



**Board of Health Meeting**  
 Tuesday, September 23, 2025  
 13307 Miami Lane, Caldwell, ID 83607

Public comments specific to an agenda item for the September 23, 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, September 22, 2025. The meeting will be available through live streaming on [the SWDH You Tube channel](#).

**Agenda**

<u><b>A = Board Action Required</b></u>	<u><b>G =Guidance</b></u>	<u><b>I = Information item</b></u>
9:00 A	Call Meeting to Order	Chairman Kelly Aberasturi
9:01	Pledge of Allegiance	
9:04	Roll Call	Chairman Kelly Aberasturi
9:07 A	Call for changes to agenda; vote to approve agenda	Chairman Kelly Aberasturi
9:10	In-person public comment	
9:15 I	Introduction of new employees	Division Administrators
9:20 A	Approval of August 2025 meeting minutes	Chairman Kelly Aberasturi
9:25 I	July 2025 Monthly Expenditure and Revenue Report	Michele Hanrahan
9:35 A	Operating Reserves	Nikki Zogg, Michele Hanrahan
9:45 A	Commit Fiscal Year 2025 Carryover Funding	Michele Hanrahan, Don Lee
10:00 I	Childcare Inspection Trends	Cambria Williams
10:25	Break	
10:40 A	Farmway Village Lease Renewal	Nikki Zogg
10:45 A	Director Delegated Authorities	Nikki Zogg
11:00 A	Board Bylaw Review and Approval	Nikki Zogg
11:10 A	Fiscal Policy and Budget Guidelines	Nikki Zogg
11:40 I	Directors Report <ul style="list-style-type: none"> <li>• Federal Funding Update</li> <li>• IAPHDD – H14 Cleanup Act</li> <li>• DEQ – Solid Waste Memorandum of Understanding</li> <li>• IAC - Public Health District Workgroup</li> <li>• IADBH Reminder</li> </ul>	
11:55 I	Future Agenda Items	
12:00	Adjourn	

**NEXT MEETING: Tuesday, October 28, 2025 – 9:00 a.m.**



**BOARD OF HEALTH MEETING MINUTES**  
**Tuesday, August 26, 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  
Viki Purdy, Commissioner, Adams County – present  
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, Ben Shatto, Michele Hanrahan, Cas Waldron

Virtual: Colton Osborne

**GUESTS:** Abbey Erquiaga, Jace Perry

**CALL THE MEETING TO ORDER**

Chairman Kelly Aberasturi called the meeting to order at 9:06 a.m.

**ROLL CALL**

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

**REQUEST FOR ADDITIONAL AGENDA ITEMS AND APPROVAL OF AGENDA**

Chairman Kelly Aberasturi asked for additional agenda items. Board members had no additional agenda items or changes to the agenda.

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

**PUBLIC COMMENT**

No public comment was provided in person and no public comments were submitted through the online submission mechanism.

**INTRODUCTION OF NEW EMPLOYEES**

Division Administrators introduced the new employees.

**APPROVAL OF JULY 2025 MEETING MINUTES**

Board members reviewed meeting minutes from the July 22, 2025, Board of Health meeting.

**MOTION:** Commissioner Riebe made a motion to approve the July 22, 2025 meeting minutes as presented. Commissioner Brooks seconded the motion. All in favor; motion passes.

#### **JUNE 2025 EXPENDITURE AND REVENUE REPORT**

Michele Hanrahan, Financial Officer, provided the June 2025 Expenditure and Revenue Report. She explained that this report represents the end of the fiscal year.

The crisis center funds for both youth and adult centers are included in fund balances provided. The adult crisis center shows more revenue received than anticipated.

#### **CRISIS CENTER OVERVIEWS**

Cas Waldron, Program Manager, presented an overview of the Western Idaho Community Crisis Center (WIDCCC) and the Western Idaho Youth Support Center (WIYSC).

The goal of the crisis centers is to divert individuals from unnecessary interactions with law enforcement, to prevent involvement in the juvenile justice system, avoid admissions to emergency departments/hospitals/in-patient for a behavioral health crisis, to prevent individuals from engaging in harmful behaviors, and to de-escalate crisis situations and return individuals safely back into their homes and communities.

167 individuals have been served at WIYSC during Fiscal Year 2025 (FY25). The center serves primarily male clients with an average of 13. Of these individuals, approximately 26 youth were diverted from systems or harmful behavior. Cas explained that system diversions include hospitals, juvenile detention, police or 911 involvement.

For FY25, the Western Idaho Community Crisis Center has served an average of 77 adults per quarter and helped divert them from systems and self-harm. Adults are historically less likely to accept referrals and only 30% of admissions result in at least one connection to care.

#### **CLEARWATER FINANCIAL EARLY REPORTING – DEMOGRAPHICS AND STAKEHOLDERS**

Clearwater Financial reported on the progress made in the task of completing a situational analysis for Southwest District Health including the counties served and locations of services. Clearwater Financial staff shared information and overviews on information including space allocation, land and facility usage, demographics, and stakeholder input.

Board members discussed the plan for addressing the issues these reports have brought to our attention. Nikki explained some of these issues are included in our facility plan and others will be incorporated after the report from Clearwater Financial is complete.

#### **DIRECTOR DELEGATED AUTHORITIES – PART 2**

Board members continued their review of the District Director's delegated authority activities by reviewing a portion of the information on subgrants, contracts, agreements, pending grant applications, and standing purchase orders over \$5,000 staff have compiled. Discussion topics included ensuring SWDH staff differentiate between grants or subgrants that help fund a task the health district is statutorily required to do versus an idea staff would like to pursue. Nikki explained that while subgrants sometimes support foundational public health responsibilities, some of the work supported is driven by

community input and is intended to fill needs and gaps across our six counties and is not necessarily statutorily required.

Commissioner Purdy suggested that SWDH staff not be applying for grants unless the county commissioners are actually asking for them and the work supported is something the commissioners feel is needed or wanted by their communities.

Chairman Aberasturi clarified that some of the board members would like to see all the grants SWDH is awarded be analyzed to determine what the benefits are, how much the grant is, how much is being spent, and how much good is going to the citizens.

Commissioner Brooks discussed the process standpoint asking that grants brought to Nikki's level should be brought to the board for an evaluation to determine whether the grant is pursued or accepted.

### **IADBH DRAFT RESOLUTIONS AND POSITION STATEMENTS**

Nikki shared draft resolutions and position statements to be discussed at the annual Idaho Association of District Boards of Health (IADBH) in October.

- Resolution in Support of Provision of Clinical Services
  - o District 6 will be introducing this resolution at the October IADBH and per the association bylaws the resolutions are shared out in advance of the annual IADBH meeting. Resolution is setting out reasons to continue to provide clinic services.

### **DIRECTOR'S REPORT**

#### **Federal Funding Update**

Nikki provided an update on federal funding concerns that were shared in June when there was uncertainty around what subgrants would be coming. Nikki explained that at this point all subgrants from that time have been received. One of the subgrants was reduced and this reduction corresponded with the retirement of a staff person supported partly through that subgrant and that position will not be refilled. Other reductions were not significant enough to require action.

Moving forward, state staff have notified health district staff to anticipate further delays and possible reductions. Nikki will notify board members accordingly.

Lastly, Nikki explained that SWDH does not receive many state funds and does not expect a budgetary impact from the Governor's request that all state agencies implement a 3% holdback of general funds. Nikki will keep board members informed.

#### **IADBH Travel**

Katrina will coordinate hotel arrangements and conference registrations for Board members for the upcoming Idaho Association of District Boards of Health (IADBH) conference in October hosted by SWDH and held at Central District Health in Boise.

#### **New Idaho Department of Health and Welfare (IDHW) Director**

Juliet Charron has been appointed as Director for Idaho Department of Health and Welfare following Alex Adams' appointment to President Trump's cabinet board.

**Notice of Violation**

Following notification from a citizen about unpermitted septic work being performed by an unlicensed installer, SWDH staff looked into the matter and have referred it on to the County Prosecuting Attorney.

**SWDH Named in Lawsuit**

Southwest District Health has been named in a lawsuit regarding some septic systems that were permitted in Washington County. The lawsuit also names Washington County. SWDH legal counsel reviewed the filing and filed in response a motion to dismiss.

**Partnership for Success Presentation – Follow Up Information**

Nikki shared data around the significant decline in substance use reported in 1980s shown on the graph in Tara Woodward’s presentation last month. This information is shared in response to Commissioner Riebe’s question about the cause of the decline. Nikki explained that research indicates a combination of cultural influence, political and law enforcement pressures, anti-drug messaging, and celebrity endorsements created a short-term decrease in substance use and then in the 90s shifts in cultural norms and less focus on prevention contributed to the upswing again.

**Future Agenda Items**

There are no future agenda items for discussion.

**Adjournment**

There being no further business, the meeting adjourned at 11:31 a.m.

Respectfully submitted:

Approved as written:

Nikole Zogg  
Secretary to the Board

Kelly Aberasturi  
Chairman

Date: September 22, 2025



# SOUTHWEST DISTRICT HEALTH REVENUES & EXPENDITURE REPORT FOR FY2025

July-25

Modified Accrual Basis

Target **8.33%**

Fund Balances		
	FY Beginning	July 2025 Ending
General Operating Fund	\$1,355,402	\$1,909,918
LGIP Operating	\$5,650,546	\$5,675,462
LGIP Vehicle Replacement	\$113,809	\$114,218
LGIP Capital	\$1,299,174	\$1,299,174
<b>Total</b>	<b>\$8,983,390</b>	<b>\$8,998,773</b>

Income Statement Information		
	YTD	Month
Net Revenue:	\$1,182,960	\$1,182,960
Expenditures:	(\$1,172,228)	(\$1,172,228)
Net Income:	<b>\$10,731</b>	<b>\$10,731</b>

Revenue										
	County Contributions	Fees	Subgrant/Grant/Contract Revenue	Sale of Assets	Interest	Other	Monthly Total	YTD	Total Budget	Percent Budget to Actual
Administration & BoH	-\$77,682.00						-\$77,682.00	-\$77,682.00	\$4,173,645.00	1.86%
District Operations Div							\$0.00	\$0.00	\$0.00	
<b>FCS</b>										
Medical Clinic		-\$10,831.93					-\$10,831.93	-\$10,831.93	\$162,000.00	6.69%
Immunizations		-\$3,180.46	-\$7,481.14				-\$10,661.60	-\$10,661.60	\$189,024.00	5.64%
HIV/STI prevention			-\$13,993.31				-\$13,993.31	-\$13,993.31	\$185,250.00	7.55%
Women's Health Check		-\$148.97	-\$1,932.35				-\$2,081.32	-\$2,081.32	\$20,061.00	10.37%
Nurse Family Partnership			-\$98,040.00				-\$98,040.00	-\$98,040.00	\$472,150.00	20.76%
Parents as Teachers			-\$74,595.00				-\$74,595.00	-\$74,595.00	\$378,292.00	19.72%
WIC			-\$30,466.31				-\$30,466.31	-\$30,466.31	\$1,306,960.00	2.33%
Adult Crisis Center							\$0.00	\$0.00	\$1,704,000.00	0.00%
Youth Crisis Center							\$0.00	\$0.00	\$1,737,510.00	0.00%
YouthROC			-\$100,000.00				-\$100,000.00	-\$100,000.00	\$420,000.00	23.81%
Pre-Prosecution Diversion			-\$168,804.62				-\$168,804.62	-\$168,804.62	\$1,419,794.00	11.89%
Other FCS		-\$1,155.04	-\$6,000.00				-\$7,155.04	-\$7,155.04	\$617,552.00	1.16%
<b>ECHS</b>										
Fit & Fall Proof			-\$5,570.83				-\$5,570.83	-\$5,570.83	\$95,897.00	5.81%
Millennium-Tobacco			-\$360,000.00				-\$360,000.00	-\$360,000.00	\$461,038.00	78.08%
Partnership for Success			-\$10,861.46				-\$10,861.46	-\$10,861.46	\$545,777.00	1.99%
Food Programs		-\$11,077.00					-\$11,077.00	-\$11,077.00	\$349,900.00	3.17%
Child Care Inspections		-\$2,350.00	-\$14,953.33				-\$17,303.33	-\$17,303.33	\$142,284.00	12.16%
Land Programs		-\$129,318.00					-\$129,318.00	-\$129,318.00	\$1,042,629.00	12.40%
Epi Investigations							\$0.00	\$0.00	\$374,453.00	0.00%
Public Health Preparedness			-\$36,307.72				-\$36,307.72	-\$36,307.72	\$573,000.00	6.34%
WICHC							\$0.00	\$0.00	\$145,020.00	0.00%
Other ECHS			-\$6,466.04			-\$11,744.00	-\$18,210.04	-\$18,210.04	\$517,299.00	3.52%
<b>Monthly Revenue</b>	<b>-\$77,682.00</b>	<b>-\$158,061.40</b>	<b>-\$935,472.11</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>-\$11,744.00</b>	<b>-\$1,182,959.51</b>			
						<b>Year-to-Date Revenue</b>		<b>-\$1,182,959.51</b>	<b>\$17,033,535.00</b>	<b>6.94%</b>



# SOUTHWEST DISTRICT HEALTH

## REVENUES & EXPENDITURE REPORT FOR FY2025

*Modified Accrual Basis*

July-25

Target **8.33%**

EXPENDITURES								
	Personnel	Operating	Capital	T/B	Monthly Total	YTD	Total Budget	Percent Budget to Actual
Administration & BoH	\$49,954.21	\$21,342.29			\$71,296.50	\$71,296.50	\$814,284	8.76%
District Operations Div (and blanks-unidentified programs)	\$106,239.69	\$54,059.17			\$160,298.86	\$160,298.86	\$2,705,474	5.92%
<b>FCS</b>								
Medical Clinic	\$39,212.16	\$26,205.95			\$65,418.11	\$65,418.11	\$787,894	8.30%
Immunizations	\$17,481.34	\$16,224.16			\$33,705.50	\$33,705.50	\$309,671	10.88%
HIV/STI/DIS prevention	\$6,949.50	\$834.97			\$7,784.47	\$7,784.47	\$158,077	4.92%
Women's Health Check	\$419.57	\$225.09			\$644.66	\$644.66	\$22,087	2.92%
Nurse Family Partnership	\$36,594.90	\$3,029.46			\$39,624.36	\$39,624.36	\$599,162	6.61%
Parents as Teachers	\$34,401.20	\$3,272.40			\$37,673.60	\$37,673.60	\$459,414	8.20%
WIC	\$94,860.77	\$22,083.93			\$116,944.70	\$116,944.70	\$1,554,031	7.53%
Adult Crisis Center	\$1,674.83	\$121,069.22			\$122,744.05	\$122,744.05	\$1,490,559	8.23%
Youth Crisis Center	\$0.00	\$122,660.43			\$122,660.43	\$122,660.43	\$1,498,974	8.18%
YouthROC	\$11,408.31	\$10,555.25		\$5,276.71	\$27,240.27	\$27,240.27	\$413,845	6.58%
Pre-Prosecution Diversion	\$16,529.51	\$1,824.32			\$18,353.83	\$18,353.83	\$1,278,193	1.44%
Other FCS	\$19,456.50	\$11,905.54		\$6,904.47	\$38,266.51	\$38,266.51	\$479,224	7.99%
<b>ECHS</b>								
Fit & Fall Proof	\$6,200.65	\$63.17			\$6,263.82	\$6,263.82	\$100,135	6.26%
Millennium-Tobacco	\$17,656.02	\$4,352.87			\$22,008.89	\$22,008.89	\$317,691	6.93%
Partnership for Success	\$16,190.07	\$5,910.46		\$15,573.06	\$37,673.59	\$37,673.59	\$477,714	7.89%
Food Programs	\$46,282.65	\$6,303.94			\$52,586.59	\$52,586.59	\$685,368	7.67%
Child Care Inspections	\$8,289.89	\$132.21			\$8,422.10	\$8,422.10	\$166,169	5.07%
Land Programs	\$61,008.13	\$8,041.20			\$69,049.33	\$69,049.33	\$947,688	7.29%
Epi Investigations	\$24,379.37	\$1,790.28			\$26,169.65	\$26,169.65	\$316,565	8.27%
Public Health Preparedness	\$34,484.49	\$2,618.19			\$37,102.68	\$37,102.68	\$505,150	7.34%
WCHC	\$5,277.05	\$7,577.35			\$12,854.40	\$12,854.40	\$115,859	11.09%
Other ECHS	\$33,113.89	\$4,327.68			\$37,441.57	\$37,441.57	\$830,307	4.51%
<b>Monthly Expenditures</b>	<b>\$688,064.70</b>	<b>\$456,409.53</b>	<b>\$0.00</b>	<b>\$27,754.24</b>	<b>\$1,172,228.47</b>			
					<b>Year-to-Date Expenditures</b>	<b>\$1,172,228.47</b>	<b>\$17,033,535</b>	<b>6.88%</b>

## Committed Fund Allocation Request

Item #	Line Item for Consideration	Starting Balance	\$1,182,612
		Project Cost	Amt remaining
1	27th Payroll	\$95,024	\$1,087,588
2	Replacement of expiring lease vehicles	\$136,191	\$951,397
3	New Salary structure (50% this year with mid-year implementation)	\$335,500	\$615,897
4	Facility Improvements, partitions & movement of workspace components	\$235,000	\$380,897
5	Clinic Equipment	\$8,000	\$372,897
6	Additional Contribution to Facility Infrastructure Committed Account	\$159,088	\$213,809
7	Return of funds to Counties	\$213,809	\$0

### Explanations for line items being submitted for consideration for committed fund allocation

#### 1. 27th payroll

Every 11 years there are 27 rather than 26 bi-weekly payroll events in a fiscal year. Each biweekly payroll event for SWDH costs approximately \$337,600, depending upon vacancies. The Board of Health (BOH) has previously committed \$242,576 toward covering this anticipated expenditure which will happen again in Fiscal Year 2027 (FY27).

SWDH requests committing an additional \$95,024 toward funding the FY27 27<sup>th</sup> payroll event. To stabilize budgeting and expenditure planning in future periods it is recommended to set aside approximately \$30,000 annually for this anticipated expenditure that occurs every 11 years.

#### 2. Replacement of vehicles for which leases will expire at the end of this fiscal year.

The SWDH motor pool has seven vehicles that will reach the end of their lease term at the end of FY26 and others that are at the end of serviceable life based upon mileage and years in operation. The projected lease rates that will be available when these vehicles need to be replaced are significantly higher than the current rates. It is projected that it will be more economical to purchase replacement vehicles rather than secure additional leased vehicles at the higher rate. Exact costs for leases can be refined in the final few months of our existing lease term, as can fleet vehicle costs.

The BOH has previously committed \$113,809 for vehicle replacements. SWDH would recommend committing an additional \$136,191 which would result in a combined amount of \$250,000 being available for vehicle replacements.



### **3. New Salary Structure**

During FY26 budget development earlier this calendar year, a loss of staffing in our finance team meant we had to prioritize which budget development activities occurred. At that time, district leadership decided to postpone a review of the current pay schedule despite the State of Idaho and Central District Health both making adjustments to theirs. We specifically call out these two agencies because they are in the same workforce market.

SWDH experienced 27.3% turnover rate in FY25. This high percentage impacts continuity of service to customers, and results in recruitment challenges, particularly for positions that require specialized experience, licensure or subject matter expertise. For instance, staff doing the same work in an equivalent position at a neighboring Health District are being hired at \$8/hour more, which contributes to high turnover rates. Following a position being vacated it can take 9-12 months to find and train replacement of staff and services are diminished in this period.

Exit interviews of staff who have recently left employment at SWDH show that low wages, cost of living, specifically rent and inability to buy a house, and salary compression are primary drivers for departure. District wide engagement survey results published this month show that 37% of current employees have concerns related to pay compression and inadequate compensation based upon workload and experience. Staff sentiment related to this topic has grown from 24% unfavorable to 37% unfavorable over the last 18 months and will likely continue to contribute to the very high turnover rate that is currently being experienced, which will further erode ability to deliver quality service to clients in a timely manner.

To remedy these issues, SWDH recommends implementing a new salary structure that:

- is transparent to both the employees and public,
- follows a similar compensation model as the US military and federal government, based on experience and ongoing performance, and
- allows compensation to remain aligned with market forces to ensure qualified staff remain in our employment.

This plan may also be influenced by the third-party salary assessment that is currently underway.

The new salary structure would adjust the pay rates of all current employees to set their new baseline rates based upon years of experience and their current job classification. Preliminary evaluations reveal that the current pay rates for most staff are quite close to what they would be under the new salary structure. No staff would have rates of pay reduced to meet the new salary structure but those that are currently paid below the new rates would be adjusted upwards. When new staff are hired, their rate of pay will be determined by years of experience in the field. Staff who are hired with more experience would be paid more than those with less experience.

The new salary structure would provide transparency with a 2% annual increase to salary based upon documented performance ratings for staff receiving an Achieves rating or higher. The new base pay scale

would also adjust upward when the Board of Health adjusts the pay schedule based upon changes to market rates

SWDH believes that this new salary structure will directly benefit the customers and clients we serve by significantly reducing turnover and rewarding staff who are trained, experienced, and highly performing. SWDH requests a commitment of \$335,500 toward implementation of the new salary structure with the payroll starting December 20, 2025.

This request is contingent upon the board's approval of a budget revision which will take place at the December Board of Health meeting. If the board does not approve the pay schedule during that meeting, then the board will be asked to recommit this funding for a different purpose at a future meeting.

#### **4. Facility Improvements, Partitions, and movement of workspace components**

Changes to the existing workspace layout and configuration along with modernization of some office furniture will improve workspace functionality. These changes will reduce the need for staff to share office space due to current space limitations in certain portions of the building. SWDH requests a commitment of \$235,000 to purchase office furniture, conduct minor reconfiguration of workspace, purchase storage shelving and cubicle components.

#### **5. Clinic Equipment**

Current commercial refrigeration units necessary to maintain lab components within required temperature ranges have reached the end of their serviceable product life. Expensive repairs have been necessary to ensure that machines remain operational. Replacement of these units is recommended to ensure that our clinic staff are best positioned to meet the customer's needs and to avoid loss of expensive clinical supplies. SWDH requests a commitment of \$8,000 to replace failing equipment.

#### **6. Proposed Additional Contribution to Facility Infrastructure Committed Account**

SWDH requests that an additional \$159,088 be committed toward the Facility Infrastructure Committed Account. This commitment will provide additional funds with which to implement recommendations that the BOH may consider and approve following completion of Clearwater Financial's Situational Analysis.

#### **7. Return of funds to counties**

SWDH requests that \$213,809 be returned to the counties that contributed the money originally. The funds would be returned proportionally based upon the contribution rates that were in place in FY25. This could be used to offset county contribution rates in future years or returned in lump sum payments in FY26.

## **FY26 Carry-Forward Spend-Down Plan for Crisis Centers and YouthROC**

### **Adult Crisis Center – 95332220 – IDHW and Magellan**

- WIDCCC's main administrative and operating budget for FY26
  - Project management salaries and benefits, printing, in-state travel, building rent, subcontract payments, website administration, etc.
- Carry-forward planned to be used for the following:
  - Negotiate a monthly reimbursement increase to Clarvida for WIDCCC operations for this fiscal year only
  - Negotiate one-time retention bonus and common merit increase for WIDCCC staff
  - Harm Reduction Vending Machine re-keying, software, and maintenance costs
  - Amnesty box re-keying and safe product removal contractual costs
  - Replace old, worn, and inefficient supplies and furnishings at WIDCCC, which could include:
    - Mattresses, sheets, blankets, office chairs, flooring, intake desk, etc.
  - Improve WIDCCC's physical atmosphere, which could include:
    - Repaint, artwork, plants, adult appropriate activities, updates to bathrooms, etc.
  - Translate and print WIDCCC print materials into Spanish
  - Mass media marketing – billboards, busses, etc.
  - Crisis Prevention Intervention (CPI) Train the Trainer training cost, attendance at CrisisCon, and other professional development opportunities for WIDCCC staff

### **Youth Crisis Center – 95332225 – Magellan**

- Clarvida contract payments
- Carry-forward to cover costs of WIYSC rent when other funds are expended (~five months of rent)

### **YouthROC – 95332230 – IDJC**

- Carry-forward is YouthROC's main administrative and operating budget for FY26
  - Project management salaries and benefits, communications, printing, in-state travel, allocated costs, subgrant payments

### **Youth Crisis Center – 95332255 – IDHW**

- WIYSC's main administrative budget for FY26
  - Project management salaries and benefits, communications, printing, in-state travel, website administration, etc.

### **Youth Crisis Center – 95332275 – IDHW**

- WIYSC's main rent payment budget for a little over half of FY26
  - Will cover ~seven months of rent to St. Luke's



# Child Care Inspection Trends

Presented by Cambria Williams, REHS/RS  
Environmental Health Specialist, Senior

# Overview

- Childcare program video
- How SWDH impacts childcare facilities
- Childcare inspections and complaint investigations
- Terminations and suspensions
- Childcare deserts
- Importance of quality childcare facilities
- Funding

# Childcare Program Video

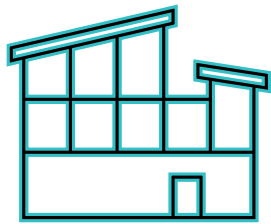
# Impact

- Healthy and safe spaces for all children
- Building strong relationships
- Compassion and collaboration



# Childcare Facility Types

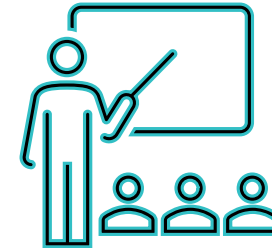
Providing care for 6 or more children requires a childcare license



- **41%**
- Large centers
- Churches
- Supports many children



- **57%**
- Private homes
- Supports up to 12 children



- **2%**
- Educational
- Care is provided in the child's home



# Health and Safety Inspections

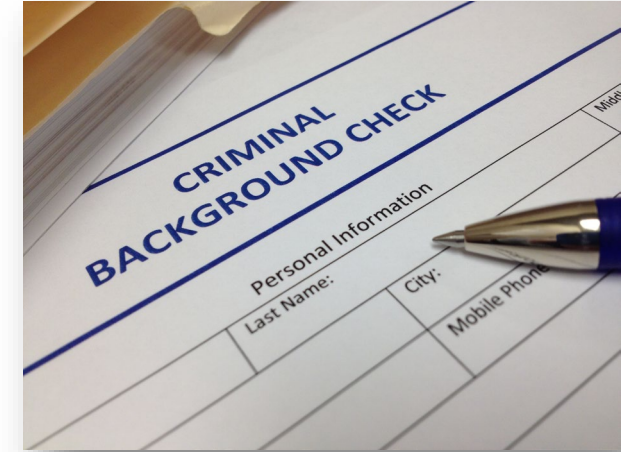
- Occur annually
- Unannounced
- Basic health and safety requirements
- No quality standards

	Description	X
1	PROVIDER AGE/SUPERVISION	
2	PEDIATRIC RESCUE BREATHING CPR/1 <sup>ST</sup> AID	
3	CHILD-STAFF RATIO	
4	STAFF/CHILDREN EXCLUDED WHEN ILL	
5	IMMUNIZATION RECORDS	
6	DISASTER & EMERGENCY PLAN & COMMUNICATION	
7	SMOKE DETECTOR, FIRE EXTINGUISHER, EXITS	
8	FIRE SAFETY EVACUATION PLAN, POSTINGS	
9	FOOD SOURCE/FOOD THAWING	
10	FOOD HANDLING/PERSONAL HYGIENE	
11	FOOD TEMPERATURES/THERMOMETERS	
12	FOOD STORAGE/CROSS CONTAMINATION	
13	FOOD CONTACT SURFACES/SANITIZING	
14	DISHWASHING/SANITIZING	
15	UTENSIL STORAGE	
16	MEDICINES/HAZARDOUS SUBSTANCES	

17	GARBAGE COVERED/REMOVED	
18	PLUMBING/SEWAGE DISPOSAL	
19	WATER SUPPLY/WELL SAMPLED	
20	HANDWASHING FACILITIES	
21	DIAPER CHANGING FACILITIES	
22	FIREARM STORAGE	
23	WATER HAZARDS (POOLS, CANALS...)	
24	SMOKING/ALCOHOL CONSUMPTION	
25	SLEEPING-PLAY AREAS, RESTROOMS CLEAN	
26	HEAT, LIGHT & VENTILATION	
27	OUTDOOR PLAY AREAS	
28	ANIMAL, PET HEALTH/VACCINATION	
29	GENERAL SAFETY	
30	TRANSPORTATION SAFETY	
31	SAFE SLEEP-ALONE, ON BACK, CPSC CRIB	

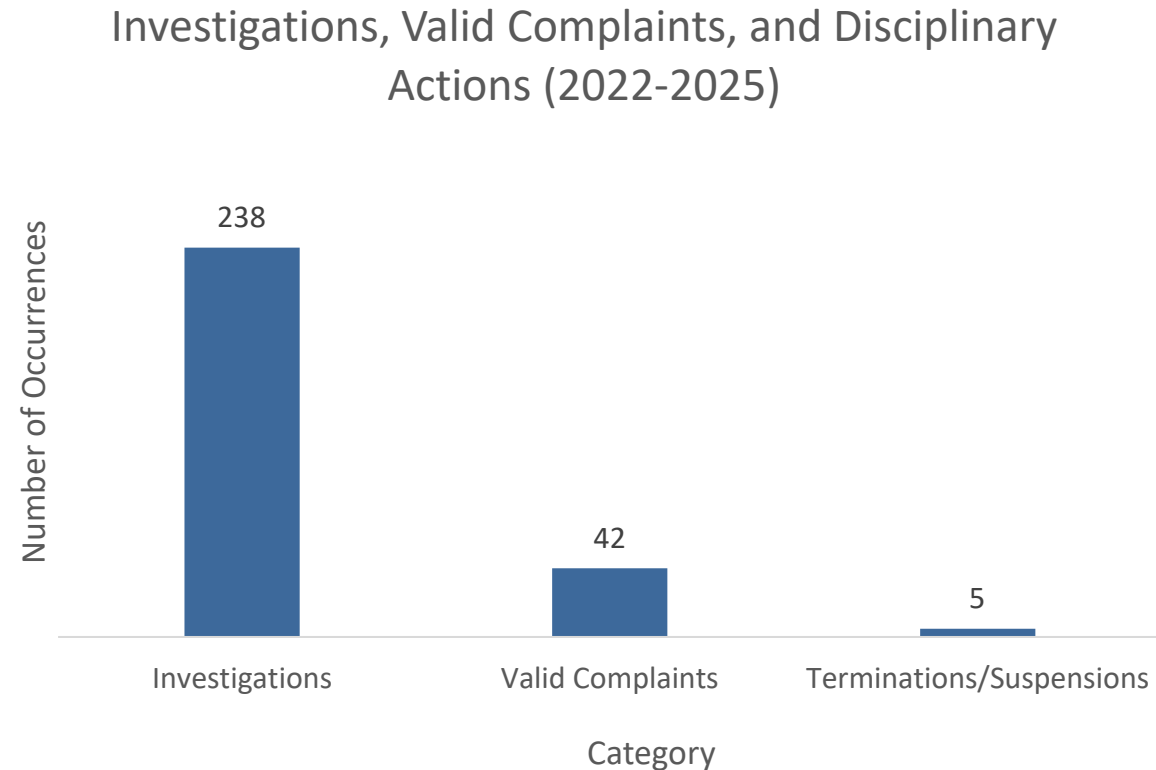
# Most Common Violations

1. Immunizations or exemption forms
2. Supervision/proper background checks
3. Smoke alarms/fire extinguishers
4. Unsafe outdoor play areas
5. Disaster emergency procedures



# Complaint Investigations in SW Idaho

- 211 or SWDH
- Most common complaint categories
  - Supervision concerns
  - Health and safety
  - Child abuse and neglect
- Terminations and suspensions are not common



# Terminations and Suspensions

- Infant death in Canyon County
  - 11-week-old infant found deceased after "positional asphyxiation"
  - Improper safe sleep procedures
  - Improper child to provider ratio
  - License terminated

# Terminations and Suspensions Cont.

- "Stash House" in Canyon County
  - Cocaine, fentanyl, and handguns in unlocked basement
  - Methamphetamine was sewn into a teddy bear which was accessible to children
  - License terminated
- Improper documents and supervision in Adams County, January 2025
  - No background checks or CPR certifications in 2 separate investigations
  - Unsupervised sleeping child
- Improper ratio, CPR certifications, and supervision in Canyon County
  - Out of ratio due to invalid CPR in 2 separate inspections, 3 days apart
  - Insufficient staff members



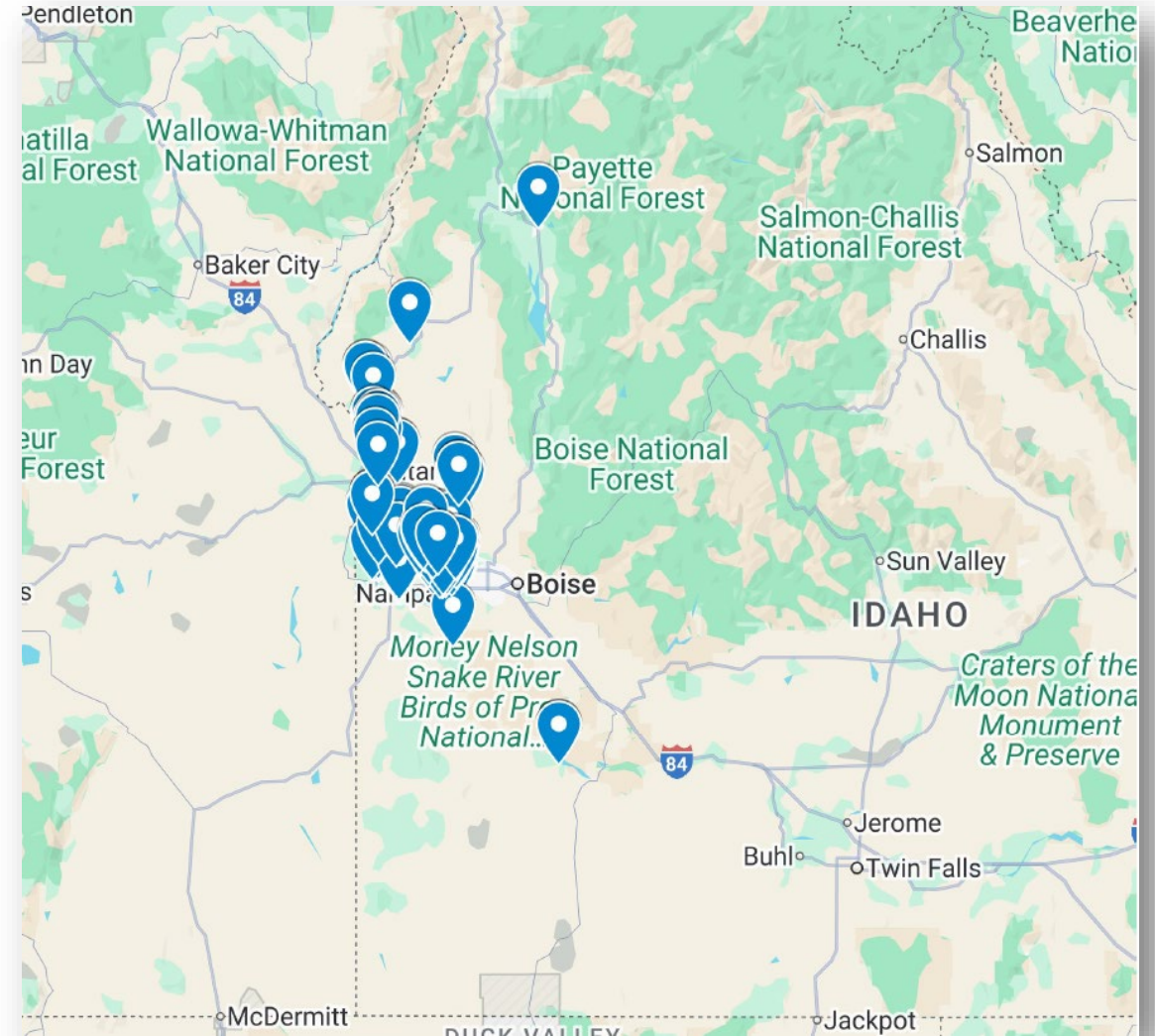
# Terminations and Suspensions Cont.

- Pest Mitigation in Canyon County
  - Observed an infestation of roaches, dead mice and 2 live mice



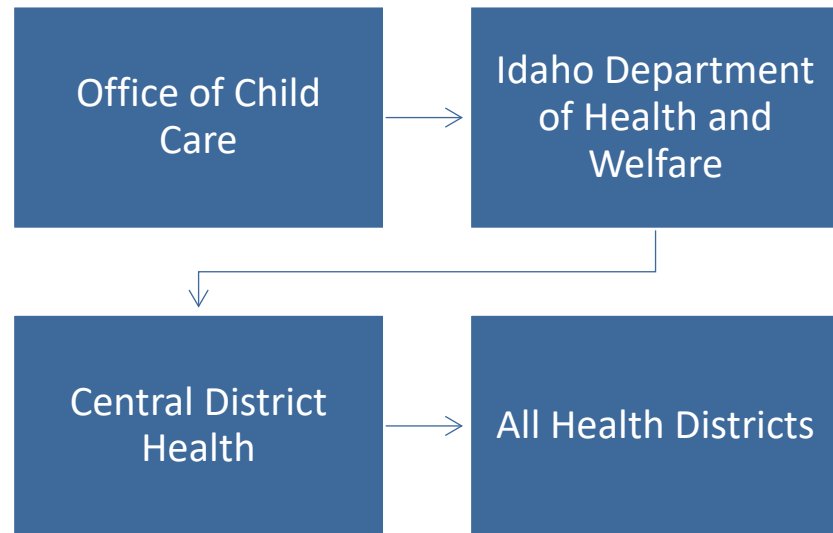
# Childcare Deserts

- No licensed childcares past Midvale
  - Only 6 licensed childcare centers in McCall
  - Potential increase in childcare costs for parents in Washington and Adams County
- 1 licensed childcare past Homedale
  - Intended for teachers that work at Bruneau-Grandview School District



# Childcare Inspection Program Funding

## Federal Grant:



## Child Care Licensing Fee:

Facility Type	Child Care Licensing Fee
Large Center	\$325
Small Center	\$250
Group	\$100
Family/Relative	\$0



# Questions?

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FACILITY NAME:				FACILITY #		EHS#		DATE:	
PROVIDER NAME:				EMAIL:				PH#	
ADDRESS:				CITY		STATE		ZIP	
ACTIVITY: <input type="checkbox"/> ANNUAL <input type="checkbox"/> INVESTIGATION <input type="checkbox"/> UNANNOUNCED		<input type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> TRAINING <input type="checkbox"/> SAMPLES		ICCP <input type="checkbox"/> ICCP-STATE <input type="checkbox"/> ICCP-CITY <input type="checkbox"/> STATE ONLY <input type="checkbox"/> CITY ONLY <input type="checkbox"/>		IN-HOME <input type="checkbox"/> CENTER <input type="checkbox"/> GROUP <input type="checkbox"/> RELATIVE <input type="checkbox"/> FAMILY <input type="checkbox"/>		ONSITE FOLLOW-UP DATE: VCR DUE DATE: INSP. TIME (MIN.) TRAVEL TIME (MIN.)	
# CHILDREN PRESENT		# PROVIDERS CHILDREN		# STAFF					
EMP./CHILD RECORDS EDUCATION <input type="checkbox"/>				CPSC EDUCATION PROVIDED <input type="checkbox"/>					
The items marked with an "X" identify the violations or problems that need to be corrected.         Child Care Health Consultant Referral? Y N									
	Description	X	Comments/Correction Required						Correction Date
1	PROVIDER AGE/SUPERVISION								
2	PEDIATRIC RESCUE BREATHING CPR/1 <sup>ST</sup> AID								
3	CHILD-STAFF RATIO								
4	STAFF/CHILDREN EXCLUDED WHEN ILL								
5	IMMUNIZATION RECORDS		# Enrolled:(includes provider's children)						
6	DISASTER & EMERGENCY PLAN & COMMUNICATION								
7	SMOKE DETECTOR, FIRE EXTINGUISHER, EXITS								
8	FIRE SAFETY EVACUATION PLAN, POSTINGS								
9	FOOD SOURCE/FOOD THAWING								
10	FOOD HANDLING/PERSONAL HYGIENE								
11	FOOD TEMPERATURES/THERMOMETERS								
12	FOOD STORAGE/CROSS CONTAMINATION								
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26	HEAT. LIGHT & VENTILATION								
27	OUTDOOR PLAY AREAS								
28	ANIMAL, PET HEALTH/VACCINATION								
29	GENERAL SAFETY								
30	TRANSPORATION SAFETY								
31	SAFE SLEEP-ALONE, ON BACK, CPSC CRIB								
COMMENTS:									
Referral Date:		Payment Date:		Inspection Passed <input type="checkbox"/> Date:			Inspection <b>Not</b> Passed <input type="checkbox"/> Date:		
Investigation Resolved <input type="checkbox"/> Date:		Investigation <b>Not</b> Resolved <input type="checkbox"/> Date:			Unsubstantiated <input type="checkbox"/> Substantiated <input type="checkbox"/>				
Signatures:									
Person in Charge					Health Authority				
WHITE COPY – Health District rev 8/2016 jh									
YELLOW COPY – Provider Date E-mailed /faxed to IDSTARS:									

	<h1 style="text-align: center;">TENANT LEASE AGREEMENT</h1>	<p style="text-align: right;">Caldwell Housing Authority 22730 Farmway Rd Caldwell, Idaho 83606 Phone (208) 459-2232 Fax (208) 455-2816</p>
	<p>Tenant Name: Southwest District Health</p>	<p style="text-align: right;"><b>Page 1 of 3</b></p>

1. This Lease Agreement is made, and entered into, by and between the CALDWELL HOUSING AUTHORITY, a legally formed political subdivision (hereinafter “AUTHORITY”), and the Southwest District Health Department, (hereinafter, the “TENANT”), a legally formed entity. Nothing in this Lease Agreement is meant to amend, nullify, or supersede applicable federal, state, or local laws.
2. This Lease Agreement amends and supersedes any existing or previous Lease Agreements entered between the AUTHORITY and the TENANT.
3. This Lease Agreement shall be effective for 2 years starting February 20, 2025, and ending February 20, 2027, and providing the TENANT meets the terms and conditions of this Lease Agreement. After the Lease Agreement and upon approval by the AUTHORITY, this Lease Agreement may be renewed for an additional 2-year period.
4. The AUTHORITY agrees to lease to the TENANT the Health Services/Clinic area of the Farmway Village Community Center (hereafter referred to as the “CLINIC”) for two hundred dollars (\$200.00) per month.
5. The AUTHORITY agrees the TENANT has exclusive rights to the CLINIC, which is approximately 800 feet and located at Farmway Village southeast of the office building and identified as unit #114.
6. The TENANT agrees to pay a monthly lease of \$200.00.
7. The TENANT agrees to pay the monthly lease payment on the first day of each month.
8. The TENANT agrees to pay the monthly payment for rent by business check, cashier’s check, or money order payable to the AUTHORITY on the first business day of each month.
9. The TENANT agrees that violating any section of this Lease Agreement constitutes a material breach of this Lease Agreement and is cause for eviction.
10. The TENANT agrees that the AUTHORITY may change or modify the Terms and Conditions of this Lease Agreement according to Idaho Code Section 55-208 and upon 30 days written notice by the AUTHORITY to the TENANT.
11. The TENANT agrees that the CLINIC shall only be used for legal purposes and that misuse, abandonment, destruction, or neglect of the CLINIC will result in a termination of this Lease Agreement and be cause for eviction. The TENANT further agrees that all employees will legally conduct themselves and adhere to the terms and conditions of this Agreement.
12. The AUTHORITY agrees to maintain the structural integrity and serviceability of the building per applicable federal state and local laws to include the roof, walls, foundation, sewer services, and drinking water services provided damage was not caused by the TENANT.

	<h1 style="text-align: center;">TENANT LEASE AGREEMENT</h1>	<p style="text-align: right;">Caldwell Housing Authority 22730 Farmway Rd Caldwell, Idaho 83606 Phone (208) 459-2232 Fax (208) 455-2816</p>
	<p>Tenant Name: Southwest District Health</p>	<p style="text-align: right;"><b>Page 2 of 3</b></p>

13. In the event of the CLINIC becoming uninhabitable because of fire or other natural disaster, including the AUTHORITY'S right to repair the CLINIC, the TENANT will not be required to make the monthly lease payment unless damage to the CLINIC was caused by the TENANT.
14. The AUTHORITY agrees the TENANT may use available trash receptacles on the AUTHORITY property for the deposit of garbage, rubbish, or other non-hazardous waste removal at no cost to the TENANT.
15. The AUTHORITY agrees to provide an adequate supply of potable running water to the CLINIC at no cost to the TENANT.
16. The AUTHORITY agrees to provide sewage effluent from the CLINIC with no cost to the TENANT.
17. The AUTHORITY agrees to pay the electricity bill for the CLINIC.
18. The TENANT agrees to pay for telephone, internet, security systems, satellite or cable television, or any other services ordered by the TENANT.
19. The TENANT agrees it is the TENANT's responsibility for day-to-day cleaning and janitorial care of the CLINIC.
20. The TENANT agrees to pay for any modifications to the CLINIC, and upon written approval of the AUTHORITY. The TENANT further agrees to return the CLINIC (when vacating) to the AUTHORITY in the same condition as it was when occupied.
21. The TENANT agrees not to assign the lease or to otherwise sublease the CLINIC.
22. The TENANT agrees to pay for damages to the building caused by the CLINIC staff, guests, or patrons.
23. The AUTHORITY will ensure the physical structure of the CLINIC only. The TENANT agrees to carry out an insurance policy consistent with the amounts allowed under the law.
24. The TENANT indemnifies and holds harmless the Caldwell Housing Authority, the City of Caldwell, their officers, agents, employees, and commissioners, against any suits, actions, claims, or losses of every kind, nature, and description, including costs, expenses and attorney fees that may be incurred because of any act or omission, neglect or misconduct of the TENANT which may arise out of this Agreement or its performance.
25. The TENANT agrees that if the AUTHORITY terminates this Lease Agreement for cause, the AUTHORITY may pursue legal recourse to recover unpaid rent, cost of cleaning, replacements, or repairs above the security deposit. The TENANT further agrees that in any action arising under this Lease Agreement, the prevailing party to such action shall be entitled to reimbursement for reasonable costs, including attorney's fees from the non-prevailing party.

	<b>TENANT LEASE AGREEMENT</b>		Caldwell Housing Authority 22730 Farmway Rd Caldwell, Idaho 83606 Phone (208) 459-2232 Fax (208) 455-2816
	Tenant Name: Southwest District Health		<b>Page 3 of 3</b>

26. The TENANT agrees the AUTHORITY will terminate this Agreement if the TENANT's activities, actions (including single incidents), or business practices cause unwanted attention or negative publicity for either the TENANT or the AUTHORITY.
27. All notices required under this Lease Agreement shall be deemed appropriate if sent by certified mail, postage prepaid, or return receipt requested to the Southwest District Health Department, or the CLINIC.
28. Either party may terminate this agreement upon thirty (30) days' written notice of the other party.
29. No remedy hereunder shall be exclusive of any other available remedy or remedies. The TENANT acknowledges that the AUTHORITY may use one or more of the following remedies when it is known that the terms of this Lease Agreement have not been followed: Demand full or partial repayment; terminate this Lease Agreement; and pursue any other legal recourse available to the AUTHORITY. No delay or omission in exercising any right or power inherent in the event of default hereunder shall impair any such right or power or shall be construed to be a waiver thereof.

#### **LEASE AGREEMENT SIGNATURES**

By signing below, the TENANT listed certifies that they will abide by the Terms and Conditions of this Lease Agreement.

This Lease Agreement is hereby executed on behalf of the parties as follows:

AUTHORITY:

TENANT:

**Michael U. Dittenber**  
**Executive Director, CHA**

**Kelly Aberasturi**  
**Chairman, SWDH Board of Health**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## TALKING PAPER

### ON

## DELEGATED AUTHORITY

#### Background:

In May, the Board of Health expressed interest in re-evaluating the delegated authorities to the district director (Section 39-414(1), (4), (5), (8), (10), (11), & (13), Idaho Code). The primary concerns raised by the board members are:

1. the responsibilities and accountability related to revenue grants and subgrants that fund in full or part services the district provides to the citizens, and
2. new funding opportunities the district is pursuing, and
3. contracts the district enters into for services.

In July and August, the board reviewed materials prepared by district staff that included current revenue subgrants and grants, agreements, standing purchase orders greater than \$5,000, grants currently being pursued by the district, and a list of all director-approved actions between the Board of Health meetings in July and August.

#### Options and Recommendations:

To maintain the same operational tempo and efficiency of the district, the Board of Health would need to meet more regularly to review and approve all revenue grants and subgrants, contracts, and agreements. As such, the director is offering the following options and recommendations to the board.

Option 1: The district staff plan weekly “approval meetings” while keeping one regular board meeting per month. The Board of Health meets weekly to review and approve all new revenue grants and subgrants, contracts, and agreements. The director or board chairman then fully executes all approved revenue grants and subgrants, contracts, and agreements related to services provided to citizens.

Option 2: The district continues with regular monthly meetings and the director provides the following information for board awareness and guidance.

Recommendations for future board meetings:

- All revenue grants being pursued by the district greater than \$100,000 and that fund FTE will be brought to the board for guidance.
- Each newly executed revenue grant and subgrant, contract, and agreement related to services provided to citizens will be shared with the board via a two-page summary for their awareness.



## Southwest District Health

### Parties

<b>Originating [Agency, Organization, Contractor, Vendor, Partner]</b>	<b>[Agency, Organization, Contractor, Vendor, Partner]</b>
--	--

### Document Type

Choose an item.	<input type="checkbox"/> Amendment
-----------------	------------------------------------

### Summary

<b>Name/Title:</b>	
<b>Description (long title):</b>	
<b>FAIN#:</b>	
<b>Funding Source:</b>	Choose an item.
<b>SWDH Project Code:</b>	
<b>Original Effective Date:</b>	
<b>Current Expiration Date:</b>	
<b>Total [Funding Amount or Cost of Service]:</b>	
<b>Allowable Indirect Rate:</b>	
<b>Match Required:</b>	Choose an item.
<b>Match Amount:</b>	
<b>FTE Supported:</b>	
<b>District Funds Budgeted in Current FY:</b>	
<b>Restrictions:</b>	
<b>Target Population:</b>	
<b>If this is an amendment, briefly describe the change.</b>	
<b>SharePoint Hyperlink:</b>	

### Contacts

<b>Contact Name</b> (Internal & External)	<b>Contact [Agency, Organization, Contractor, Vendor, Partner]</b>	<b>Contact Email or Phone Number</b>

### Applicable Law and/or Agreement

<b>Idaho Statutes or Rules</b> <i>(select up to three)</i>	Choose an item.	Choose an item.	Choose an item.
<b>Agreement</b>	Choose an item.		

### Public Impact

<b>Scope of Work Summary</b> (3-5 bullets)	<ul style="list-style-type: none"> <li>• [Words]</li> <li>• [Words]</li> <li>• [Words]</li> <li>• [Words]</li> <li>• [Words]</li> </ul>
<b>Summary Public Impact</b> (3-5 bullets)	<ul style="list-style-type: none"> <li>• [Words]</li> <li>• [Words]</li> <li>• [Words]</li> <li>• [Words]</li> <li>• [Words]</li> </ul>
<b>Summary of Evidence-base</b> (3-5 bullets)	<ul style="list-style-type: none"> <li>• [Words]</li> <li>• [Words]</li> <li>• [Words]</li> <li>• [Words]</li> <li>• [Words]</li> </ul>

### Reviewer/Approver

	<b>Program Manager</b>	<b>Division Administrator</b>	<b>Financial Officer</b>	<b>Legal*</b>	<b>Director</b>
<b>Date</b>					
<b>Initials</b>					

*\* The necessity of legal review will be determined by the Fiscal Officer, Division Administrator, or Director*



**BYLAWS**  
**SOUTHWEST DISTRICT HEALTH**  
**BOARD OF HEALTH**  
**Amended July 23, 2024**

**ARTICLE 1**

- 1.1.1 The name of this organization shall be the Board of Health (BOH) of the Southwest District Health (SWDH).
- 1.1.2 The environmental protection and physical health responsibility of the BOH shall be to the southwest region of the State of Idaho, specifically that territory which includes the following counties: Adams, Canyon, Gem, Owyhee, Payette, and Washington. (~~IC~~ §39-408, 39-409, 39-410, IC)
- 1.1.3 The headquarters of the BOH shall be located in the most populous county in the district at a location selected by the Board. (~~IC §39-414, IC~~)

**ARTICLE 2**

- 2.1 The BOH is organized pursuant to Title 39, Chapter 4, Sections 39-408 to 39-426 of the Idaho Code and shall have environmental protection and physical health authority within the designated area of these bylaws, after July 1, 1971.
- 2.2 The BOH shall adopt and implement, where applicable, Sections 39-408 through 39-426, Title 39, Chapter 4 of the Idaho Code as well as the articles specified in these by-laws.

**ARTICLE 3**

The general purpose of the BOH will be to organize a district department of health and to oversee the administration of the district, determining and adopting policies that are harmonious with the practice of public health. SWDH shall provide the basic health services of public health education, physical health, environmental health, and public health administration and all other aspects of public health as determined by the BOH and Title 39, Chapter 4, Section 39-414 of the Idaho Code.

**ARTICLE 4**

- 4.1 The BOH shall consist of seven (7) members to be appointed by the boards of county commissioners within the district acting jointly. All provisions of Section 39-411 of the Idaho Code relative to the composition, qualifications, appointments and terms of appointment shall be observed in the selection of members to the BOH.
  - The process of selecting a physician in accordance with §39-411(2), Idaho Code ~~39-411(2)~~ will be as follows:
    - 1. The Director will announce the vacancy and lead recruitment efforts.
    - 2. The Director will collect cover letters and resumes from interested candidates and present them to board members in a BOH meeting

where the board will determine which candidates will be interviewed for consideration.

3. The Director will schedule a Special BOH meeting to conduct interviews and the Board will identify the top candidate.
4. The Director will initiate the appointment process as outlined in ~~§39-411(3), Idaho Code 39-411(3).~~

- 4.2 The county commissioners shall be informed at least one month prior to the expiration of the term of a BOH member. Terms of appointment shall begin on July 1 and expire June 30 in the last year of the term.
- 4.3 The Chairman and Vice-Chairman of the BOH shall be elected by a majority vote of the members and serve a term of one year beginning July 1 and ending twelve months later on June 30. The Chairman shall preside over and conduct all meetings and act as the legal representative of all BOH transactions. In the absence of the Chairman, the Vice-Chairman shall preside. In the absence of the Chairman and Vice-Chairman, the Trustee shall preside. In the absence of Chairman, Vice-Chairman and Trustee, the longest standing board member shall preside. The Chairman, Vice-Chairman and Trustee shall perform such other duties as may be prescribed by the BOH.
- 4.4 The BOH shall select and appoint a director of the health district. The Director shall serve as the chief administrative officer to the district and shall be the secretary to the BOH.
- 4.5 A BOH member can be removed by majority vote of all County Commissioners in the District, EXCEPT: A Board member may resign by a written letter of resignation to the Chair of the County Commissioners of their resident county; copies to the Chair of the BOH and the Secretary of the Board.
- 4.6 Any member of the BOH who shall be absent from three consecutive meetings for reasons not deemed reasonable by the Board will be construed as a resignation from the BOH. The Secretary of the Board shall notify the County Commissioners and request a replacement be nominated.

## **ARTICLE 5**

- 5.1 The BOH shall meet at least once every three months on the fourth Tuesday of the month. Meetings will be held at SWDH, 13307 Miami Lane, Caldwell, Idaho unless notification is given by the Chairman to each member of the BOH of the change in time or place.
- 5.2 Additional meetings may be called by the Chairman or by a majority of the members of the Board.
- 5.3 The agenda will be reviewed and approved by the Chairman in advance of being published.
- 5.25.4 For regular meetings, the agenda will include time for in-person public comment for items listed on the day's agenda. Members who have signed up to provide public

comment will be permitted 3 minutes to speak unless otherwise directed by the Chairman.

5.35.5 Public announcement of time and place shall be given by posting the annual notice of meeting dates in a public place and on the SWDH website.

5.6 Four members shall be necessary to constitute a quorum and the action of the majority of the members present shall be the action of the BOH.

5.45.7 Every November, the Budget Workgroup, comprised of the Board Chairman, Vice-chairman, and up to one additional board member will meet with the Director to discuss priorities for the upcoming fiscal year. The Budget Workgroup may also review and provide feedback to the District's fiscal policies and guidelines prior to their adoption by the Board.

## **ARTICLE 6**

Roberts Rules of Order (revised) shall be the governing authority for the order of business and conduct of all meetings of the BOH when not in conflict with the bylaws.

## **ARTICLE 7**

- 7.1 BOH members shall acknowledge and understand that SWDH is a governmental organization and that in order to maintain its federal and state tax exemption, it must engage primarily in activities that accomplish one or more of its tax-exempt purposes.
- 7.2 BOH members shall not use positions to promote any personal or professional business relationships, contracts, or financial gain.
- 7.3 BOH members shall promptly disclose the existence of an actual or possible conflict of interest including any potential financial interest and all material facts to the BOH or the SWDH Director.
- 7.4 BOH members shall promptly notify the BOH or the SWDH Director should any interest become potentially detrimental to SWDH.
- 7.5 BOH members shall not have been convicted of a felony or criminal offense related to the delivery of health care.
- 7.6 BOH members shall acknowledge that each member of the BOH has a fiduciary duty to SWDH, and as part of that duty each member is to maintain absolute confidentiality as to all non-public information to which access is available by reason of BOH membership. BOH members shall disclose and discuss such information only with appropriate officers, employees, agents, and advisors of SWDH and only for valid SWDH purposes or as otherwise required by law.
- 7.7 BOH members shall serve on the BOH as active participants and shall contribute ideas, perspectives, and feedback.

- 7.8 BOH members shall strive to conduct themselves in an ethical manner at all times and shall consult with SWDH leadership regarding any concerns, grievances, or issues that must be resolved.

These bylaws may be amended at any regular meeting of the BOH by a two-thirds vote of the members present provided that a written copy of the proposed amendments shall be presented at the previous meeting of the BOH to each member or mailed to those not in attendance at the meeting and that adoption of amendments be stated in the agenda of the meeting at which the proposed amendments will be voted upon.

Adopted: 09/12/1972

Amended: 12/09/1980, 01/24/2017; 08/25/2020; 06/28/2022, 07/23/2024, 09/23/2025

# Executive Policy 21

## Fiscal Policies & Budget Guidelines



### 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.
5. ~~To maintain appropriate internal controls to minimize financial reporting misstatements~~, and reduce financial risk to the organization. These controls, along with diligent management throughout the organization help prevent fraud, waste and, abuse of resources. , and reduce risk to the organization.
6.
7. Committed funds are defined as those funds which are committed by the Board of Health for specific purposes, and ~~may carry over multiple fiscal years to allow for saving for things such as but not limited to facility improvements, land/facility/fleet purchases, and the 27th pay period that occurs every eleven years.~~
- 6-8. Restricted funds are defined as those funds restricted by an ~~outside source external organization~~ such as a donor, funder, or grantor ~~for a specific use that are paid in advance and cross fiscal years.~~ These funds are incorporated in the annual budget ~~as needed~~ and are tracked using a balance sheet ~~approach.~~ SWDH aims to minimize restricted funds because of the challenges with tracking expenditures over multiple fiscal years.

### Operating Budgeting Policies

- 7-9. The district will adopt a balanced budget by June 30th of each year.
- 8-10. ~~Budget development begins in December each year.~~ SWDH leadership will meet with Commissioners to discuss priorities for the next fiscal year in November and design the next year's budget with those priorities in mind. SWDH Bbudget development will begins in December each year. 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.~~
- 10-11.  During the annual budget development process, the existing base budget will be thoroughly examined to assure sound fiscal stewardship and strategic alignment.
- 11-12.  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.
- 12-13.  The district will maintain no more than a three (3) month operating reserve. Operating reserve is calculated taking three months of total reserve, minus state or federal grant funding for the corresponding three months. If state or federal funds end the work discontinues, therefore holding dollars to cover those programs is not needed.
- 13-14.  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*

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

### *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~~ are annually 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~~ the annual Five-Year ~~Capital Improvement Plan/Master Facilities~~ Plan (CIP) with the goal to develop and maintain infrastructure in support of existing facilities and future anticipated development.
- 22.** The ~~CIP Master Facilities Plan~~ 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 Master Facilities Plan~~ 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, Idaho Code
- 27.** Monthly financial reports ~~and status reports~~ will be submitted to the Board of Health at the monthly board meeting. The reports will ~~include provide an analysis of the current month and year-to-date budgeted versus~~ actual revenues and expenditures alongside the budget, 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 recommending budget and fiscal policy to the Board of Health, 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 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) District employees Rreview of agency priorities.
- b) Review agency priorities with Board leadership.
- ~~b)c) Conduct Review of potential fee updatesanalysis.~~
- ~~c)d) Engagement and Outreach for District employees.~~
- ~~d)e) Personnel costs review and input.~~
- ~~e)f) Operating costs review and input.~~
- ~~f)g) Capital Improvement-improvement Projects-projects Budgetbudget.~~
- ~~g)h) Presentation of the Proposed Budget to the Board of Health before the first day of May.~~
- ~~h)i) Posting of the public hearing notice.~~
- ~~i)j) Presentation of the Proposed Budget to each of the Boards of County Commissioners prior to the first Monday in June.~~
- ~~j)k) 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~~, Idaho Code, 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 revision, ~~in a publicly noticed meeting where the request for a budget revision is listed on the agenda as an informational item.~~

~~Additionally, t~~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.~~

### ~~6.5. 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.~~



Nikole Zogg, PhD, MPH Date:

Director

Board Origination Date:

Revision Date: