



Board of Health Meeting
Tuesday, February 24, 2026
13307 Miami Lane, Caldwell, ID 83607

Public comments specific to an agenda item for the February 24, 2026 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, February 23, 2026. The meeting will be available through live streaming on [the SWDH You Tube channel](#).

Agenda

A = Board Action Required

G =Guidance

I = Information item

10:00	A	Call Meeting to Order	Chairman Kelly Aberasturi
10:01		Pledge of Allegiance	Chairman Kelly Aberasturi
10:02		Roll Call	Chairman Kelly Aberasturi
10:04	A	Call for changes to agenda; vote to approve agenda	Chairman Kelly Aberasturi
10:05		In-person public comment	Chairman Kelly Aberasturi
10:07	I	Introduction of new employees	Division Administrators
10:15	A	Approval of January 22, 2026 meeting minutes	Chairman Kelly Aberasturi
10:18	I	January 2026 Monthly Expenditure and Revenue Report	Michele Hanrahan
10:30	I	Tobacco and Vaping Prevention Overview	Hailee Ketchum
10:50	A	Fee Schedule Approval	Division Administrators
11:25		Break	
11:40	I	Communications Year in Review	Monique Evancic
12:00	I	Employee Retention Review	Jody Waddy
12:10	I	Contract Services and Grant applications	Don Lee
12:15	I	Executive Council Update	Commissioner Jennifer Riebe, Nikki Zogg
12:25	I	Director's Report	Nikki Zogg
		• Director approved agreements, contracts, and subgrants • Consent order • Headshots	
12:40		Future agenda items	
1:00		Adjourn	

NEXT MEETING: Tuesday, March 24, 2026 – 10:00 a.m

Healthier Together

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BOARD OF HEALTH MEETING MINUTES
Thursday, January 22, 2026

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
John Tribble, MD, Physician Representative – present via Microsoft Teams
Kirk Wille, Commissioner, Gem County – present

STAFF MEMBERS:

In person: Nikki Zogg, Katrina Harshman, Don Lee, Beth Kriete, Ben Shatto, Michele Hanrahan

Virtual: David Adams

GUESTS: None

CALL THE MEETING TO ORDER

Vice-Chairman Zach Brooks called the meeting to order at 10:01 a.m.

ROLL CALL

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

New employees in the Family and Clinic Services Division were introduced.

BOARD OF HEALTH LEADERSHIP POSITION ELECTIONS

Board members discussed leadership positions for the Board of Health including Chairman, Vice-Chairman, Executive Council and Trustee.

BOARD OF HEALTH CHAIRMAN POSITION

MOTION: Commissioner Brooks made a motion to reappoint Commissioner Kelly Aberasturi. Commissioner Purdy seconded the motion. All in favor; motion passes.

BOARD OF HEALTH VICE-CHAIRMAN POSITION

MOTION: Viki Purdy made a motion to reappoint Commissioner Brooks as Board of Health Vice-Chair. Commissioner Harberd seconded the motion. All in favor; motion passes.

EXECUTIVE COUNCIL REPRESENTATIVE POSITION

MOTION: Commissioner Brooks made a motion to reappoint Commissioner Viki Purdy as Executive Council Representative. No second to the motion was received.

MOTION: Commissioner Harberd made a motion to appoint Commissioner Riebe as Executive Council Representative. Commissioner Aberasturi seconded the motion. Commissioner Purdy abstained from voting; motion passes.

TRUSTEE POSITION

MOTION: Commissioner Aberasturi made a motion to appoint Commissioner Jennifer Riebe as Trustee. Commissioner Purdy seconded the motion. All in favor; motion passes.

EXECUTIVE SESSION PURSUANT TO IDAHO CODE 74-206(b)

Pursuant to Idaho Code 74-206(b) Commissioner Riebe made a motion to enter Executive Session. Commissioner Harberd seconded the motion. Roll call taken. Board members entered Executive Session at 10:13 a.m.

At 11:56 a.m. Board members came out of Executive Session. No decisions were made.

ACTION FOLLOWING EXECUTIVE SESSION

No action was taken following executive session.

APPROVAL OF NOVEMBER 18, 2025 MEETING MINUTES

Board members reviewed meeting minutes from the November 2025 Board of Health meeting.

MOTION: Commissioner Riebe made a motion to approve the meeting minutes as presented. Commissioner Purdy seconded the motion. All in favor; motion passes.

DECEMBER 2025 EXPENDITURE AND REVENUE REPORT

Michele Hanrahan, Financial Officer, provided the December 2025 Expenditure and Revenue Report. Michele shared program revenue detail.

FISCAL YEAR 2026 BUDGET REVISION

Michele Hanrahan, Financial Officer, shared the proposed fiscal year 2026 (FY26) budget revision request. Michele shared a summary level of changes to FY26 budget figures. This revision adjusts high trustee and benefit (T and B) payments for the crisis center. These expenses are now paid out of the operating budget and the decrease is reflected in the revision. Michele also explained that there was a delay in submitting billings and to requesting reimbursements due to finance team turnover last year. Those reimbursements have now been received. The budget revision reduces the districts approved budget from \$17,033,535 to \$16,649,719, a 2.3% reduction.

MOTION: Commissioner Riebe made a motion to approve the Fiscal Year 2026 budget revision as presented. Commissioner Harberd seconded the motion. All in favor; motion passes.

FISCAL YEARS 2026 AND 2027 PAY SCHEDULE APPROVAL

Don Lee, Chief Operating Officer, shared a revised pay schedule and explained that in fiscal year 2025 (FY25) SWDH did not shift pay schedules to align with the Division of Human Resources (DHR) for the 2026 fiscal year. Governor Little is not recommending changes to the pay schedule for fiscal year 2027 (FY27). Don asked board members to review the pay schedule and consider approving implementation of the schedule mid-year for FY26 since no change in structure was made last fiscal year. Don explained that the majority of the impact will be to staff at the lower end of the pay schedule to ensure they are brought up to the minimum salary. Funds for the pay schedule adjustment will come from salary savings captured from turnover due to vacant positions.

MOTION: Commissioner Purdy made a motion to approve the implementation of the FY26 and FY27 pay schedule as presented to be effective for the pay date beginning February 1, 2026. Commissioner Riebe seconded the motion. All in favor; motion passes.

FISCAL YEAR 2025 (FY25) CARRYOVER REQUEST

Don Lee presented the Fiscal Year 2025 (FY25) carryover request to allocate carryover funds from FY25 to be used for the 27th payroll period, replacing vehicles with expiring leases, implementing the new salary structure, replacing clinic equipment, and funding facility improvements and infrastructure. The carryover also allocates \$300,000 to be credited back to counties to help offset anticipated future county contribution increases for fiscal year 2027 and 2028.

MOTION: Commissioner Riebe made a motion to approve the FY25 carryover request as presented. Commissioner Wille seconded the motion. All in favor; motion passes.

CONTRACT SERVICES AND GRANT APPLICATIONS

Don Lee shared a list of pending contract services and grant applications.

SITUATIONAL ANALYSIS REPORT

Clearwater Financial staff attended the Board of Health meeting to share scenarios for restructuring SWDH office locations to help maximize space and ensure community needs are met. To help inform the scenario development, CWF met with community partners and internal staff and also reached out to the community through a survey and stakeholder interviews.

Board members discussed current utilization and ensuring community needs are being met. Nikki explained that as the Board commits funding for facility improvements, this assessment will serve as the plan to help identify how to best use dollars for that purpose.

DIRECTOR'S REPORT

Report summary of grants, contracts, subgrants, obligations signed

Summary pages for grants, contracts, and subgrants are included in the meeting packet. Any questions can be directed to Nikki.

Oral health presentation follow up

As a follow up to questions from the November Board meeting about the extent of Delta Dental's outreach within SWDH's six-county region, Nikki shared the below information. She pointed out that Delta Dental and SWDH work together to ensure efforts are not duplicated.

Adams	118
Canyon	2,748
Owyhee	885
Payette	96
Washington	0

Legislative update

Nikki is monitoring legislative activity this session. The districts continue to work toward removing food fees from statute to allow districts to set fees to cover the costs of the service.

Also, Russ Duke, Central District Health's Director, is taking the lead to seek legislative intent clarification for two statutes around parental consent that do not align.

Idaho Association of Counties (IAC) Public Health Working Group

This workgroup's first meeting was earlier this month. The next meeting is in March. Currently, James Corbett (Eastern Idaho Public Health) and Nikki are the district director workgroup representatives. They are currently working on some data gathering tasks. Commissioner Riebe and Commissioner Brooks are also serving on the IAC workgroup.

During discussion of the workgroup's tasks, Commissioner Riebe noted that it would be interesting to see calculations for county contributions based on population solely without the real estate numbers. Don Lee, Chief Operating Officer, will gather data and bring back information.

Legal Counsel

Mike Kane, SWDH legal counsel, plans to retire in October. His office provides shared legal counsel to Districts 3 and 4 and that is advantageous. Nikki will connect with Mike to ask for recommendations for other legal counsel that may be available to represent both districts.

Future agenda items

Board members had no items for consideration for the February agenda. The agenda will be developed using items from the Board of Health workplan.

Adjournment

There being no further business, the meeting adjourned at 1:57 p.m.

Respectfully submitted:

Approved as written:

Nikole Zogg
Secretary to the Board

Zach Brooks
Vice-Chairman

Date:



SOUTHWEST DISTRICT HEALTH

REVENUES & EXPENDITURE REPORT FOR FY2026

January-26

Modified Accrual Basis

Target **58.33%**

Fund Balances		
	FY Beginning	Jan 2026 Ending
General Operating Fund	\$1,355,402	\$1,124,015
LGIP Operating	\$5,650,546	\$5,825,235
LGIP Vehicle Replacement	\$113,809	\$116,670
LGIP Capital	\$1,299,174	\$1,299,174
Total	\$8,418,931	\$8,365,094

Income Statement Information		
	YTD	Month
Net Revenue:	\$9,154,095	\$1,210,736
Expenditures:	(\$9,156,792)	(\$1,486,160)
Net Income:	(\$2,697)	(\$275,424)

Revenue										
	County Contributions	Fees	Subgrant/Grant/Contract Revenue	Sale of Assets	Interest	Other	Monthly Total	YTD	Total Budget	Percent Budget to Actual
Administration & BoH	-\$310,220.40		-\$19,504.50				-\$329,724.90	-\$2,250,930.07	\$4,173,645.00	53.93%
District Operations Div			\$395.00				\$395.00	-\$2,056.80	\$0.00	
FCS										
Medical Clinic		-\$17,936.57					-\$17,936.57	-\$129,894.66	\$162,000.00	80.18%
Immunizations		-\$7,048.13	-\$14,832.69				-\$21,880.82	-\$129,984.95	\$189,024.00	68.77%
HIV/STI/DIS Prevention							\$0.00	-\$38,105.87	\$185,250.00	20.57%
Women's Health Check			-\$413.46				-\$413.46	-\$9,622.93	\$20,061.00	47.97%
Oral Health		-\$1,056.82	-\$6,411.89				-\$7,468.71	-\$57,077.63	\$83,600.00	68.27%
Nurse Family Partnership		-\$19,449.72	-\$38,582.54			\$0.00	-\$58,032.26	-\$406,978.65	\$472,150.00	86.20%
Parents as Teachers			-\$25,669.42				-\$25,669.42	-\$325,761.11	\$378,292.00	86.11%
Behavioral Health Admin		-\$3,014.41					-\$3,014.41	-\$46,866.60	\$90,670.00	51.69%
WIC			-\$150,603.87			-\$1,000.00	-\$151,603.87	-\$463,368.30	\$1,306,960.00	35.45%
Adult Crisis Center						-\$125,000.00	-\$125,000.00	-\$875,000.00	\$1,704,000.00	51.35%
Youth Crisis Center						-\$125,000.00	-\$125,000.00	-\$875,000.00	\$1,737,510.00	50.36%
YouthROC							\$0.00	-\$245,325.64	\$420,000.00	58.41%
Pre-Prosecution Diversion			-\$20,137.47				-\$20,137.47	-\$310,146.04	\$1,419,794.00	21.84%
Other FCS							\$0.00	-\$250,487.53	\$443,282.00	56.51%
ECHS										
Fit & Fall Proof			-\$10,729.59				-\$10,729.59	-\$46,835.83	\$95,897.00	48.84%
Prescription Drug Overdose			-\$8,664.49				-\$8,664.49	-\$77,824.55	\$118,500.00	65.67%
Suicide Prevention			-\$7,267.79				-\$7,267.79	-\$48,567.40	\$45,000.00	107.93%
Millennium-Tobacco							\$0.00	-\$350,565.79	\$461,038.00	76.04%
Partnership for Success/SAMSHA			-\$95,077.38				-\$95,077.38	-\$410,101.83	\$427,277.00	95.98%
Food Programs		-\$43,620.00					-\$43,620.00	-\$262,651.00	\$349,900.00	75.06%
Child Care Inspections		-\$2,075.00	-\$10,688.41				-\$12,763.41	-\$92,287.43	\$142,284.00	64.86%
Land Programs		-\$89,732.00	-\$11,744.56				-\$101,476.56	-\$739,767.49	\$1,042,629.00	70.95%
Epi Investigations			-\$8,949.34				-\$8,949.34	-\$171,840.06	\$374,453.00	45.89%
Public Health Preparedness			-\$35,545.43				-\$35,545.43	-\$180,513.90	\$573,000.00	31.50%
WICH							\$0.00	-\$30,000.00	\$145,020.00	20.69%
Other ECHS			-\$1,155.45				-\$1,155.45	-\$326,533.07	\$472,299.00	69.14%
Monthly Revenue	-\$310,220.40	-\$183,932.65	-\$465,583.28	\$0.00	\$0.00	-\$251,000.00	-\$1,210,736.33			
Year-to-Date Revenue								-\$9,154,095.13	\$17,033,535.00	53.74%



SOUTHWEST DISTRICT HEALTH

REVENUES & EXPENDITURE REPORT FOR FY2026

January-26

Modified Accrual Basis

Target **58.33%**

EXPENDITURES							Total Budget	Percent Budget to Actual
	Personnel	Operating	Capital	T/B	Monthly Total	YTD		
Administration & BoH	\$61,995.65	\$18,848.82			\$80,844.47	\$536,707.39	\$814,284	65.91%
District Operations Div (and blanks-unidentified programs)	\$148,131.92	\$54,512.83	\$10,739.39		\$213,384.14	\$1,475,152.20	\$2,705,474	54.52%
FCS								
Medical Clinic	\$61,106.70	\$11,136.43			\$72,243.13	\$400,936.30	\$787,894	50.89%
Immunizations	\$15,875.22	\$2,895.74			\$18,770.96	\$182,018.08	\$309,671	58.78%
HIV/STI/DIS Prevention	\$12,085.16	\$1,910.31			\$13,995.47	\$65,325.91	\$158,077	41.33%
Women's Health Check	\$184.09	\$125.19			\$309.28	\$4,636.00	\$22,087	20.99%
Oral Health	\$10,418.97	\$477.16			\$10,896.13	\$59,592.15	\$124,051	48.04%
Nurse Family Partnership	\$68,431.75	\$6,413.38			\$74,845.13	\$323,704.43	\$599,162	54.03%
Parents as Teachers	\$45,473.29	\$17,402.63			\$62,875.92	\$291,976.15	\$459,414	63.55%
Behavioral Health Admin	\$10,876.65	\$9.68			\$10,886.33	\$47,243.06	\$106,259	44.46%
WIC	\$130,908.47	\$35,404.02			\$166,312.49	\$851,156.22	\$1,554,031	54.77%
Adult Crisis Center	\$2,375.15	\$135,762.36			\$138,137.51	\$990,168.37	\$1,490,559	66.43%
Youth Crisis Center		\$121,385.00			\$121,385.00	\$973,361.33	\$1,498,974	64.94%
YouthROC	\$6,217.44	\$938.10			\$7,155.54	\$290,242.46	\$413,845	70.13%
Pre-Prosecution Diversion	\$22,869.29	\$2,762.24			\$25,631.53	\$140,290.11	\$1,278,193	10.98%
Other FCS	\$14,649.95	\$11,802.46		\$9,720.04	\$36,172.45	\$250,875.52	\$248,914	100.79%
ECHS								
Fit & Fall Proof	\$9,348.07	\$342.63			\$9,690.70	\$52,797.94	\$100,135	52.73%
Prescription Drug Overdose	\$9,098.44	\$781.11			\$9,879.55	\$51,783.25	\$103,664	49.95%
Suicide Prevention	\$6,530.30	\$38.73			\$6,569.03	\$41,273.60	\$67,448	61.19%
Millennium-Tobacco	\$29,893.19	\$4,626.53			\$34,519.72	\$174,357.61	\$317,691	54.88%
Partnership for Success	\$14,345.62	\$10,363.20		\$3,955.71	\$28,664.53	\$166,676.18	\$477,714	34.89%
Food Programs	\$69,888.74	\$7,412.52			\$77,301.26	\$417,504.67	\$685,368	60.92%
Child Care Inspections	\$10,434.36	\$222.41			\$10,656.77	\$61,701.91	\$166,169	37.13%
Land Programs	\$92,885.38	\$10,396.45			\$103,281.83	\$542,974.49	\$947,688	57.29%
Epi Investigations	\$35,458.27	\$7,398.55			\$42,856.82	\$173,127.46	\$316,565	54.69%
Public Health Preparedness	\$45,519.36	\$5,515.47			\$51,034.83	\$245,535.13	\$505,150	48.61%
WICHC	\$9,731.62	\$3,505.81			\$13,237.43	\$85,054.44	\$115,859	73.41%
Other ECHS	\$43,154.30	\$1,468.08			\$44,622.38	\$260,619.59	\$659,195	39.54%
Monthly Expenditures	\$987,887.35	\$473,857.84	\$10,739.39	\$13,675.75	\$1,486,160.33			
					Year-to-Date Expenditures	\$9,156,791.95	\$17,033,535.00	53.76%



Nicotine Prevention, Intervention, and Cessation

Reducing Risk Across SW Idaho

Hailee Ketchum, Program Manager I

Who is on the Risk Reduction Team?



Hailee Ketchum
Program Manager



Raquel Nuñez
Health Education Specialist, Sr



Lee'Erin Brooks
Health Education Specialist

How are Risk Reduction programs funded?

Project Filter (IDHW)

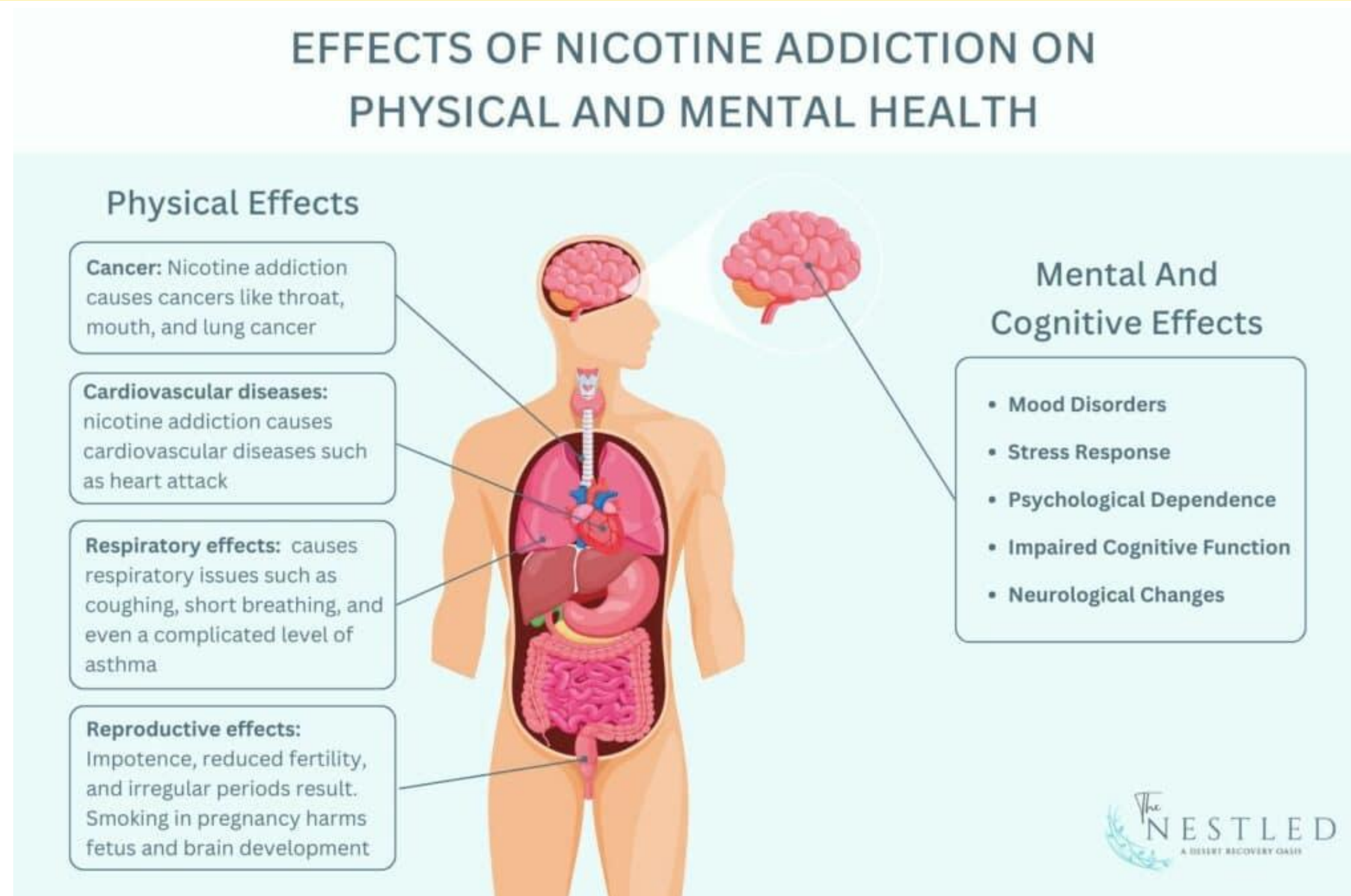
- Historically, PHDs received funding through subgrant
- Funded mostly through federal CDC grants
- No funding for FY26 due to federal changes at CDC Office on Smoking and Health
 - Loss of ~\$70,000 in subgrant funding
 - Decreased proactive work for some initiatives
 - Smoke/vape free policy, healthcare provider screening guidance, etc.

Millennium Fund

- Tobacco Master Settlement Agreement - 1998
- Allocation of payment each year from tobacco companies
- Funding oversight by Idaho Legislature's Joint Millennium Fund Committee
- PHD's receive annual appropriation from Millennium Fund

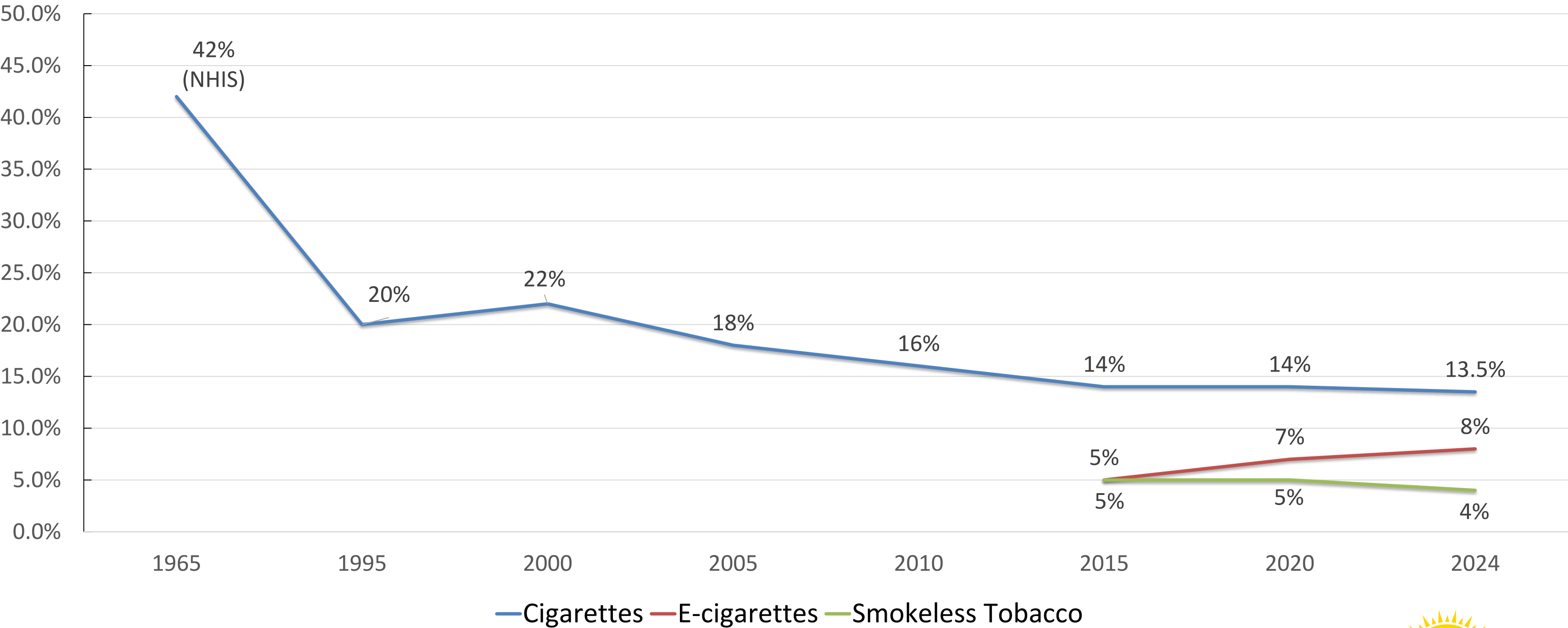


What is the problem?



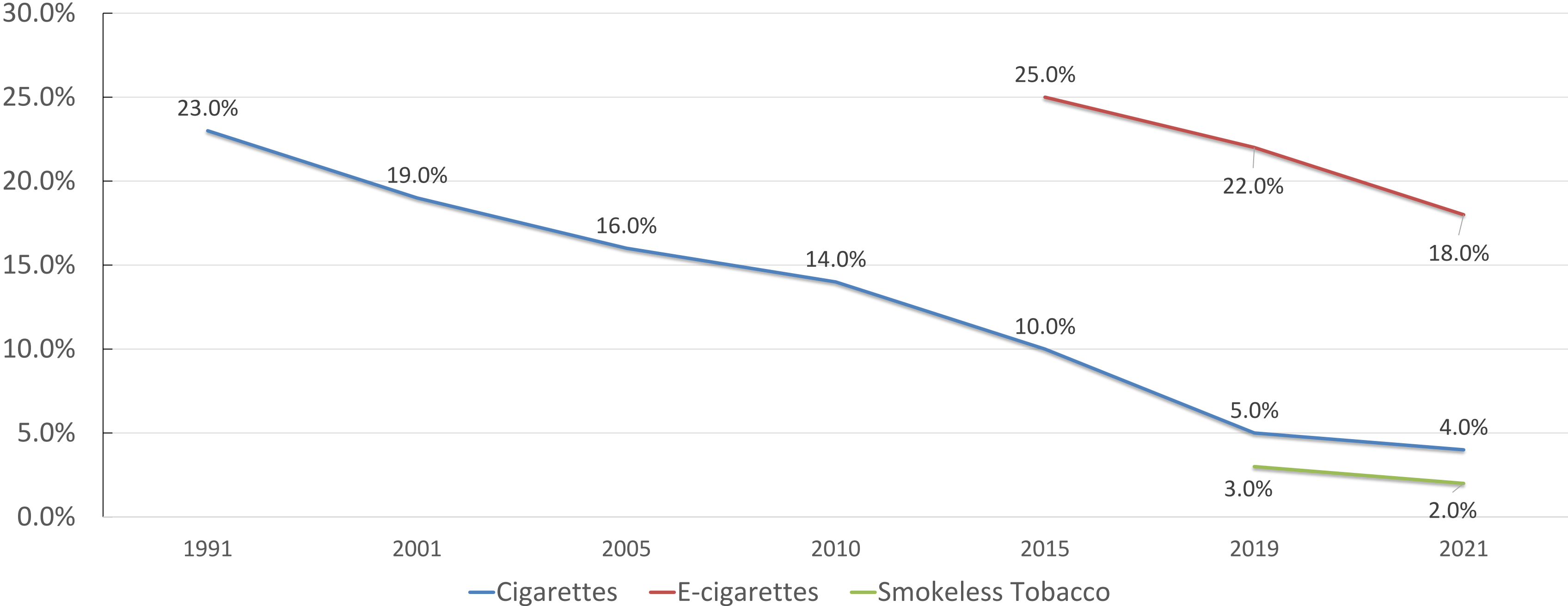
Prevention & intervention work does make a difference in adult nicotine use.

Idaho Adult Nicotine Use, BRFSS/NHIS



Youth trend use reacts to prevention and intervention programs and policies.

Idaho Youth Nicotine Use, YRBS



SWDH is addressing this need through three different avenues.

Prevention

Goal: Stop substance use before it starts



Intervention

Goal: Address & reduce existing substance use



Cessation

Goal: Supporting and maintaining quitting

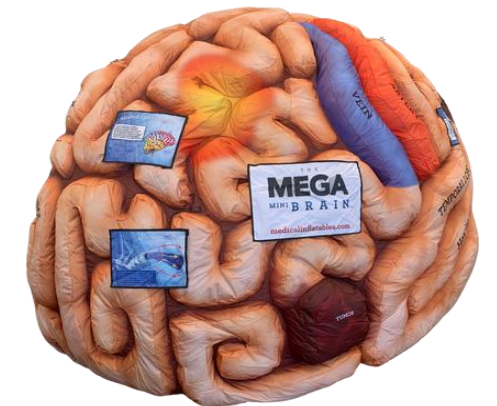


What are prevention programs?

Goal: Stop substance use before it starts

- Target Audience: Youth who have not yet started using substances
- Focus: Education, awareness, skill-building, and resilience
- Approach: Proactive and universal (often school or community-based)
- Timing: Delivered early, often in elementary or middle school
- Examples: School assemblies, classrooms, parent education
- Outcome Goal: Reduce initiation rates and delay first use

CATCH[®]
MY BREATH

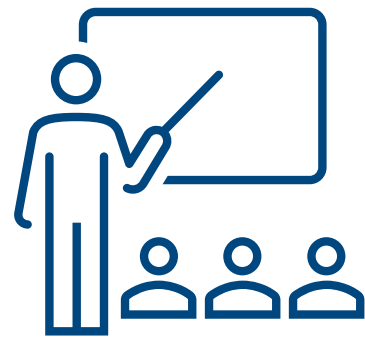


CATCH MY Breath (CMB) is a vape prevention program.


1,142 youth served
in FY25


5th-12th graders

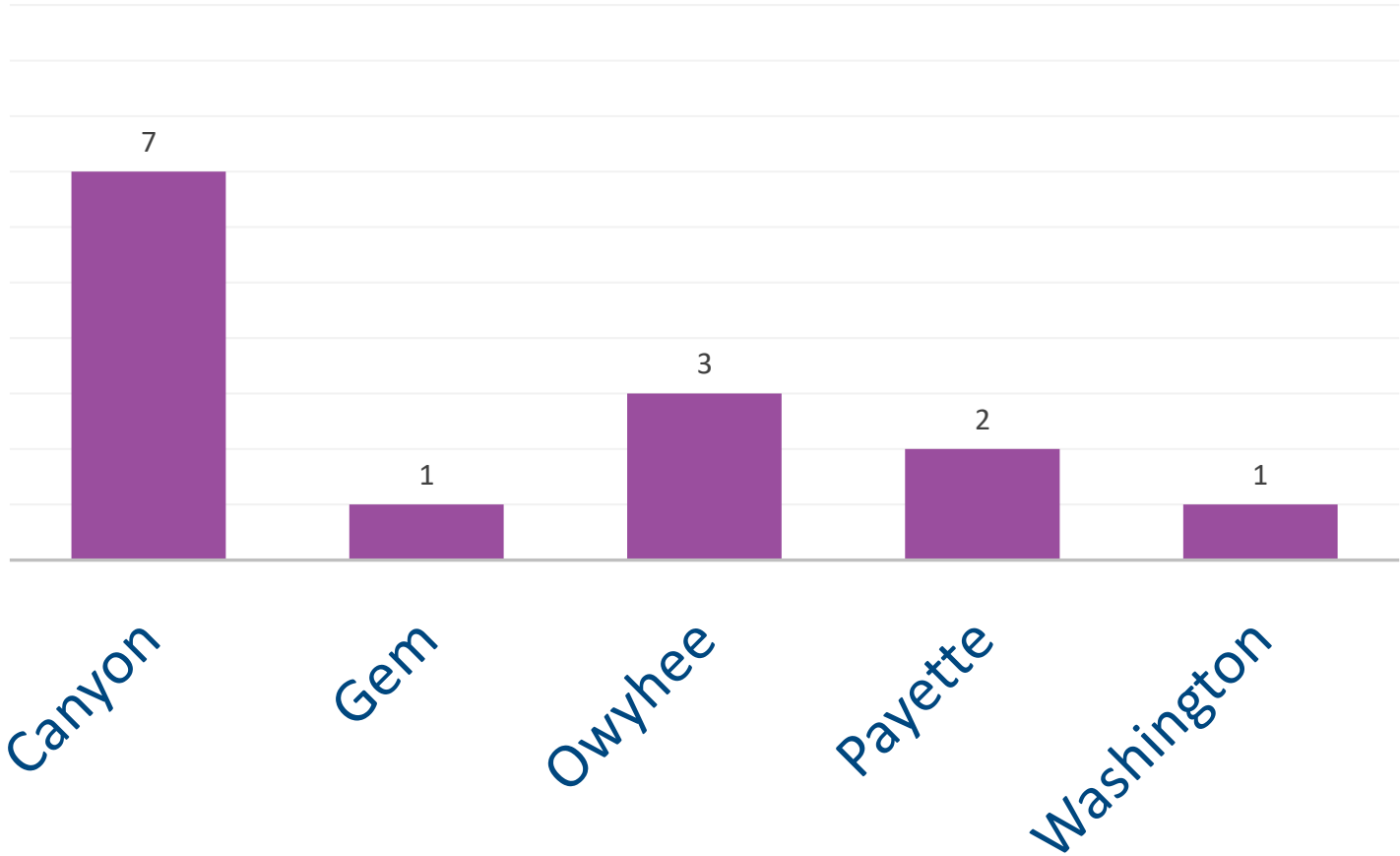

Evidence- based, peer-
peer learning, delivered in
classroom setting


Lessons highlight
health impacts,
marketing tactics,
and refusal skills


Implemented
in 5 of 6
counties



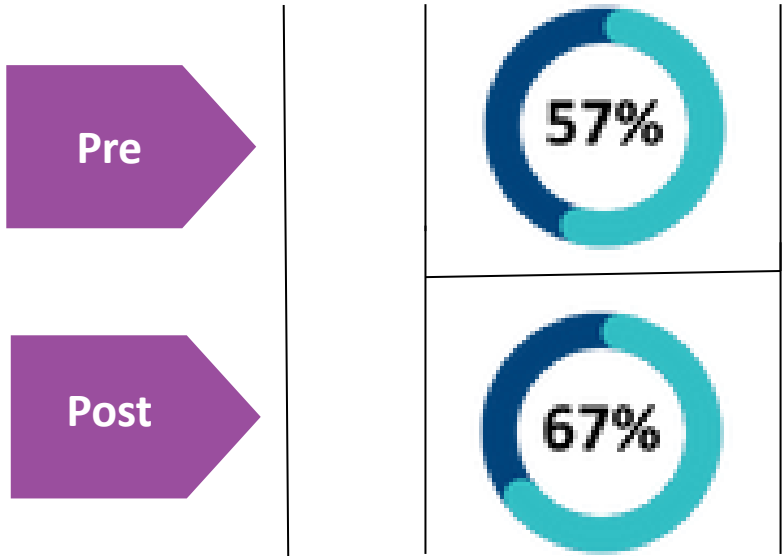
SWDH supported 14 schools
across the region (FY25)



Areas of greatest improvement for CATCH My Breath program participants.

Youth were asked to respond with how much they agree or disagree with the statements below. The graphic below shows the percentage of students that agreed or strongly agreed with the statement.

If I were to use e-cigarettes,
I would get addicted.



E-cigarette companies often exaggerate
claims made about their products.



Guiding Good Choices is a family-focused prevention program.



Parents/caregivers of children
9–14



Designed to reduce risky
behaviors among youth



Evidence- based, delivered in-person
or virtual group sessions



First cohort
implemented in FY25



Total # of individuals
served in FY25 – 24



What are intervention programs?

Goal: Address & reduce existing substance use

- Target Audience: Youth who are already using or at high risk
- Focus: Behavior change and support
- Approach: Reactive and targeted (individual or small group)
- Timing: After signs of use or risk are identified
- Examples: School-based intervention teams, juvenile diversion programs
- Outcome Goal: Reduce use, prevent escalation, and support through quit journey (if ready)



POSITIVE PARTNERSHIPS



What are cessation programs?

Goal: Support quitting and maintaining abstinence.

- Target Audience: Youth and adults who are already using nicotine and are ready to quit
- Focus: Behavior change and support
- Approach: Therapeutic, supportive, and behavior-change focused
- Timing: When individuals express they are ready to quit
- Examples: Schools, community centers, online platforms
- Outcome Goal: Reduce or quit use, prevent relapse, and improve overall well-being



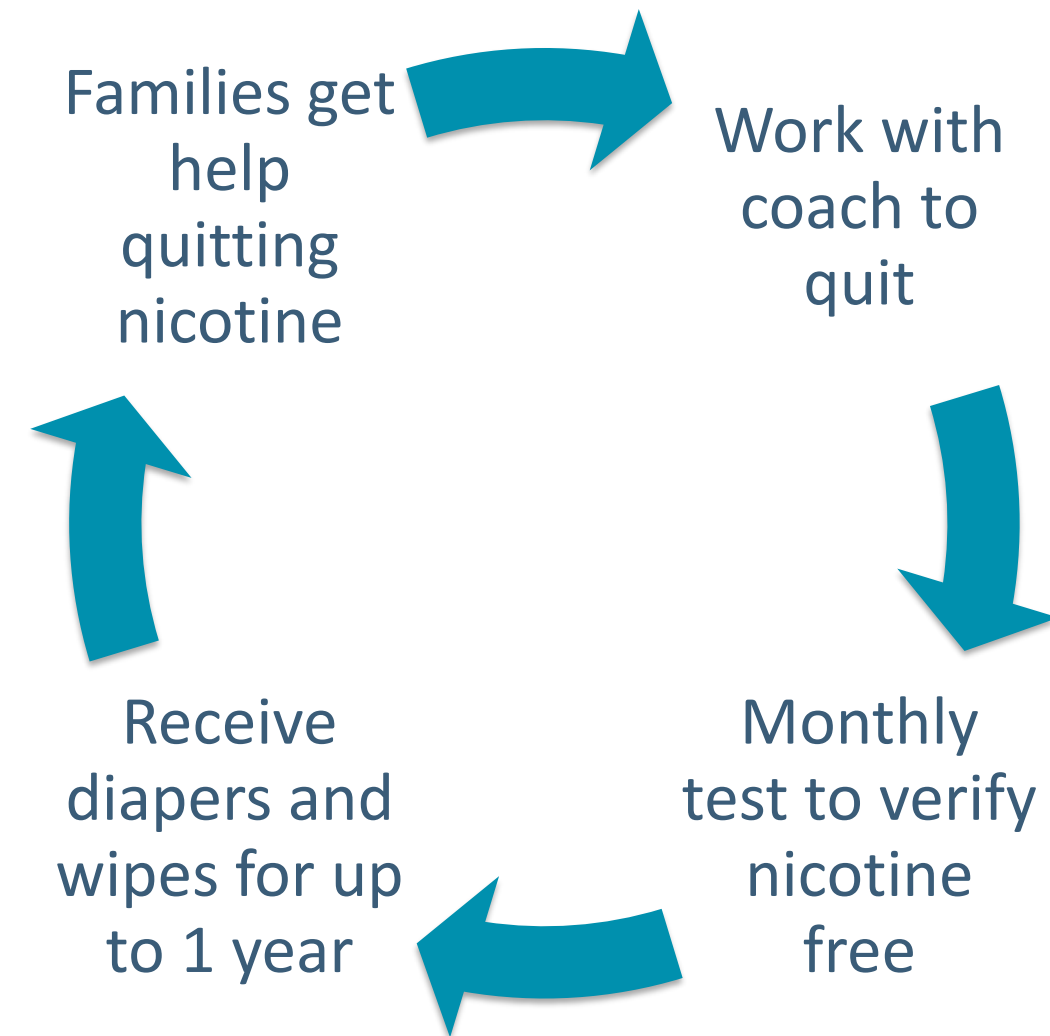
**CESSATION
PROGRAM**



**NIC-FREE
BABY & ME**



Nic-Free Baby & Me program helps families quit nicotine & protects children.



FREE ONE-YEAR SUPPLY OF DIAPERS & WIPES (\$800 value!)

- Do you or a family member currently smoke or vape?
- Are you or a family member currently pregnant or recently had a baby?
- Are you ready to stop smoking or vaping?

If you answered YES to any of these questions, you may qualify for a one-year supply of diapers and wipes.

JOIN TODAY SO YOU AND YOUR BABY CAN BE NICOTINE-FREE!

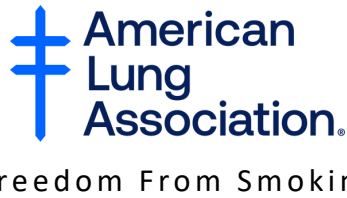
To learn more or sign up email communityhealth@swdh.id.gov or scan the QR code



- In FY25, 142 sets of diapers and wipes were given to families
- 7 graduates from program in FY25 (completed 12 months of nicotine free tests)
- Currently 22 active program participants

We provide support for families across the lifespan.

Birth



Adulthood



Healthier Together



How can you help elevate this work?



**Help us connect with organizations
that may need training**



**Promote evidence-based community
interventions and programs within
your counties**



**Encourage and support stronger
smoke/vape free areas**

QUESTIONS?

Title: Fee Policy
Policy: 3.01

Purpose

To establish a consistent, transparent, and defensible methodology for setting clinic charges for services provided by Southwest District Health (SWDH), while maintaining patient access and affordability through the application of sliding fee discounts. All fees and any changes to fee schedule methodology must be approved by the SWDH Board of Health.

Scope

This policy applies to programs within the Division of Family & Clinic Services (FCS) and governs the determination of charges for eligible services rendered by SWDH clinic programs.

Policy and Procedure

SWDH establishes charges for clinic services using nationally recognized Centers for Medicare & Medicaid Services (CMS) benchmarks, adjusted as appropriate to reflect provider type and clinic cost structure. Charges are derived from CMS non-facility Relative Value Units (RVUs), the CMS annual Conversion Factor, and applicable uniform charge multipliers. When a CMS RVU or CPT/HCPCS code is not available, SWDH will use the State Medicaid fee schedule. If no Medicaid rate exists, the VA Community Care Fee Schedule methodology is used. This hierarchy ensures charges are auditable, reasonable, and aligned with governmental reimbursement standards. Discounts and adjustments, including sliding fee discounts, are applied after base charges are established.

Distinct methodologies are applied for medical services and behavioral health services to ensure charges remain reasonable, sustainable, and aligned with usual and customary rates based on the type of provider furnishing the service. All multipliers and adjustment factors are reviewed annually and approved by the SWDH Board of Health.

- I. Fee Schedule Methodology - Standard Charge Formulas
 - a. Medical Services
 - i. Charges for medical and clinic services furnished by physicians and other medical providers are calculated as follows:
 - ii. *Charge per CPT = (CMS Non-Facility Total RVU) x (CMS Conversion Factor) x (Medical Uniform Charge Multiplier)*
 - b. Behavioral Health Services
 - i. Charges for behavioral health services furnished exclusively by master's-level licensed clinicians (including but not limited to CPT codes 90791, 90832, 90834, 90837, 90846, and 90847) are calculated as follows:
 - ii. *Charge per CPT = (CMS Non-Facility Total RVU x Behavioral Health Adjustment Factor) x (CMS Conversion Factor) x (Behavioral Health Uniform Charge Multiplier)*
 - c. Parameters

- i. CMS Non-Facility Total RVU
Use the annually published CMS Physician Fee Schedule non-facility total RVU values.
 - ii. CMS Conversion Factor (CF)
Use the official Medicare non-facility conversion factor for the applicable year.
 - iii. Medical Uniform Charge Multiplier
1.75, applied to medical and clinic services.
 - iv. Behavioral Health Adjustment Factor
0.75, applied to behavioral health CPT codes furnished exclusively by master's-level licensed clinicians to reflect non-physician provider delivery and clinic cost structure.
 - v. Behavioral Health Uniform Charge Multiplier
1.50, applied to behavioral health services.
 - d. Notes
 - i. Geographic Practice Cost Indices (GPCIs) are not applied.
 - ii. Discounts, sliding fees, and other adjustments are applied after base charges are set.
 - iii. The applicable adjustment factor and multiplier are applied consistently across all payers.
- II. Special Cases for Fee Setting
- a. Medicaid-Only Services / CMS-Unpriced Services
 - i. For services with no CMS RVU, the applicable Medicaid rate is used as the base. If no Medicaid rate exists, the VA Community Care Fee Schedule methodology is applied.
 - ii. The appropriate uniform charge multiplier is applied to maintain consistency with the overall fee schedule methodology.
 - b. Non-Reimbursable / Cash-Only Services
 - i. For services not eligible for insurance reimbursement, charges are determined using a cost-plus methodology:
Charge = Fully Loaded Cost of Service x (1 + Markup)
 - ii. Fully loaded cost includes direct labor, materials, and allocated overhead.
 - iii. Markup is established to cover overhead and ensure sustainability, typically ranging from 30-50%.
- III. Self-Pay & Sliding Fee Application
- a. Self-Pay Base Charge
 - i. The self-pay base charge is determined using the applicable fee schedule methodology described above.
 - b. Sliding Fee Discounts
 - i. Sliding fee discounts are based on household income relative to the Federal Poverty Guidelines (FPG):
- | <i>Income Level (% FPG)</i> | <i>Discount Applied</i> | <i>Patient Pays</i> |
|-----------------------------|-------------------------|---------------------|
| 0-150% FPG | 75% | Base Charge x 25% |
| 150-200% FPG | 50% | Base Charge x 50% |
| 200-250% | 25% | Base Charge x 75% |
| >250% FPG | 0% | Base Charge x 100% |
- c. Notes
 - i. Sliding fees are applied only to self-pay amounts; they do not reduce Medicaid, Medicare, or other insurance reimbursement.
 - ii. Patient payments are rounded to the nearest \$0.25 for simplicity.

- iii. All discounts must be documented in the patient's record.
- iv. This approach ensures access to care, affordability, and program sustainability.

IV. Fee Review and Oversight

- a. SWDH will review fee schedule rates, uniform charge multipliers, and the Behavioral Health Adjustment factor annually.
- b. All changes require approval by the SWDH Board of Health.
- c. Sliding fee scale discounts ensure access to care for eligible patients while supporting program sustainability.

Background

This fee methodology establishes a clear, fair, and consistent approach to setting patient charges while maintaining affordability and access to care. It replaces the prior Medicaid-based percentage methodology with a nationally recognized framework based on Centers for Medicare & Medicaid Services (CMS) Relative Value Units (RVUs), supporting transparency, accountability, and audit readiness.

When a CMS RVU or CPT/HCPCS code is not available—such as for certain pediatric, contraceptive, or other public health services—the applicable State Medicaid fee schedule is used as the base. If neither CMS nor Medicaid establishes a rate, the U.S. Department of Veterans Affairs (VA) Community Care Fee Schedule methodology is used. This hierarchy ensures that charges are reasonable, auditable, and consistent with governmental reimbursement standards.

The CMS RVU-based approach aligns with national standards and reflects Medicare-equivalent valuation across a wide range of healthcare services—not only professional services, but also diagnostic, therapeutic, and procedural services, as well as testing, pharmaceuticals, medical supplies, and equipment administered in the clinic setting. Using this framework ensures that charges are applied consistently and appropriately across the full scope of services provided.

Medical services are priced using CMS non-facility RVUs with a single, uniform charge multiplier of 1.75. When Medicaid or VA rates are used as the base, the same uniform charge multiplier is applied to maintain consistency across services. This approach aligns charges with common healthcare pricing practices, ensures consistency across services, and simplifies administration. The methodology is reviewed annually by the Board of Health to provide ongoing oversight and allow for appropriate adjustments.

Behavioral health services require a modified approach due to differences in provider type and cost structure. At SWDH, behavioral health services are delivered exclusively by master's-level licensed clinicians rather than physicians. CMS RVUs incorporate physician work and practice expense assumptions that exceed the actual labor and overhead costs associated with non-physician behavioral health service delivery.

To reflect this difference while maintaining alignment with CMS valuation methodology, a Behavioral Health Adjustment Factor of 0.75 is applied to CMS non-facility RVUs. In addition, a Behavioral Health Uniform Charge Multiplier of 1.50—lower than the medical multiplier—ensures that charges remain reasonable, sustainable, and consistent with usual and customary outpatient behavioral health rates, while still supporting program viability.

A sliding fee scale ensures that the lowest-income patients pay the least, supports affordability, and maintains program sustainability. Together, these policies promote transparency, affordability, and long-term sustainability while supporting continued access to both medical and behavioral health services for the community.

Definitions

Behavioral Health Adjustment Factor. A factor of 0.75 applied to CMS non-facility RVUs for behavioral health services provided by master's-level licensed clinicians to reflect non-physician provider delivery and clinic cost structure.

CMS (Centers for Medicare & Medicaid Services). A federal agency that administers the nation's major healthcare programs, including Medicare and Medicaid, and publishes the Physician Fee Schedule (PFS) with Relative Value Units (RVUs) and annual Conversion Factors.

CMS Conversion Factor (CF). The dollar multiplier published annually by CMS used to convert RVUs into a monetary charge for each CPT code.

CPT (Current Procedural Terminology) Code. A numeric code used to describe medical, surgical, and diagnostic services for billing and documentation purposes.

Federal Poverty Guidelines (FPG). Guidelines published annually by the U.S. Department of Health & Human Services to determine eligibility for financial assistance programs.

Fee Schedule Hierarchy. SWDH applies charges in the following order: 1) CMS RVUs, 2) Medicaid fee schedule, 3) VA Fee Schedule, 4) Cost-plus for non-reimbursable services.

Fully Loaded Cost of Service. The total cost of delivering a service, including direct labor, materials, and allocated overhead.

Healthcare Common Procedure Coding System (HCPCS). A standardized coding system that is used primarily to identify products, supplies, and services not included in the CPT® codes.

Medicaid-Only Services. Services for which no CMS RVU exists, using the applicable Medicaid reimbursement rate as the base charge.

Non-Facility RVU. RVU values calculated by CMS for services provided in non-hospital settings, reflecting work and cost assumptions applicable to outpatient or clinic-based care.

Non-Reimbursable / Cash-Only Services. Services not eligible for insurance reimbursement. Charges are calculated using a cost-plus methodology, including direct labor, materials, allocated overhead, and a markup (typically 30–50%).

RVU (Relative Value Unit). A unit of measure published by CMS representing the value of a medical service based on physician work, practice expense, and malpractice costs. Used to determine service charges.

Self-Pay Base Charge. The initial charge for a service before sliding fee discounts or other adjustments, calculated using the fee schedule methodology outlined in this policy.

Sliding Fee Discount. A discount applied to self-pay patient charges based on household

income as a percentage of the Federal Poverty Guidelines (FPG), ensuring access to care and affordability.

Uniform Charge Multiplier. A factor applied to base CMS-derived charges to account for SWDH-specific cost structures and to ensure financial sustainability.

- Medical Uniform Charge Multiplier. 1.75, applied to medical services.
- Behavioral Health Uniform Charge Multiplier. 1.50, applied to behavioral health services.

VA Fee Schedule. A federal benchmark for valuing services not covered by CMS or Medicaid, published by the U.S. Department of Veterans Affairs Revenue Operations program, used to establish reasonable charges when no other governmental benchmark exists.

References

- Centers for Medicare & Medicaid Services (CMS) Physician Fee Schedule: Official RVU values and Conversion Factors used for fee calculation.
Website: <https://www.cms.gov/physician-fee-schedule>
- CMS Clinical Lab Fee Schedule.
Website: <https://www.cms.gov/medicare/payment/fee-schedules/clinical-laboratory-fee-schedule-clfs/files>
- Current Procedural Terminology (CPT) Codes: Published by the American Medical Association (AMA) to standardize billing and reporting of medical services.
Website: <https://www.ama-assn.org/practice-management/cpt>
- Federal Poverty Guidelines (FPG): Published annually by the U.S. Department of Health & Human Services.
Website: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>
- Idaho Medicaid Fee Schedules – Available on the Idaho Department of Health & Welfare website, with links to current fee schedules and related reimbursement information.
<https://healthandwelfare.idaho.gov/providers/idaho-medicaid-providers/information-medicaid-providers>
- U.S. Department of Veterans Affairs – Community Care Fee Schedule Methodology.
Website: <https://www.va.gov/COMMUNITYCARE/revenue-ops/Fee-Schedule.asp>

Attachments

- FY2027 Fee Schedule

Version History

Version	Date	Approved Date	Approved By	Reason/Comments
v2	February 2026			DRAFT – Methodology Update
v1	February 2024	February 27, 2024	BOH	Annual update to fee schedule

SOUTHWEST DISTRICT HEALTH

Family & Clinic Services FY27 Proposed Fee Schedule

CPT	Description	SWDH Fee	>250% FPG (0% Disc)	200-250% FPG (25% Disc)	150-200% FPG (50% Disc)	0-150% FPG (75% Disc)
Office Visit						
99202	NEW Office Visit 15-29 min	132.17	132.00	99.25	66.25	33.25
99203	NEW Office Visit - low 30-44 min	206.78	206.75	155.25	103.50	51.75
99204	NEW Office Visit - mod 45-59 min	311.93	311.75	234.00	156.00	78.00
99205	NEW Office Visit - hi 60-74 min	416.49	416.25	312.50	208.25	104.25
99211	EST Office Visit – Nurse Visit	42.88	42.75	32.25	21.50	10.75
99212	EST Office Visit – straight forward 10-19 min	104.56	104.50	78.50	52.50	26.25
99213	EST Office Visit - low 20-29 min	167.42	167.25	125.75	83.75	42.00
99214	EST Office Visit - mod 30-39 min	238.50	238.25	179.00	119.25	59.75
99215	EST Office Visit - hi 40-54 min	338.36	338.25	254.00	169.25	84.75
99242	Office Consultation	115.40	115.25	86.75	57.75	29.00
SP123	Sports Physicals – Cash Only	25.00	25.00	25.00	25.00	25.00
I693	Immigration	550.00	550.00	550.00	550.00	550.00
Wellness						
99381	NEW Initial Comprehensive Eval - Infant	181.86	181.75	136.50	91.00	45.50
99382	NEW Initial Comprehensive Eval - 1-4 yrs	204.12	204.00	153.25	102.25	51.25
99383	NEW Preventative Visit - 5-11 yrs	202.81	202.75	152.25	101.50	50.75
99384	NEW Preventative Visit - 12- 17 yrs	226.21	226.00	169.75	113.25	56.75
99385	NEW Preventative Visit - 18-39 yrs	226.21	226.00	169.75	113.25	56.75
99386	NEW Preventative Visit - 40-64 yrs	226.21	226.00	169.75	113.25	56.75
99391	EST Follow-Up Visit – Infant	150.29	150.25	112.75	75.25	37.75
99392	EST Preventative Visit - 1- 4 yrs	173.02	173.00	130.00	86.75	43.50

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Family & Clinic Services FY27 Proposed Fee Schedule

CPT	Description	SWDH Fee	>250% FPG (0% Disc)	200-250% FPG (25% Disc)	150-200% FPG (50% Disc)	0-150% FPG (75% Disc)
99393	EST Preventative Visit - 5-11 yrs 11	172.38	172.25	129.50	86.25	43.25
99394	EST Preventative Visit - 12-17 yrs	195.28	195.25	146.50	97.75	49.00
99395	EST Preventative Visit - 18-39 yrs	195.93	195.75	147.00	98.00	49.00
99396	EST Preventative Visit - 40-64 yrs	195.93	195.75	147.00	98.00	49.00
99397	EST Follow-Up Visit – 65+ yrs	195.93	195.75	147.00	98.00	49.00
Other Office Visit						
99401	Preventive Med Counseling – Indiv. 15 min.	70.39	70.25	53.00	35.25	17.75
99402	Preventive Med Counseling – Indiv. 30 min.	119.05	119.00	89.50	59.75	30.00
99403	Preventive Med Counseling – Indiv. 45 min.	164.54	164.50	123.50	82.50	41.25
99404	Preventive Med Counseling – Indiv. 60 min.	211.89	211.75	159.00	106.00	53.00
99406	Behavioral Smoking/Tobacco Cessation 3-10 min	20.42	20.25	15.50	10.25	5.25
99407	Behavioral Smoking/Tobacco Cessation 10 min.	37.78	37.75	28.50	19.00	9.50
99412	Preventive Counseling Group	38.06	38.00	28.75	19.25	9.75
99415	Prolonged Clinic Staff Service - 1st hr	40.53	40.50	30.50	20.50	10.25
99416	Prolonged Clinic Staff Service - each addt'l hr	22.32	22.25	16.75	11.25	5.75
99417	Prolonged Care – each additional 15 min	41.11	41.00	31.00	20.75	10.50
G0402	Medicare Initial Preventive Physical Exam	307.23	307.00	230.5	153.75	77.00
G0438	Medicare Initial Annual Wellness	306.64	306.50	230	153.5	76.75
G0439	Medicare Subsequent annual wellness visits	242.02	242.00	181.75	121.25	60.75

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CPT	Description	SWDH Fee	>250% FPG (0% Disc)	200-250% FPG (25% Disc)	150-200% FPG (50% Disc)	0-150% FPG (75% Disc)
Procedures						
10060	Drainage - skin abscess	226.16	226.00	169.75	113.25	56.75
10120	Removal Incision & Drainage- on the Skin - Foreign Body	276.68	276.50	207.75	138.50	69.25
11104	Biopsy - punch - skin single lesion	213.24	213.00	160.00	106.75	53.50
11105	Biopsy - punch - skin single lesion each additional	106.33	106.25	79.75	53.25	26.75
11106	Biopsy - Incisional - skin single lesion	266.11	266.00	199.75	133.25	66.75
11107	Biopsy - Incisional - skin single lesion each add'l	124.54	124.50	93.50	62.50	31.25
11200	Skin Tag Removal - 1 – 15 (*)	162.13	162.00	121.75	81.25	40.75
11201	Skin Tag Removal - Each Additional 1 – 10	32.31	32.25	24.25	16.25	8.25
11400	Excision - benign lesion - 0.5 cm or <	224.99	224.75	168.75	112.50	56.25
11401	Excision - benign lesion - 0.6 – 1 cm	272.57	272.50	204.50	136.50	68.25
11730	Toenail - Removal of Nail plate - complete	196.20	196.00	147.25	98.25	49.25
11765	Toenail - Excision of nail fold - toe - partial	286.67	286.50	215.00	143.50	71.75
11976	Contraceptive - Subdermal Capsule Removal	257.88	257.75	193.50	129.00	64.50
11981	Contraceptive – Nexplanon Insertion	189.15	189.00	142.00	94.75	47.50
11982	Contraceptive - Nexplanon Removal	201.49	201.25	151.25	100.75	50.50
11983	Contraceptive - Nexplanon Removal & Insert	254.36	254.25	191.00	127.25	63.75
56420	Drainage - gland abscess	320.15	320.00	240.25	160.25	80.25
57170	Fitting - diaphragm/cap	128.06	128.00	96.25	64.25	32.25
57452	Exam - cervix w/scope	220.87	220.75	165.75	110.50	55.25
58300	Contraceptive - IUD - Insertion of intrauterine device	99.79	99.75	75.00	50.00	25.00
58301	Contraceptive - IUD - Removal of intrauterine device	196.20	196.00	147.25	98.25	49.25

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CPT	Description	SWDH Fee	>250% FPG (0% Disc)	200-250% FPG (25% Disc)	150-200% FPG (50% Disc)	0-150% FPG (75% Disc)
Ancillary Procedures						
96372	Injection	27.02	27.00	20.50	13.75	7.00
99000	Handling & Collection	20.00	20.00	15.00	10.00	5.00
36416	Finger Stick	5.04	5.00	4.00	2.75	1.50
36415	Venipuncture	13.74	13.50	10.50	7.00	3.50
96127	PHQ9 screening or GAD7	8.81	8.75	6.75	4.50	2.25
86580	TB Skin Test (PPD)	19.39	19.25	14.75	9.75	5.00
99211	TB Nurse Visit	42.88	42.75	32.25	21.50	10.75
In House Labs						
86703	HIV1/HIV2 Rapid Result Antibody	23.99	20.00	15.00	10.00	5.00
86780	Syphilis - Rapid Test (Treponema Pallidum)	23.17	20.00	15.00	10.00	5.00
86803	HEP C – Rapid Antibody Test	24.97	21.00	15.75	10.50	5.25
81025	Pregnancy Test - Urine	15.07	13.00	9.75	6.50	3.25
81002	Urinalysis by Dip Stick	6.09	5.00	3.75	2.50	1.25
87430	Strep - Rapid	29.42	25.00	18.75	12.50	6.25
87804	Influenza - Rapid Test	28.96	25.00	18.75	12.50	6.25
87807	RSV- Rapid	22.93	19.00	14.25	9.50	4.75
87811	COVID-19- Rapid	72.42	61.00	45.75	30.50	15.25
86308	Mononucleosis – Rapid Test	9.07	8.00	6.00	4.00	2.00
83036	A1C	16.99	14.00	10.50	7.00	3.50
82948	Glucose	8.82	7.00	5.25	3.50	1.75
82465	Cholesterol	7.61	6.00	4.50	3.00	1.50
87210	Wet Mount Saline/Ink (KOH)	10.19	9.00	6.75	4.50	2.25
83655	Lead	21.19	18.00	13.50	9.00	4.50
Medications						
J0561	Bicillin LA (1.2 units/tubex) dose 2.4 units/tubex	40.55	40.50	30.50	20.50	10.25
J0744	Ciprofloxacin 250mg	1.31	1.25	1.00	0.75	0.50
J1050	Depo – Medroxyprogesterone Acetate per/mg	128.63	128.50	96.50	64.50	32.25
J7302	Plan B – Levanorgestrel	68.90	55.00	41.25	27.50	13.75
J3490	Doxycycline					
Q0144	Azithromycin Dihydrate	40.25	40.25	30.25	20.25	10.25

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Family & Clinic Services FY27 Proposed Fee Schedule

CPT	Description	SWDH Fee	>250% FPG (0% Disc)	200-250% FPG (25% Disc)	150-200% FPG (50% Disc)	0-150% FPG (75% Disc)
S0020	Marcaine .25% / Bupivacaine Hydro – Injection	6.50	5.00	3.75	2.50	1.25
S0030	Metronidazole - #14 – 500 mg	28.60	22.00	16.50	11.00	5.50
S4993	Contraceptive Pills for BC (30 days)	21.82	21.75	16.50	11.00	5.50
BC Devices						
J7296	Kyleena/ 52mg /IUD	1,986.25	1986.25	1489.75	993.25	496.75
J7297	Liletta / 52 mg /IUD	1,683.61	1683.50	1262.75	842.00	421.00
J7298	Mirena / 52 mg /IUD	1,961.75	1961.75	1,471.50	981.00	490.50
J7300	Paragard / Intrauterine Copper Contraceptive	1,849.75	1849.75	1387.50	925.00	462.50
J7301	Skyla/ 52 mg /IUD	1,655.50	1655.50	1241.75	827.75	414.00
J7295	Nuva Ring 3 units	60.00	48.00	36.00	24.00	12.00
J7307	Nexplanon / Etonogestrel Implant System	1,968.75	1968.75	1,476.75	984.50	492.25
Immunizations- Admin Fees						
90471	Imms Administration	38.77	38.75	29.25	19.50	9.75
90472	Imms Administration – additional vaccine	28.20	28.00	21.25	14.25	7.25
90473	Imms Administration – oral/nasal	30.55	30.50	23.00	15.50	7.75
90474	Imms Administration – oral/nasal - additional vac	21.73	21.50	16.50	11.00	5.50
90460	Imms Administration 1st/only component w/ provider	41.12	41.00	31.00	20.75	10.50
90461	Imms Administration each addl component w/provider	15.27	15.25	11.50	7.75	4.00
96372	RSV Antibody Administration	27.02	27.00	20.50	13.75	7.00
G0009	Medicare Administration for Pneumococcal	29.17	29.00	22.00	14.75	7.50
Immunizations						
90632	Hep A - Havrix	108.27	108.25	81.25	54.25	27.25
90619	Meningococcal conjugate vaccine,	192.73	192.50	144.75	96.5	48.25
90620	Men B – Bexero - 4c - 2 dose (19+)	250.43	250.25	188.00	125.25	62.75
90621	Men B – Trumemba Meningococcal (19+)	202.44	202.25	152.00	101.25	50.75

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Family & Clinic Services FY27 Proposed Fee Schedule

CPT	Description	SWDH Fee	>250% FPG (0% Disc)	200-250% FPG (25% Disc)	150-200% FPG (50% Disc)	0-150% FPG (75% Disc)
90623	Meningococcal Groups A, B, C, W, and Y	389.53	389.50	292.25	195.00	97.50
90633	Hep A Pediatric 18 <	42.25	42.00	31.75	21.25	10.75
90636	Hep A / Hep B TwinRix	142.80	142.75	107.25	71.50	35.75
90647	HIB – 5 < years	39.22	39.00	29.50	19.75	10.00
90649	HPV (18 years & under)	221.31	221.25	166.00	110.75	55.50
90651	HPV9 2/3 dose - Adult,	364.25	364.00	273.25	182.25	91.25
90670	Pneumococcal 13	390.08	390.00	292.75	195.25	97.75
90677	Pneumococcal 20	450.63	450.50	338.00	225.50	112.75
90675	Rabies	495.60	495.50	371.75	248.00	124.00
90680	Rotavirus (ROT 3 doses by 32 weeks of age)	115.50	115.50	86.75	57.75	29.00
90680	Rotavirus (ROTX 2 doses by 24 weeks of age)	115.50	115.50	86.75	57.75	29.00
90672	Influenza - Mist – Intranasal 2+	42.02	42.00	31.75	21.25	10.75
90674	Influenza – Flucelvax 6 months+	51.66	51.50	38.75	26.00	13.00
90686	Influenza – Fluzone or Flulaval or Fluarix	33.81	33.75	25.50	17.00	8.50
90696	Kinrix - Dtap & IPV	144.57	144.50	108.50	72.50	36.25
90698	Pentacel – Dtap, IPV, Hib HDI	95.15	95.00	71.50	47.75	24.00
90700	Dtap – Pediatric 6 < years	29.54	29.50	22.25	15.00	7.50
90702	DT Pediatric (6 years & under)	41.93	41.75	31.50	21.00	10.50
90707	MMR – Measles, Mumps, Rubella	117.92	117.75	88.50	59.00	29.50
90710	MMRV - Proquad	167.37	167.25	125.75	83.75	42.00
90713	Polio / IPV	44.56	44.50	33.50	22.50	11.25
90714	Td no presv – (7+)	50.61	50.50	38.00	25.50	12.75
90715	Tdap (19 - 64)	58.42	58.25	44.00	29.25	14.75
90716	Varicella (19 +) live subq	129.92	129.75	97.50	65.00	32.50
90723	Pediarix - Dtap, Hep B, IPV DIHB	126.89	126.75	95.25	63.50	31.75
90732	Pneumo/Poly 23	201.81	201.75	151.50	101.00	50.50
90734	MCVF4 - Menactra	151.53	151.50	113.75	76.00	38.00
90739	Hep B – Adult Imm	254.47	254.25	191.00	127.25	63.75
90744	Hep B – Pediatric 18 <	46.52	46.50	35.00	23.50	11.75

SOUTHWEST DISTRICT HEALTH

Family & Clinic Services FY27 Proposed Fee Schedule

CPT	Description	SWDH Fee	>250% FPG (0% Disc)	200-250% FPG (25% Disc)	150-200% FPG (50% Disc)	0-150% FPG (75% Disc)
90750	Shingles - RZV	322.23	322.00	241.75	161.25	80.75
90380	RSV monoclonal antibody 0.5 ML dose	814.98	814.75	611.25	407.50	203.75
90381	RSV monoclonal antibody 1 ML dose	814.98	814.75	611.25	407.50	203.75
Dental						
D0191	Dental Assessment by Hygienist	28.00	28.00	21.00	14.00	7.00
D1110	Prophylaxis Pediatric (adult 12 + years)	50.00	50.00	37.50	25.00	12.50
D1120	Prophylaxis Pediatric (under 12 years)	39.00	39.00	29.25	19.50	9.75
D1206	Topical Fluoride	21.00	21.00	15.75	10.50	5.25
D1351	Sealant	32.00	32.00	24.00	16.00	8.00
D1351	Sealant Repair / Touch-up	32.00	32.00	24.00	16.00	8.00
Behavioral Health						
90791	Diagnostic Evaluation	195.99	195.75	147.00	98.00	49.00
90832	Individual Psychotherapy 30 minutes	97.05	97.00	73.00	48.75	24.50
90834	Individual Psychotherapy 45 minutes	128.77	128.75	96.75	64.50	32.25
90837	Individual Psychotherapy 60 minutes	188.82	188.75	141.75	94.50	47.25
90846	Family Psychotherapy Without Client Present	119.71	119.5	90.00	60.00	30.00
90847	Family Psychotherapy With Client Present	123.86	123.75	93.00	62.00	31.00
H0031	CANS Assessment 15-Minute Increments	30.84	30.75	23.25	15.50	7.75

PROPOSED EH FEES				
Food Protection Program				
Service Description	Cost to Provide Service	Current Fee	Date Fee was implemented	Proposed New Fee
Temporary 1 day event	These fees are set in statute. In FY25 the cost to the run the program was approx. \$557,531 and the fees limited revenue to approx. \$285,906	\$ 35.00	2018	
Temporary 2-3 day event		\$ 45.00	2018	
Temporary 4 or more days/Multiple		\$ 80.00	2018	
Food License - Intermittent		\$ 80.00	2018	
Food License - Mobile without Commissary		\$ 80.00	2018	
Food License - Mobile with Commissary		\$ 100.00	2018	
Food Establishments		\$ 200.00	2018	
Food Establishments With More Than Two Licenses		\$ 250.00	2018	
Plan Review and Pre-Opening Inspection		\$ 100.00	2018	
Late Fee, from January 1st through January 15th		\$ 35.00	2018	
Late Fee, after January 16th		\$ 70.00	2018	
Request for Variance		\$50/hr	2018	
Compliance Conference		\$100/hr	2018	
License Re-Instatement		\$ 18.00	2018	
Enforcement and Legal Fees		\$150/hr	2018	
Food Class Fee		\$ 35.00	2018	
Food Plan Review		\$ 100.00	2018	
Federal USDA School Inspection		\$ 267.00	2018	
Food Safety Manager Training		\$ 125.00	2018	
Food Safety Manager Proctor Test		\$ 50.00	2018	
Child Care Inspections				
Service Description	Cost to Provide Service	Current Fee	Date Fee was implemented	Proposed New Fee
Licensing Fee - Center (more than 25 children)	Fees are set in contract with Dept. of Health and Welfare	\$ 325.00	2022	
Licensing Fee - Center (13-25 children)		\$ 250.00	2022	
Licensing Fee - Group (7-12 children)		\$ 100.00	2022	
Licensing Fee - Family (Voluntary)		\$ 100.00	2022	
Swimming Pools				
Service Description	Cost to Provide Service	Current Fee	Date Fee was implemented	Proposed New Fee
Inspection		\$ 491.00	2025	
Plan Review		\$ 747.00	2025	

Drinking Water Sample Collection				
Service Description	Cost to Provide Service	Current Fee	Date Fee was implemented	Proposed New Fee
Courier Service	\$ 22.19	\$10 per water sample drop off	2023	
Drinking Water Sample Collection	\$ 241.14	\$ 100.00	pre-2020	
Subsurface Sewage Disposal Program				
Service Description	Cost to Provide Service	Current Fee	Date Fee was implemented	Proposed New Fee
Installer License - Basic	\$ 166.57	\$ 130.00	pre-2020	\$ 165.00
Installer License - Complex	\$ 219.28	\$ 195.00	pre-2020	\$ 219.00
Installer Late Fee - After December 31 (Per Month)	\$ 21.37	\$25 per month; maximum of \$100	pre-2020	\$ -
Accessory Use - Office Review	\$ 159.10	\$ 75.00	pre-2020	\$ 125.00
Accessory Use - Field Review	\$ 281.85	\$ 150.00	pre-2020	\$ 200.00
Individual System Permit - New	\$ 1,125.02	\$ 950.00	pre-2020	\$ -
Individual System Permit - Replacement/Repair	\$ 1,125.02	\$ 950.00	pre-2020	\$ -
Central/LSAS - New		\$1,000 + \$100 per 250 gpd	pre-2020	\$ -
EH Consulting Fee - Per hour	\$ 83.74	\$ 72.00	2022	\$ -
EH Consulting Fee - Onsite (Travel)	\$ 122.75	\$ -	2024	\$ -
Re-Engineering Fee		\$ -	New	\$ -
Site Evaluation Charge (Single Family Dwelling - Fee to apply toward an individual system permit if application is made within two years)	\$ 766.78	\$ 550.00	pre-2020	\$ -
Tank Only & Vault Privy	\$ 545.07	\$ 450.00	pre-2020	\$ -
Permit Renewal Charge		\$ 100.00	pre-2020	\$ -
Technical Guidance Manual	\$ 55.00	\$ 25.00	pre-2020	\$ -
Installer - Basic & Complex, Video Review		\$ 30.00	pre-2020	\$ -
Pumper License Permit Fee (Includes 1 truck or tank)	\$ 162.35	\$ 150.00	pre-2020	\$ -
Pumper License Fee for each additional truck or tank		\$ 30.00	pre-2020	\$ -
Convenience fee of \$75 for on-site pumper truck inspection	\$ 107.75	\$ 100.00	pre-2020	\$ -
Administration Fee per Policy 3-003	\$ 66.23	\$ 50.00	pre-2020	\$ -
Land Development				

Service Description	Cost to Provide Service	Current Fee	Date Fee was implemented	Proposed New Fee
Pre Development Meeting (Fee to apply toward SER application if within 12-months of pre-development meeting)	\$ 166.73	\$ 150.00	pre-2020	\$ 160.00
Pre-development site evaluation for commercial or engineered lots (includes multiple test holes and evaluation results)				
This is to review or assess multiple lots or parcels that will be split or developed into a subdivision. This will include up to eight test holes on one application and will allow for on-site review of the land and development proposal before the applicant actually purchases the property.	\$ 826.80	\$ 800.00	2021	\$ -
Subdivision Application - Served by Septic and/or Individual Wells	\$ 333.72	\$ 300.00	pre-2020	\$ 330.00
Each Lot - Served by Septic and/or Individual Wells	\$ 333.72	\$ 350.00	pre-2020	\$ 330.00
Re-Engineering Fee	\$ 333.72	\$ -	2027	\$ 330.00
Plat Resign w/o review	\$ 111.53	\$ 50.00	pre-2020	\$ -
Plat Resign with site review	\$ 111.53	\$ 100.00	pre-2020	\$ -
Subdivision Application - City Services (Requires DEQ Approval)	\$ 165.36	\$ 150.00	pre-2020	\$ -
Subdivision Application - Served by LSAS	\$ 299.71	\$150 per lot	pre-2020	\$ 200.00
Subdivision Application - Cemetery	\$ 203.85	\$ 100.00	pre-2020	\$ 200.00
Solid Waste Services				
Service Description	Cost to Provide Service	Current Fee	Date Fee was implemented	Proposed New Fee
Adams County	\$ 2,246.95	\$ 1,692.00	2023	\$ -
Canyon County	\$ 1,731.78	\$ 1,295.00	2023	\$ -
Gem County	\$ 1,380.68	\$ 1,036.00	2023	\$ -
Payette County	\$ 1,639.23	\$ 1,234.00	2023	\$ -
Washington County	\$ 1,444.70	\$ 1,103.00	2023	\$ -
Timber Creek (Nampa)	\$ 725.63	\$ 580.00	2025	\$ -
City of Nampa	\$ 449.77	\$ 580.00	2023	\$ -
Republic Service (Homedale)	\$ 754.50	\$ 384.00	2023	\$ -
Vision Recycling (Nampa)	\$ 725.28	\$ 580.00	2023	\$ -
Owyhee County	\$ 1,501.38	\$ 1,146.00	2023	\$ -



Communications Year in Review 2025

Monique Evancic
Communications Manager & Public Information Officer

Media Mentions

- 50+ media mentions
- Combination of local, regional, and national news outlets
- Compared to 90 mentions in 2024
 - Spike likely due to national and even international news coverage covering SWDH no longer offering the Covid vaccine

Local Media Outlets



Idaho
Statesman

Idaho Capital Sun



Emmett
Messenger
Index



LIVING IN
THE NEWS
.COM



ARGUS
OBSERVER



Regional & National Media Outlets

The Washington Post

LEWISTON  **TRIBUNE**

News From The States

Part of States Newsroom

 **CITIZEN
PORTAL**

EMS1 

MOSCOW-
PULLMAN
DAILY NEWS

KPVI


**BIG COUNTRY
NEWS** 

Top Headlines

- Southwest District Health reports first flu-related death in 2024 flu season
- ACHAT Brings Awareness to Local Mental Health Resources
- A school district near Boise closed this week as illnesses surged
- Western Idaho Youth Support Center expands in Nampa
- In Idaho, a preview of RFK Jr.'s vaccine-skeptical America
- Free program helps to support first-time parents
- Payette County moves to start up a pre-prosecution diversion program
- WA, Idaho rank high in health responses, but Idaho still comes in low in flu vaccinations
- Treasure Valley health care providers seek resident feedback on local needs

Top Headlines

- New Community Paramedic Program Will Support Behavioral Health throughout Washington County
- Idaho on Alert as Highly Contagious, Deadly Disease Spreads to 31 States
- It's Tick Season in Idaho
- Mercury Spill in Gem County Home
- Nampa City Council considers swimming facility ordinance in partnership with Southwest District Health
- Health advisory issued for Brownlee and Hells Canyon reservoirs
- Public survey focuses on gun and medication storage to prevent suicide
- OPINION: Idaho's shrinking number of doctors is only going to get worse
- Idaho's WIC funding future unclear amid federal government shutdown

Social Media

- Strategic plan – Building the public's trust and confidence in SWDH
- Opportunity to demonstrate our value to the community
- Increase awareness of SWDH programs to the people we serve
- Educate the public so they can make informed healthcare decisions for themselves and their family
- Emergency communications
- Transparency and relationship-building

Current platforms

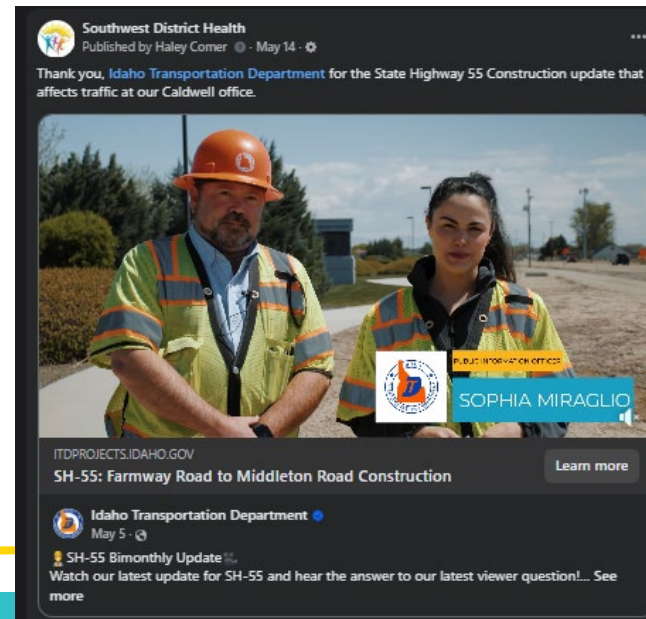
- Facebook: 2,000+ followers
- Instagram: 400+ followers
- NextDoor: 96,000+ members
 - 61,000 households



Nextdoor

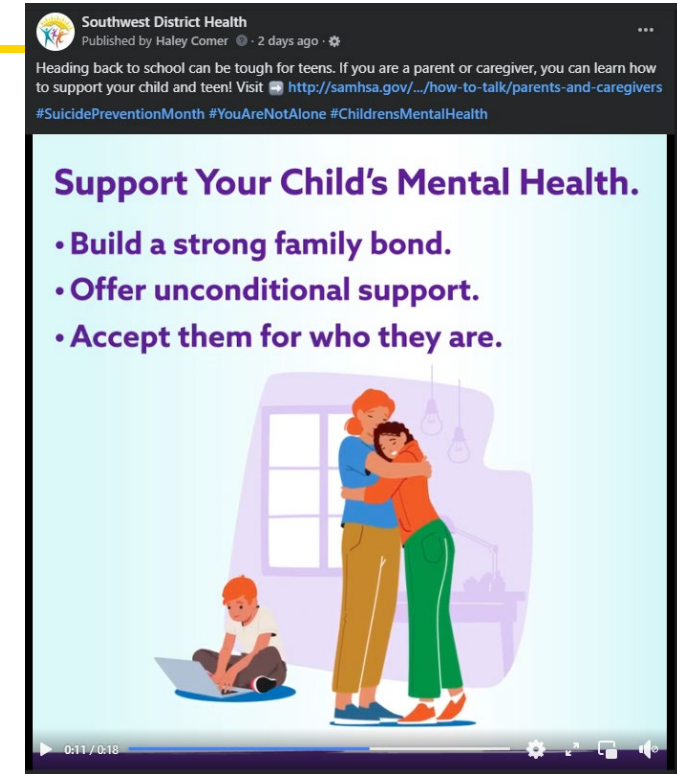
Our content strat

1. Staff create local program content
2. Share relevant content from other local organizations
3. Leverage social media toolkits from other reputable organizations, usually national



1

3



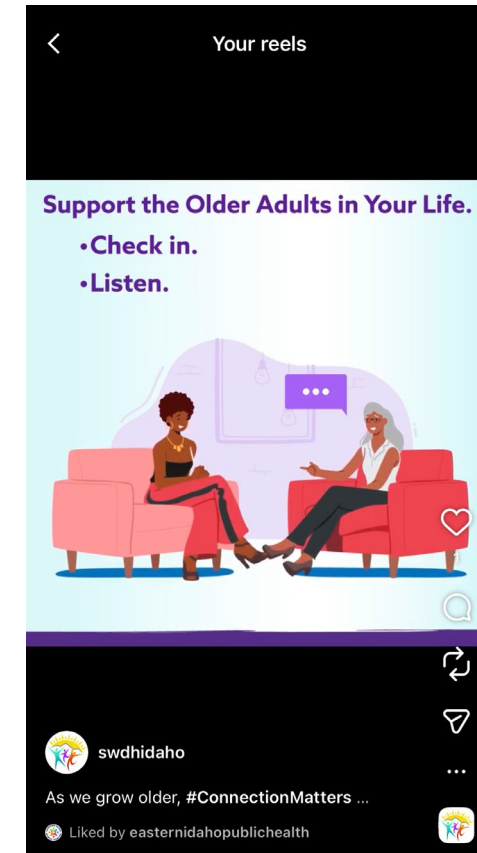
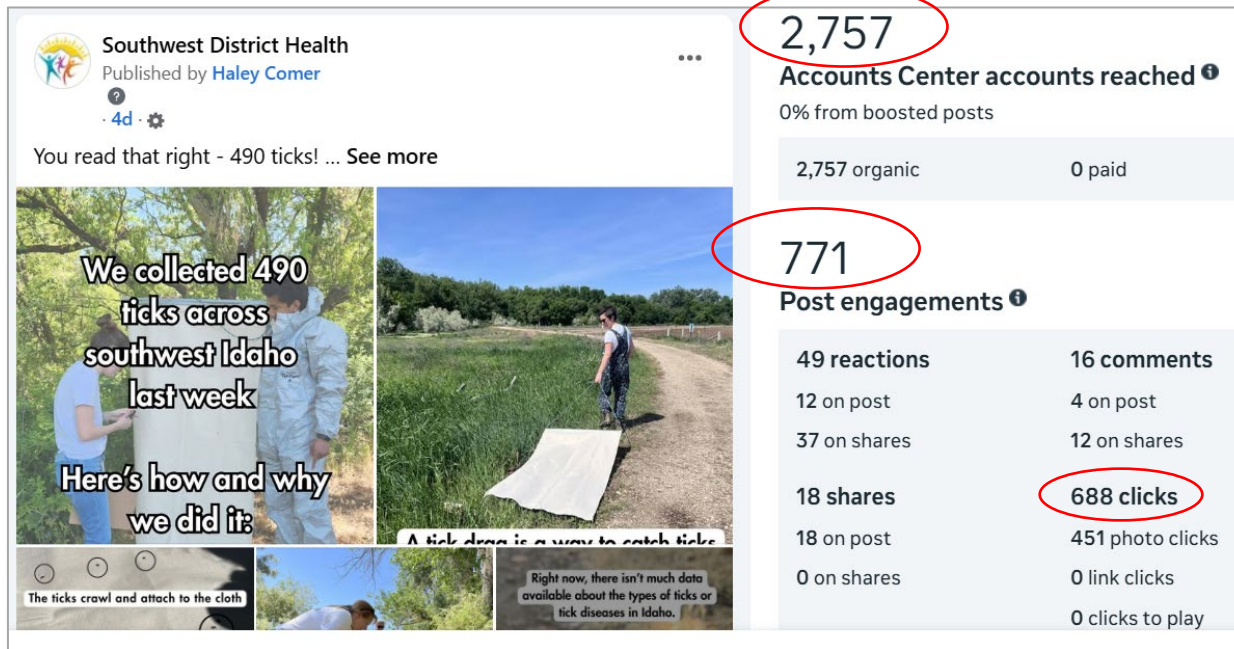
2

Local content gets the most engagement

- Community Health team videos:

- Over 2,000 views!

Vs. SAMHSA video: less than 50 views



eNewsletter

- 12,000+ SWDH subscribers
- 38% average open rate
- Some topic examples:
 - Youth Crisis Center
 - Owyhee Fitness Court
 - Counseling Now Available
 - Tick Drag
 - Community Paramedic
 - Respiratory Illness Levels Map
 - Food Pantries

Now Accepting New Patients For Counseling



Our Licensed Clinical Social Worker, Ashley, serves adults and youth ages 12+ (with parent permission) living within the six counties we serve. She specializes in behavioral and mental health issues including, but not limited to, anxiety, depression, adjusting to life transitions, women's issues, self-harm, bipolar disorder, etc. Ashley can conduct mental health assessments, offer counseling, and provide consultation and education related to mental health via telehealth or in-person at our Caldwell office. Call SWDH at 208-455-5300 to schedule an appointment with Ashley.

[Learn More](#)

YOU'RE INVITED!



OWYHEE COUNTY FITNESS COURT RIBBON CUTTING CEREMONY

Wednesday, April 9th from 4:30 - 5:30pm

Marsing School District
205 8th Ave W., Marsing 83639

The Owyhee County Fitness Court is now ready to use and FREE to the public! Join us for a celebration of this exciting addition to the Owyhee County community.

The 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 Fitness Court® makes world-class fitness FREE and accessible to the community.



PIO

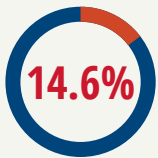
- I also serve on:
 - The SWDH Public Health Emergency Preparedness team (PHEP)
 - Treasure Valley Communicators workgroup
 - Statewide public health districts & Idaho Dept of Health & Welfare PIO group
 - Idaho Office of Emergency Management's Public Information & Emergency Response (PIER) team



SOUTHWEST DISTRICT HEALTH EMPLOYEE STATISTICS FY26

TREND ALERT

Employee Turnover Rate



State of Idaho FY2025
6/30/2024 - 7/1/2025



SWDH Calendar Year 2025
January 1, 2025 - December 31, 2025

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

RECRUITING MARKET

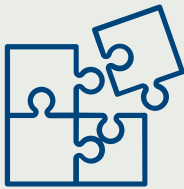
2023
24 Vacancies Filled
2024
25 Vacancies Filled
2025
33 Vacancies Filled



2023
26 Separations Processed
2024
26 Separations Processed
2025
32 Separations Processed

6 CURRENT VACANCIES

As of: February 2026



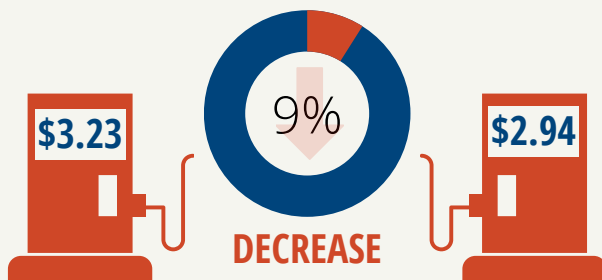
SWDH EMPLOYEE AVERAGE TENURE



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

GAS PRICE IN TREASURE VALLEY

January 2025-January 2026



HOME PRICE IN CANYON COUNTY

(Intermountain Multiple Listing Service)



JAN. 2024
\$383,000

JAN. 2025
\$425,000

JAN. 2026
\$435,000

6.5% INCREASE YTD

MORTGAGE INTEREST RATE

JAN 2025 - JAN 2026





Employee Retention and Compensation Assessment
Key Takeaways
FY2026

1. Retention and Recruitment Efforts:

Retaining skilled and dedicated personnel is crucial for our mission of safeguarding public health.

- SWDH turnover increased from 21.2% to 30% in CY25, showing growing pressure on retention.
- State of Idaho turnover for FY25 is 14.6%, meaning SWDH is trending significantly higher than the statewide benchmark.
- 33 vacancies were filled and 32 separations were processed, reflecting steady recruitment activity alongside ongoing turnover across the district.
- Cost-of-living pressures continue:
 1. Canyon County home prices rose 6.5% from Jan 2025 to Jan 2026.
 2. Mortgage rates eased to 6.1%, but still remain relatively high.

2. Retention Strategies Implemented:

- Continued emphasis on benefits, recognition, and employee support to strengthen engagement and belonging.
- Recognition programs such as Bravo! and longevity awards continue reinforcing a culture of appreciation.
- Completed a market salary analysis and adopted the State's FY26 compensation schedule (implemented Feb 2, 2026). Measurable impact is expected next fiscal year.

3. Compensation Landscape:

- Over the past year, total compensation increased 3.4% nationally, with similar increases in wages and benefits.
- The Office of Group Insurance is projecting a 14% employer and 9% employee increase in health insurance premiums for FY27.
- Average employee tenure at SWDH is 4.5 years, meaning many employees leave before reaching long-term benefits such as PERSI vesting. Early-career retention remains a key focus area.

Overall, recruitment remains strong, but retention challenges are growing as housing costs, benefits increases, and regional wage competition continue to influence employees' decisions. While our recent investments in compensation, recognition, and leadership support are important steps forward, sustained focus is needed to stabilize our workforce. Maintaining a committed, engaged team is essential to delivering consistent, high-quality public health services—because investing in our people is ultimately investing in the health of our communities.

CONTRACT SERVICES AND GRANT APPLICATIONS

Date	Program Applying	Grant	Funder	AMT REQUEST	Duration	Purpose	Status
12/9/2025	ECH	NACCHO Rhapsodi Program	NACCHO	\$50,000	6 months	Strengthen overdose prevention at the intersection of public health and public safety.	Submitted
11/25/2025	BH, PAT, NFP	Pacific Source	Pacific Source	\$50,000	1 year	Focus on maternal/child health and access to care for home visiting programs	Submit this week
1/13/2026	WICH	2026 Common Health Coalition Challenge	The Institute for Public Health Innovation in partnership with the Common Health Coalition	\$150,000	1 year	Building coalitions and moving them forward to address health among many stakeholders.	Submitted
12/9/2025	ECH	RFFM Grant Program	NEHA-FDA		3 year	Retail flexible Funding Model; food safety programs	Submitted
8/26/2025	WICH	Murdock Trust LOI	Murdock Trust	YR1-\$300K, YR2-\$200K, YR3 \$100K	Over 3 years	Capacity building; decreases by 33% each year.	In-Process
12/16/2025	FCS	Rural Health care Services Outreach, Rural Health Network Development and Small Health Care provider quality improvement- PLANNING GRANT	HHS	\$100,000	1 year	Planning grant probably 1 year. Communities under 50,000 pop.	Interested in Applying
12/16/2025	FCS	Rural Health care Services Outreach, Rural Health Network Development and Small Health Care provider quality improvement- IMPACT GRANT	HHS	\$750,000	3 years	Larger rural grant with need for measured outcomes.	Interested in Applying
1/6/2026	ECH	Community Care Corps	CCC	\$200,000	18 months	Improving conditions for aging adults. Not certain if Fit and Fall will apply.	Considering



Summary of Legislative Activities

The legislation below is listed by priority with the most important and time sensitive on the first page.

COTTAGE FOOD OPERATIONS, TCS FOODS

H526, this bill amends existing law to allow a food business to operate without a license as long as their sales do not exceed \$5,000 in cumulative gross receipts in the current or previous calendar year. In addition, they may sell time and temperature-controlled food directly to a consumer. Currently, law prohibits the sale of time and temperature-controlled foods from unlicensed food businesses. **The bill passed out of Senate Health & Welfare on February 18.**

DIRECT-TO-CONSUMER FOODS

S1283, this bill amends and adds existing law to facilitate the production and direct sale of homemade food and nonalcoholic drink products from producers to consumers with less regulatory burden, this includes perishable foods. The Department and districts would be required to provide educational information. Records are required to be maintained by the producer and available for inspection for confirmed foodborne illness investigations. Producers will not be held civilly liable for the use, resale, or misuse of the product. **The bill was printed on February 13.**

ACCESSORY DWELLING UNITS

S1277, this bill amends and adds to existing law to prevent local government entities and private covenants from banning or unreasonably restricting ADUs. **S1277 was held in committee.**

H705, Multifamily Dwellings; **H707**, Land Divisions, Process; **S1263**, Short-term Rental, Regulations; **S1278**, Local Land Use, Religious Land; **S1279**, Starter Home Subdivisions; **S1280**, Duplexes, twin homes, land use – **all have been held in committee except S1278, which has not been heard yet.**

RATS

H536 & S1271, these bills add to existing law and aim to abate the infestation of rats that is occurring in the Treasure Valley by giving local authority to county commissioners and directing ISDA to coordinate with BOCCs, control districts, abatement districts, public health districts, and other agencies to develop and implement a coordination plan by November 1, 2026. **H536 was printed on January 28 & S1271 was sent for amendments on February 17.**

Other Bill Updates

PROPERTY RIGHTS PROTECTION

S1326, adds to existing law to establish provisions regarding property rights protection. The legislation may impact how SWDH responds to nuisance complaints (e.g., open sewage, open dumping, imminent health hazards, etc.) and may require more support from code enforcement and law enforcement. Our legal counsel is reviewing this bill. **The bill was printed in State Affairs on February 18.**

KRATOM CONSUMER PROTECTION & SAFETY

S1282, this bill adds to existing law to establish the Idaho Kratom Consumer Protection and Safety Act. This legislation establishes limited, Idaho-specific standards focused on product integrity, protecting the public from unsafe and adulterated products, and preserving lawful adult access. It increases the age to purchase kratom to 18 years. **The bill was printed on February 13.**

DETENTION, INVOLUNTARY ADMISSION

H614, this bill amends existing law related to revise provisions regarding the detention or involuntary admission of developmentally disabled or mentally ill persons. This change will allow county prosecutors to pursue civil commitment of defendants. Additionally, it will change the definition of mental illness to include neurocognitive disorders, allowing for involuntary commitments of those suffering from neurocognitive disorders, when they meet the other requirements under the statute. **The bill was printed on February 11.**

DEPARTMENT OF HEALTH & WELFARE

S1314, this bill amends and repeals existing law to eliminate the State Board of Health and Welfare, substate administrative regions, and regional behavioral health boards. Statement of purpose places powers and duties of the regional behavioral health boards on the regional health boards; however, the bill does not state that. **The bill was printed on February 17.**

SOLID WASTE FACILITIES

H555, this bill amends, repeals, and adds to existing law to revise provisions regarding the Idaho Solid Waste Facilities Act, moving inspection and enforcement responsibility from public health districts back to DEQ. **This bill is at the Senate and was filed for a Third Reading on February 18.**

HARMS FROM ADDICTIVE SOCIAL MEDIA

H542, this bill adds to existing law to establish the Stop Harms from Addictive Social Media Act to require social media platforms to implement, monitor, and enforce the Act. The goal is to protect minors from addictive design features and exploitative data practices. **The bill passed the House and was introduced in Senate Affairs on February 11.**

S1297, *Conversational AI Safety Act*; **Bill introduced in State Affairs on February 16.**

RURAL HEALTH TRANSFORMATION GRANTS

S1264, this bill adds to existing law to establish the Idaho Rural Health Transformation Fund and Rural Health Transformation Committee. The committee, a legislative oversight body, will provide governance, review, and recommendations related to the use of rural health transformation funds. **This bill passed out of committee and was filed for a Third Reading on February 13.** In addition, a new Office is being established at the Department of Health and Welfare, and a taskforce is being stood up. The new office will be providing data and information to legislative committee and taskforce. IAC also intends to establish a small workgroup of county commissioners and public health directors to inform the taskforce and oversight committee of county needs and priorities.

BILLS SIGNED BY THE GOVERNOR			
BILL NO	DESCRIPTION	DATE SIGNED	DATE EFFECTIVE



Southwest District Health

Originator

Parties

Southwest District Health	Adams County Health Center, Inc.
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Document Type

Agreement	☐ Amendment
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Summary

Name/Title:	Council WIC Access Point
Description (long title):	Location for providing WIC services to clients of Adams county
FAIN#:	NA
Funding Source:	Other
SWDH Project Code:	95333010
Original Effective Date:	01/23/2026
Current Expiration Date:	12/31/2026
Total [Funding Amount or Cost of Service]:	0
Allowable Indirect Rate:	0
Match Required:	NO
Match Amount:	0
FTE Supported:	NA
District Funds Budgeted in Current FY:	0
Restrictions:	NA
Target Population:	Current WIC participants and potential new WIC clients
If this is an amendment, briefly describe the change. NA	

Contacts

Contact Name (Internal & External)	Contact [Agency, Organization, Contractor, Vendor, Partner]	Contact Email or Phone Number
Alyson Nielsen	Southwest District Health	alyson.nielsen@swdh.id.gov
Mendy Stanford	Adams County Health Center	mstanford@achcid.org

Applicable Law and/or Agreement

Idaho Statutes or Rules (select up to 3)	74-106, IC	Choose an Item	Choose an Item
Agreement	N/A		

Public Impact

Scope of Work Summary (3-5 bullets)	1. Expand access to WIC services, including nutrition education, breastfeeding support, and supplemental food services. 2. Increase participation of WIC and referrals to additional community resources 3. Address social determinants of health while providing high quality client services consistent iwth state WIC policies and USDA regulations.
Summary Public Impact (3-5 bullets)	1. Reduction of travel barriers to improve access to WIC appointments that include valuable health assessments. 2. Increased nutrition education and knowledge of participants and community members 3. Strengthening of community partnership and trust of constituents
Summary of Evidence-based (3-5 bullets)	1. Reduction of food insecurity and positivity impacts local economy 2. Improved maternal and infant health 3. Provides significant healthcare cost savings 4. Enhanced diet quality and child development 5. Increased breastfeeding success

Reviewer/Approve

	Program Manager	PM2	Division Administrator	Financial Officer	Legal*	Director
Date		01/22/2026	01/23/2026	01/23/2026		01/23/2026
Initials		<u>AN</u> AN	<u>EAK</u> EAK	<u>MA</u>		<u>NZ</u>

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



Southwest District Health

Originator

Parties

Department of Health and Welfare	Southwest District Health
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Document Type

Subgrant	☒ Amendment
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Summary

Name/Title:	Public Health District No 3
Description (long title):	Women Infant & Children (WIC) and Breastfeeding Peer Counseling Services
FAIN#:	257IDID1W5003, 247IDID1W5003, 267IDID7W1003
Funding Source:	State
SWDH Project Code:	33010, 33020, 33030, 33040, 33050
Original Effective Date:	10/01/2024
Current Expiration Date:	09/30/2026
Total [Funding Amount or Cost of Service]:	\$ 2,628,388.00
Allowable Indirect Rate:	33.84%
Match Required:	NO
Match Amount:	\$ 0.00
FTE Supported:	21
District Funds Budgeted in Current FY:	\$627,921.58
Restrictions:	
Target Population:	Current and future WIC and breast feeding clients
If this is an amendment, briefly describe the change. Add funds, revise Terms and Conditions, Scope of Work and Cost/Billing Procedures.	

Contacts

Contact Name (Internal & External)	Contact [Agency, Organization, Contractor, Vendor, Partner]	Contact Email or Phone Number
Kathy Puckett	IDHW	kathy.puckett@dhw.idaho.gov
Alyson Nielsen	SWDH	alyson.nielsen@swdh.id.gov

Applicable Law and/or Agreement

Idaho Statutes or Rules (select up to 3)	74-106, IC	Choose an Item	Choose an Item
Agreement	MOU with IDHW		

Public Impact

Scope of Work Summary (3-5 bullets)	1. Improve maternal, infant, and early childhood nutrition and health outcomes by providing nutrition education, breastfeeding support, supplemental foods, and referrals to health and social services. 2. Ensure compliance with federal and state WIC regulations, program integrity standards, and quality assurance protocols 3. Conduct eligibility assessments, including income screening, nutrition risk assessment, and required anthropometric/biochemical measurements.
Summary Public Impact (3-5 bullets)	1. Generates return on investment through dollars spent at local grocery stores, positively supporting local economies. 2. WIC participation improves birth outcomes, child growth, nutrition, cognitive development, and healthcare access. 3. Produces significant healthcare savings through reduction of low birth-weight and pre-term infants
Summary of Evidence-based (3-5 bullets)	1. Reduction of food insecurity 2. Improved maternal and infant health 3. Provides significant healthcare cost savings 4. Enhanced diet quality and child development 5. Increased breastfeeding success

Reviewer/Approve

	Program Manager	PM2	Division Administrator	Financial Officer	Legal*	Director
Date		02/03/2026	02/04/2026	02/04/2026		02/04/2026
Initials		<u>AN</u> AN	<u>EAK</u> EAK	<u>MH</u>		<u>NZ</u> NZ

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



Southwest District Health

Originator

Parties

Alzheimer's Association	Southwest District Health
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Document Type

Contract	☐ Amendment
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Summary

Name/Title:	National Healthy Brain Initiative
Description (long title):	N/A
FAIN#:	N/A
Funding Source:	Federal
SWDH Project Code:	95341020
Original Effective Date:	01/01/2026
Current Expiration Date:	09/29/2026
Total [Funding Amount or Cost of Service]:	50000
Allowable Indirect Rate:	0
Match Required:	NO
Match Amount:	0
FTE Supported:	.2
District Funds Budgeted in Current FY:	0
Restrictions:	N/A
Target Population:	Older adults
If this is an amendment, briefly describe the change.	

Contacts

Contact Name (Internal & External)	Contact [Agency, Organization, Contractor, Vendor, Partner]	Contact Email or Phone Number
Cat Colcombe	Alzheimer's Association	cwcolcombe@alz.org
Daniel Adams	Southwest District Health	daniel.adams@swdh.id.gov

Applicable Law and/or Agreement

Idaho Statutes or Rules (select up to 3)	39-409, IC	N/A	N/A
Agreement	N/A		

Public Impact

Scope of Work Summary (3-5 bullets)	Maintain a project liaison and communicate regularly with the Alzheimer's Association. Participate in required meetings and evaluation activities. Complete a landscape assessment and submit the summary. Provide dementia/public health training for SWDH employees and community partners. Develop and carry out an HBI Road Map-aligned action plan.
Summary Public Impact (3-5 bullets)	Strengthens community capacity to address dementia. Improves coordination and planning for dementia-focused public health action. Elevates the voices of people affected by dementia in local decision-making. Expands implementation of evidence-based HBI Road Map strategies across the jurisdiction. Enhances overall community readiness to support brain health and healthy aging.
Summary of Evidence-based (3-5 bullets)	Dementia is a growing public health issue, with early intervention and community education shown to improve outcomes. Public health training increases workforce capacity to identify risks and support affected populations. Landscape assessments help tailor strategies to local needs and reduce disparities. Evidence-based HBI Road Map actions guide effective policy, systems, and environmental change.

Reviewer/Approve

	Program Manager	PM2	Division Administrator	Financial Officer	Legal*	Director
Date	01/22/2026		01/23/2026	01/23/2026		01/26/2026
Initials	 Charlene Cariou		BS	MH		NJ

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