



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

Public comments specific to an agenda item for the March 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, March 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	
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	
10:07	I	Introduction of new employees	Division Administrators
10:10		Executive Session pursuant to Idaho Code 74-206(b)	Chairman Kelly Aberasturi
10:25	A	Action taken as a result of Executive Session	Chairman Kelly Aberasturi
10:30	G/A	Fiscal Year 2027 Budget Workshop	SWDH Staff
		<ul style="list-style-type: none"> • Division Presentations • Subgrants and Contracts Forecast • Fiscal Year 2027 Budget Proposal • Employee Compensation Plan – Action Item • Opioid Settlement Fund Spending Plan – Action Item 	
11:30		Break	
11:45	A	Approval of February 24, 2026 meeting minutes	Chairman Kelly Aberasturi
11:50	I	February 2026 Monthly Expenditure and Revenue Report	Michele Hanrahan
12:05	I	Community Paramedics Program Overview	Wendy Young, Ashley Lynn
12:35	I	Executive Council Update	Commissioner Jennifer Riebe, Nikki Zogg
12:45	I	Director’s Report	
		Director approved agreements, contracts, and subgrants	
12:55	I	Future agenda items	
1:00	I	Adjourn	

NEXT MEETING: Tuesday, April 28, 2026 – 9:00 a.m.*

****Note return to 9am meeting start***



Grants and Subgrants Forecast Fiscal Year 2027

Southwest District Health forecasts stable revenue producing grants, subgrants, and contracts from existing funding sources. Page 2 provides a summary of funding sources that were included in our fiscal year 2026 budget and those that we have budgeted for fiscal year 2027.

Last year we anticipated seeing a shift in national health priorities and corresponding changes to funding; however, there has been little change to date.

Southwest District Health continues to seek funding opportunities that build capacity in priority areas that have been identified by board and district leadership. With board awareness, district staff will pursue funding opportunities as they arise throughout 2027 that:

- address specific funding gaps or needs in our current service array,
- better resource SWDH and counties to tackle shared challenges and priorities (e.g., jail recidivism due to untreated mental health conditions or substance use, misuse of EMS, children being separated from their parents due to untreated mental health conditions or substance use, etc.), and
- can reduce the need for increased county funding year-over-year.

Grants and Subgrants	Funding Source	In FY26 Budget	In FY27 Budget
Public Health Infrastructure	Federal	Yes	Yes
Oral Health - Maternal & Child Health	Federal	Yes	Yes
Oral Health - CDC	Federal	No	No
Maternal, Infant, & Early Childhood Home Visiting	Federal	Yes	Yes
Citizen's Review Panel*	State	Yes	?
Crisis Centers (Magellan)	Federal/State	Yes	Yes
Millennium Fund - Youth Assessment Center	State	Yes	No
Millennium Fund - Tobacco/Vape Prevention	State	Yes	Yes
Pre-prosecution Diversion	State/County	Yes	Yes
Behavioral Health Partnership for Early Diversion of Adults & Youth	Federal	Yes	Yes
Diabetes	Federal	Yes	No
Cancer Prevention	Federal	Yes	No
Suicide Prevention	State	Yes	Yes
Partnerships for Success	Federal	Yes	Yes
Epidemiology & Lab Capacity*	Federal	Yes	Yes
Food Safety Protection	Federal	Yes	Yes
Public Water Systems	Federal	Yes	Yes
Disease Reporting	Federal	Yes	Yes
Perinatal Hepatitis B*	Federal/State	Yes	Yes
Viral Hepatitis*	Federal	Yes	Yes
National Electronic Disease Surveillance System	Federal	Yes	Yes
STD/HIV Prevention	Federal	Yes	Yes
Women's Health Check	Federal/State	Yes	Yes
Immunizations Cooperative Agreement	Federal	Yes	Yes
Women, Infants, & Children (WIC)	Federal	Yes	Yes
Fit & Fall Proof	Federal	Yes	Yes
Fit & Fall Proof	State	No	No
Prescription Drug Overdose Prevention, BJA	Federal	Yes	No
Child Care Health/Safety Program	Federal	Yes	Yes
TB Elimination*	Federal/State	Yes	Yes
Public Health Emergency Preparedness & Cities Readiness Initiative	Federal	Yes	Yes
Families Talking Together	Federal	No	Yes
City of Nampa*	City	No	Yes
Western Idaho Community Health Collaborative	District/Private	Yes	Yes
Alzheimer's Association Healthy Brain Initiative (NACo)	Foundation	No	Yes

* Grants and subgrants less than \$50,000



Fiscal Year 2027 Draft Budget Proposal

Presented March 24, 2026

Esteemed Members of the Board and Budget Committee,

The following budget book represents the collective effort of Southwest District Health's (SWDH) board members, leadership team, and program managers who are responsible for the operations of the district's programs and services.

The Fiscal Year 2027 (FY 2027) budget supports the regulatory and public health services SWDH is statutorily obligated to deliver, as well as the infrastructure necessary to sustain daily operations and advance the district's mission in accordance with Idaho Code §39-409. This year's budget includes targeted investments in land development, outreach, and education to address the growing demand for services across the district.

The FY 2027 budget also includes the following **one-time expenditures**:

- Landscape and signage repairs necessitated by the expansion of Highway 55 along the southern border of SWDH's Caldwell facility,
- An additional pay period that occurs once every eleven years,
- Facility improvements that were approved by the board in January 2026, and
- IT upgrades for wireless access point upgrade, network router/firewall, and Hyper-V migration.

In addition, SWDH will incur an **ongoing increase of \$1,400 per employee** in annual healthcare coverage premiums.

The FY 2027 proposed budget totals **\$16,017,931**, representing a **6.34% decrease** from FY 2026. This reduction is primarily attributable to positions that were planned for FY 2026 to support the pre-prosecution diversion program but ultimately were not needed, as well as reductions in federal and state funding.

Accountability is a core value of SWDH. Accordingly, the following guiding principles inform the development and management of our budget:

1. Align strategic priorities with available and sustainable funding.
2. Ensure every position serves an essential and clearly defined role.
3. Reevaluate staffing models as vacancies arise or funding streams change.
4. Strategically utilize county taxpayer funds to meet public needs that cannot be fully supported through fees or other revenue sources.

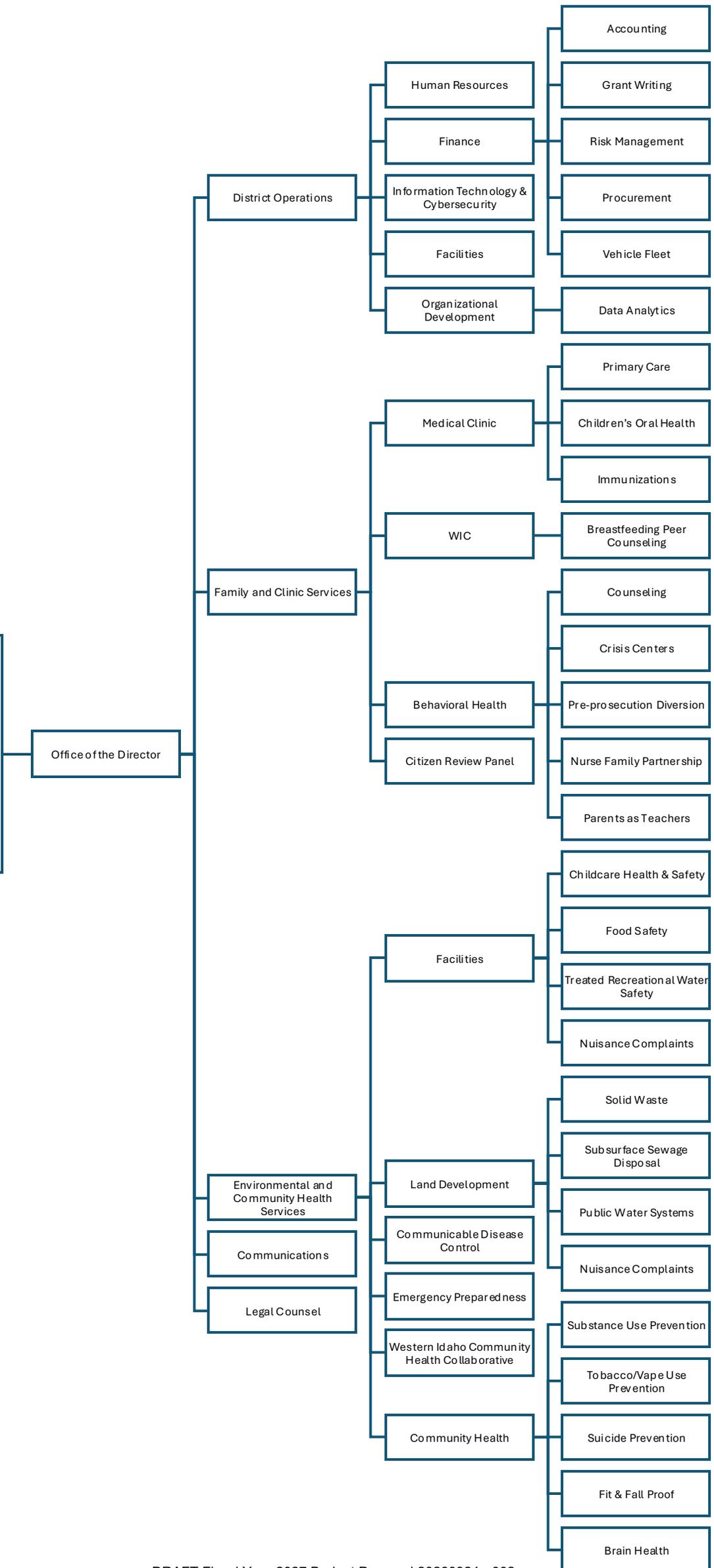
Maintaining a lean, agile, and professional workforce enables SWDH to effectively fulfill its mission and work toward its vision of a healthier southwest Idaho. Looking ahead, our consistently conservative approach to budgeting positions the district on a sound financial trajectory while maintaining service excellence and public trust.

Respectfully submitted,

Nikole Zogg, PhD, MPH
District Director

Michele Hanrahan
Financial Officer

Board of Health

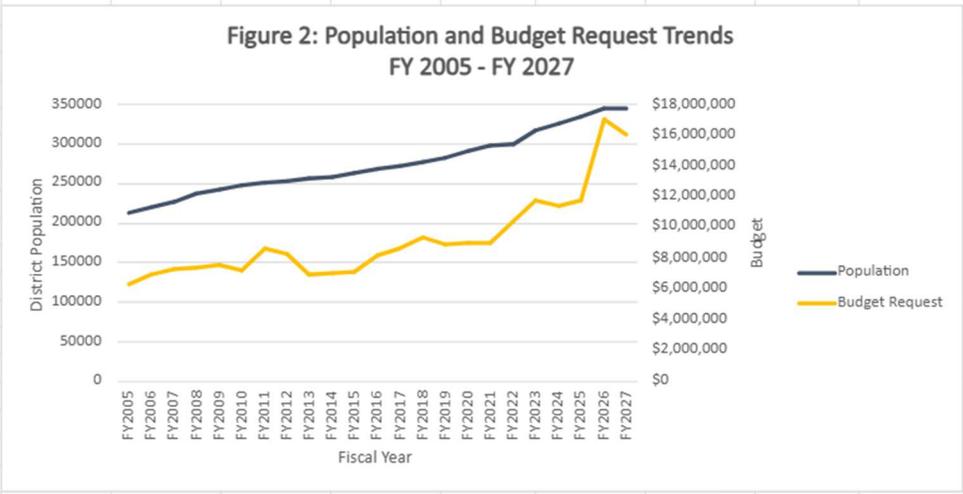
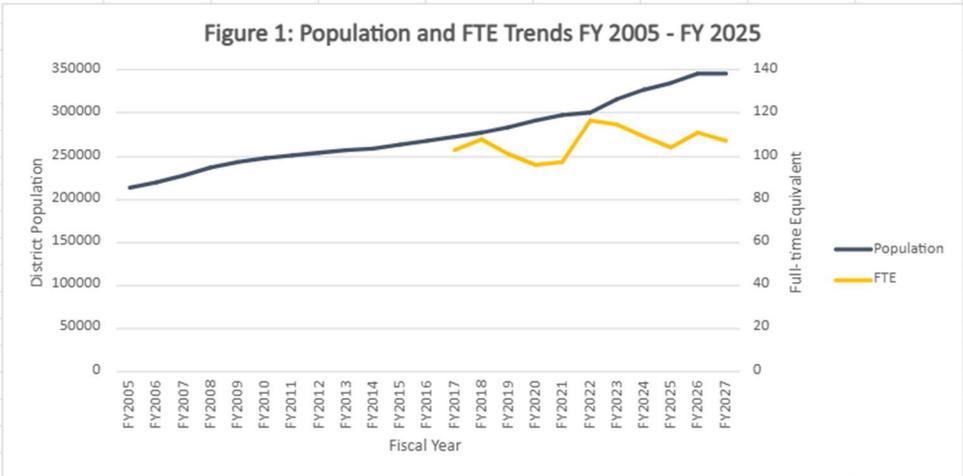


Fiscal Year 2027 Budget Request Summary

We have taken a conservative approach to our staffing model by retaining essential positions and finding ways to offer a competitive compensation package that considers salaries, benefits, and workplace culture. Table 1 captures our budgeted full-time equivalent (FTE) employee data for the past three years and Figure 1 shows SWDH’s FTE compared to district population growth. .50 new positions are proposed for fiscal year 2027. Figure 2 shows the change in fiscal year budget to district population growth.

Table 1: SWDH FTE

Division	FY2024 Adopted Budget	FY2025 Adopted Budget	FY2026 Adopted Budget	FY2027 Proposed Budget
Office of the Director	5	3	3.2	3.88
District Operations	15	26	18.5	18.48
Environmental and Community Health	48	41	36	33.31
Family and Clinic Services	41	34	53	50.62
Total	109	104	110.7	107





Fiscal Year 2027 New Positions

There is a 0.5 new position built into the fiscal year (FY) 2027 budget.

Communications Specialist – 0.5 position (*0.5 funded in FY26, adding 0.5 to make 1.0*)
Public and board input has continued to point out the need to increase knowledge and awareness of what Southwest District Health does, our services and access points. One of the best ways to do that is through in-person engagement with citizens across the six counties we serve. In addition, with the growth of online and social media use there is an evolving need to share important public health messages and education to our community through these avenues.

Additional information:

- SWDH planned to add an additional counselor in FY27. Due to funding constraints, we will reevaluate the feasibility mid-year (around November/December).
- SWDH planned to add an environmental health specialist in FY27. Due to solid waste oversight being moved to DEQ and funding constraints, this need will be reevaluated when planning for FY28.
- If SWDH receives a Rural Health Transformation Grant or other large grant awards, we may add positions. The board will be kept up to date on any large funding awards.

Prepared for the Board of Health, March 24, 2026

Southwest District Health FY2027 Budget

July 1, 2026 through June 30, 2027

	FY2025 Budget	FY2026 Budget	FY2027 Request
REVENUE			
Fees	\$1,704,841	\$1,757,051	\$2,561,243
Federal Grants	\$4,101,722	\$3,966,968	\$4,253,554
State Grants**	\$3,043,715	\$6,329,028	\$4,155,311
County Contributions	\$3,122,831	\$3,193,095	\$3,263,004
Other Fund Statute Transfer	\$132,307	\$0	\$0
Interest	\$337,850	\$410,400	\$276,000
Sale of Land, Buildings & Equip	\$0	\$0	\$0
Other*	\$3,349,107	\$1,376,993	\$1,508,819
Total Revenue	\$15,792,373	\$17,033,535	\$16,017,931
EXPENDITURES			
Salary & Wage	\$6,625,145	\$7,250,473	\$6,649,231
Employee Benefits	\$2,940,379	\$3,154,989	\$3,067,955
Operating Expenses	\$3,198,592	\$3,320,140	\$5,741,656
Capital Outlay	\$80,000	\$0	\$320,520
Trustee Benefits <i>(Pass-thru funds)</i>	\$2,948,257	\$3,307,933	\$238,569
Total Expenditures	\$15,792,373	\$17,033,535	\$16,017,931

* FY27 includes Board Committed Funds of \$645,650, Pre-Prosecution Diversion of \$377,349.25

** FY27 includes Crisis Center Funds of \$3,595,377

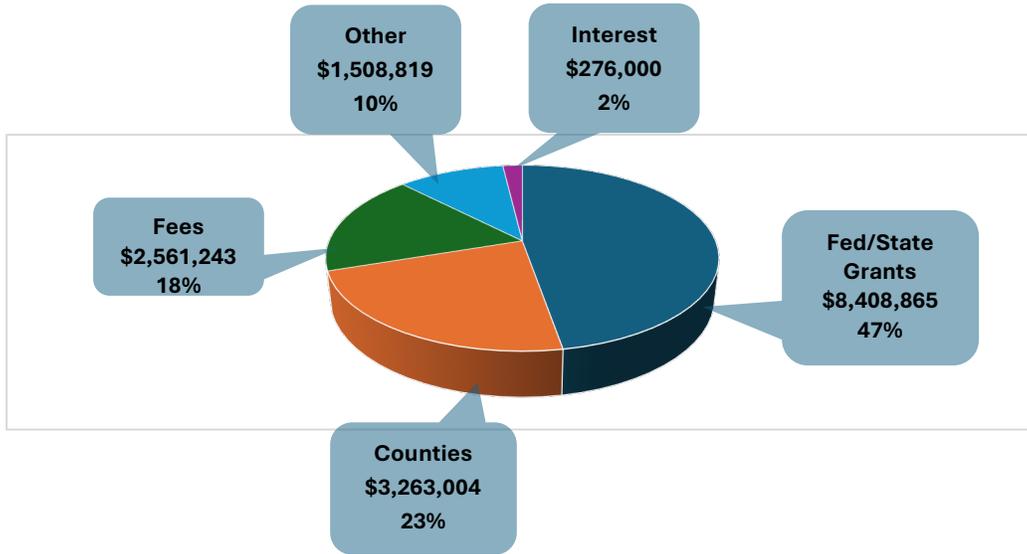
Southwest District Health FY2027 Budget

July 1, 2026 through June 30, 2027

	FY2025 Budget	FY2026 Budget	FY2027 Request
District Summary			
GRAND TOTALS			
Revenues	\$15,792,373	\$17,033,535	\$16,017,931
Expenditures	\$15,792,373	\$17,033,535	\$16,017,931
Employee Counts			
	FY25	FY26	FY27
	104	110.7	107

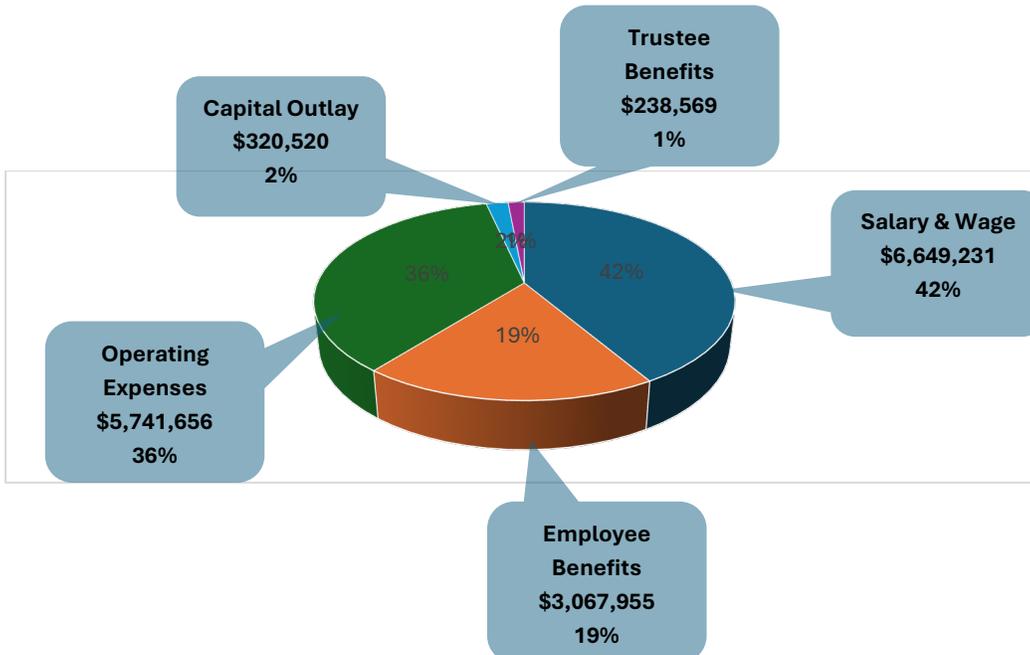
Budget Funding Sources

FY 2027



Expenditures

FY 2027



County Contributions

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

2025 Approved Preventative Health Levy Rates	
County	Levy Rate
Adams	0.000033115
Canyon	0.000059355
Gem	0.000062281
Owyhee	0.000054705
Payette	0.000058877
Washington	0.000061677

Source: Idaho State Tax Commission

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

	FY 2025	FY2026	Population	FY 2025	FY2026	TMV
	2024 Pop	*2025 Pop	Percent	CY 2024	CY2025	Percent
County		Population Est.	Change	Net Taxable Values		Change
Adams	4,998	4,998	0%	\$1,399,467,082	\$1,480,630,574	5.80%
Canyon	266,892	266,892	0%	\$37,883,599,077	\$41,562,381,404	9.71%
Gem	21,857	21,857	0%	\$3,072,576,729	\$3,193,203,314	3.92%
Owyhee	12,748	12,748	0%	\$1,549,383,438	\$1,665,790,611	7.51%
Payette	27,662	27,662	0%	\$3,720,156,753	\$3,742,931,739	0.61%
Washington	11,539	11,539	0%	\$1,393,698,340	\$1,478,904,321	6.11%
Total	345,696	345,696	0%	\$49,018,881,419	\$53,123,841,963	

* The U.S. Census Bureau will not release the 2025 Population Estimates until March 26, 2026. As a result, the 2024 Population Estimates were used for both Fiscal Year 2025 and Fiscal Year 2026.

County Request - 3% Increase

Budget Request for County Fiscal Year 2027
Period Covered: October 2026 - September 2027
 Based Upon Idaho Code 39-424

County Fiscal Year Request

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

County	2025 Population Estimate *	Percent Current Year	Amount	2025 Dollar TMV	Amount	County Total FY27 Contribution	County Total FY26 Contribution
ADAMS	4,998	1.45%	\$33,023	2.79%	\$27,283	\$60,306	\$59,471
CANYON	266,892	77.20%	\$1,763,425	78.24%	\$765,861	\$2,529,286	\$2,452,836
GEM	21,857	6.32%	\$144,415	6.01%	\$58,840	\$203,255	\$199,960
OWYHEE	12,748	3.69%	\$84,229	3.14%	\$30,695	\$114,924	\$109,204
PAYETTE	27,662	8.00%	\$182,770	7.05%	\$68,970	\$251,740	\$247,915
WASHINGTON	11,539	3.34%	\$76,241	2.78%	\$27,251	\$103,493	\$98,580
TOTAL	345,696	100.00%	\$2,284,103	100.00%	\$978,901	\$3,263,004	\$3,167,965

< **3.00%**
increase
over prior

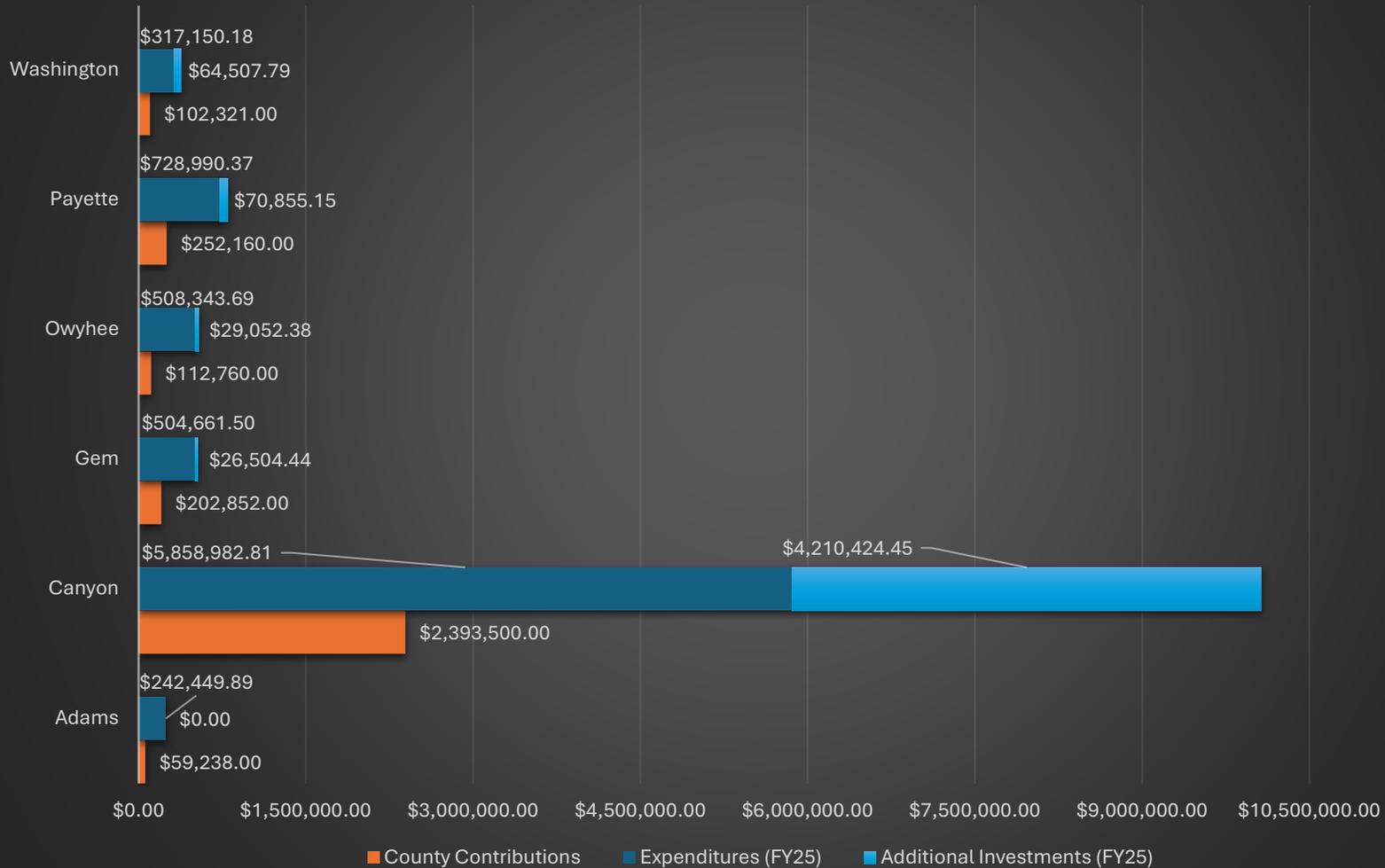
District Fiscal Year Request

CHANGE FY 2026 / FY 2027 Scaled to the State Fiscal Year				
County	Approved FY2026 SWDH Budget	Total Annual FY 2026 County Cost Jul - June	Dollar Change Annual	% Change Annual
ADAMS	\$59,471	\$59,953	\$482	0.81%
CANYON	\$2,452,836	\$2,500,324	\$47,488	1.94%
GEM	\$199,960	\$201,377	\$1,418	0.71%
OWYHEE	\$109,204	\$110,870	\$1,666	1.53%
PAYETTE	\$247,915	\$248,055	\$140	0.06%
WASHINGTON	\$98,580	\$99,816	\$1,237	1.25%
TOTAL	\$3,167,965	\$3,220,395	\$52,430	1.66%

over prior year

*Still waiting on population numbers from Dept of Commerce

D3 FY25 Expenditures by County - Time, Effort, & Investment



?

1. Services that were not easily quantifiable are **not included** (e.g., consultation with our epidemiologists, medical director, and environmental health staff, nuisance complaints specific to open sewage, open dump, and rabies, grant writing support, communication to the public and stakeholders, and writing emergency response plans and training/exercising those plans, etc.).

2. Additional investments include utilization of crisis centers, youth assessment centers, pre-prosecution diversion, and community paramedicine.



FY27 BUDGET REQUEST

Revenue

Expenditures

Description		Income	Personnel	Operating	Capital	T&B
Administration						
11010	Administration	\$ -	\$ 281,756	\$ 13,820	\$ -	\$ -
11020	County, Interest & Other Revenues	\$ 3,443,965	\$ -	\$ -	\$ -	\$ -
11030	Indirect Excluded Costs		\$ -	\$ 6,000	\$ -	\$ -
11110	Board of Health		\$ 7,657	\$ 8,160	\$ -	\$ -
11120	Board of Health Committed	\$ 795,650	\$ 337,600	\$ 160,000	\$ 298,050	\$ -
11210	Public Information		\$ 71,897	\$ 8,966	\$ -	\$ -
11220	Marketing		\$ 100,897	\$ 67,415	\$ -	\$ -
	Subtotal	\$ 4,239,615	\$ 799,808	\$ 264,361	\$ 298,050	\$ -
District Operations						
21010	District Operations Administration	\$ -	\$ 314,286	\$ 13,700	\$ -	\$ -
22010	Finance	\$ -	\$ 448,306	\$ 33,060	\$ -	\$ -
22020	Grants and Procurements	\$ -	\$ 38,668	\$ 2,375	\$ -	\$ -
23010	Human Resources	\$ -	\$ 111,882	\$ 11,765	\$ -	\$ -
24010	Information Technology	\$ -	\$ 346,544	\$ 272,590	\$ -	\$ -
25010	Caldwell	\$ -	\$ 97,200	\$ 300,900	\$ -	\$ -
25015	Emmett	\$ -	\$ 78,779	\$ 32,850	\$ -	\$ -
25020	Payette	\$ -	\$ 66,668	\$ 46,560	\$ -	\$ -
25310	Weiser	\$ -	\$ -	\$ 20,300	\$ -	\$ -
26010	Fleet Management	\$ -	\$ -	\$ 51,757	\$ -	\$ -
27010	Infrastructure Grant - A1	\$ 399,000	\$ 212,937	\$ 109,903	\$ -	\$ -
27015	Infrastructure Grant - A2	\$ 42,787	\$ -	\$ 42,787	\$ -	\$ -
	Subtotal	\$ 441,787	\$ 1,715,271	\$ 938,547	\$ -	\$ -
Environmental & Community Health Services						
Community Health						
41010	CHAT	\$ -	\$ 111,152	\$ 14,015	\$ 2,400	\$ -
41021	Alzheimer's Assoc-HBI	\$ 25,000	\$ 14,325	\$ 5,700	\$ -	\$ -
41025	Fit & Fall Proof - PHHS	\$ 62,560	\$ 76,112	\$ 5,690	\$ 2,400	\$ -
41050	Comprehensive Cancer	\$ 19,300	\$ 22,092	\$ 3,075	\$ -	\$ -
41055	Prescription Drug Overdose Prevention	\$ 100,000	\$ 80,731	\$ 5,380	\$ -	\$ -
41060	Opioid Settlement	\$ 78,713	\$ 19,168	\$ 12,630	\$ -	\$ 40,000
41110	Suicide Prevention	\$ 45,000	\$ 67,209	\$ 9,000	\$ -	\$ -
41127	Partnership For Success SAMSHA YR3	\$ 389,011	\$ 137,222	\$ 96,050	\$ -	\$ 106,500
41210	Seatbelt Survey-ITD	\$ 5,000	\$ -	\$ 5,000	\$ -	\$ -
41215	Families Talking Together	\$ 24,340	\$ 17,534	\$ 680	\$ -	\$ -
41250	Nic-Free Baby & Me	\$ -	\$ -	\$ -	\$ -	\$ -
41260	Millennium Fund IDHW	\$ 360,000	\$ 254,150	\$ 30,024	\$ -	\$ -
46020	WICHC Administration	\$ 140,000	\$ 144,456	\$ 3,418	\$ -	\$ -
	Subtotal	\$ 1,248,924	\$ 944,150	\$ 190,662	\$ 4,800	\$ 146,500
Epidemiological Response						
45010	Communicable Disease	\$ 73,506	\$ 76,382	\$ 7,357	\$ -	\$ -
45015	HIV Surveillance	\$ 8,915	\$ 9,707	\$ -	\$ -	\$ -
45020	Active TB - FED	\$ 16,216	\$ 13,247	\$ -	\$ -	\$ -
45025	Active TB - State	\$ 13,000	\$ 13,247	\$ -	\$ -	\$ -
45030	Perinatal HEP B	\$ 6,000	\$ 5,202	\$ -	\$ -	\$ -
45031	Viral Hep Prev & Control	\$ 10,000	\$ 10,403	\$ -	\$ -	\$ -
45065	NEDSS	\$ 93,624	\$ 101,049	\$ 3,195	\$ -	\$ -
45070	STD Outbreak Investigation	\$ 13,668	\$ 19,415	\$ -	\$ -	\$ -
	Subtotal	\$ 234,929	\$ 248,652	\$ 10,552	\$ -	\$ -



FY27 BUDGET REQUEST

Revenue

Expenditures

Description		Income	Personnel	Operating	Capital	T&B
Facility Based Programs						
43010	Food Primary	\$ 250,000	\$ 445,135	\$ 60,208	\$ -	\$ -
43015	Requested Inspections	\$ 27,000	\$ 16,086	\$ 1,000	\$ -	\$ -
43020	Food Safety Trainings	\$ 22,800	\$ 11,846	\$ 5,000	\$ -	\$ -
43025	Food Plan Reviews	\$ 15,600	\$ 78,783	\$ 1,800	\$ -	\$ -
43030	Food Secondary	\$ -	\$ 21,827	\$ -	\$ -	\$ -
43035	FDA Standards	\$ 22,500	\$ 18,255	\$ 7,500	\$ -	\$ -
43036	FDA Standards Mentorship	\$ 18,000	\$ 17,214	\$ -	\$ -	\$ -
43040	Swimming Pools Primary	\$ 13,000	\$ 11,538	\$ 300	\$ -	\$ -
43045	Childcare Inspections	\$ 117,934	\$ 143,549	\$ 7,100	\$ -	\$ -
43050	Complaints	\$ 12,200	\$ 9,204	\$ 360	\$ -	\$ -
43051	CC Administration	\$ 20,400	\$ 12,124	\$ -	\$ -	\$ -
43055	Animal Bites Rabies	\$ -	\$ 30,917	\$ 300	\$ -	\$ -
Subtotal		\$ 519,434	\$ 816,478	\$ 83,568	\$ -	\$ -
Land Development Programs						
44010	Solid Waste	\$ 38,559	\$ 25,939	\$ 3,435	\$ -	\$ -
44020	Wastewater	\$ 1,049,000	\$ 576,091	\$ 87,758	\$ -	\$ -
44030	Water Quality	\$ 7,700	\$ 3,640	\$ 1,115	\$ -	\$ -
44040	Public Water Systems	\$ 135,934	\$ 105,387	\$ 4,618	\$ -	\$ -
44050	Land Development	\$ 102,000	\$ 105,601	\$ 6,390	\$ -	\$ -
44060	Nuisance: Land/Sewage/Open Dump/Other	\$ -	\$ 23,195	\$ 900	\$ -	\$ -
Subtotal		\$ 1,333,193	\$ 839,854	\$ 104,216	\$ -	\$ -
Public Health Preparedness						
45040	Preparedness Assessment	\$ 410,000	\$ 298,984	\$ 15,011	\$ -	\$ -
45045	Cities Readiness	\$ 142,000	\$ 102,450	\$ 3,141	\$ -	\$ -
Subtotal		\$ 552,000	\$ 401,434	\$ 18,152	\$ -	\$ -
Family & Clinic Services						
Family Medical Clinic						
31010	Medical Clinic	\$ 226,200	\$ 652,237	\$ 177,342	\$ 8,670	\$ -
31110	STD Prevention	\$ 19,500	\$ 8,944	\$ 16,064	\$ -	\$ -
31120	Disease Prevention Workforce	\$ 47,000	\$ -	\$ 800	\$ -	\$ -
31130	HIV Prevention	\$ 52,250	\$ 49,269	\$ 11,316	\$ -	\$ -
31210	Women's Health Check	\$ 16,560	\$ 11,643	\$ 3,929	\$ -	\$ -
31220	Women's Health Check - Outreach	\$ 6,000	\$ 4,146	\$ 1,375	\$ -	\$ -
31310	Immunizations Clinic - District	\$ 80,000	\$ 90,241	\$ 100,498	\$ 2,000	\$ -
31320	Immunization Cooperative Agreement	\$ 95,000	\$ 106,937	\$ 20,423	\$ -	\$ -
31415	School Health Marsing	\$ 65,000	\$ 83,913	\$ -	\$ -	\$ -
31510	Oral Health - MCH	\$ 59,354	\$ 84,972	\$ 5,636	\$ -	\$ -
31530	Oral Health - District	\$ 2,000	\$ 21,725	\$ 6,881	\$ -	\$ -
Subtotal		\$ 668,864	\$ 1,114,026	\$ 344,264	\$ 10,670	\$ -
Idaho Home Visiting Programs						
32010	NFP - MIECHV	\$ 275,868	\$ 342,238	\$ 34,297	\$ -	\$ -
32030	NFP - Medicaid	\$ 291,986	\$ 180,313	\$ 21,973	\$ -	\$ -
32050	PAT - MIECHV	\$ 275,868	\$ 277,365	\$ 18,360	\$ -	\$ -
32070	PAT - Medicaid	\$ 228,594	\$ 168,237	\$ 18,361	\$ -	\$ -
Subtotal		\$ 1,072,316	\$ 968,153	\$ 92,991	\$ -	\$ -
Community Behavioral Health						
32110	Citizens Review Panels	\$ 6,000	\$ 8,589	\$ 3,154	\$ -	\$ -
32150	FCS Opioid Settlement	\$ 185,956	\$ 173,163	\$ 9,800	\$ -	\$ -
32210	Behavioral Health Administration	\$ 81,000	\$ 122,647	\$ 9,788	\$ -	\$ -
32260	Pre-Prosecution Div Grant	\$ 358,892	\$ 82,120	\$ 50,607	\$ -	\$ -
32287	SAMSHA - Early Diversion of Adults	\$ 159,990	\$ 83,804	\$ 6,175	\$ -	\$ 92,069
Subtotal		\$ 791,837	\$ 470,324	\$ 79,524	\$ -	\$ 92,069



FY27 BUDGET REQUEST

Revenue	Expenditures				
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Description	Income	Personnel	Operating	Capital	T&B
Crisis					
32220 Adult Crisis Center	\$ 1,657,336	\$ 30,142	\$ 1,616,458	\$ -	\$ -
32225 Youth Crisis - Magellan	\$ 1,839,491	\$ 25,120	\$ 1,805,426	\$ -	\$ -
32250 Youth Crisis - Other	\$ 6,601	\$ -	\$ 6,601	\$ -	\$ -
32255 Social Services Block Grant	\$ 49,581	\$ 35,165	\$ 1,890	\$ -	\$ -
Subtotal	\$ 3,553,008	\$ 90,427	\$ 3,430,375	\$ -	\$ -
Women/Infant/Children (WIC)					
33010 WIC - General Admin	\$ 265,764	\$ 276,632	\$ 174,424	\$ -	\$ -
33020 WIC - Client Services	\$ 582,150	\$ 555,155	\$ -	\$ 5,000	\$ -
33030 WIC - Breastfeeding Promotion	\$ 63,277	\$ 61,811	\$ 350	\$ -	\$ -
33040 WIC - Nutrition Education	\$ 354,352	\$ 348,630	\$ 4,500	\$ -	\$ -
33050 WIC - Breastfeeding Peer Counseling	\$ 96,481	\$ 66,380	\$ 5,171	\$ 2,000	\$ -
Subtotal	\$ 1,362,024	\$ 1,308,608	\$ 184,445	\$ 7,000	\$ -
Total	\$ 16,017,931	\$ 9,717,186	\$ 5,741,656	\$ 320,520	\$ 238,569



Employee Compensation Plan

District Policy

The compensation plan for Southwest District Health (SWDH) is designed to attract, retain, and recognize employees for their valuable contributions to public health service. It is through successful implementation of the components of this plan that SWDH supports its staff and is thereby able to best serve the customers, clients, and communities throughout our District.

SWDH's Compensation Plan and pay-for-performance system is reviewed annually with adjustments made, if funding is available, to ensure employees are fairly compensated for their job knowledge, ability, conduct, and overall performance. In preparation for annual change in employee compensation discussions, the Human Resource (HR) office will assess changing market conditions, examine scheduled pay increases among neighboring government entities, and may choose to have a salary assessment completed by a third-party HR consulting firm.

Staff to Support the Public Health Mission

Multiple funding sources, along with the unique mission and needs of SWDH, impact the Compensation Plan. The district employs re-are a variety of professional staff employed by the district who performing a wide-range of public health services for the community: Medical Doctor, Advanced Practice Nurses, Registered Nurses, Licensed Practical Nurses, Registered Medical Assistants, Registered and Licensed Dieticians, Registered Dental Hygienist, and nationally Registered Environmental Health Specialists. In addition to a range of supporting Administrative Assistants, Office Specialists, Customer Service Representatives, and Clinical Assistants, the district also employs technically sophisticated specialists in accounts payable/receivable, medical billing/collections, purchasing, human resources, Information Technology network and information systems, facilities management, community and emergency planning, health education, research and data analysis, and epidemiology.

Starting/Entry Salary Decisions

~~SWDH has a formal written policy for new hire starting wage determinations (Executive Policy 02).~~ It is SWDH's policy (Executive Policy 02) to start new employees at a minimum of 85% of policy based on the current fiscal year's Board of Health approved Compensation Schedule. This schedule is based on either the State of Idaho's pay schedule established by the Idaho legislature or the 10th percentile minimum per the regional salary assessment results conducted by the HR consulting firm a third party, whichever is higher. The district hires at a rate that reflects the quantity and quality of candidates' experience and education levels. Starting salaries are based on the worth of that particular job to our agency-district and are not altered to meet a job applicant's personal, non-job-related situation or expenses. Advanced salary placement may be at the district director's discretion considering available budget, market, applicant's work experience and qualifications, and relation to existing staff salaries within the pay grade assigned to the employee's classification-position. A living wage adjustment may also be made for certain positions based on local market data.

A Hard to Recruit (HTR) Compensation Schedule Exception for all health care and behavioral health related classifications-positions of 100% of policy is implemented above the hiring minimum of 85% of policy before

any applicable experience and education is considered. The below ~~classifications-positions~~ are included in this exception:

Clinical Assistant, Clinical Specialist, Clinician, Dental Hygienist, Health Education Specialist, Health Education Specialist, Sr., Medical Assistant, Registered; Nurse, Advanced Practice; Nurse, Licensed Practical; Nurse, Registered; Nurse, Registered Manager; Peer/Recovery Support Specialist, Registered Dietitian, ~~and Registered Dietitian, Sr., and Resources and Services Navigator.~~

Performance-Based Salary Increases

For performance pay purposes, the district considers employees ~~to be eligible for potential salary increases if they have with~~ a performance evaluation rating on file ~~and that rating is in the top three tiers of performance. eligible.~~ Employees on entry probation will not be eligible for a performance pay increase unless there are extenuating circumstances. The director will review and determine if extenuating circumstances warrant consideration for a performance pay increase. Employees on a formal “performance improvement plan” are not eligible for performance pay increases.

~~Performance-based increases for the district director are at the discretion of the Board of Health. Pay compensation decisions for the director are at the discretion of the Board of Health. Only the Board of Health may approve a change in compensation for the director.~~

The district HR office is responsible for determining the performance-based salary adjustments of staff based on the Board of Health’s direction. The process for determining performance-based salary adjustments is as follows. The HR office prepares a spreadsheet of performance eligible employees identified and sorted by evaluation ratings, pay range (minimum, mid-point, maximum), current hourly pay, current annual wage, and the pay range for that job ~~classificationposition~~. HR calculates performance increases based on recommendations from the leadership team, develops a report, and the director presents the report to the Board of Health for approval prior to the approval of the proposed budget for the next fiscal year. Although infrequent, the Board of Health may choose to approve performance-based salary increases ~~tefor~~ staff during the fiscal year.

In lieu of a permanent performance-based increase, when funding may not exist to implement a permanent increase, the Board of Health may approve a performance-based bonus for all eligible employees and describe how the bonus is to be dispersed.

Cost of Living Adjustments

Cost of ~~L~~iving ~~A~~adjustments (COLA) may be proposed by HR and the leadership team to the Board of Health for consideration and approval.

Salary Increases-Conditional

Temporary ~~salary~~ increases may be provided in recognition of additional assignments or acting appointments. Memorandum of Understanding agreements drawn between SWDH and an employee on a conditional salary increase will include language that if the employee should tender ~~his/her/their~~ resignation during a time when the temporary increase is in place, the temporary increase will end before the final pay period, and vacation and ~~EAL-earned accrued leave~~ balances will be paid off at the normal rate of pay.

Recruitment Bonus

SWDH may exercise the option to provide a bonus for recruitment purposes, but only for extremely hard-to-fill positions. Approval for such bonuses will reside with the district director. The district will ensure employees have completed at least six months of work with a performance evaluation on file, before providing recruitment bonuses. Hiring agreements or memorandums documenting conditions for payment of recruitment bonuses will be provided to the employees and placed in their personnel files.

Retention Incentives and Strategies

The use of retention incentives and strategies are used in combination to retain employees and keep them from leaving. These are typically forms of financial incentive, but not in all cases. Forms of retention incentives and strategies include:

- Offering higher base salaries (e.g., hard to fill/retain positions like medical providers)
- One-time retention bonus
- Telecommuting arrangements
- Flexible work schedules
- Reduced workdays
- Positive work culture and employee engagement
- Wellness perks

Retention bonuses may be considered if the district determines that:

- the unusually high or unique qualifications of the employee or a special need of the district for the employee's services makes it essential to retain the employee and ~~that the employee~~ would be likely to leave the district in the absence of a financial retention incentive, ~~or~~
- a financial incentive is necessary to prevent an employee, category of employees, or group of employees from leaving before the closure or relocation of a district office, facility, or activity, if the district determines that given the district's mission requirements and the employee's competencies, the district has a special need for the employee's services that makes it essential to retain the employee in their current position before the closure or relocation, ~~or~~
- in combination with or in lieu of an annual performance-based increase or COLA ~~increase~~ for all staff, a financial retention incentive is more financially feasible.

In instances where all employees are being considered for a financial retention incentive, the Board of Health must approve in advance.

Financial retention incentives may be granted when an employee has completed at least six (6) months of work with a performance evaluation of Meets Most or All Expectations or higher on file, ~~regardless of probationary status.~~

Recognition Bonuses

At the director's discretion, a bonus, up to \$2,000, may be given to an employee who has demonstrated exceptional work performance. A recognition bonus in excess of \$2,000 must be approved by the Board of Health.

Longevity Recognition

SWDH recognizes and celebrates employee longevity as part of our commitment to valuing continued service. Employees who reach a 10-, 15-, 20-, 25-year (and every five years thereafter) service milestone will be recognized during the Summer and Winter All-Staff meetings. Eligible employees may choose either a monetary longevity bonus or a day off equal to their normal workday (up to 8 hours based on full-time equivalent status). The longevity day off functions similarly to holiday time and must be used in coordination with the employee's Program Manager to ensure coverage and program needs are met.

Reclassifications

When a position is reclassified to a job ~~classification title~~ in a higher pay range, the employee's salary will be increased, if necessary, to at least a minimum of 85% of the market policy of the new pay range or the 10th percentile minimum per the regional salary assessment results conducted by a third-party, whichever is higher. Any additional increase will be considered on a case-by-case basis and must be approved in advance by the district director.

If an employee's position is reclassified downward, the employee's salary will remain the same unless it is above the new pay range. In these instances, the employee's salary will be adjusted to the maximum hourly rate of the lower pay range.

Maximum Salaries

It is the health district's policy that no position shall be paid more than the salary maximum allowed per the pay range of the position which is equal to 120% of the local market rate and assessed annually.

Demotions

In the event of a reduction in force, an employee may request to be considered as an applicant for ~~elect to take a voluntary demotion to a~~ vacant position for which they are qualified rather than be laid off. Non-disciplinary voluntary demotions will be handled in the same manner as downward reclassifications.

If an un-classified employee is demoted for disciplinary reasons, the employee's salary shall be adjusted within the lower pay range by the district director.

Transfers

Transfers will be addressed in the same manner as starting salaries.

Promotions

The health district has a written Executive Policy (02) regarding promotions. Upon promotion, the employee's salary will be increased, if necessary, to at least a minimum of 85% of the market policy of the new pay range or 10th percentile minimum per the regional salary assessment results conducted by a third-party, whichever is higher. Any additional increase will be determined on a case-by-case basis with consideration of the promoted employee's current salary compared to other employees with similar education and experience or qualifications, scope and scale of job responsibility, decision making authority, market considerations, and budgetary constraints and must be approved in advance.

On-call Time

On-call time is required only for certain specified positions due to SWDH's commitment to respond to all public health threats and emergencies regardless of normal business hours. Employees required to carry the cell phone will be compensated for each weekend day with two hours of on-call time earned for their service. All employees who are contacted outside normal work hours to respond to an emergency will be provided with compensatory time as appropriate. Employees who are considered Executive are not eligible for on-call compensation.

Overtime Pay

All SWDH employees will be informed of their status in relationship to overtime expectations as part of their new employee orientation or pre-employment discussions. Unless cash payment is specifically authorized by the district director, all overtime will result in compensatory time awards.

Compensatory Time

All FLSA designated Administrative and Professional employees of SWDH shall earn compensatory time when authorized overtime is worked. Employees designated as Covered employees under FLSA may be authorized to either accrue compensatory time at time-and-one-half or be compensated through payment of their

authorized overtime through payroll. Employees begin accruing compensatory time after 40 hours worked with the exception of working on a holiday. Employees designated as Executives shall not earn compensatory time.

It is health district policy that compensatory time balances in the “previous six months” category for employees designated as Covered are to be used by the last pay period in June and December. Management of overtime and compensatory time balances is a delegated responsibility of division administrators. [The State Controller's Office processes any remaining compensatory time balances for payout each July and January.](#)

Holiday Pay

Paid time off for holidays is a benefit, and as such, will be awarded equitably in a substantially similar manner to all employees in the same [classification/job type](#). Holiday pay will be determined in proportion to the number of hours worked during a normal workweek. SWDH employees do not typically work on holidays; however, if an employee is required to work on a holiday the time worked on a holiday will be treated as overtime regardless of the remaining hours recorded for the week in which the holiday falls.

[To maintain service availability on Presidents Day and Columbus Day, SWDH will remain open on these holidays. Recognizing that these are meaningful federal observances, employees will receive two designated floating holidays in exchange: the day after Thanksgiving and Christmas Eve. These floating holidays support rest, connection, and flexibility during the holiday season.](#)

Salary Compensation and Employee Concerns

SWDH regularly assesses salary compensation and compression and makes adjustments for jobs that are substantially similar for employees who have similar work experience, education, and performance in those jobs. Assessments are typically done in alignment with the fiscal year budget and coincides with the change in employee compensation process to eliminate mid-year fiscal impacts.

~~All employees are encouraged to discuss concerns with their supervisor to reach mutually satisfactory resolution at the lowest level possible. If an employee believes there is a problem with their compensation due to inequities within the organization, they are strongly encouraged to bring this issue to HR. No retaliation will occur for expressing such concerns or using the problem-solving process.~~

Mandatory 401(a) Social Security Replacement Plan

In 2024, staff voted to discontinue contributing to Social Security. As such, the Board of Health established a mandatory 401(a) plan. Employees are required to contribute 6.2% of their salary (the current social security contribution requirement) each pay period to their 401(a) plan and SWDH is required to, at minimum, match the employee's 6.2% 401(a) contribution each pay period.

Plan Implementation

After this compensation plan is reviewed and approved by the Board of Health, any change in employee compensation distributions will be effective with the pay period beginning June 7, 2026, unless otherwise indicated in the board's motion.

Nikki Zogg
Director

Adopted:

Attachment: FY25 Compensation Schedule

FY27 COMPENSATION SCHEDULE FOR SWDH

July 1, 2026 - June 30, 2027
(Effective: 03/24/2026)

FLSA: "C" Covered Regular
"A" Administrative Exempt
"P" Professional Exempt
"I" Information Technology
"E" Executive Exempt

Classification	Pay Grade	Minimum (85%)	Mid (100%)	Max (120%)	FLSA
Administrative Assistant I	H	\$19.06	\$22.42	\$26.90	C
Administrative Assistant II	I	\$21.55	\$25.35	\$30.42	C
Clinical Assistant	G	\$17.74	\$20.87	\$25.04	C
Clinical Specialist*	PHC	\$50.89	\$59.87	\$71.84	P
Clinician*	LHC	\$33.43	\$39.33	\$47.20	P
Communications Manager	N	\$40.14	\$47.22	\$56.66	A
Customer Service Representative II	H	\$19.06	\$22.42	\$26.90	C
Dental Hygienist	K	\$28.88	\$33.98	\$40.78	P
Developmental Specialist	K	\$27.11	\$31.89	\$38.27	A
Director	-	-	-	-	E
Environmental Health Specialist I	J	\$24.08	\$28.33	\$34.00	C
Environmental Health Specialist II	K	\$27.17	\$31.96	\$38.35	A
Environmental Health Specialist, Sr.	L	\$31.85	\$37.47	\$44.96	A
Epidemiologist, Staff	L	\$31.85	\$37.47	\$44.96	P
Financial Officer	O	\$44.97	\$52.90	\$63.48	E
Financial Specialist	K	\$27.11	\$31.89	\$38.27	A
Financial Specialist, Sr.	L	\$30.74	\$36.17	\$43.40	A
Financial Technician	H	\$19.06	\$22.42	\$26.90	C
Grants/Contracts Officer	L	\$30.74	\$36.17	\$43.40	A
Health Education Specialist	K	\$27.11	\$31.89	\$38.27	A
Health Education Specialist, Sr.	L	\$30.74	\$36.17	\$43.40	A
Human Resources Business Partner III	M	\$35.03	\$41.21	\$49.45	A
IT Manager II**	NIT	\$44.02	\$51.79	\$62.15	I
IT Systems & Infrastructure Engineer II**	LIT	\$33.69	\$39.63	\$47.56	I
Management Assistant	J	\$27.50	\$32.35	\$38.82	A
Medical Assistant, Registered	H	\$19.06	\$22.42	\$26.90	C
Nurse, Advanced Practice*	NHC	\$42.10	\$49.53	\$59.44	P
Nurse, Licensed Practical*	JHC	\$24.08	\$28.33	\$34.00	C
Nurse, Registered Manager*	NHC	\$42.10	\$49.53	\$59.44	P
Nurse, Registered*	LHC	\$32.62	\$38.38	\$46.06	P
Office Services Supervisor II	K	\$27.11	\$31.89	\$38.27	C
Office Specialist I	E	\$17.74	\$20.87	\$25.04	C
Office Specialist II	G	\$18.62	\$21.90	\$26.28	C
Outreach Coordinator	J	\$24.08	\$28.33	\$34.00	C
Physician, Public Health	V	\$93.26	\$109.72	\$131.66	P
Program Planning & Development Specialist	L	\$30.74	\$36.17	\$43.40	A
Program Research & Development Analyst	M	\$35.03	\$41.21	\$49.45	A
Program Specialist	K	\$27.11	\$31.89	\$38.27	A
Project Coordinator	L	\$30.74	\$36.17	\$43.40	A
Project Manager I	N	\$40.14	\$47.22	\$56.66	A
Public Health Division Administrator	P	\$50.89	\$59.87	\$71.84	E
Public Health Program Manager I	M	\$35.03	\$41.21	\$49.45	A
Public Health Program Manager II	N	\$40.14	\$47.22	\$56.66	A
Registered Dietitian, Sr.	L	\$30.74	\$36.17	\$43.40	P
Research Analyst, Principal	M	\$35.03	\$41.21	\$49.45	A
Resources and Services Navigator	J	\$24.08	\$28.33	\$34.00	C
Technical Records Specialist I	H	\$19.06	\$22.42	\$26.90	C
Training and Development Manager	N	\$40.14	\$47.22	\$56.66	A
Training Specialist	L	\$30.74	\$36.17	\$43.40	A

* Nursing/Healthcare ** IT/Engineering

updated: 03/24/2026

Proposed Opioid Settlement Activities

Fiscal Year 2027

Background

Southwest District Health is scheduled to receive approximately \$3.1 million in anticipated opioid settlement funds through FY39. Funds are received based on settlement arrangements and distributions vary by year. Current Opioid fund balance is \$1.4 million.

The Idaho Attorney General's Office oversees opioid settlement distribution and monitoring and has an approved list of activities which are designed to mitigate and respond to the impacts of opioid use on individuals, families and communities. More information is available here: <https://www.ag.idaho.gov/consumer-protection/opioid-settlement/>

Spending History and Planned amount for FY27

Fiscal Year	Funds Expended
FY 22	\$ -
FY23	\$ 59,264.63
FY24	\$ 75,740.28
FY25	\$ 426,638.58
FY26 (YTD through Feb)	\$ 203,247.24
FY 27 Planned Expenditures	
	\$ 320,000.00

SWDH Activities to Decrease and Prevent Opioid Overdose

Prevention, support, and treatment activities supported by SWDH programming:

1. Communities for Youth – community-led conversations and action plan development to support development of protective factors (ex. social connection, parent training and support)
2. Adult and Youth Community Crisis Centers
3. Basic needs and behavioral health assessment for youth – Youth Resource and Opportunity Collaborative (YouthROC)

4. Behavioral health gatekeeper trainings (ex. Mental Health First Aid, QPR)
5. Pilot program for community paramedic EMS diversion
6. Parent education classes on substance use prevention
7. School-based substance use prevention curriculum

Changes in the last year include expansion of the level of effort in behavioral health counseling, and supervision of that work. This year we are also proposing to at least temporarily provide funding to the home visiting program. This change is proposed to offset a funding gap which presented itself following Department of Health and Welfare's retention of monies previously provided to health districts to support home visiting.

Looking into the next fiscal year, the Community Health group is targeting to spend approximately \$78K with the majority of the money in subgrants to community partners to support work at the local level.

The Family and Clinic services group is targeting to spend \$242K with funds directed toward the established Nurse Family Partnership programs, Parents as Teachers Home Visiting programs, Behavioral Health Counseling and Supervision. Also planned for this year is to finish training delivery that was approved and partially completed in FY26. The remaining work from the prior fiscal year is the training of 20 community mental health providers to be able to effectively receive consultation calls along with becoming certified in this capacity.

Between both programs the budget for FY 27 is \$320K, which is approximately \$110K less than the planned spend for FY26. This change is attributable to conservative use of funds based upon the uncertainty of current economic and fiscal conditions as well as the desire to ensure that this pool of resources remains a viable source for program support for as many years as possible.



BOARD OF HEALTH MEETING MINUTES
Tuesday, February 24, 2026

BOARD MEMBERS:

Jennifer Riebe, Commissioner, Payette County – present
Jim Harberd, Commissioner, Washington County – present
Zach Brooks, Commissioner, Canyon County – not present
Kelly Aberasturi, Commissioner, Owyhee County – present
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, Jody Waddy, Monique Evancic

Virtual: Colton Osborne

GUESTS: None

CALL THE MEETING TO ORDER

Chairman Kelly Aberasturi called the meeting to order at 10:03 a.m.

ROLL CALL

Chairman Aberasturi – present; Dr. John Tribble – present via Microsoft Teams; Commissioner Purdy – present; Commissioner Harberd – present; Vice Chairman Brooks – not present; Commissioner Riebe – present; Commissioner Wille – 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 Aberasturi made a motion to approve the agenda as presented. Commissioner Wille 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 were introduced.

APPROVAL OF JANUARY 22, 2026 BOARD OF HEALTH MEETING MINUTES

Board members reviewed meeting minutes from the January 22, 2026 Board of Health meeting. No changes suggested.

MOTION: Commissioner Riebe made a motion to approve the January 22, 2026 Board of Health meeting minutes as presented. Commissioner Harberd seconded the motion. All in favor; motion passes.

JANUARY 2026 MONTHLY EXPENDITURE AND REVENUE REPORT

Michele Hanrahan shared the January 2026 monthly expenditure and revenue report. Program revenues are represented and the budget revision numbers approved in January are not yet reflected.

Board members discussed potential impacts to SWDH revenue based on legislative action and state house budget cuts.

TOBACCO AND VAPING PREVENTION OVERVIEW

Hailee Ketchum, SWDH Program Manager, shared information on the SWDH Risk Reduction Team’s efforts with adult and youth tobacco and vaping prevention. Hailee shared data trends showing that youth tobacco and vape use responds to prevention and intervention programs and policies. Cigarette taxes, clean indoor air act restricting smoking in public places, and regulation of tobacco industry to reduce marketing to youth and banning flavored cigarettes as well as increasing the age to purchase nicotine have likely contributed to the reduction.

SWDH addresses the need for tobacco and vaping prevention through three different avenues: prevention, intervention, and cessation. Hailee focused on the prevention programs the risk reduction uses. One of the programs, Catch My Breath, was provided to 1,142 youth served in fiscal year 2025 in five of the six counties SWDH serves.

FAMILY AND CLINIC SERVICES FEE SCHEDULE APPROVAL

Beth Kriete, Family and Clinic Services Division Administrator, presented updated Family and Clinic Services Fee Schedule for board member review, discussion, and approval. The last update was presented in 2024 and since then the methodology for fee calculation has changed. Beth explained that the request today is to adopt the new methodology for service delivery of medical and behavioral health services.

The policy explains the fee methodology, special cases, cash only services, and also includes self-pay and sliding fee application for individuals who meet specific poverty guidelines.

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

ENVIRONMENTAL AND COMMUNITY HEALTH FEE SCHEDULE APPROVAL

Ben Shatto, Environmental and Community Health Services (ECHS) Division Administrator, presented revised fee schedules and asked for board member review, discussion, and approval. Food safety program fees set in statute and childcare inspection fees are set in contract. Fees for swimming pools were adjusted for actual costs in 2025.

The land and subsurface sewage disposal programs have had no changes to the methodology calculation; however, Ben is recommending some fees be increased to cover the cost to deliver the actual service.

MOTION: Commissioner Riebe made a motion to adopt the proposed environmental health fees. Commissioner Purdy seconded the motion. All in favor; motion passes.

COMMUNICATIONS YEAR IN REVIEW

Monique Evancic, Public Information Officer and Communications Manager, shared a summary of last year's internal and external communications, public relations, and program promotion to raise awareness of services provided in our community to gain enrollment and participation.

She shared that last year she tracked 53 SWDH media mentions across newspaper, TV, and radio. This is compared to 2024 when we had 90 media mentions due to the vote to no longer provide the COVID vaccine.

Social media is a solid platform for building trust and confidence with people and SWDH uses Facebook, Instagram and NextDoor. The platform with the largest reach is NextDoor with about 96,000 members within 61,000 households.

EMPLOYEE RETENTION REVIEW

Jody Waddy, Human Resources Manager, highlighted the turnover trend alert and noted that during fiscal year 2025, the SWDH turnover rate was 30%. She pointed out that during this same timeframe, the state of Idaho's turnover rate was 14.6%. She explained that the state of Idaho has a lot of movement within agencies and departments and they count turnover only when someone leaves a state agency.

On the recruiting market side, Jody shared that our goal is to fill a position within six to eight weeks to minimize impact to providing services. Board members asked about the primary reason for staff turnover. Based on exit survey and exit interview results, Jody shared that the driving force seems to be wage as staff are most often leaving for other higher wages and opportunities. Of the 32 separations processed last year, there were five retirements. Nineteen staff left for personal reasons or to go to the private sector. Five returned to other public service organizations and three dismissals were processed. The current six vacancies are mostly frontline support.

Jody noted that the average SWDH employee tenure for calendar year 2024 was 5.5 years. We now have seen the average tenure decrease for FY25 to 4.5 indicating we are losing employees sooner. Jody suggested honing in on the first two years to really focus in on retention and job satisfaction.

CONTRACT SERVICES AND GRANT APPLICATIONS

Don shared information based on conversations in the past to increase visibility regarding any contract or grant applications over \$50,000. The grants and contracts currently on SWDH radar are listed and available for board member review.

EXECUTIVE COUNCIL UPDATE

Commissioner Riebe shared an Executive Council update and summarized some of the bills working through the legislature that may impact health districts. The Kratom bill has been developed to address

sale of kratom that contains unnatural products but still allows the sale of the product to a minimum age of 18 and in convenience stores.

Nikki added that a bill to eliminate mosquito abatement has received a lot of testimony. A bill changing daycare supervision requirements has also been introduced.

DIRECTOR'S REPORT

Report summary of grants, contracts, subgrants, obligations signed

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

Consent order

Nikki informed board members that she issued a consent order after learning of two instances of a licensed septic installer completing a septic installation without a permit. Based on this information, SWDH issued a notice of violation suspending the installer's license. The Department of Environmental Quality (DEQ) recommended a suspension of two years. The installer requested a compliance conference and also submitted a written plan to follow to ensure compliance. Nikki consulted with legal counsel and chose to issue a consent order allowing the installer to continue installations but requiring quarterly reporting over a two year period to ensure compliance.

Headshots

Nikki asked board members for input on board member headshots. The photos were displayed in past years and will be compiled and put up again. Board members approve having a photographer come in and take headshots with consistent backgrounds.

Adjournment

There being no further business, the meeting adjourned at 12:47 p.m.

Respectfully submitted:

Approved as written:

Nikole Zogg
Secretary to the Board

Kelly Aberasturi
Chairman

Date:



SOUTHWEST DISTRICT HEALTH
REVENUES & EXPENDITURE REPORT FOR FY2026

February-26

Modified Accrual Basis

Target **66.67%**

Fund Balances		
	FY Beginning	Feb 2026 Ending
General Operating Fund	\$1,355,402	\$766,978
LGIP Operating	\$5,650,546	\$5,848,312
LGIP Vehicle Replacement	\$113,809	\$117,048
LGIP Capital	\$1,299,174	\$1,299,174
Total	\$8,418,931	\$8,031,513

Income Statement Information		
	YTD	Month
Net Revenue:	\$10,385,145	\$1,275,884
Expenditures:	(\$10,432,801)	(\$1,258,810)
Net Income:	(\$47,656)	\$17,074

Revenue										
	County Contributions	Fees	Subgrant/Grant/Contract Revenue	Sale of Assets	Interest	Other	Monthly Total	YTD	Total Budget	Percent Budget to Actual
Administration & BoH	-\$247,333.79		-\$81,977.22				-\$329,311.01	-\$2,580,241.08	\$4,181,624.48	61.70%
District Operations Div			\$0.00				\$0.00	-\$2,056.80	\$0.00	
FCS										
Medical Clinic		-\$20,889.34					-\$20,889.34	-\$150,784.00	\$184,000.00	81.95%
Immunizations		-\$5,955.22	-\$12,706.00				-\$18,661.22	-\$148,646.17	\$163,612.00	90.85%
HIV/STI/DIS Prevention			-\$15,810.92				-\$15,810.92	-\$53,916.79	\$118,750.00	45.40%
Women's Health Check		-\$221.20	-\$518.51				-\$739.71	-\$10,362.64	\$22,560.00	45.93%
Oral Health		-\$1,600.18	-\$8,103.88				-\$9,704.06	-\$66,781.69	\$70,784.60	94.34%
Nurse Family Partnership		-\$730.36	-\$50,504.95				-\$51,235.31	-\$458,213.96	\$593,351.59	77.22%
Parents as Teachers		-\$32,426.20	-\$42,699.56				-\$75,125.76	-\$400,886.87	\$491,970.41	81.49%
Behavioral Health Admin		-\$6,979.59					-\$6,979.59	-\$53,846.19	\$89,305.50	60.29%
WIC			-\$209,611.93				-\$209,611.93	-\$672,980.23	\$1,338,109.00	50.29%
Adult Crisis Center						-\$125,000.00	-\$125,000.00	-\$1,000,000.00	\$1,847,098.00	54.14%
Youth Crisis Center						-\$125,000.00	-\$125,000.00	-\$1,000,000.00	\$1,648,488.66	60.66%
YouthROC							\$0.00	-\$245,325.64	\$602,960.64	40.69%
Pre-Prosecution Diversion			-\$17,490.79				-\$17,490.79	-\$327,636.83	\$379,514.57	86.33%
Other FCS							\$0.00	-\$250,487.53	\$512,459.20	48.88%
ECHS										
Fit & Fall Proof			-\$12,854.09				-\$12,854.09	-\$59,689.92	\$99,589.96	59.94%
Prescription Drug Overdose			-\$12,958.46				-\$12,958.46	-\$90,783.01	\$112,174.31	80.93%
Suicide Prevention			-\$515.84				-\$515.84	-\$49,083.24	\$45,000.00	109.07%
Millennium-Tobacco							\$0.00	-\$350,565.79	\$377,473.21	92.87%
Partnership for Success/SAMSHA							\$0.00	-\$410,101.83	\$570,542.34	71.88%
Food Programs		-\$14,900.00					-\$14,900.00	-\$277,551.00	\$346,499.92	80.10%
Child Care Inspections		-\$1,125.00	-\$14,185.65				-\$15,310.65	-\$107,598.08	\$142,284.00	75.62%
Land Programs		-\$86,652.00	-\$16,910.29				-\$103,562.29	-\$843,329.78	\$1,181,780.00	71.36%
Epi Investigations			-\$42,366.61				-\$42,366.61	-\$214,206.67	\$226,381.00	94.62%
Public Health Preparedness			-\$55,688.30				-\$55,688.30	-\$236,202.20	\$554,339.00	42.61%
WICHC						-\$10,000.00	-\$10,000.00	-\$40,000.00	\$50,000.00	80.00%
Other ECHS			-\$2,168.26				-\$2,168.26	-\$283,867.21	\$415,987.68	68.24%
Monthly Revenue	-\$247,333.79	-\$171,479.09	-\$597,071.26	\$0.00	\$0.00	-\$260,000.00	-\$1,275,884.14			
							Year-to-Date Revenue	-\$10,385,145.15	\$16,366,640.07	63.45%



SOUTHWEST DISTRICT HEALTH
REVENUES & EXPENDITURE REPORT FOR FY2026

February-26

Modified Accrual Basis

Target **66.67%**

EXPENDITURES								
	Personnel	Operating	Capital	T/B	Monthly Total	YTD	Total Budget	Percent Budget to Actual
Administration & BoH	\$47,270.30	\$15,667.40			\$62,937.70	\$599,645.09	\$838,217	71.54%
District Operations Div (and blanks-unidentified programs)	\$41,298.13	\$78,625.10			\$119,923.23	\$1,595,075.43	\$2,619,144	60.90%
FCS								
Medical Clinic	\$43,284.23	\$7,235.18			\$50,519.41	\$451,455.71	\$787,895	57.30%
Immunizations	\$12,316.34	\$11,156.30			\$23,472.64	\$205,490.72	\$309,814	66.33%
HIV/STI/DIS Prevention	\$9,085.38	\$1,358.63			\$10,444.01	\$75,769.92	\$112,190	67.54%
Women's Health Check	\$372.89	\$331.12			\$704.01	\$5,340.01	\$21,006	25.42%
Oral Health	\$10,207.23	\$952.24			\$11,159.47	\$70,751.62	\$128,345	55.13%
Nurse Family Partnership	\$65,785.39	\$7,518.85			\$73,304.24	\$397,008.67	\$599,162	66.26%
Parents as Teachers	\$32,839.58	\$4,338.91			\$37,178.49	\$329,154.64	\$467,053	70.47%
Behavioral Health Admin	\$7,453.49	\$9.68			\$7,463.17	\$54,706.23	\$106,259	51.48%
WIC	\$95,289.18	\$12,510.50			\$107,799.68	\$958,955.90	\$1,538,331	62.34%
Adult Crisis Center	\$1,160.19	\$135,486.14			\$136,646.33	\$1,126,814.70	\$1,838,647	61.28%
Youth Crisis Center		\$126,866.37			\$126,866.37	\$1,100,227.70	\$1,653,803	66.53%
YouthROC	\$4,394.07	\$78.04		\$63,559.67	\$68,031.78	\$358,274.24	\$572,939	62.53%
Pre-Prosecution Diversion	\$15,414.24	\$465.13			\$15,879.37	\$156,169.48	\$306,759	50.91%
Other FCS	\$34,173.76	\$6,377.57		\$6,306.82	\$46,858.15	\$297,733.67	\$460,862	64.60%
ECHS								
Fit & Fall Proof	\$6,849.37	\$169.32			\$7,018.69	\$59,816.63	\$79,347	75.39%
Prescription Drug Overdose	\$6,021.67	\$38.73			\$6,060.40	\$57,843.65	\$88,659	65.24%
Suicide Prevention	\$4,387.06	\$38.73			\$4,425.79	\$45,699.39	\$90,637	50.42%
Millennium-Tobacco	\$21,101.76	\$2,505.69			\$23,607.45	\$197,965.06	\$293,082	67.55%
Partnership for Success	\$29,022.70	\$61,258.23		\$3,666.05	\$93,946.98	\$260,623.16	\$360,562	72.28%
Food Programs	\$50,566.49	\$4,631.19			\$55,197.68	\$472,702.35	\$670,190	70.53%
Child Care Inspections	\$5,910.90	\$372.49			\$6,283.39	\$67,985.30	\$166,169	40.91%
Land Programs	\$61,951.98	\$7,257.68			\$69,209.66	\$612,184.15	\$961,388	63.68%
Epi Investigations	\$13,559.09	\$338.01			\$13,897.10	\$187,024.56	\$245,852	76.07%
Public Health Preparedness	\$32,524.76	\$1,087.58			\$33,612.34	\$279,147.47	\$467,040	59.77%
WICHC	\$6,472.85	\$1,589.26			\$8,062.11	\$93,116.55	\$106,439	87.48%
Other ECHS	\$33,980.69	\$4,319.97			\$38,300.66	\$316,119.02	\$476,851	66.29%
Monthly Expenditures	\$692,693.72	\$492,584.04	\$0.00	\$73,532.54	\$1,258,810.30			
					Year-to-Date Expenditures	\$10,432,801.02	\$16,366,640.07	63.74%



Community Paramedic Program Washington County

Ashley Lynn & Wendy Young

Success Story



I was suicidal, and if not for the rapid intervention, I might have completed suicide—I was really close. Now, I feel better than I have in years. Having someone who ‘gets it’ and is just a phone call away 24/7 saved my life.



-Program Participant

Overview

- Early Diversion grant
- Defining community paramedicine
- Timeline of program implementation
- Role of Washington County's community paramedic
- Referral and program processes
- Services and support
- Early outcomes
- Keys to success and opportunities

SWDH Grant to Provide Early Diversion Program

- SWDH received a 5-year SAMHSA grant to support early diversion efforts in our region
 - September 2023-2028
 - Total federal award: \$775,913
 - Non-federal match: \$193,978
 - CP Program allocation: \$381,153
- Grant Purpose:
 - Build partnerships and capacity within communities to divert youth and adults with behavioral health needs from the criminal justice system or other higher levels of care



What is Community Paramedicine?

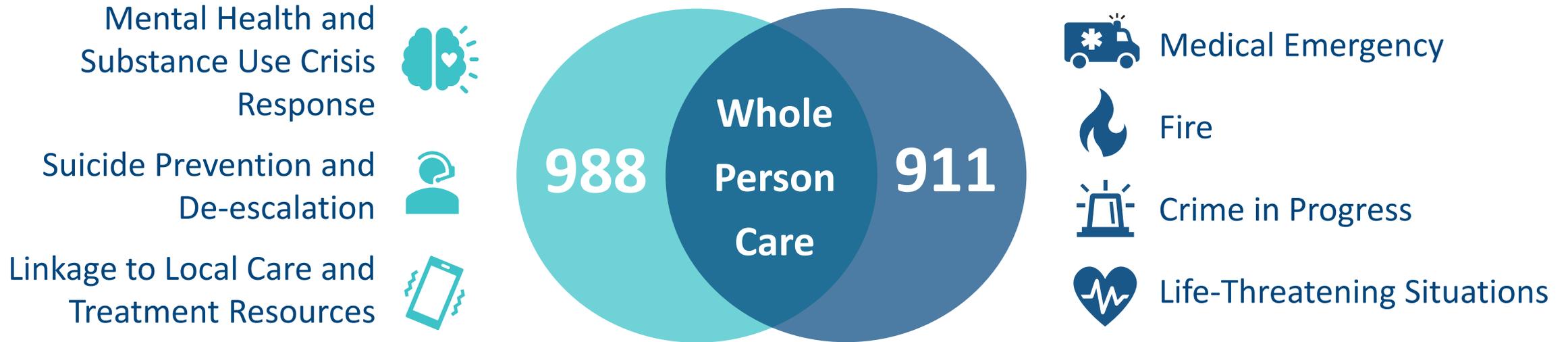
- The purpose of community paramedicine is to **reduce unnecessary emergency department visits, hospital admissions, and justice system involvement**
- Community paramedicine is a healthcare model where **paramedics provide expanded, non-medical and/or non-emergency care** in the community (not typically providing transport)
- **Behavioral health supports** such as crisis follow-ups, connections to community resources, and creating safety plans including diverting 911 callers to more appropriate settings like 988, mobile response, and/or crisis centers (which lowers costs to communities, individuals, and families)

Community Paramedicine Overview - Rural Health Information Hub. Overview - Rural Health Information Hub. (2026, January 14).

<https://www.ruralhealthinfo.org/topics/community-paramedicine>

Diversion: 988 v. 911

Connections to services for mental safety v. physical safety – Getting the right help at the right time.



Community Paramedic Program Timeline



2023 - multiple stakeholder conversations starting with Washington County Dispatch and Weiser Ambulance District



2024 - Community Paramedic hired in October and began training to become a Community Paramedic



2025 - started training first responders, creating a CIT-Collaborative, providing consultations with law enforcement and seeing patients

Responsibilities of the Community Paramedic

- Train first responders in crisis de-escalation
- Build and maintain partnerships in the community
- Develop, lead, and staff Washington County's CIT-Collaborative
- Train community members and treatment providers on early diversion options
- Consult with law enforcement and hospital staff to support individuals with complex and serious behavioral health needs
- See patients and provide support and referrals



Community Paramedic Training and Patient Care

Specialized paramedic with additional training in:

- Behavioral health crisis intervention
- Substance use disorder (SUD)
- De-escalation
- Resource coordination

Provides to all ages:

- Post-911 follow-up visits
- Risk assessment & safety planning
- Medication & treatment navigation
- Referrals to local providers
- Family support & education



How Patients Enter the Program



Identified during a 911 call for:

- Suicidal ideation
- Overdose
- Other behavioral health crisis



Referral from monthly CIT meeting:

- Repeat EMS utilization
- Substance-related emergencies



Referral made by:

- EMS crew
- Law Enforcement
- ER discharge/in-patient behavioral health discharge
- Self-referral after initial contact

Participation in this program is voluntary

Mental Health and Substance Use Disorder Support

Mental Health Crisis Support

- Suicide screening & safety planning
- Means restriction counseling

Substance Use Disorder (SUD) Support

- Overdose follow-up ASAP
- Harm reduction education
- Medication Assisted Treatment (MAT) referrals (Family Services Treatment in Weiser)
- Recovery coaching connection

Connection to:

- Counseling services
- Telehealth/medical services
- Crisis centers & peer recovery support

Family education on:

- Warning signs
- Crisis response steps
- When to call 988 vs 911

Early Outcomes

- Garnered **strong media attention** as the first community paramedic program in Idaho to focus on behavioral health
- **90% of first responders** in Washington County are trained in crisis intervention and de-escalation
- **Consistent attendance and participation** in the CIT-C with law enforcement, judiciary, hospital behavioral health staff, and drug court representatives
- Law enforcement reports **lower usage** of more advanced services and **fewer** involuntary holds
- Since May 2025, **nine individuals have been referred** for patient care, five of which became program participants
- **Community members have been referred to** 988, primary care, community social workers, aging community services/neurocognitive services, therapy, family services treatment, and more

Keys to Success

- We were able to hire the right person for the position
- We were able to gain and maintain critical community buy-in
- We ensured first responders were trained to identify and respond to behavioral health situations
- We remain open to new opportunities and partnerships



Opportunities

- Find the right types of referrals for the program
 - Most referrals at the beginning were too acute for the program
- Establish broader screening eligibility
 - Find upstream referral mechanisms before a crisis becomes acute



Questions?

wendy.young@swdh.id.gov

wccomedic@gmail.com



Summary of Legislative Activities

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

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. **Transmitted to the Governor on March 18.**

STATE LAW, COMPLIANCE

H896, this bill adds to existing law to give the attorney general the ability to file an action to enforce the law against a public officer, public employee, or public entity for failing to perform a duty assigned by law or for violating a prohibition on the officer, employee, or entity. Individuals could be personally liable for a civil penalty up to \$50,000. **Reported out of Committee with a Due Pass Recommendation on March 19.**

PARENTAL RIGHTS, MEDICAL DECISIONS

H860, this bill repeals and amends existing law to add clarification regarding informed parental consent for healthcare specifically as it relates to consent documentation, crimes against children, mental health crisis, and injury. **The bill was sent to 14th Order for amendment on March 18.**

Other Bill Updates

PROPERTY RIGHTS PROTECTION

S1326a, adds to existing law to establish provisions regarding property rights protection. The legislation explains where government agents may go on private property and outlines penalties for violations. SWDH staff already limit their investigation and inspection to the criteria outlined in the bill. Therefore, there should be little impact to our investigation/inspection of nuisance complaints (e.g., open sewage, open dumping, imminent health hazards, etc.) **The bill was on the third reading to go to the House floor on March 19.**

NICOTINE, TAXES, PERMITS

H884, this bill amends and adds to existing law related to establishing certain requirements regarding the sale of certain nicotine products, to revise provisions regarding the regulation of certain nicotine products, and to impose a tax on certain nicotine and related products. **The bill was printed on March 12.**

DAYCARE SUPERVISION REQUIREMENTS

H758, this bill amends existing law related to childcare supervision when a child is sleeping. Amendments allow the provider to use live video and audio to monitor a child and remain near enough to render immediate assistance. It also allows a daycare provider to exclude their own children from the count they are supervising if the children are 5 years of age or older. **The bill passed the Senate and has been filed for a second reading on March 19.**

MEDICAID EXPANSION REPEAL

H850, this bill amends and repeals existing law to remove provisions relating to Medicaid eligibility expansion. **The bill was introduced in House Health and Welfare on March 10.**

HARMS FROM ADDICTIVE SOCIAL MEDIA

H542a, 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 was filed for a third reading on the Senate floor on March 19.**

S1297a, *Conversational AI Safety Act*; **Passed the Senate and referred to the House on March 19.**

RURAL HEALTH TRANSFORMATION

S1253; S1264; H862; H916 these bills add 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. **H916 bill passed out of the House on March 18 and referred to Senate Health and Welfare.** 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 THAT HAVE STALLED OR DIED	
BILL NO	DESCRIPTION
H526	Cottage food operations, TCS foods
H536	Agricultural pests (rats)
H614	Detention, involuntary admission
H554	Abatement districts (mosquito)
H743	State law, enforcement (replaced by H896)
H747	Abatement districts (mosquito)
H758	Daycare supervision requirements
H781	Agricultural pests (rats)
H808	Medical mandates
H830	Mitragyna speciosa alkaloids
H860	Parental rights, medical decisions
H862	Rural health transformation
H864	Mitragynine, controlled substances
S1271	Rats, health and safety nuisance
S1282	Kratom consumer protection & safety

BILLS SIGNED BY THE GOVERNOR			
BILL NO	DESCRIPTION	DATE SIGNED	DATE EFFECTIVE
H555	Solid waste facilities (moves authority back to DEQ)	MARCH 2	JULY 1
S1314	Department of Health and Welfare (eliminates State Board of Health and Regional Behavioral Health Boards)	MARCH 16	MARCH 16



Southwest District Health

Originator

Parties

Southwest District Health	James (Jim) Winkle
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Document Type

Contract	<input type="checkbox"/> Amendment
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Summary

Name/Title:	2026-EHCS-24
Description (long title):	"How to talk to youth about substance use" SBIRT training
FAIN#:	H79SP083777
Funding Source:	Federal
SWDH Project Code:	41127 (FY 26)
Original Effective Date:	03/11/2026
Current Expiration Date:	09/15/2028
Total [Funding Amount or Cost of Service]:	2400
Allowable Indirect Rate:	0
Match Required:	NO
Match Amount:	0
FTE Supported:	N/A
District Funds Budgeted in Current FY:	9753.22
Restrictions:	None
Target Population:	Youth serving professionals
If this is an amendment, briefly describe the change.	
n/a	

Contacts

Contact Name (Internal & External)	Contact [Agency, Organization, Contractor, Vendor, Partner]	Contact Email or Phone Number
Tara Woodward	SWDH, contract monitor	tara.woodward@swdh.id.gov
James Winkle	Contractor(Luma vendor #17965) & trainer	jimwinkle@gmail.com

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)	Jim Winkle will provide his training, "How to talk to youth about substance use", a training focused on Screening, Brief Intervention, and Referral to Treatment (SBIRT). This training prepares a youth-serving professional to use an evidence-based screening tool to have an effective conversation, using motivational interviewing skills, to support a youth in making healthy choices, with the goal of preventing further or any initial use of alcohol, marijuana, or stimulants.
Summary Public Impact (3-5 bullets)	Anticipate reaching 50-100 youth serving professionals over the agreement period (by September 15, 2028). This training will build capacity for youth serving professionals to have effective conversations with youth about substance use, and prevent substance use.
Summary of Evidence-based (3-5 bullets)	-"Youth SBIRT is an evidence-based practice to prevent and reduce risky substance use among adolescents ages 12 - 18" "Adolescent patients who were exposed to SBIRT had significantly fewer substance use disorders and less primary healthcare utilization (over a period of seven years after the initial screening) than adolescents who were not screened"

Reviewer/Approve

	Program Manager	PM2	Division Administrator	Financial Officer	Legal*	Director
Date	03/13/2026		03/13/2026	03/13/2026		03/13/2026
Initials	 Charlene Cariou		BS	MA		NZ

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



Southwest District Health

Originator

Parties

Idaho Department of Health and Welfare	Southwest District Health
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Document Type

Subgrant	<input checked="" type="checkbox"/> Amendment
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Summary

Name/Title:	HIV and STD Prevention Services HC6076
Description (long title):	HIV and STD Prevention Services HC6076
FAIN#:	NU62PS924818 (HIV) NH25PS005171 (STD) X08HA30472 (RWP)
Funding Source:	Federal
SWDH Project Code:	95331110,95331120, 95331130
Original Effective Date:	08/23/2024
Current Expiration Date:	05/31/2026
Total [Funding Amount or Cost of Service]:	\$ 175,866.00
Allowable Indirect Rate:	33.84%
Match Required:	NO
Match Amount:	\$ 0.00
FTE Supported:	Partially supports multiple FTEs
District Funds Budgeted in Current FY:	\$ 12,637.28
Restrictions:	None
Target Population:	All residents in SWDH with, or at risk of having, STIs or HIV
If this is an amendment, briefly describe the change.	
Added additional funding and extended the end date.	

Contacts

Contact Name (Internal & External)	Contact [Agency, Organization, Contractor, Vendor, Partner]	Contact Email or Phone Number
Kaylene Craig	ID Department of Health and Welfare	kaylene.craig@dhw.idaho.gov 208.616.2416
Rick Stimpson	Southwest District Health	rick.stimpson@swdh.id.gov 208.455.5342

Applicable Law and/or Agreement

Idaho Statutes or Rules (select up to 3)	39-409, IC	IDAPA 16.02.10	39-605, IC
Agreement	Choose an item		

Public Impact

Scope of Work Summary (3-5 bullets)	<ul style="list-style-type: none"> - Provides comprehensive prevention strategies for those with HIV and sexually transmitted infections such as integrated screening, self-testing, PrEP/PEP access, and education/outreach. - Ensures testing and reporting requirements to document and investigate positive cases thoroughly, report STI lab data monthly, and ascertain that treatment is provided. - Allows for investigations to be conducted to prevent community wide outbreaks.
Summary Public Impact (3-5 bullets)	<ul style="list-style-type: none"> - Improved early detection and treatment for those with HIV and sexually transmitted infections. - Greater access to prevention and support services for those with HIV and sexually transmitted infections. - Enhances a strong public health response to mitigate community wide outbreaks.
Summary of Evidence-based (3-5 bullets)	<ul style="list-style-type: none"> - Routine HIV Screening in Healthcare Settings is strongly supported by the CDC and USPSTF, showing increased early detection and linkage to care, which significantly reduces HIV transmission and improves long-term outcomes (USPSTF, 2019; CDC, 2006). - Indravudh, P.P., Choko, A. T., & Corbett, E. L. (2021). HIV self-testing: A strategy to improve uptake of HIV testing among men in sub-Saharan Africa. <i>Journal of the International AIDS Society</i>, 24(52), e25644. https://doi.org/10.1002/jia2.25644

Reviewer/Approve

	Program Manager	PM2	Division Administrator	Financial Officer	Legal*	Director
Date		02/20/2026	02/20/2026	02/23/2026		02/23/2026
Initials		 <u>Rick Stimpson</u>	 <u>EAK</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

St. Luke's Health System	Southwest District Health
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Document Type

Agreement	<input type="checkbox"/> Amendment
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Summary

Name/Title:	St. Luke's Community Support for Save a Life: QPR Training
Description (long title):	St. Luke's Community Support for Save a Life: QPR Training
FAIN#:	N/A
Funding Source:	Other
SWDH Project Code:	95341010
Original Effective Date:	02/11/2026
Current Expiration Date:	09/30/2026
Total [Funding Amount or Cost of Service]:	1000
Allowable Indirect Rate:	0
Match Required:	NO
Match Amount:	0
FTE Supported:	N/A
District Funds Budgeted in Current FY:	164794
Restrictions:	N/A
Target Population:	Washington County residents
If this is an amendment, briefly describe the change.	
N/A	

Contacts

Contact Name (Internal & External)	Contact [Agency, Organization, Contractor, Vendor, Partner]	Contact Email or Phone Number
Jean Mutchie	St. Luke's Nampa	fitzgerj@slhs.org
Kaydin Griffin	Southwest District Health	Kaydin.Griffin@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)	St. Luke's Community Health is sponsoring the Health Alliance for Washington County's (HAWC) Life-Saving Skills for All community training event. The suicide prevention training (QPR) at the event aligns with St. Luke's Community Health Department's goals.
Summary Public Impact (3-5 bullets)	Participants of this training will will report an: 1. Increased knowledge of suicide prevention, including understanding of suicide warning signs, risk factors, and accessing resources. 2. Increased confidence in initiating conversations about suicide and providing support to someone experiencing a suicidal crisis.
Summary of Evidence-based (3-5 bullets)	QPR is an evidence-based training that teaches participants how to recognize and respond to suicidal crisis and connect to available crisis support. All additional trainings at the event will be evidence-based to inform participants on responding to physical or behavioral health emergencies.

Reviewer/Approve

	Program Manager	PM2	Division Administrator	Financial Officer	Legal*	Director
Date	02/23/2026		02/23/2026	02/24/2026		02/24/2026
Initials	 <u>Chadene Cariou</u>		BS	MA		NZ

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



Southwest District Health

Originator

Parties

Southwest District Health	St. Luke's Health System
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Document Type

Agreement	<input type="checkbox"/> Amendment
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Summary

Name/Title:	WICHC Funding Agreement
Description (long title):	The Western Idaho Community Health Collaborative Funding Agreement
FAIN#:	
Funding Source:	Other
SWDH Project Code:	95346020
Original Effective Date:	03/02/2026
Current Expiration Date:	03/02/2027
Total [Funding Amount or Cost of Service]:	10000
Allowable Indirect Rate:	0%
Match Required:	NO
Match Amount:	
FTE Supported:	1.0
District Funds Budgeted in Current FY:	254.17
Restrictions:	Limited to infrastructure resources.
Target Population:	Individuals living in PHD's 3 and 4.
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
Berenice Medina	SWDH/WICHC	berenice.medina@swdh.id.gov
Angie Gribble	St. Luke's	gribblea@slhs.org

Applicable Law and/or Agreement

Idaho Statutes or Rules (select up to 3)	N/A	N/A	N/A
Agreement	N/A		

Public Impact

Scope of Work Summary (3-5 bullets)	<ul style="list-style-type: none"> - Goal: Improve the health outcomes in public health districts 3 and 4. - Manage the Western Idaho Community Health Collaborative with a focus on Collective Impact. - Ensures the work of WICHC drives optimal population health in the Greater Treasure Valley.
Summary Public Impact (3-5 bullets)	<ul style="list-style-type: none"> - Drives community engagement in the areas of housing, behavioral health, and access to care. - Drives investment in whole person health. - Drives collaboration among public and private partners in the Greater Treasure Valley.
Summary of Evidence-based (3-5 bullets)	<ul style="list-style-type: none"> - Collective Impact Centered: This framework is a nationally recognized framework for collaboration and co-creation. - WICHC co-leads the work of our CHNA and Regional Implementation Plan (both designed to promote health and well-being). - Emphasizes the use of local data to drive programming, investments, and collaboration.

Reviewer/Approve

	Program Manager	PM2	Division Administrator	Financial Officer	Legal*	Director
Date	02/18/2026		02/18/2026	02/18/2026		02/25/2026
Initials	 Berenice Medina		BS	MH		NZ

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



Southwest District Health

Originator

Parties

IDHW	SWDH
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Document Type

Subgrant	<input checked="" type="checkbox"/> Amendment
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Summary

Name/Title:	PUBLIC HEALTH DISTRICT NO 3
Description (long title):	Implementation prevention initiatives surrounding drug misuse and overdose
FAIN#:	NU17CE010183
Funding Source:	Federal
SWDH Project Code:	95341055
Original Effective Date:	09/01/2025
Current Expiration Date:	08/31/2026
Total [Funding Amount or Cost of Service]:	94000
Allowable Indirect Rate:	33.84%
Match Required:	NO
Match Amount:	
FTE Supported:	.95
District Funds Budgeted in Current FY:	2154.70
Restrictions:	None
Target Population:	People at risk of overdose and the orgs. that support them.
If this is an amendment, briefly describe the change. Funding increase due to available funding from IDHW	

Contacts

Contact Name (Internal & External)	Contact [Agency, Organization, Contractor, Vendor, Partner]	Contact Email or Phone Number
Natalie Bodine	IDHW	natalie.bodine@dhw.idaho.gov
Melanie Chroninger	SWDH	melanie.chroninger@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)	Facilitate public health and safety team (PHAST) Conduct overdose prevention and education trainings Provide prevention TA/support to organizations that support people who use drugs.
Summary Public Impact (3-5 bullets)	Decreased deaths from opioid overdose Increased community and partner capacity to respond to overdose Increase collaboration among organizations responding to overdose
Summary of Evidence-based (3-5 bullets)	Follow CDC Overdose Data to Action toolkits and resources: https://www.cdc.gov/overdose-prevention/php/od2a/index.html

Reviewer/Approve

	Program Manager	PM2	Division Administrator	Financial Officer	Legal*	Director
Date	02/20/2026		02/22/2026	02/23/2026		02/23/2026
Initials	 <small>Charlene Cariou</small>		BS	MA		NZ

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