epidemiology & Lab Capacity	\$ 121,412	\$ 95,499	\$ 1,683	\$ -	\$ -
45010 Communicable Disease	\$ 74,372	\$ 55,992	\$ 6,629	\$ -	\$ -
45020 Active TB - FED	\$ 5,500	\$ 5,858	\$ 600	\$ -	\$ -
45025 Active TB - State	\$ 14,102	\$ 3,840	\$ 7,568	\$ -	\$ -
45030 Perinatal HEP B	\$ 6,356	\$ 5,086	\$ -	\$ -	\$ -
45031 Viral Hep Prev & Control	\$ 12,711	\$ 10,173	\$ -	\$ -	\$ -
45065 NEDSS	\$ 140,000	\$ 119,166	\$ 4,471	\$ -	\$ -
Subtotal	\$ 374,453	\$ 295,614	\$ 20,950	\$ -	\$ -

Facility Based Programs						
43010	Food Primary	\$ 245,000	\$ 466,076	\$ 42,593	\$ -	\$ -
43015	Requested Inspections	\$ 30,000	\$ 15,819	\$ 2,600	\$ -	\$ -
43020	Food Safety Trainings	\$ 25,200	\$ 15,279	\$ 5,400	\$ -	\$ -
43025	Food Plan Reviews	\$ 16,200	\$ 76,511	\$ 1,615	\$ -	\$ -
43030	Food Secondary	\$ -	\$ 20,377	\$ -	\$ -	\$ -
43035	FDA Standards	\$ 18,500	\$ 14,549	\$ 5,000	\$ -	\$ -
43036	FDA Standards Mentorship	\$ 15,000	\$ 14,549	\$ 5,000	\$ -	\$ -
43040	Swimming Pools Primary	\$ -	\$ 9,850	\$ -	\$ -	\$ -
43045	Childcare Inspections	\$ 114,000	\$ 140,192	\$ 4,971	\$ -	\$ -
43050	Complaints	\$ 16,104	\$ 8,924	\$ 600	\$ -	\$ -
43051	CC Administration	\$ 12,180	\$ 11,482	\$ -	\$ -	\$ -
43055	Animal Bites Rabies	\$ -	\$ 24,983	\$ 600	\$ -	\$ -
Subtotal		\$ 492,184	\$ 818,592	\$ 68,379	\$ -	\$ -
Land Development Programs						
44010	Solid Waste	\$ 9,658	\$ 27,275	\$ 3,707	\$ -	\$ -
44020	Wastewater	\$ 751,538	\$ 574,098	\$ 89,035	\$ -	\$ -
44030	Water Quality	\$ 1,500	\$ 3,530	\$ 1,391	\$ -	\$ -
44040	Public Water Systems	\$ 135,934	\$ 103,008	\$ 6,094	\$ -	\$ -
44050	Land Development	\$ 144,000	\$ 107,023	\$ 8,859	\$ -	\$ -
44060	Nuisance: Land/Sewage/Open Dump/Other	\$ -	\$ 22,648	\$ 1,020	\$ -	\$ -
Subtotal		\$ 1,042,630	\$ 837,581	\$ 110,106	\$ -	\$ -
Public Health Preparedness						
45040	Preparedness Assessment	\$ 415,000	\$ 344,533	\$ 30,746	\$ -	\$ -
45045	Cities Readiness	\$ 143,000	\$ 109,614	\$ 5,257	\$ -	\$ -
45051	MRC RISE	\$ 15,000	\$ -	\$ 15,000	\$ -	\$ -
Subtotal		\$ 573,000	\$ 454,147	\$ 51,003	\$ -	\$ -
Community Health						
46020	WICHC Administration	\$ 145,020	\$ 103,519	\$ 12,340	\$ -	\$ -
Subtotal		\$ 145,020	\$ 103,519	\$ 12,340	\$ -	\$ -
Family & Clinic Services						
Family Medical Clinic						
31010	Medical Clinic	\$ 162,000	\$ 573,493	\$ 214,401	\$ -	\$ -
31110	STD Prevention	\$ 31,000	\$ 24,794	\$ 7,038	\$ -	\$ -
31120	Disease Prevention Workforce	\$ 102,000	\$ 83,571	\$ 3,709	\$ -	\$ -
31130	HIV Prevention	\$ 52,250	\$ 27,649	\$ 11,316	\$ -	\$ -
31210	Women's Health Check	\$ 16,461	\$ 11,253	\$ 3,910	\$ -	\$ -
31220	Women's Health Check - Outreach	\$ 3,600	\$ 4,042	\$ 2,882	\$ -	\$ -
31310	Immunizations Clinic - District	\$ 71,255	\$ 83,014	\$ 108,325	\$ -	\$ -
31320	Immunization Cooperative Agreement	\$ 117,769	\$ 100,764	\$ 17,568	\$ -	\$ -
31415	School Health Marsing	\$ 81,000	\$ 69,784	\$ -	\$ -	\$ -
31510	Oral Health - MCH	\$ 80,000	\$ 88,321	\$ 5,548	\$ -	\$ -
31530	Oral Health - District	\$ 3,600	\$ 22,838	\$ 7,344	\$ -	\$ -
Subtotal		\$ 720,935	\$ 1,089,524	\$ 382,041	\$ -	\$ -
Idaho Home Visiting Programs						
32010	NFP - MIECHV	\$ 284,110	\$ 294,537	\$ 41,717	\$ -	\$ -
32030	NFP - Medicaid	\$ 90,000	\$ 116,645	\$ 16,686	\$ -	\$ -
32035	NFP - General	\$ 98,040	\$ 112,891	\$ 16,686	\$ -	\$ -
32040	PAT - General	\$ 73,960	\$ 97,858	\$ 10,651	\$ -	\$ -
32050	PAT - MIECHV	\$ 214,332	\$ 221,650	\$ 26,429	\$ -	\$ -
32070	PAT - Medicaid	\$ 90,000	\$ 85,547	\$ 17,279	\$ -	\$ -
Subtotal		\$ 850,442	\$ 929,127	\$ 129,449	\$ -	\$ -
Community Behavioral Health						
32110	Citizens Review Panels	\$ 6,000	\$ 2,128	\$ 773	\$ -	\$ -
32210	Behavioral Health Administration	\$ 90,670	\$ 101,959	\$ 4,300	\$ -	\$ -
Subtotal		\$ 96,670	\$ 104,087	\$ 5,073	\$ -	\$ -
Crisis						
32220	Adult Crisis Center	\$ 1,704,000	\$ 23,657	\$ 74,902	\$ -	\$ 1,392,000
32225	Youth Crisis - Magellan	\$ 1,737,510	\$ -	\$ 46,974	\$ -	\$ 1,452,000
32230	YouthROC - IDJC	\$ 420,000	\$ 130,282	\$ 12,707	\$ -	\$ 270,856
32240	Youth Crisis Center - IDJC	\$ -	\$ -	\$ -	\$ -	\$ -
32255	Social Services Block Grant	\$ 125,000	\$ 65,057	\$ 11,003	\$ -	\$ -

32275	Social Services Block - Ongoing	\$ 92,337	\$ -	\$ 92,337	\$ -	\$ -
32280	Mental Health Block Grant - Additional	\$ 7,832	\$ -	\$ 7,832	\$ -	\$ -
Subtotal		\$ 4,086,678	\$ 218,996	\$ 245,754	\$ -	\$ 3,114,856
Pre-Prosecution Diversion						
32260	Pre-Prosecution Div Grant	\$ 1,419,794	\$ 574,713	\$ 703,480	\$ -	\$ -
Subtotal		\$ 1,419,794	\$ 574,713	\$ 703,480	\$ -	\$ -
Early Diversion						
32286	SAMSHA - Early Diversion of Adults	\$ 36,427	\$ 19,781	\$ 1,981	\$ -	\$ 21,644
32287	SAMSHA - Early Diversion of Adults	\$ 94,686	\$ 59,343	\$ 9,743	\$ -	\$ 37,433
Subtotal		\$ 131,113	\$ 79,124	\$ 11,724	\$ -	\$ 59,077
Women/Infant/Children (WIC)						
33010	WIC - General Admin	\$ 283,600	\$ 314,917	\$ 17,181	\$ -	\$ -
33020	WIC - Client Services	\$ 634,400	\$ 542,877	\$ 56,817	\$ -	\$ -
33030	WIC - Breastfeeding Promotion	\$ 61,200	\$ 89,719	\$ 16,049	\$ -	\$ -
33040	WIC - Nutrition Education	\$ 244,800	\$ 379,023	\$ 46,175	\$ -	\$ -
33050	WIC - Breastfeeding Peer Counseling	\$ 82,960	\$ 78,972	\$ 12,304	\$ -	\$ -
Subtotal		\$ 1,306,960	\$ 1,405,507	\$ 148,526	\$ -	\$ -
Total						
Total		\$ 17,033,535	\$ 10,405,461	\$ 3,320,141	\$ -	\$ 3,307,933

Offering Preventive Support and Connection to Youth and Families in SW Idaho

Savannah Nalder, Project Manager



STRONG FOUNDATIONS FOR IDAHO'S YOUTH

YouthROC Purpose

YouthROC, Southwest Idaho's safe teen assessment center, aims to prevent youth from entering or reentering the child welfare and juvenile justice systems by providing a neutral, unbiased approach to identifying needs that exist for youth and their families and connecting them to the best resources and services within their community.



Easy-to-Access:

Click, call, or drop-in at our two primary locations in SW Idaho



Prevent Systems Involvement:

Early intervention to prevent interaction with formal systems



Provide Family Support:

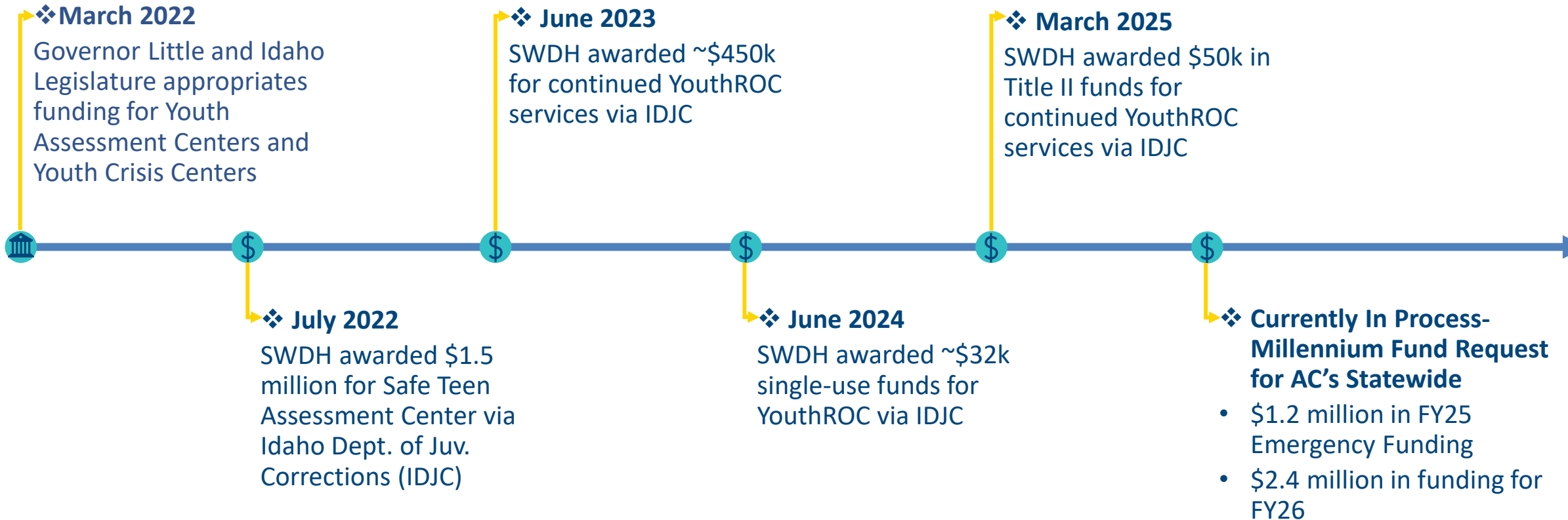
Connection to community resources and support systems



Promote Healthy Outcomes:

Goals created with the youth and family to foster success

YouthROC Funding



Funding Managed by: Idaho Department of Juvenile Corrections

The YouthROC Experience

VIDEO VIGNETTE

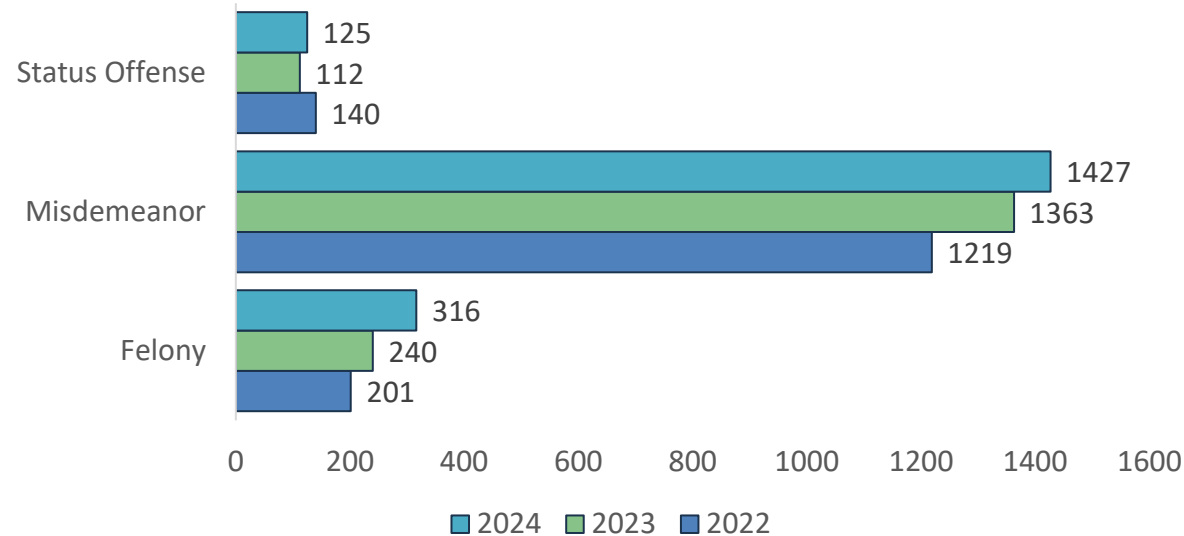


STRONG FOUNDATIONS FOR IDAHO'S YOUTH

The Need for YouthROC

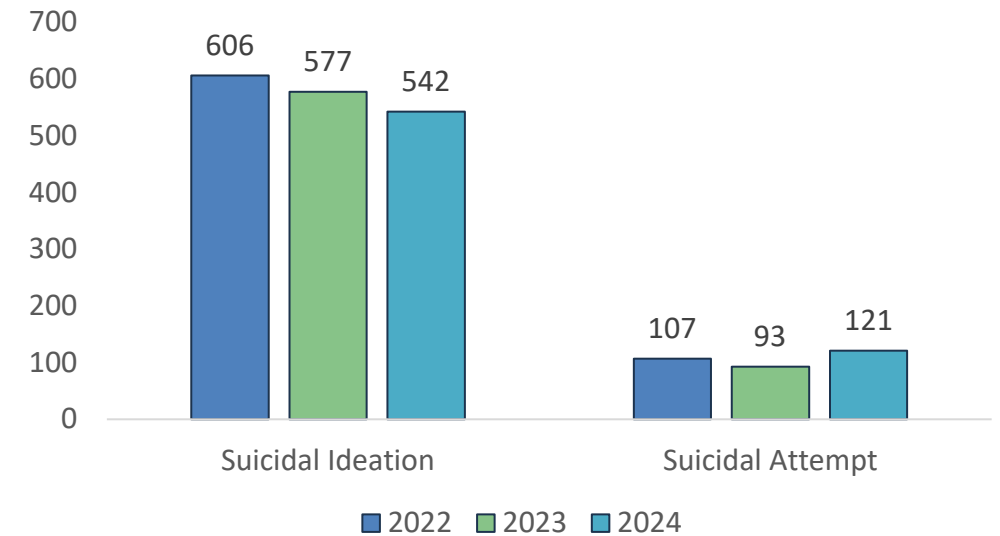
District 3 Youth Charges Filed

1,868 charges filed in 2024



*Per IDJC 2024 District 3 Annual Juvenile Justice Report

Youth ER Visits In District 3



*Per IDHW DPH Get Healthy Dashboard

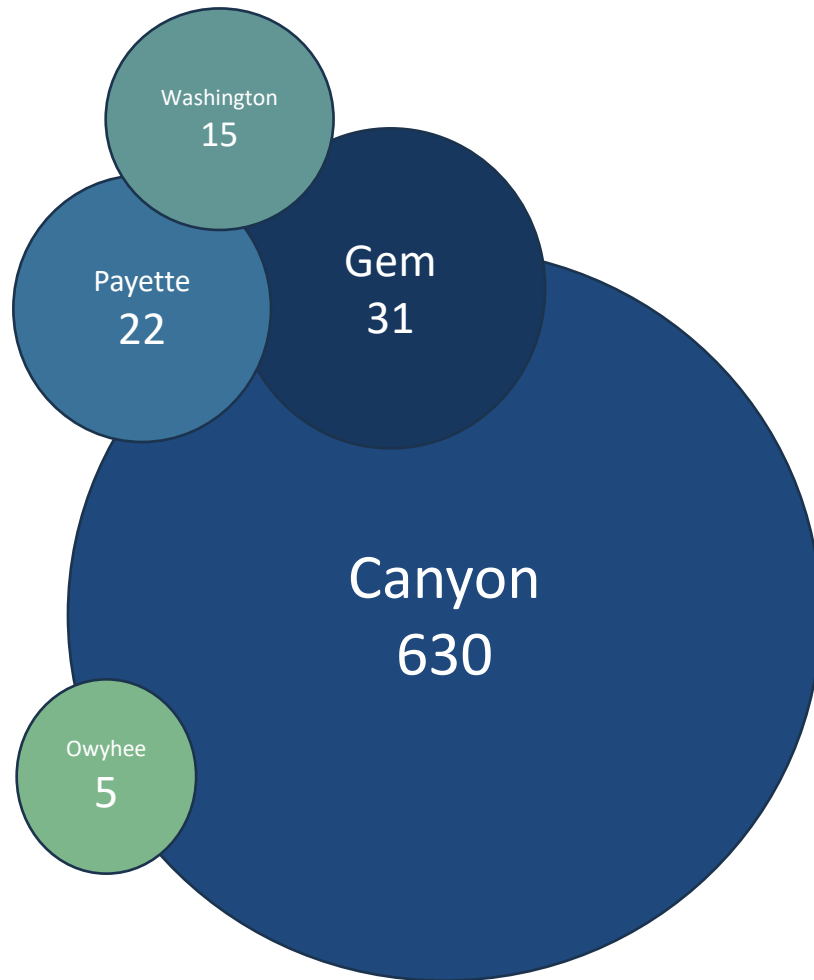
IDHW Foster Care Placements as of 4/5/2025

Region 3	326
Statewide	1,274

*Per IDHW Monthly Foster Care Stats Report

YouthROC Referral Snapshot

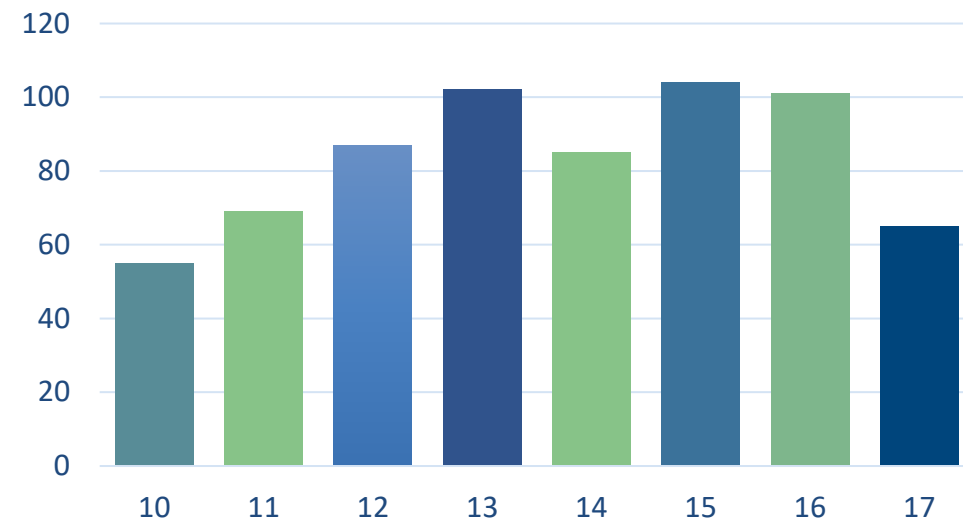
February 1, 2023 – March 31, 2025



54% Female

44% Male

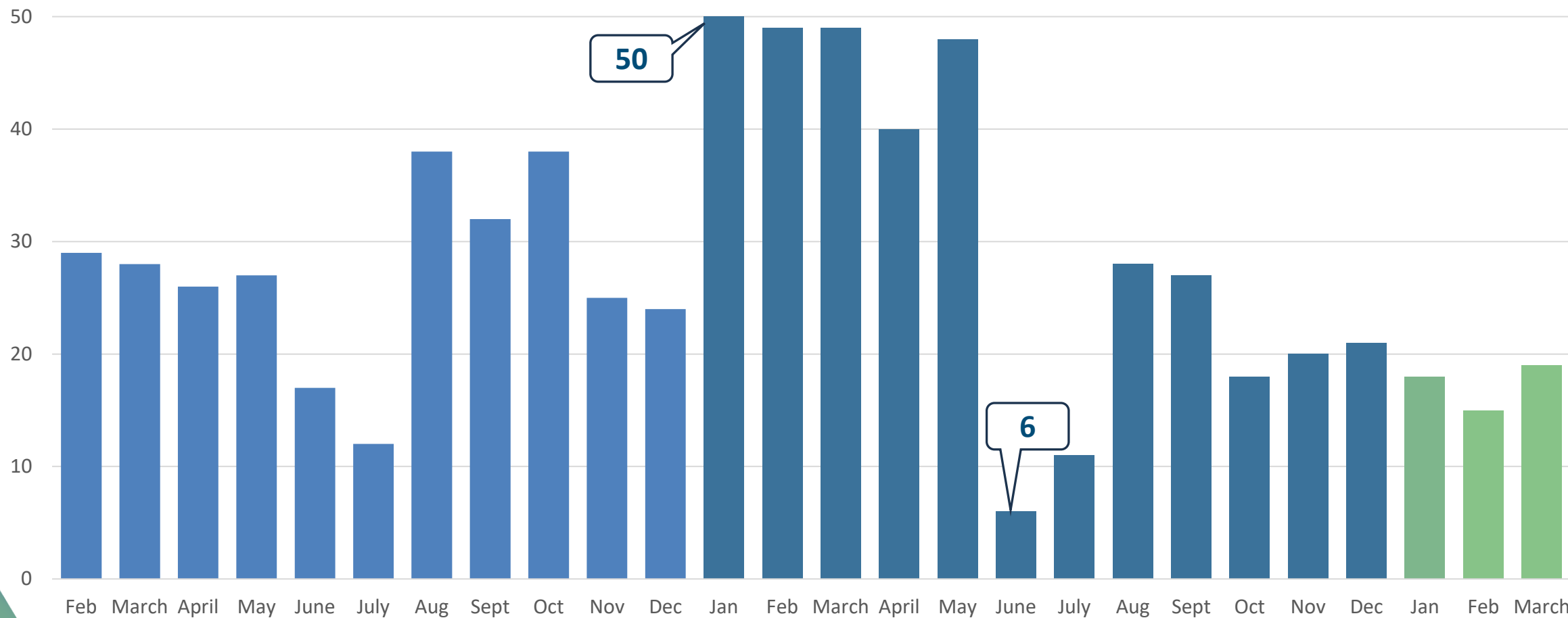
Age at Time of Referral



STRONG FOUNDATIONS FOR IDAHO'S YOUTH

Incoming YouthROC Referrals

715 Referrals for Services Received



YouthROC Referral Pathways and Concerns

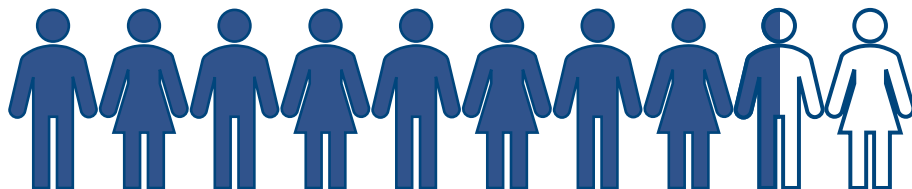
How Participants Learned About YouthROC:

384	Community Based Organizations
224	School
102	School Resource Officer/Law Enforcement/Juvenile Justice

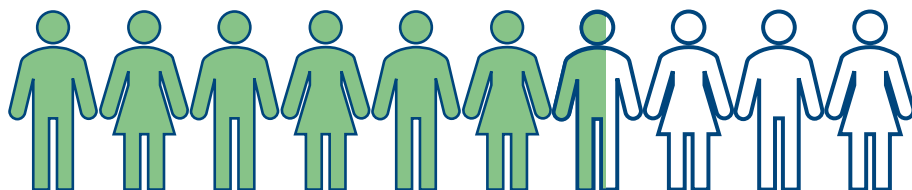
Identified Concerns/Needs:

519	Mental or Behavioral Health
293	Basic Needs (Food/Housing/Transportation)
235	Domestic Violence/Safety Concerns

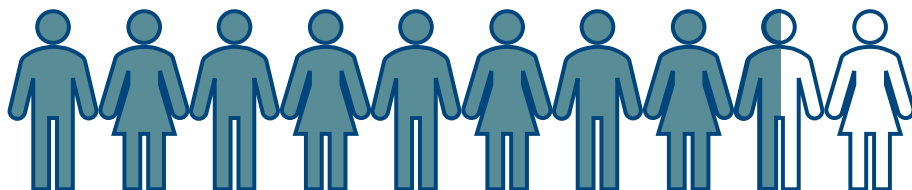
YouthROC Services Provided



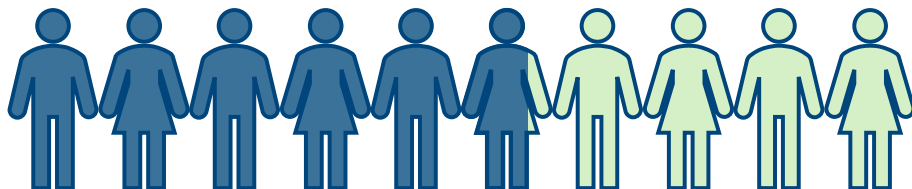
8.5 out of 10 Youth Referred were Screened for Strengths and Needs



6.7 out of 10 Youth Screened Received a CANS Assessment



8.5 out of 10 Youth Assessed Participated in Case Management



5.8 out of 10 Youth Completed Their Individualized Care Plan- The rest are currently receiving services

1519

Case Management Visits Completed between Sept 2024 and March 2025

YouthROC Support and Connection

Common Individualized Care Plan Goals:

- **Therapeutic Intervention**
 - Individual or family counseling, trauma informed, equine therapy, parenting classes
- **Basic Needs**
 - Safe/stable housing, nutritious food, transportation
- **Vocational/Independent Living Skills**
 - Job prep, driver's ed, financial needs
- **Educational Supports**
 - Tutoring, school placement, next steps, mentorship
- **Social Engagement/Belonging**
 - Extracurricular activities, volunteer opportunities, new hobbies

Looking to the Future

Increase Knowledge and Utilization of Services

- Continue district-wide efforts to raise awareness and understanding of the program
- Establish additional partnerships through Referral Agreements and MOUs
- Simplify the intake process to reduce barriers to service engagement

Maximize Impact Through Data

- Ask follow up questions to highlight the benefits and impact of the program
- Track youth re-referred into YouthROC to better understand long-term effectiveness
- Collect follow-up data to showcase continued success after program completion

Questions?



Savannah Nalder- Southwest District Health
Savannah.Nalder@swdh.id.gov

STRONG FOUNDATIONS FOR IDAHO'S YOUTH

We all need support sometimes

YouthROC integrates prevention and early intervention activities that can help youth improve their health and well-being, stay in school, stay out of crisis, avoid the juvenile justice system, and help build a stronger emotional foundation for a successful future. Serving youth aged 10-17, and their families through screening, assessment and supportive case management, YouthROC offers help when help is needed.



IMPACT OVERVIEW

Most learned about YouthROC from:

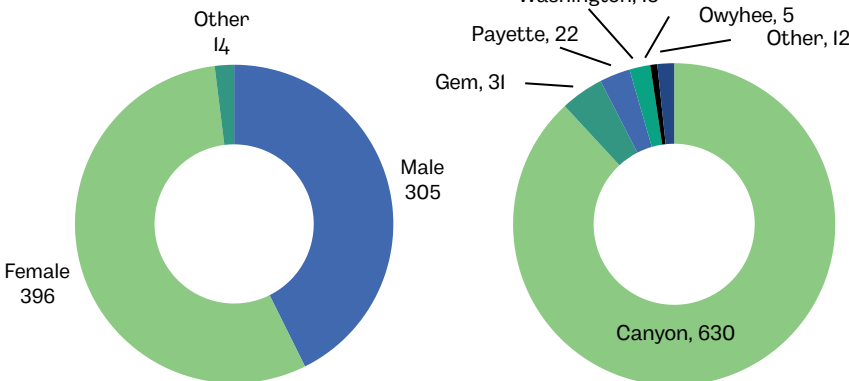
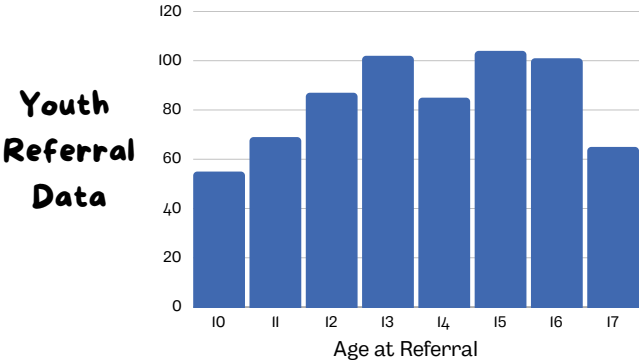
- 384** Community Based Organizations
- 224** School
- 102** School Resource Officer/Law Enforcement/Juvenile Justice

Program Referrals	Screenings Completed	Assessments Completed	Case Management Provided	Case Management Completed
715	605	406	344	199

REFERRAL CONCERNS

- 519** Mental or Behavioral Health
- 293** Basic Needs (Food/Housing/Transportation)
- 235** Domestic Violence/Safety Concerns
- 76** Other Health Concerns
- 73** Substance Use/Abuse/Misuse

1519 Case Management Visits Completed between Sept 2024 and March 2025



To us, it's personal;

Youth came into YouthROC experiencing suicidal ideation and self-harm behaviors. Mom was not educated on how to help her child, which often resulted in explosive conversations. We were able to get the youth into counseling, the parents into parenting classes, and the youth into positive activities.

CLIENT IS A YOUTH WHO HAS BEEN AFFECTED BY DOMESTIC VIOLENCE. THEY WERE DEMONSTRATING SOME BEHAVIORS RELATED TO NOT KNOWING HOW TO ENGAGE IN HEALTHY RELATIONSHIPS. THIS YOUTH IS NOW IN COUNSELING, PARTICIPATED IN TEEN GROUP, PARTICIPATED IN FAMILY HEALTHY RELATIONSHIP DAY, AND WE GOT THE CAREGIVER INTO PARENTING CLASSES AND COUNSELING. WE WERE ALSO ABLE TO WORK WITH THIS TEEN TO WRITE A JOB RESUME AND GET A BIKE SO THEY CAN APPLY TO WORK AT PLACES WITHIN BIKING DISTANCE FROM THEIR HOUSE.





Follow Up: Childhood Mortality and Morbidity



Dr. Anna Briggs,
Principal Research Analyst

Follow Up Topics

- Suicide rates stratified by age in D3
- How many years to detect cancer trends?
- Respiratory Syncytial Virus (RSV) stratified by age – are there more reported cases in adults than children?
- Define “neglect” as foster care removal reason
- Define “unstable home environment” as foster care removal reason
- Sexual abuse data for children in D3

Suicide Counts Stratified by Age

D3 Suicide Counts		
	10 - 14 years old	15 - 18 years old
2015 – 2017	<5	7
2018 – 2020	5	12
2021 – 2023	8	10

D3 Leading Cause of Death			
	10 -14 years old	15-18 years old	10-18 years old
2015-2017	Accident	Accident	
2018-2020	Suicide	Accident	Suicide
2021-2023	Suicide	Accident	Suicide

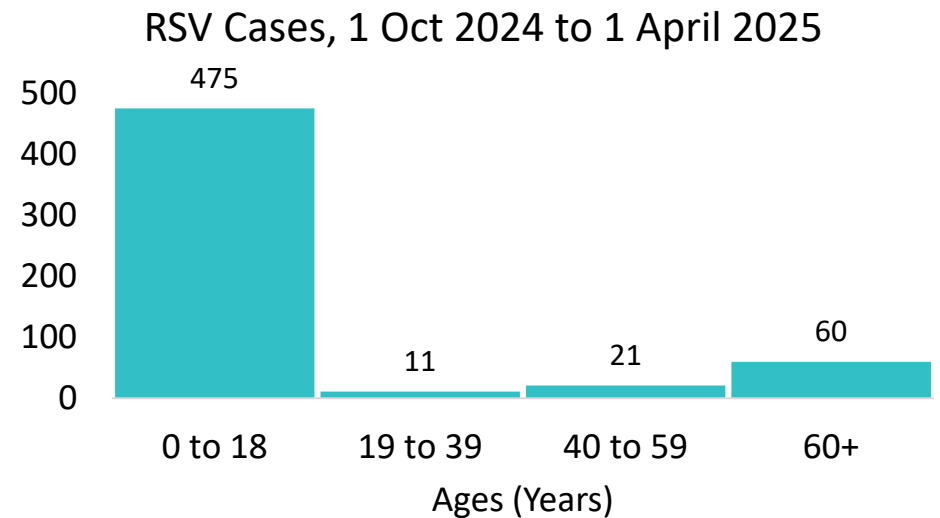
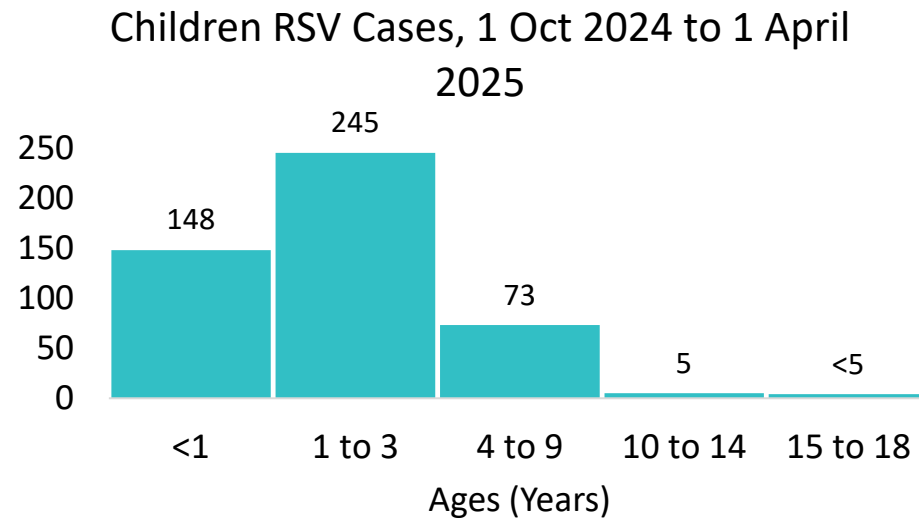
12 was the youngest suicide from 2015 - 2023

How many years to detect cancer trends?

- At least 10 years
- Statistical Stability
- Reliable estimates based on population
- Trends in incidence are calculated using software
- Guidelines
 - Cancer Cluster Fact Sheet
 - [Reliable Estimates](#)
- Subject matter knowledge is crucial in evaluating trends
 - Example: changes in medical care, reporting
- [Annual Cancer Report of the Cancer Data Registry of Idaho](#)

Respiratory Syncytial Virus (RSV) cases

- Are there more reported cases in adults than children? No
 - 475 Cases in ages 0-18 years
 - 92 Cases in ages 19+ years



Respiratory Syncytial Virus (RSV) cases

1 Oct 2024 to 1 April 2025

County	Case Counts (0-18 Years)
Adams	5
Canyon	426
Gem	9
Owyhee	9
Payette	21
Washington	5
Total	475

County	Case Counts (19-39 Years)
Canyon	10
Owyhee	<5
Total	11

County	Case Counts (40-59 Years)
Canyon	21
Total	21

County	Case Counts (60+ Years)
Canyon	47
Gem	<5
Owyhee	<5
Payette	7
Washington	<5
Total	60

Foster Care Removal Reasons Definitions: Neglect

- A Child:
 - a) Who is without proper parental care and control, or subsistence, medical or other care or control necessary for his well-being because of the conduct or omission of his parents, guardian or other custodian or their neglect or refusal to provide them; however, no child whose parent or guardian chooses for such child treatment by prayers through spiritual means alone in lieu of medical treatment shall be deemed for that reason alone to be neglected or lack parental care necessary for his health and well-being, but this subsection shall not prevent the court from acting pursuant to section 16-1627, Idaho Code; or
 - (b) Whose parent, guardian or other custodian is unable to discharge the responsibilities to and for the child and, as a result of such inability, the child lacks the parental care necessary for his health, safety or well-being; or
 - (c) Who has been placed for care or adoption in violation of law; or
 - (d) Who is without proper education because of the failure to comply with section 33-202, Idaho Code

Foster Care Removal Reasons Definitions:

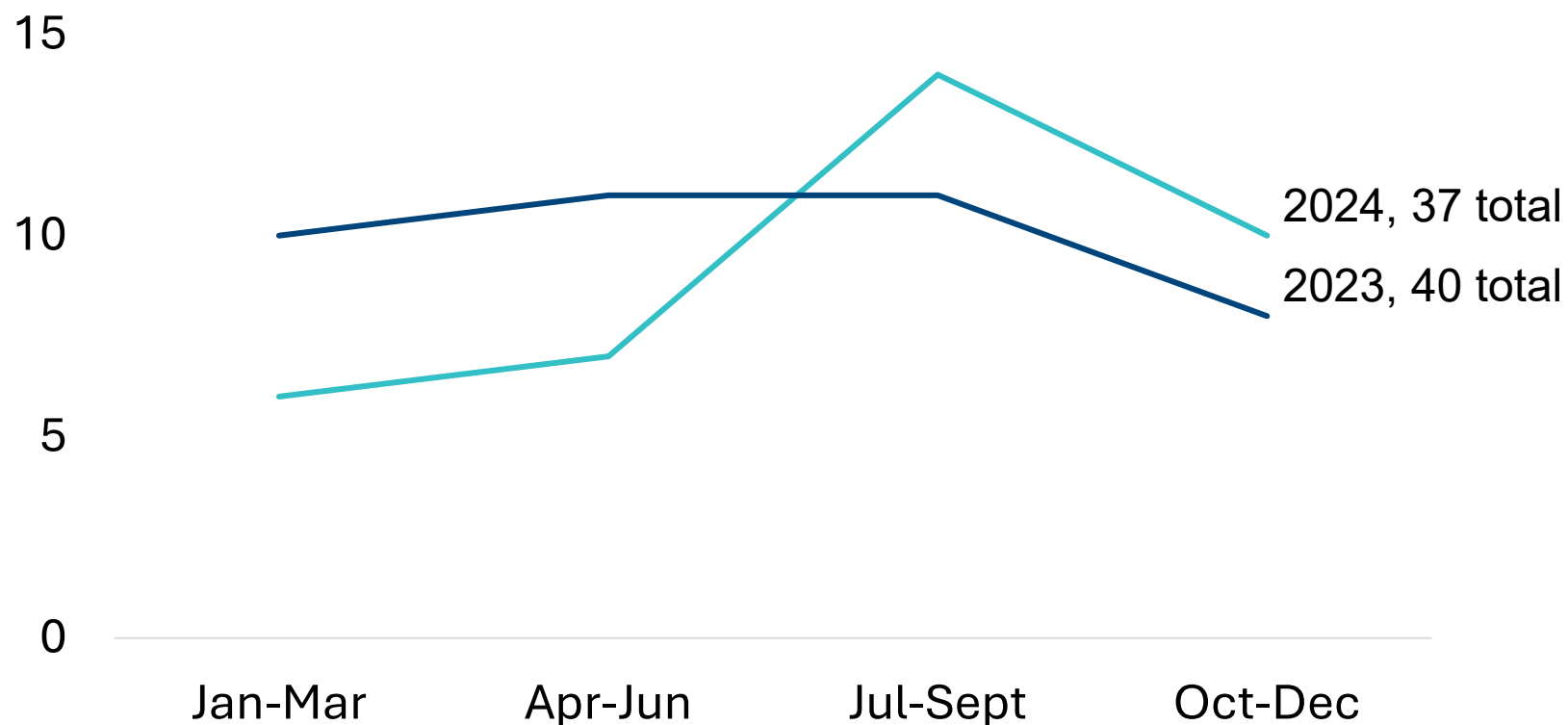
Unstable Home Environment

- The child is abused, abandoned, neglected, homeless, or has an unstable home environment; or, the child is living or having custodial visitation in the same household as a child already under the jurisdiction of the court and is exposed to or at risk of being a victim of abuse, neglect, or abandonment.

*NOTE: This is not a specified term to document why a child is removed from their home, but it is an option for a finding by the court if during the adjudicatory hearing the child is found to have come within the jurisdiction of the Idaho Child Protection Act (based on the factual evidence presented to the court). If the court makes a finding of unstable home environment rather than a finding for abuse, neglect or abandonment this is where our system should reflect that terminology.

Sexual Assault Emergency Department Visits

D3 Sexual Assault Emergency Department Visits
(0-17 years old)



References

- Idaho Department of Health and Welfare; Harder, P. (2024). *Leading Cause by Age Group, District 3 2015 - 2023*.
- National Electronic Disease Surveillance System Base System. (2025). *RSV Cases 1 Oct 2024 – 1 April 2025 Under 18*.
- Idaho Department of Health and Welfare; Thomas, R. (2025). *Idaho Foster Care Definitions*.
- National Syndromic Surveillance Program. Electronic Surveillance System for the Early Notification of Community-Based Epidemics. (2025). *Sexual Assault Cases 2023 – 2024 Under 18*.

CANCER CLUSTER FACT SHEET

Cancer is a term that includes more than 100 different diseases, each characterized by the uncontrolled growth and spread of abnormal cells. A **CANCER CLUSTER** is the occurrence of a greater than expected number of cases of a specific type of cancer within a small area or within a short period of time.

Cancer is one of America's greatest public health concerns. About two in five people in the United States will be diagnosed with cancer sometime in their life. In 2020, cancer was the second leading cause of death in the United States. In Idaho, for the 5-year period of 2016–2020, cancer accounted for about 21% of deaths and was the second leading cause of death. When someone is diagnosed with or dies from cancer, family, friends, and neighbors sometimes learn of other cases of cancer in their community. This apparent clustering of cancers is often reported to health departments or the media. However, closer inspection usually reveals that these “suspected” clusters involve several different types of cancer among persons of different ages, sexes, and occupations. A “real” cancer cluster will usually involve one type or site of cancer.

When several cancers occur within a limited area, this may represent a real cluster, but it may not be the result of an increased community risk of cancer. For example, in Idaho there are 44 counties and every year, about half of the counties have rates of cancer that are above the average county value, and about half have rates that are below the average value. Counties may have above average rates one year and the next year the same counties may have rates below the average. This variation is expected and is more pronounced as the population being studied gets smaller (county, city, ZIP Code, neighborhood). Investigations of hundreds of reports of cancer clusters over many years by numerous states have shown approximately 15% of reported cancer clusters to be real clusters, based upon statistical evidence.

Cancer clusters that are a public health concern are the ones that represent a group of people at unusually high risk of cancer due to some factor or exposure that they have in common. Most commonly, cancer clusters are related to lifestyle factors, such as smoking or obesity, as opposed to a common environmental exposure. Sometimes, a study of these clusters can help prevent further cancers through targeted prevention or help us understand more about specific risks for cancer. Understanding the reasons for elevated cancer risk may take months or longer, and the reasons are not always resolved. Less than 5% of all cluster reports fall into this category of a meaningful cluster.

Cancer cluster investigations require data on the total number of residents and the number of diagnosed cancer cases in the area to be reviewed. At present time, the Cancer Data Registry of Idaho can investigate cancer incidence for several levels of geography: public health district, county, and census tract.

For more information regarding cancer clusters, contact:

Cancer Data Registry of Idaho
P.O. Box 1278
Boise, Idaho 83701
(208) 338-5100
www.idcancer.org

Updated: 2022-04-2019



Date

Recipient Name

Title

Company Name

Street Address

City, State, Zip code

Dear Mr./Mrs.

Due to Idaho House Bill 202, effective July 1, 2025, public pools will no longer be regulated in Idaho. Southwest District Health (SWDH) will continue to provide services for the rest of the calendar year per your existing permit. Moving forward, facilities may opt to be voluntarily inspected by Southwest District Health or a public sector business. Alternatively, a local municipality may adopt an ordinance to require inspections for health and safety. These services can continue to be provided by SWDH or a public sector business. Although a public sector business would not have the awareness of complaints or waterborne illnesses that are reported to SWDH.

The law change will not impact SWDH's capacity to respond to waterborne disease outbreaks; however, unless there is an agreement between a municipality and SWDH to provide regulatory oversight there will be no annual inspections, education/consultation, or complaint investigations of public pools, hot springs, hot tubs, spas, or splash pads unless a facility voluntarily requests it.

Southwest District Health strongly recommends that local municipalities consider some form of regulatory oversight of public treated recreational water to prevent drowning, injuries, and the spread of germs that can cause serious water-associated illnesses to children and families. We have been conducting public pool permitting for more than 50 years and have the infrastructure and staff expertise to continue to provide regulatory oversight of public treated recreational waters.

Please reach out to Jeff Buckingham at 208-455-5366 or Jeff.Buckingham@swdh.id.gov to learn more about the impact of this law change.

Sincerely,

Nikki Zogg, PhD, MPH
Director

THE IMPORTANCE OF POOL INSPECTIONS FOR PUBLIC HEALTH & SAFETY



In 2007, there was an outbreak of cryptosporidiosis in southwest Idaho in public swimming pools and splash parks. Over 200 cases were reported resulting in 50 positive test results. The source was believed to be an unregulated splash park, but the parasite ended up in other pools as well.

From 2007 to 2024 there have been 99 reported cases of gastrointestinal infections and 4 outbreaks linked to unregulated facilities within the 6 counties SWDH serves.

- Amoebic dysentery
- Giardia
- Shigella
- Norovirus
- Salmonella
- Campylobacter
- Cryptosporidium
- *E. coli* - enterohemorrhagic
- STEC (Shiga toxin-producing *E. coli*)



In 2018, multiple chemical burn complaints were reported to SWDH after people swam in an unregulated pool. Upon SWDH's investigation it was confirmed that the acid feeder pump had been malfunctioning.

In 2023, an outbreak of legionellosis occurred at a gym hot tub, also currently unregulated, that made 4 people ill with one person being hospitalized for several days.



In 2024, a swimmer complained to SWDH of a rash. Upon investigation, the pool had algae, water insects, and chlorine levels at 0ppm. The pool was immediately closed and SWDH discovered that the chlorine system had been malfunctioning so staff were manually adding chlorine. SWDH worked with the pool operators to fix the issues and reopen. This is a good example of why regulatory oversight is needed since this facility continued to operate unsafely until SWDH arrived.



IDAHO RANKS 9TH IN THE U.S. IN UNINTENTIONAL DROWNING DEATHS

SWDH's public pool inspections provide education and ensure facilities have the proper equipment to prevent drownings.



Regulatory Impact Analysis of a Treated Recreational Water Licensing Program

Concern: Unregulated treated recreational waters pose a greater risk to the public's health than when treated recreational waters are regulated.

What is treated recreational water?

Treated recreational water includes pools, hot tubs, and water playgrounds.

Current situation in Idaho: 1) Regulatory oversight of public swimming pools will sunset on July 1, 2025.

2) Public pools are defined as pools that contain water more than two feet deep, are used for swimming, diving, or recreational bathing, and are for the use of any segment of the public under a general invitation but not an invitation to a specific occasion.

3) All water playgrounds and hot tubs are not regulated and pools located at gyms, hotels, and subdivisions are also not regulated.

Liability to SWDH: Idaho Code § 6-904B protects entities from claims for failure to inspect or inadequate inspection absent gross negligence, which means deliberate indifference.

Liability to Facility Operators (municipal and non-municipal): Without regulatory oversight, an insurance company's position on coverage can be quite stringent. Facility owners may face: increased liability, higher premiums, coverage limitations, and additional safety requirements.

What are other Idaho public health districts doing after July 1, 2025?

- District 1 – voluntarily inspecting community pools for free
- District 2 – meeting with cities
- District 4 – meeting with cities
- District 5 – meeting with cities
- District 6 – meeting with cities
- District 7 – unknown

Do our neighboring states regulate treated recreational water?

Yes, Montana, Nevada, Utah, & Wyoming regulate treated recreational water.

Can the private sector regulate treated recreational water?

Yes, it is feasible for the private sector to regulate treated recreational water.

Consideration should be given to standards to follow, how complaints are handled, how injuries, illnesses, and outbreaks are investigated, and how enforcement takes place when there is non-compliance.

Regulatory Impact Analysis (RIA):

Southwest District Health (SWDH) utilized the [Guidelines for Regulatory Impact Analysis](#) to examine the impact of four different regulatory options [1].

Regulatory Impact Analysis				
	Option 1: Regulatory option for all pools, hot tubs, hot springs, and water playgrounds except backyard pools	Option 2: Regulatory option for all pools, hot tubs, and water playgrounds open to the public	Option 3: Regulatory option for all municipal pools, hot tubs, and water playgrounds	Option 4: Non-regulatory option (baseline after July 1, 2025)
SWDH Recommendation	SWDH recommends Option 2 followed by Option 3, Option 1, and Option 4.			
Expected future conditions				
Existing regulations & practices	Use of the MAHC to regulate all treated recreational waters except for backyard pools [2].	Use of the MAHC to regulate treated recreational waters with the highest public utilization [2].	Use of the MAHC to regulate treated recreational waters that are open to the public (i.e., no membership required) [2].	None
Forecasted number of regulated entities	<ul style="list-style-type: none">75 (municipal, hotel, gym, subdivision pools, hot tubs, and water playgrounds, and hot springs)Any facility can request an inspection.	<ul style="list-style-type: none">60 (municipal, hotel, and gym pools, hot tubs, and water playgrounds)Any facility can request an inspection.	<ul style="list-style-type: none">30 (municipal pools, hot tubs, and water playgrounds and the YMCA)Any facility can request an inspection.	<ul style="list-style-type: none">0Any facility can request an inspection.
Forecasted changes in the population and economy	<ul style="list-style-type: none">1 million + population in southwest Idaho by 2050 [3].Idaho’s personal income and wages are projected to increase through 2030 [4].	<ul style="list-style-type: none">1 million + population in southwest Idaho by 2050 [3].Idaho’s personal income and wages are projected to increase through 2030 [4].	<ul style="list-style-type: none">1 million + population in southwest Idaho by 2050 [3].Idaho’s personal income and wages are projected to increase through 2030 [4].	<ul style="list-style-type: none">1 million + population in southwest Idaho by 2050 [3].Idaho’s personal income and wages are projected to increase through 2030 [4].
Costs				
Compliance costs (administrative,	Administrative: SWDH has the infrastructure in place	Administrative: SWDH has the infrastructure in place	Administrative: SWDH has the infrastructure in place	Administrative: SWDH’s time spent

capital, and operations, and government implementation costs)	<p>to administer an inspection program. License costs of between \$400-\$500 per pool can offset the cost to the taxpayer.</p> <p>Capital and Operations: Facilities that do not meet the requirements of the MAHC may see onetime costs of \$1,000-\$20,000. The largest costs are installing automatically controlled pH and disinfectant feeders. Hot spring pools would only see an increase in license fees.</p> <p>Government Implementation Cost: SWDH has the infrastructure, software and trained personnel. Onetime costs include the adoption process, additional costs to include hot tub rules, updating applications, inspection forms, outreach and education.</p>	<p>to administer an inspection program. License costs between \$400-\$500 can offset the burden on the taxpayer.</p> <p>Capital and Operations: Facilities that do not meet the requirements of the MAHC may see onetime costs of \$1,000-\$20,000. The largest costs are installing automatically controlled pH and disinfectant feeders.</p> <p>Government Implementation Cost: SWDH has the infrastructure, software and trained personnel. Onetime costs will be adoption process, updating applications, inspection forms, outreach and education.</p>	<p>to administer an inspection program. License costs between \$400-\$500 can offset the burden on the taxpayer.</p> <p>Capital and Operations: Most municipal pools meet the MAHC requirements so costs would be minimal. Estimated costs between \$1,000-\$5,000 including license costs.</p> <p>Government Implementation Cost: SWDH has the infrastructure in place. Costs incurred are adopting a version of the MAHC, updating applications, outreach and education, all onetime costs.</p>	<p>responding to complaints and potential outbreaks can vary widely from days to weeks depending on the circumstance.</p> <p>Capital and Operations: Unregulated facilities will be responsible for staff training, policies, equipment, operations, and maintenance. Liability risks and costs can increase without proper oversight.</p> <p>Government Implementation Cost: SWDH is already equipped to respond. There will be less funding available to support consultation, handle complaints, and respond to outbreaks, as well as fewer opportunities to maintain a proficient skillset.</p>
Local economy-wide impacts	<ul style="list-style-type: none"> • With anticipated license fees and potential facility improvements, costs may be pushed to the consumer. 	<ul style="list-style-type: none"> • With anticipated license fees and potential facility improvements, costs may be pushed to the consumer. 	<ul style="list-style-type: none"> • With anticipated license fees and potential facility improvements, costs may be pushed to the consumer. 	<ul style="list-style-type: none"> • With no regulatory requirements, costs would be incurred voluntarily if a facility requested an

	<ul style="list-style-type: none"> • Facilities may save money on insurance premiums. • There would be projected savings from fewer waterborne illness-related healthcare visits, hospitalizations, loss of work productivity, and deaths related to illness and drowning. • The tourism industry may also see an economic benefit over time as fewer waterborne illnesses and injuries occur in facilities that are newly regulated (e.g., hotels and water playgrounds). 	<ul style="list-style-type: none"> • There would be projected savings from fewer waterborne illness-related healthcare visits, hospitalizations, loss of work productivity, and deaths related to illness and drowning. • The tourism industry may also see an economic benefit over time as fewer waterborne illnesses and injuries occur in facilities that are newly regulated (e.g., hotels). • While fewer treated recreational waters would be regulated in this option, these are the facilities with the most use and historical risk for waterborne disease exposure in southwest Idaho. 	<ul style="list-style-type: none"> • We would expect little to no change in waterborne illness occurrences and related demands on healthcare and lost work productivity. • In 2007, a cryptosporidiosis outbreak in Galway, Ireland resulted in 242 lab-confirmed cases. An economic assessment determined the cost was \$142,000/day at a total of \$22.44 million in U.S. dollars [5]. In the same year, the Treasure Valley experienced a cryptosporidiosis outbreak in treated recreational water, sickening an estimated 230 individuals. An economic impact study was not done on the Treasure Valley outbreak; however, the outbreak in Ireland speaks to the costs incurred in a community when a similar outbreak occurs. 	<p>inspection.</p> <ul style="list-style-type: none"> • There would likely be an increased cost to taxpayers as more time and effort would be needed to educate the public to change their behavior and to respond to waterborne disease outbreaks associated with unregulated treated recreational water [6]. • There would be unknown costs associated with increased liability and insurance rates to facilities that operate treated recreational water facilities, potentially a negative impact on the local tourism industry, and costs associated with lost work productivity and hospitalization related to injuries and waterborne illnesses.
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Benefits				
<i>Morbidity risk reductions</i>	<ul style="list-style-type: none"> Waterborne illness, like foodborne illness, is largely under reported. In our district, from 2007 to 2024, there were 99 reported cases of gastrointestinal infections and 4 outbreaks linked to unregulated treated recreational water, including an outbreak of Legionella in 2023 hospitalizing 4 people. Hot spring pools have not been linked to any illnesses in our district since 2007. Based on historical data in the district, the morbidity risk would likely decrease. 	<ul style="list-style-type: none"> Waterborne illness, like foodborne illness, is largely under reported. In our district, from 2007 to 2024, there were 99 reported cases of gastrointestinal infections and 4 outbreaks linked to unregulated treated recreational water, including an outbreak of Legionella in 2023 hospitalizing 4 people. Based on historical data in the district, the morbidity risk would likely decrease. 	<ul style="list-style-type: none"> These pools are currently regulated until July 1 and have not been linked to any illnesses since 2007 in our district. Based on historical data in the district, the morbidity risk would likely remain the same. 	<ul style="list-style-type: none"> Morbidity risk would likely increase for both injuries (e.g., falls and chemical burns) and waterborne illnesses.
<i>Other outcomes</i>	<ul style="list-style-type: none"> Ability to investigate complaints quickly and mitigate risks due to imminent health hazards. Fewer waterborne illnesses and injuries associated with treated recreational water means fewer visits to the ER, fewer 	<ul style="list-style-type: none"> Ability to investigate complaints quickly and mitigate risks due to imminent health hazards. Fewer waterborne illnesses and injuries associated with treated recreational water means fewer visits to the ER, fewer 	Ability to investigate complaints quickly and mitigate risks due to imminent health hazards in a small segment of treated recreational waters.	N/A

	hospitalizations, fewer missed days from work, and improved health. It also means fewer insurance claims or lawsuits to businesses that operate treated recreational water facilities.	hospitalizations, fewer missed days from work, and improved health. It also means fewer insurance claims or lawsuits to businesses that operate treated recreational water facilities.		
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References

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