



Board of Health Meeting
 Tuesday, October 28, 2025
 13307 Miami Lane, Caldwell, ID 83607

Public comments specific to an agenda item for the October 28, 2025 Board of Health meeting can be submitted [here](#) or by mail to: SWDH Board of Health, Attn: Administration Office, 13307 Miami Lane, Caldwell, ID, 83607. The period to submit public comments will close at 10:00 a.m. on Monday, October 27, 2025. The meeting will be available through live streaming on [the SWDH You Tube channel](#).

Agenda

A = Board Action Required

G =Guidance

I = Information item

9:00	A	Call Meeting to Order	Chairman Kelly Aberasturi
9:01		Pledge of Allegiance	
9:04		Roll Call	Chairman Kelly Aberasturi
9:07	A	Call for changes to agenda; vote to approve agenda	Chairman Kelly Aberasturi
9:10		In-person public comment	
9:15	I	Introduction of new employees	Division Administrators
9:20	A	Approval of September 2025 meeting minutes	Chairman Kelly Aberasturi
9:25	I	August 2025 Monthly Expenditure and Revenue Report	Michele Hanrahan
9:35	I	Contract Services and Grant Applications	Don Lee
9:45	A	Fiscal Year 2026 Opioid Plan Adjustment	Michelle Schildhauer
9:55	I	Disaster Readiness Tabletop Exercise	Ricky Bowman, Molly Smith
10:30		Break	
10:45	I	District Boards of Health Meeting Recap	Commissioner Viki Purdy
11:00	I	Clearwater Financial Situational Analysis Reports	Clearwater Financial Staff
11:45	A	December 2025 Board of Health meeting date	Nikki Zogg
11:50		Directors Report (Information Only)	
		<ul style="list-style-type: none"> • Director and Board Member Meetings • Lawsuit Dismissal • Funding Update • Report Summary of Grants, Contracts, Subgrants, Obligations Signed 	
11:58	I	Future Agenda Items	
12:00		Adjourn	

NEXT MEETING: Tuesday, November 18, 2025 – 10:00 a.m.



BOARD OF HEALTH MEETING MINUTES
Tuesday, September 23, 2025

BOARD MEMBERS:

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

STAFF MEMBERS:

In person: Nikki Zogg, Katrina Williams, Don Lee, Beth Kriete, Ben Shatto, Michele Hanrahan, Cas Waldron, Cambria Williams

Virtual: Colton Osborne

GUESTS: None

CALL THE MEETING TO ORDER

Chairman Kelly Aberasturi called the meeting to order at 9:00 a.m.

ROLL CALL

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

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

PUBLIC COMMENT

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

INTRODUCTION OF NEW EMPLOYEES

Division Administrators introduced the new employees.

APPROVAL OF AUGUST 2025 MEETING MINUTES

Board members reviewed meeting minutes from the August 26, 2025, Board of Health meeting. Commissioner Riebe noted that page 2 needs the addition of the word “age” to the second line of the third paragraph under Crisis Center Overviews.

MOTION: Commissioner Riebe made a motion to approve the August 26, 2025 meeting minutes with the addition of the word age to page 2 on the second line of the third paragraph under Crisis Center Overviews. Commissioner Brooks seconded the motion. All in favor; motion passes.

JULY 2025 EXPENDITURE AND REVENUE REPORT

Michele Hanrahan, Financial Officer, provided the July 2025 Expenditure and Revenue Report. The report includes expanded detail showing the amount and type of revenue within each program. The expenditures report reflects the same list of the programs, expenditure categories and provides a year-to-date number versus budget comparison for each of the programs for the fiscal year. Michele pointed out that the first page on the revenue shows negative balances which is normal for an income statement.

OPERATING RESERVES

Nikki has met several times with a small budget workgroup of Board of Health members including Commissioner Riebe, Commissioner Brooks, and Commissioner Aberasturi. The group suggested some changes to the monthly expenditure and revenue report and those changes are incorporated in the August report presented at the meeting today.

The group also suggested reducing operating reserves to remove funds or monies that would have supported the loss of a grant or subgrant. This task has been completed. Board members discussed this change to the operating reserve. Nikki asked for Board member action on changing the operating reserve.

MOTION: Commissioner Brooks made a motion to adopt the changes to the operating reserves as suggested by the budget workgroup. Dr. Tribble seconded the motion. All in favor; motion passes.

Board members discussed the revised operating reserve calculation, being mindful about lowering the reserve given uncertainty about grants coming in and not using property tax dollars to keep in reserve for use if grants stop being received.

Michele clarified that the funds do not come from grants that we are applying for or choosing whether to do or not. The funds are from subgrants we receive from Idaho Department of Health and Welfare (IDHW). She explained that a lot of these subgrants are related to duties assigned to health districts in statute.

FISCAL YEAR 2025 CARRYOVER FUNDING

Don Lee, Chief Operating Officer, shared recommendations to allocate committed funds including the below breakdown:

27th Payroll	\$95,024
Replacement of expiring lease vehicles	\$136,191
New Salary structure (50% this year with mid-year implementation)	\$335,500
Facility Improvements, partitions & movement of workspace components	\$235,000
Clinic Equipment	\$8,000
Additional Contribution to Facility Infrastructure Committed Account	\$159,088
Return of funds to Counties	\$213,809

Board members discussed increasing costs, the possibility of calculating the overall fiscal cost vs. savings for 20-30% turnover versus retaining that person at a higher salary rate going forward. Don suggested SWDH staff would like the opportunity to spend the next few months doing a deep dive into the costs of turnover versus retention. This information can be presented and discussed at the budget revision scheduled to be held in December.

MOTION: Commissioner Brooks made a motion to move forward with carryover fund commitment as presented and revisit in December. Commissioner Riebe seconded the motion. All in favor; motion passes.

CRISIS CENTERS AND YouthROC CARRY FORWARD PLAN

Cas Waldron, SWDH Project Manager, shared a spend down plan for the adult and youth crisis centers and YouthROC. The money comprising this total amount is a combination of previously committed funds and contract revenue funds from Magellan. Amounts to carry forward include \$347,098 for the adult crisis center and \$437,107 for the youth crisis center. YouthROC services are included in the youth crisis center.

MOTION: Commissioner Riebe moved to approve the carryover spend down plan for the adult crisis center, youth center and YouthROC as presented. Commissioner Brooks seconded the motion. All in favor; motion passes.

CHILDCARE INSPECTION TRENDS

Cambria Williams, Environmental Health Specialist, Sr., provided an overview of childcare inspection trends. Cambria also provided an overview of terminations and suspensions among licensed childcare providers. She emphasized that inspection teams monitor for safety, not quality.

FARMWAY VILLAGE LEASE RENEWAL

The lease agreement with Caldwell Housing Authority for space for the clinic is up for renewal. This lease has been in place for a long time. WIC services and oral health services are provided at the space which is leased for a fee of \$200 per month.

Due to recent annexation of the Farmway Village area currently managed by Caldwell Housing Authority, Beth Kriete explained she anticipates changes over the next few years.

MOTION: Commissioner Brooks made a motion to approve the Farmway Village lease as presented. Commissioner Purdy seconded the motion. All in favor; motion carries.

DIRECTOR DELEGATED AUTHORITIES

Nikki Zogg shared that the Board of Health budget workgroup supports SWDH staff not continuing to manually compile the delegated authorities contract document. Nikki prepared a one-page document outlining delegated authorities in general.

Nikki shared a couple of options for delegated authorities for the board's consideration. She explained that there are daily approvals required as part of her director authorities to help eliminate timeliness issues that sometimes happen with the IDHW grants and subgrants. Should the board choose to no longer delegate authority for these signatures, the first option Nikki recommended is weekly board meetings for the purpose of approving any new agreements or contracts received by the district. The second option would be to continue with regularly scheduled monthly board meetings but provide the following information for board awareness and guidance:

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

Board members discussed implementing service contract sideboards as well. Board members also suggested a threshold of \$50,000 rather than \$100,000 for any grants, revenue, contracts, or subgrants. This would include any grants SWDH pursues but is not awarded.

MOTION: Dr. Tribble made a motion to adopt the second option with exception of all revenue, subgrants and contracts of \$50,000 or greater come to the Board for guidance. Commissioner Riebe seconded the motion. All in favor; motion carries.

Following the motion, Commissioner Riebe asked that this process be implemented as a pilot project and revisited in several months to provide feedback. Nikki will set it as an agenda item in February or March.

BOARD BYLAW REVIEW AND APPROVAL

Nikki shared proposed updates and changes to the Board of Health bylaws including some additional language around agenda development and inclusion of public comment based off of information from a recent open meeting law training with SWDH's legal counsel.

Another change comes from the Board of Health budget workgroup and is reflected in the addition of budget workgroup participation with the director and potentially other staff in November of each year to discuss funding priorities for each fiscal year as budget development begins in December/January.

MOTION: Commissioner Riebe made a motion to adopt the revised bylaws as amended. Dr. Tribble seconded the motion. All in favor; motion carries.

FISCAL POLICY AND BUDGET GUIDELINES

Fiscal policy and budget guidelines have been developed with assistance from the Board of Health budget workgroup. Nikki asked the Board to approve the revision to SWDH's finance policy and budget guidelines. She explained most of these changes are just clarifications and that these guidelines

incorporate board member actions already approved including involving board members in a budget workgroup.

MOTION : Commissioner Riebe made a motion to approve edits as presented to the fiscal policy and budget guidelines. Commissioner Brooks seconded the motion. All in favor; motion carries.

DIRECTOR’S REPORT

Federal Funding Update

Nikki provided a federal funding update. The State has also imposed a 3% holdback on all state funds. This doesn’t impact SWDH much since we only deal with pass-through funds. Overall, at this point in our fiscal year, SWDH is down a little less than 2% of overall budget funding between federal and state reductions. Nikki reminded board members that a budget revision in December will address some of these revisions.

IAPHDD – H14 Cleanup Act

Legislative Services Office asked SWDH to comply with House Bill 14 – the Cleanup Act. Mike Kane, legal counsel for all districts, suggested reminding LSO that health districts are not state agencies. However, Nikki felt this was a good opportunity to provide input on language cleanup. The directors with the aid of Mike Kane, put forth four suggested “cleanup” actions for the LSO to consider.

DEQ – Solid Waste Memorandum of Understanding

Central District Health’s District Director has notified Department of Environmental Quality (DEQ) that non-municipal solid waste inspections will no longer be completed by District 4 and asking for a revision of the Memorandum of Understanding between the health districts and DEQ to clarify this.

Idaho Association of Counties (IAC) – Public Health District Director Workgroup

At the Idaho Association of Counties (IAC) meetings last week there was agreement to establish a workgroup to discuss potential changes to the governance and funding of public health districts. Seth Griggs will be establishing a public health workgroup and seeking commissioners and directors to be part of the workgroup.

IADBH Travel Reminder

Board members planning to attend the upcoming Idaho Association of District Boards of Health (IADBH) meeting being hosted by SWDH and held at CDH in Boise should reach out to Katrina with confirmation of travel plans and whether a hotel is requested.

Future Agenda Items

There are no future agenda items for discussion.

Adjournment

There being no further business, the meeting adjourned at 11:28 a.m.

Respectfully submitted:

Approved as written:

Nikole Zogg
Secretary to the Board

Kelly Aberasturi
Chairman

Date: October 28, 2025



SOUTHWEST DISTRICT HEALTH REVENUES & EXPENDITURE REPORT FOR FY2025

August-25

Modified Accrual Basis

Target **16.67%**

Fund Balances		
	FY Beginning	August 2025 Ending
General Operating Fund	\$1,355,402	\$1,649,507
LGIP Operating	\$5,650,546	\$5,701,605
LGIP Vehicle Replacement	\$113,809	\$114,646
LGIP Capital	\$1,299,174	\$1,299,174
Total	\$8,983,390	\$8,764,932

Income Statement Information		
	YTD	Month
Net Revenue:	\$2,931,285	\$1,748,325
Expenditures:	(\$2,688,700)	(\$1,516,471)
Net Income:	\$242,585	\$231,854

Revenue										
	County Contributions	Fees	Subgrant/Grant/ Contract Revenue	Sale of Assets	Interest	Other	Monthly Total	YTD	Total Budget	Percent Budget to Actual
Administration & BoH	-\$236,082.83		-\$199,009.08		-\$136,330.71		-\$571,422.62	-\$649,104.62	\$4,173,645.00	15.55%
District Operations Div						-\$3,030.12	-\$3,030.12	-\$3,030.12	\$0.00	
FCS										
Medical Clinic		-\$32,036.37					-\$32,036.37	-\$42,868.30	\$162,000.00	26.46%
Immunizations		-\$12,349.57	-\$10,053.20				-\$22,402.77	-\$33,064.37	\$189,024.00	17.49%
HIV/STI prevention			-\$6,073.35				-\$6,073.35	-\$20,066.66	\$185,250.00	10.83%
Women's Health Check		-\$666.76	-\$2,685.01				-\$3,351.77	-\$5,433.09	\$20,061.00	27.08%
Nurse Family Partnership		-\$28,513.68	-\$48,564.90				-\$77,078.58	-\$175,118.58	\$472,150.00	37.09%
Parents as Teachers		-\$34,016.32	\$21,784.86				-\$12,231.46	-\$86,826.46	\$378,292.00	22.95%
WIC			-\$3,953.04				-\$3,953.04	-\$34,419.35	\$1,306,960.00	2.63%
Adult Crisis Center						-\$250,000.00	-\$250,000.00	-\$250,000.00	\$1,704,000.00	14.67%
Youth Crisis Center						-\$250,000.00	-\$250,000.00	-\$250,000.00	\$1,737,510.00	14.39%
YouthROC			\$0.00				\$0.00	-\$100,000.00	\$420,000.00	23.81%
Pre-Prosecution Diversion			-\$29,152.30				-\$29,152.30	-\$197,956.92	\$1,419,794.00	13.94%
Other FCS		-\$4,612.83	-\$2,390.07				-\$7,002.90	-\$14,157.94	\$617,552.00	2.29%
ECHS										
Fit & Fall Proof			-\$757.77				-\$757.77	-\$6,328.60	\$95,897.00	6.60%
Millennium-Tobacco			\$9,434.21				\$9,434.21	-\$350,565.79	\$461,038.00	76.04%
Partnership for Success			-\$8,705.58				-\$8,705.58	-\$19,567.04	\$545,777.00	3.59%
Food Programs		-\$6,800.00					-\$6,800.00	-\$17,877.00	\$349,900.00	5.11%
Child Care Inspections		-\$2,550.00	\$0.00				-\$2,550.00	-\$19,853.33	\$142,284.00	13.95%
Land Programs		-\$87,245.00	-\$10,749.47				-\$97,994.47	-\$227,312.47	\$1,042,629.00	21.80%
Epi Investigations			-\$53,336.63				-\$53,336.63	-\$53,336.63	\$374,453.00	14.24%
Public Health Preparedness			\$0.00				\$0.00	-\$36,307.72	\$573,000.00	6.34%
WICHC							\$0.00	\$0.00	\$145,020.00	0.00%
Other ECHS			-\$17,135.81			-\$302,743.71	-\$319,879.52	-\$338,089.56	\$517,299.00	65.36%
Monthly Revenue	-\$236,082.83	-\$208,790.53	-\$361,347.14	\$0.00	-\$136,330.71	-\$805,773.83	-\$1,748,325.04			
							Year-to-Date Revenue	-\$2,931,284.55	\$17,033,535.00	17.21%



SOUTHWEST DISTRICT HEALTH
REVENUES & EXPENDITURE REPORT FOR FY2025

August-25

Modified Accrual Basis

Target **16.67%**

EXPENDITURES								
	Personnel	Operating	Capital	T/B	Monthly Total	YTD	Total Budget	Percent Budget to Actual
Administration & BoH	\$69,556.01	\$32,828.90			\$102,384.91	\$173,681.41	\$814,284	21.33%
District Operations Div (and blanks-identified programs)	\$188,759.78	\$76,373.04			\$265,132.82	\$425,431.68	\$2,705,474	15.72%
FCS								
Medical Clinic	\$54,226.64	\$10,332.39			\$64,559.03	\$129,977.14	\$787,894	16.50%
Immunizations	\$25,065.99	\$8,199.23			\$33,265.22	\$66,970.72	\$309,671	21.63%
HIV/STI/DIS prevention	\$14,704.54	\$1,430.60			\$16,135.14	\$23,919.61	\$158,077	15.13%
Women's Health Check	\$299.18	\$319.99			\$619.17	\$1,263.83	\$22,087	5.72%
Nurse Family Partnership	\$36,421.53	\$26,693.87			\$63,115.40	\$102,739.76	\$599,162	17.15%
Parents as Teachers	\$43,887.82	\$1,556.85			\$45,444.67	\$83,118.27	\$459,414	18.09%
WIC	\$128,910.39	\$14,086.59			\$142,996.98	\$259,941.68	\$1,554,031	16.73%
Adult Crisis Center	\$1,622.39	\$121,056.96			\$122,679.35	\$245,423.40	\$1,490,559	16.47%
Youth Crisis Center	\$0.00	\$121,385.00			\$121,385.00	\$244,045.43	\$1,498,974	16.28%
YouthROC	\$11,557.18	\$75.33		\$34,582.61	\$46,215.12	\$73,455.39	\$413,845	17.75%
Pre-Prosecution Diversion	\$24,867.74	\$1,414.86			\$26,282.60	\$44,636.43	\$1,278,193	3.49%
Other FCS	\$34,174.83	\$23,072.88		\$14,285.63	\$71,533.34	\$109,799.85	\$479,224	22.91%
ECHS								
Fit & Fall Proof	\$9,799.87	\$362.83			\$10,162.70	\$16,426.52	\$100,135	16.40%
Millennium-Tobacco	\$27,819.77	\$784.94			\$28,604.71	\$50,613.60	\$317,691	15.93%
Partnership for Success	\$24,808.68	\$10,569.22		\$6,855.60	\$42,233.50	\$79,907.09	\$477,714	16.73%
Food Programs	\$68,933.39	\$10,313.62			\$79,247.01	\$131,833.60	\$685,368	19.24%
Child Care Inspections	\$9,884.27	\$353.50			\$10,237.77	\$18,659.87	\$166,169	11.23%
Land Programs	\$85,711.26	\$8,023.89			\$93,735.15	\$162,784.48	\$947,688	17.18%
Epi Investigations	\$30,030.36	\$660.70			\$30,691.06	\$56,860.71	\$316,565	17.96%
Public Health Preparedness	\$35,071.55	\$484.92			\$35,556.47	\$72,659.15	\$505,150	14.38%
WICHC	\$9,116.41	\$3,356.37			\$12,472.78	\$25,327.18	\$115,859	21.86%
Other ECHS	\$47,389.95	\$1,391.21		\$3,000.00	\$51,781.16	\$89,222.73	\$830,307	10.75%
Monthly Expenditures	\$982,619.53	\$475,127.69	\$0.00	\$58,723.84	\$1,516,471.06			
				Year-to-Date Expenditures		\$2,688,699.53	\$17,033,535	15.78%

Board of Health Request

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FY26 Proposed Opioid Settlement Activities

Background

Southwest District Health is a recipient of approximately \$3.1 million in anticipated opioid settlement funds through FY39. Funds are received based on settlement arrangements and distributions vary by year.

The Idaho Attorney General’s Office oversees opioid settlement distribution and monitoring and has an approved list of activities. More information is available here: <https://www.ag.idaho.gov/consumer-protection/opioid-settlement/>

Opioid-Settlement Aligned SWDH Activities

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

- Communities for Youth – community-led conversations and action plan development to support development of protective factors (ex. social connection, parent training and support)
- Adult and Youth Community Crisis Centers
- Basic needs and behavioral health assessment for youth – Youth Resource and Opportunity Collaborative (YouthROC)
- Behavioral health gatekeeper trainings (ex. Mental Health First Aid, QPR)
- Pilot program for community paramedic EMS diversion
- Parent education classes on substance use prevention
- School-based substance use prevention curriculum

FY26 Proposed SWDH Activities to Decrease and Prevent Opioid Overdose

	Proposed Activities <i>(Exhibit A – Approved Activity Reference)</i>	Measurement of Success	Resources Needed
Infrastructure	Convene and facilitate regional collaborative of settlement recipients to coordinate and collaborate on implementation efforts. <i>(Activity J.1)</i>	Awareness and coordination of regional activities to prevent and address substance misuse and opioid overdose. Identify future strategic and coordinated use of settlement funds within the SWDH region.	.01 FTE to support regional collaboration
Prevention/ Connectedness	Enhance home visiting programs to support families through parenting support and education. <i>(Activity E.6-9)</i>	Number of families served through home visiting programs.	2.25 FTE for home visiting staffing.
Support & Treatment	Host SBIRT (Screening, Brief Intervention, and Referral to Treatment) training for partner agencies and healthcare providers. <i>(Activity C.2)</i>	Number of individuals and organizations trained in SBIRT.	0.01 FTE to oversee and coordinate SBIRT training.
	Increase availability of overdose prevention supplies (ex. Naloxone, testing strips, CPR rescue masks, sharps containers, naloxobox) to people at highest risk or provide during Naloxone training. <i>(Activity H.1)</i>	Amount of naloxone distributed and in which counties. Decrease in overdose deaths. Number of individuals trained in overdose prevention using naloxone.	.05 FTE to support regional naloxone distribution
	Regional post-overdose response team – assess feasibility of pilot program in coordination with health systems, law enforcement, and EMS agencies. <i>(Activity A.5)</i>	Decrease in overdose rates. Decrease in overdose deaths.	.04 FTE to oversee agreement with community-based overdose response provider.
	Provide in-person or telehealth counseling services. <i>(Activity G.8 - G.12)</i>	Number of clients served.	.5 FTE to provide BH counselling services
	<u>Build the mental health workforce capacity by training clinicians and certifying peer</u>	<u>Number of clinicians and peer support certified</u>	<u>36 clinicians certified in Trauma Focused-Cognitive Behavioral Therapy</u>

	<u>support specialists (Activity A.6., A.9, and A.13)</u>		<u>33 individuals certified as peer support specialists</u>
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Overall Spending Years to Date

Fiscal Year	Funds Expended by FY
FY22	\$0.00
FY23	\$59,264.63
FY24	\$75,740.28
FY25 (YTD through January)	\$306,462.67

Requested Budget for FY26

Item	Estimated Budget
Personnel	
0.5 Behavioral Health Clinician	\$56,889.67
0.05 Health Education Specialist, Sr	\$4,659.33
0.1 NFP Manager	\$12,577.87
0.5 Home Visiting Nurse (0.1 x 5 positions)	\$49,109.87
0.1 PAT Manager	\$10,984.94
0.9 Parent Educator	\$70,041.68
0.25 Behavioral Health PM2	\$30,776.58
0.05 Community Health PM2	\$6,157.95
0.4 PAT Home Visitor (0.1 x 4 positions)	\$31,788.49
Total	\$272,986.38
Operating	
General office supplies	\$600.00
Overdose prevention supplies (ex. CPR rescue masks, test strips, naloxone, etc.)	\$1,000.00
SBIRT Training Facilitator (\$400 per training) – up to twelve trainings	\$4,800.00
District Vehicle Use	\$120.00
General operating expenses (ex. Allocated expenses, cell phone, copier utilization, professional development, etc.)	\$6,998.24
Overdose Response Program – Community Grant	\$20,000.00
Operating supplies for BH provider and home visitors	\$43,200.00
<u>Cover the certification cost for TF-CBT and peer support certification</u>	<u>\$43,200.00</u>
Total	\$56,718.24
Indirect Rate	\$87,228.67
Total Requested	\$436,933.29

Appendices

Summary Environmental Scan Results – May 2023

In preparation for developing a plan for settlement fund utilization, SWDH contracted with Rathbone Falvey Research to conduct an environmental scan to better understand community needs and perceptions, gaps and needs, and how other settlement recipients were utilizing their funds to best coordinate efforts. Through this environmental scan, community partners, community members, and other opioid settlement recipients provided input on current unmet needs. Rathbone Falvey Research summarized this input and provided the following recommendations for SWDH consideration:

- Education
 - Fund evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.
- Prevention
 - Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.
 - School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
- Treatment
 - Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.
 - Support mobile intervention, treatment, and recovery services offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.
 - Support mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.
 - Training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.
 - Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.
- Mental Health Services
 - Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.
- Community-Based Services

- Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.
- Basic Needs
 - Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.
 - Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services.

These same community partners, members, and other settlement recipients within the SWDH region were asked what they would like to see occur after impactful investment of these settlement funds. The following three themes were identified:

1. Building stronger families
2. Creating safer communities
3. Fostering mental health



PHEPER Disaster Readiness

SWDH Board of Health

October 28, 2025

Overview

- Disasters and Emergencies
- Alert Messaging Systems
- Emergency Response vs. Public Health
- Response and Recovery
- Declarations and Authority
- Public Health Considerations



Forecasted Events, Disasters, and Emergencies

- Extreme Weather – Heat/Cold
- Flooding
- Wildfires
- Winter Storms



Wireless Emergency Alert Systems

Alert Sense

Adams County

Canyon County

Gem County

Owyhee County



SWDH uses Alert Sense

Code Red

Payette County

Notify Me

Washington County



Scenario – Let's Talk About Flooding

Emergency Response



Teton Dam Flood,
November 1975

Public Health Response



Mold Damage in flooded
house, CDC

Scenario - Flooding

Emergency Response



Rescue Team, Malheur County Sheriff

Public Health Response



NC Newsline 10/22/2024, Hurricane Helene

Scenario - Flooding

Emergency Response



Flooded Home, CDC

Public Health Response

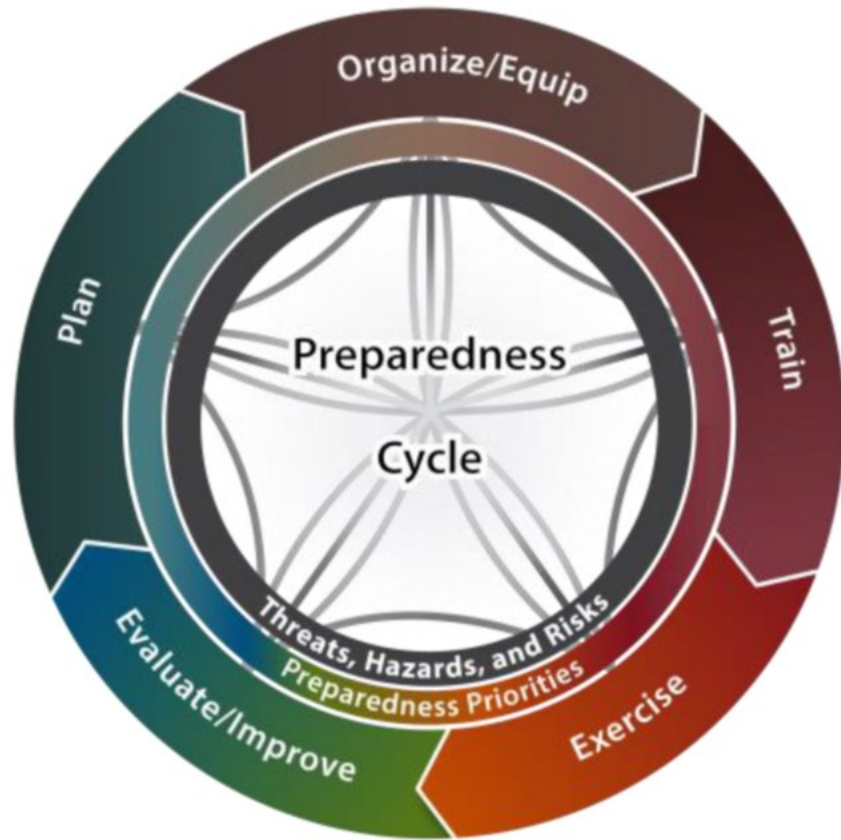


Response and Recovery Continuum



FEMA National Disaster Recovery Framework,
December 2024

Preparedness, Response and Recovery Cycle



Emergency Declarations

Emergency Declarations are declared by the Board of County Commissioners.

Outbreaks are declared by **Public Health**.



Canyon County – Severe Weather Declaration

Caldwell, ID – Canyon County has just received word of a local weather disaster within the radius starting at Pearl Rd. and State Highway 95 going North to Payette County Line. Under Idaho Code 46-1011 with the disaster's impact on the county, the Canyon County Board of Commissioner's Chair has deemed this as a local emergency and would like to put out a declaration identifying this as a local disaster emergency.

Declaring this as an emergency allows for additional resources to be utilized to serve the area that was impacted by the severe weather. This opens up an avenue to allow taxing districts who are providing support in the area to get reimbursed for possibly unanticipated costs.

###

For more information, please contact the Director of Constituent Services, Aaron Williams at (208) 614-5011.

Public Health Authority - Quarantine

Quarantine Orders:

- People
- Places
- Things



Public Safety Orders:

- Movement of People
- Places
- Things



Public Health Authority – for the flood scenario

Quarantine Orders:

- People
- **Places – Homes**
 - How will each county address a sudden displaced population due to a disaster?
- Things

Priorities of Response

- Save lives
- Protect property and the environment
- Stabilize the incident
- Provide for basic human needs

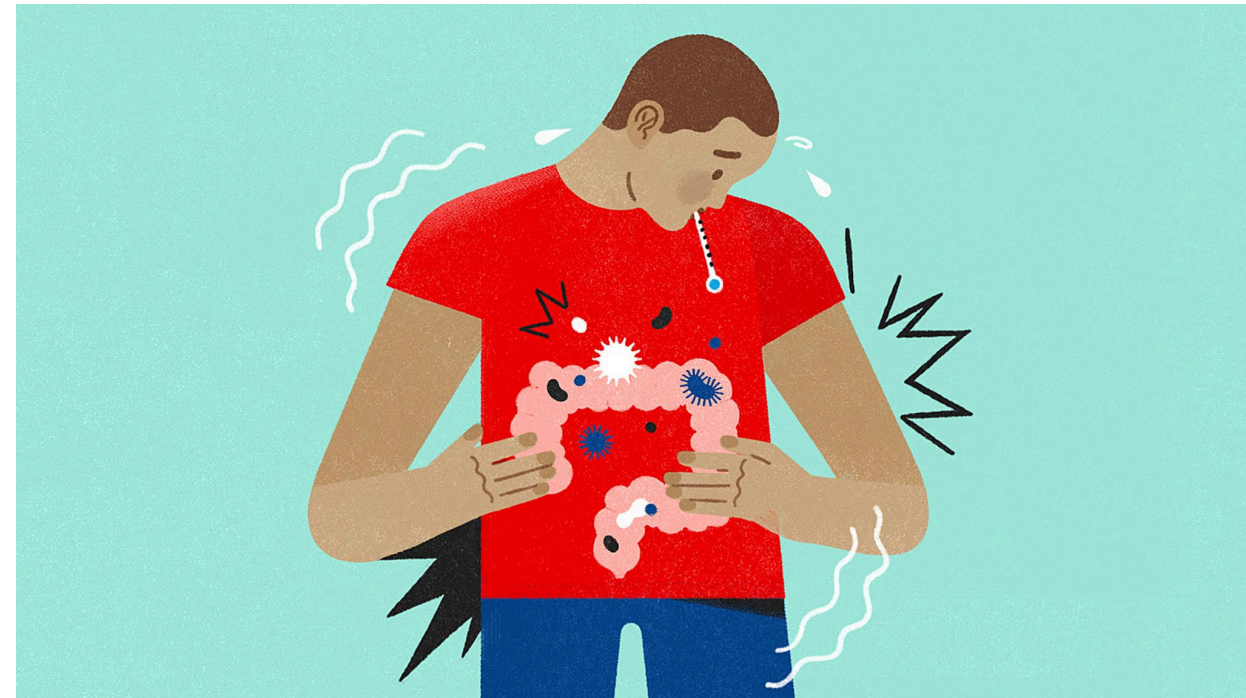


FEMA

Visual 3.23

Public Health Considerations During a Flood Incident

- Environmental Health
 - Well water contamination
 - Septic system failures
 - Hazardous debris
- Epidemiology
 - Diseases spread from failed wells, septic systems or contamination
 - Mosquitos and mosquito borne diseases
- Hospital Systems Stressed



CVS Health family of companies

Thank You

- Questions?



Public Health
Prevent. Promote. Protect.



SOUTHWEST DISTRICT HEALTH

External Stakeholder Summary | Internal Stakeholder Summary | Facility Survey Summary

OCTOBER 28, 2025



Stakeholder & Survey Purpose Overview

Internal Stakeholders

- Provide firsthand insights into daily operations, service delivery, and facility needs.
- Help identify inefficiencies, gaps, or opportunities that may not surface in data alone.
- Build staff ownership of the planning process, increasing buy-in for future changes.

External Stakeholders

- Offer perspectives from partners who intersect with public health in different ways.
- Highlight community-level challenges such as access, awareness, and trust.
- Ensure recommendations reflect both urban and rural priorities across all six counties.

Public Survey

- Identifies community perceptions, unmet needs, and priorities in residents' own words.
- Supplies quantitative and qualitative data to compare themes raised by stakeholders.
- Ensures the final plan reflects community voice.

External Stakeholder Summary

External Stakeholder Summary

Interviews were conducted with **20 external** stakeholders that represented each of the District's six (6) counties: Adams, Canyon, Gem, Owyhee, Payette, & Washington.

Stakeholders represented broad cross-sections of the region, including local government, planning organizations, non-profits, healthcare organizations, education, and law enforcement.

Stakeholders shared their perspectives on the District's work, its facilities, services, communications, needs they see in their communities, strengths of the District, and areas of opportunity.

External Stakeholder Summary

PERCEPTIONS & AWARENESS

SWDH is viewed as professional, consistent, and fiscally responsible, but not well known beyond regulatory roles.

Public often lacks clarity on what services are offered → low visibility is a barrier to trust and use.

SERVICE NEEDS

Behavioral/mental health emerged as the #1 unmet need, especially for youth and underserved groups.

Other needs:

transportation, expanded clinic hours, oral health for children, and broader health education.

FACILITIES & GROWTH

Disparity noted between Caldwell office and outer clinics.

Outer clinics described as outdated and undersized.

Strong consensus growth will overwhelm facilities without new investment.

External Stakeholder Summary

PARTNERSHIPS & PERFORMANCE

Strong partnerships with hospitals, schools, and nonprofits.

Want more joint community health projects, not just regulatory interactions.

Presence is seen as essential to maintain community confidence.

OPPORTUNITIES

Address transportation barriers to increase accessibility of services.

More proactive communication and visibility.

Investment in facilities and expanded service delivery options.

FUTURE ORIENTED THEMES

Long-term budget priorities should be facilities and behavioral health capacity.

Telehealth, mobile clinics, multipurpose facilities, and community meeting spaces.

Expand collaboration with schools, hospitals, nonprofits, & local

Internal Stakeholder Summary

Internal Stakeholder Summary

Twelve (12) interviews were conducted with internal stakeholders, including staff and board representatives across a range of programs and functions.

Stakeholders reflected internal roles, including clinical care, environmental health, behavioral health, community health, administrative support, and leadership.

Stakeholders shared perspectives on daily operations, facilities and technology, communication practices, resource allocation, and long-term priorities.

Internal Stakeholder Summary

OPERATIONS & RESOURCES

Staffing shortages and turnover affect programs and morale.

Reliance on grants creates funding uncertainty.

Desire for clearer priorities and resource alignment.

FACILITIES & TECHNOLOGY

Outer offices described as outdated and inadequate.

Limited space, privacy, and accessibility in several locations.

Interest in improved technology and modernized work environments.

COMMUNICATION & CULTURE

Staff want stronger internal communication and cross-program coordination.

More transparency from leadership on decisions and long-term direction.

Collaboration/team culture seen as both a strength and area to strengthen.

Internal Stakeholder Summary

SERVICE DELIVERY

Behavioral health consistently identified as the top gap.

Staff highlighted challenges in reaching rural populations.

Need for increased access to and awareness of programs and services.

LEADERSHIP & DECISION MAKING

Leadership praised for dedication and expertise.

Some staff want clearer vision and direction for the future.

Broader inclusion of staff input in planning and decisions encouraged.

FUTURE PRIORITIES

Emphasis on strategic planning and facility investment.

Interest in expanding behavioral health and preventive services.

Building long-term sustainability via funding, facilities, and staff retention.

FACILITY SURVEY SUMMARY

Facility Survey Summary

PARTICIPATION & REPRESENTATION

- **394** responses collected between **April to October 2025**.
- **Representation** from all **six counties**; 55% from Canyon County.
- **Demographics**: majority female (67%), ages 55+ most represented, wide range of income and education levels.
- **Three (3)** responses in **Spanish**; **391 English**

SERVICES USED & NEEDED

- **Most used & top services/needs**: well water testing, septic systems, immunizations, medical services.
- **Additional use**: WIC, food safety/security, Fit & Fall Proof classes.
- Growing interest in mental health counseling and preventive programs.

SATISFACTION & BARRIERS

- Average service satisfaction: 3.05/4 (satisfied to very satisfied).
- Staff professionalism and helpfulness was praised.
- Nearly half reported no challenges; others cited:
 - Lack of information,
 - Travel distance,
 - Limited hours,
 - Scheduling difficulty.

Facility Survey Summary

- 37% selected “never used SWDH services,” suggesting low awareness
- Low-use services: childcare, Parents as Teachers, tobacco/vaping prevention, children’s oral health.
- Feedback is mixed: some see all services as valuable, others suggest overlap with schools or private providers.

**SERVICES
NO LONGER
NEEDED**

- High demand for mental health counseling, crisis intervention, and youth programs.
- Requests for affordable preventive care (screenings, wellness).
- Calls for urgent/primary care access in rural areas.
- Interest in dental care, especially for children.
- Strong suggestions for mobile clinics and telehealth to reduce travel barriers.

**MISSING
SERVICES**

- Half of respondents have visited.
- Most noted no major facility issues.
- Most frequently listed challenges: travel distance, limited hours, or lack of information.

**FACILITIES -
MAIN OFFICE
(CALDWELL)**

Facility Survey Summary

FACILITIES - RURAL OFFICES

- Low overall usage (10–12% had visited Emmett, Payette, Weiser offices).
- Emmett: rated “fair to good” (3.0/4) | Payette: mixed ratings (3.2/4) with parking concerns | Weiser: lowest ratings (space 2.12/4; parking 2.20/4); most respondents noted outdated or inadequate space.
- Rural respondents consistently described distance to services as a barrier.

SATELLITE & SPECIALTY SITES

- Very low usage of WIC-only sites (Council, Homedale, Farmway, Nampa) - generally under 3% visitation.
- Ratings varied, with comments about outdated or cramped spaces.
- Mobile clinics used by only 3.7% of respondents but received positive ratings (avg. 3.4–3.5/4).

AWARENESS & COMMUNICATION

- 37% of respondents rely on social media for health service information.
- Other key sources: healthcare providers (30%), word of mouth (29%), flyers/posters (23%), and SWDH website (21%).
- Some respondents unaware of services available in their area.

CROSS-CUTTING THEMES

Cross-Cutting Themes

1. Behavioral Health - Core Priority

- Universally cited as the region's most urgent and unmet need.
- Expanding counseling, crisis response, and prevention viewed as essential to community well-being.

2. Facilities & Equity of Access

- Outer clinics described as outdated or underutilized.
- Broad agreement that reinvestment in facilities is critical to ensure rural and urban communities have similar access.

3. Communication & Awareness

- Low public awareness of available services across all sources.
- Staff and partners called for consistent, proactive outreach and unified messaging to strengthen trust and visibility.

4. Access & Service Delivery Models

- Distance and limited hours cited as common barriers to care.
- Strong interest in mobile clinics, telehealth, and multipurpose spaces to reach more residents efficiently.

5. Sustainable Funding & Stability

- Reliance on short-term grants creates vulnerability and impacts turnover.
- Calls for long-term investment to sustain programs, facilities, and workforce capacity.

6. Trust, Collaboration

- Trust-building remains essential following pandemic-era challenges.
- Collaboration across agencies, schools, and healthcare providers seen as vital to stability and credibility in a complex

Discussion

SOUTHWEST DISTRICT HEALTH Facility Survey

Educate, Listen, Learn

Survey Results

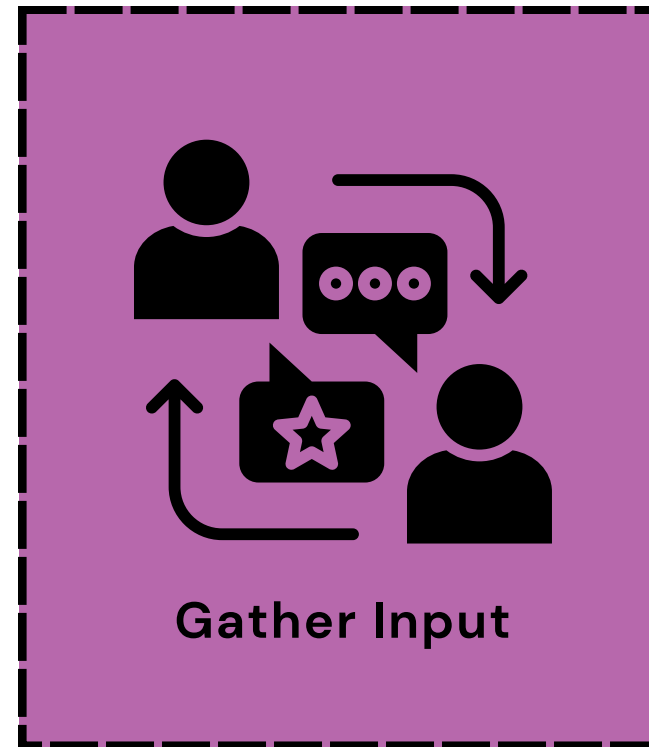
April 23 - October 3, 2025

Total Respondents To-Date: 394



Survey Purpose

The Southwest District Health Community Survey was developed to hear from **residents** about their **experiences** and **priorities** related to the **services** and **facilities** of the District. Responses provide valuable insight into **community needs** and highlight **strengths** and **challenges** across District facilities. This input will help **guide planning** for future facilities, **improve service delivery**, and ensure **resources are aligned** with the needs of the communities being served.



Survey Development

Collaborative Planning



- Discussion, planning with District leadership
- Establishment of timeline and key focus areas
- Development of initial questions, feedback & edits, finalization
- Deployment April 2025

Outreach & Participation



- Stakeholder interviews
- Social media outreach and website promotion
- Inclusion in multiple newsletters (e-newsletter, News You Can Use)
- Flyers placed in three (3) outer clinics + main office check-in booths
- Press release


Shaping the Path Forward



- Community input reviewed for patterns, concerns, and priorities
- Results used to inform District planning and next steps

Survey

- Services ✓
- Facilities ✓
- Accessibility ✓
- Challenges ✓
- Parking ✓


Southwest District Health Facility Survey

Southwest District Health is conducting a situational analysis to assess current and future service and facility needs. Your input as a user of our facilities and services is important to this process.

The survey should be completed in one session. Surveys are anonymous and your answers will be private. We will not collect your personal information, and we will not share how you answered the survey with anyone. In order to complete the survey, you must be at least 18 years old and live in Adams, Canyon, Gem, Owyhee, Payette, or Washington County.

This survey takes 5-10 minutes to complete.

Do you prefer to take this survey in English or Spanish?

El Distrito de Salud del Suroeste está realizando un análisis de la situación para evaluar las necesidades actuales y futuras de sus servicios e instalaciones. Su opinión como usuario de nuestras instalaciones y servicios es importante para este proceso.

La encuesta debe completarse en un solo entorno. Las encuestas son anónimas y sus respuestas serán privadas. No recopilaremos su información personal y no compartiremos con nadie cómo respondió la encuesta. Para completar la encuesta, debe tener al menos 18 años y vivir en Adams, Canyon, Gem, Owyhee, Payette, o Washington Condado.

Completar esta encuesta toma de 5 a 10 minutos.

Le agradecemos su tiempo y aportes.

¿Prefiere realizar esta encuesta en Inglés o en Español?

English
 Español

- ✓ Unnecessary Services
- ✓ Missing Services
- ✓ Awareness
- ✓ Communication
- ✓ Demographics

OUTREACH

Webpage

The screenshot shows the Southwest District Health website. The header includes the logo and navigation links: WIC, BEHAVIORAL HEALTH, COMMUNITY HEALTH, EPIDEMIOLOGY, ABOUT, FAMILY & CLINIC SERVICES, LICENSING & PERMITTING, and CONTACT. The main heading is "MASTER FACILITIES PLAN". Below it, a sub-heading reads "Master Facilities Plan and Comprehensive Financial Plan Process". The text describes a multi-phase process for assessing facilities and financial needs over the next 20 years, starting in February 2025 and ending in early 2026. It mentions that findings will help ensure prudent resource allocation and that the plans will be updated annually.

Newsletter

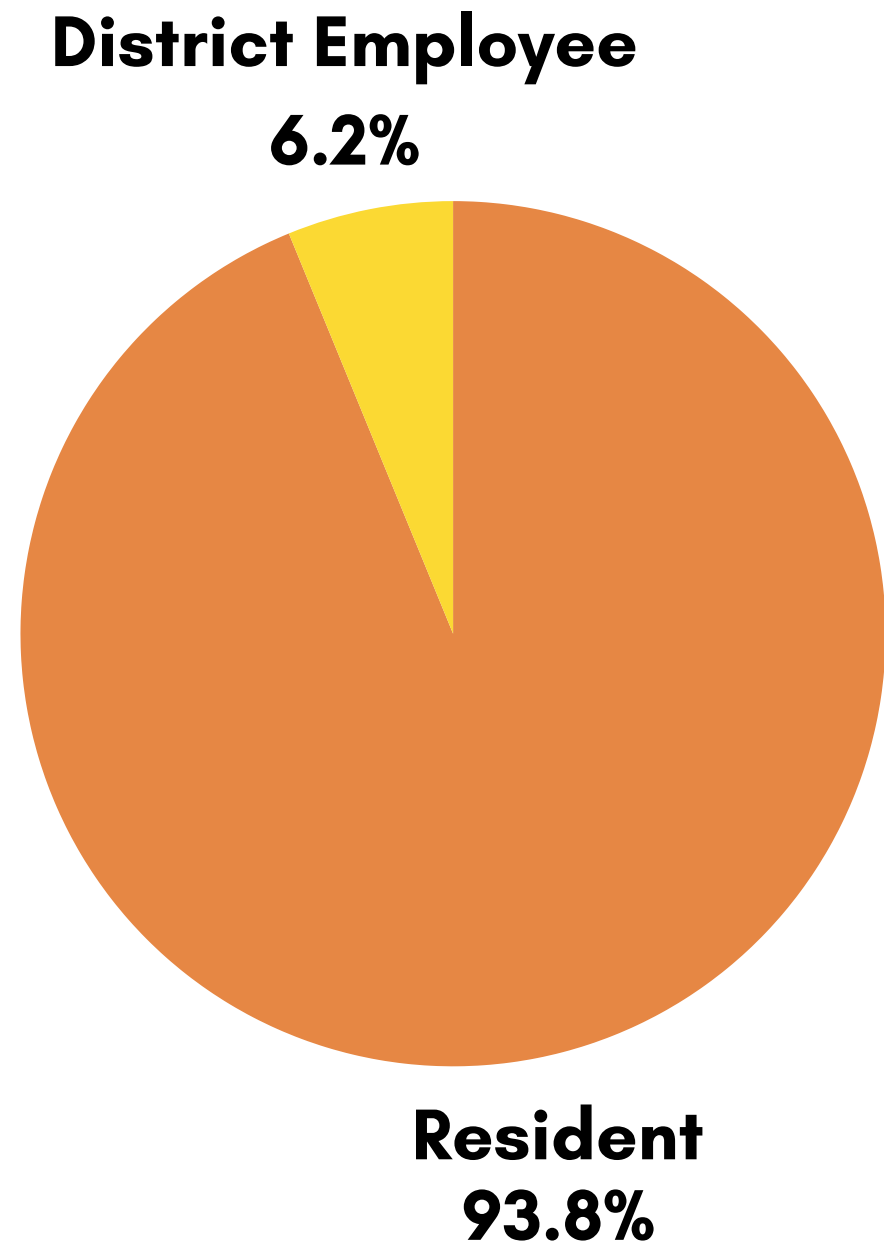
The newsletter template features a blue header with the text "Proudly serving Adams, Canyon, Gem, Owyhee, Payette, and Washington counties". Below this is a white section with a blue header that says "Your Input Matters To Us". The main body of text reads: "We're taking a closer look at how we can better serve our communities—both now and in the future. As someone who lives in southwest Idaho, your voice is incredibly valuable to us. We invite you to take our short, anonymous survey that will help shape the future of health services in your area. It only takes 5–10 minutes to complete, and your responses will remain completely private. No personal information will be collected or shared. To participate, you must be 18 or older and live in Adams, Canyon, Gem, Owyhee, Payette, or Washington County. The survey is available in both English and Spanish. Thank you for helping us build a healthier future—together!". At the bottom, there is a prominent orange button that says "Take our Survey".

Social Media Posts

The social media posts are from Southwest District Health. The top post is from June 12, the middle from June 26, and the bottom from August 28. All posts feature a teal background with the text "We Want To Hear From You!" and "Please provide your feedback". They include the SWDH logo and a link to the survey: <https://survey.zohopublic.com/zs/5HC19W>. The posts also contain the same introductory text as the newsletter, explaining the purpose of the survey and the privacy of responses. The bottom post shows engagement metrics: 9 likes, 0 comments, and 6 shares.

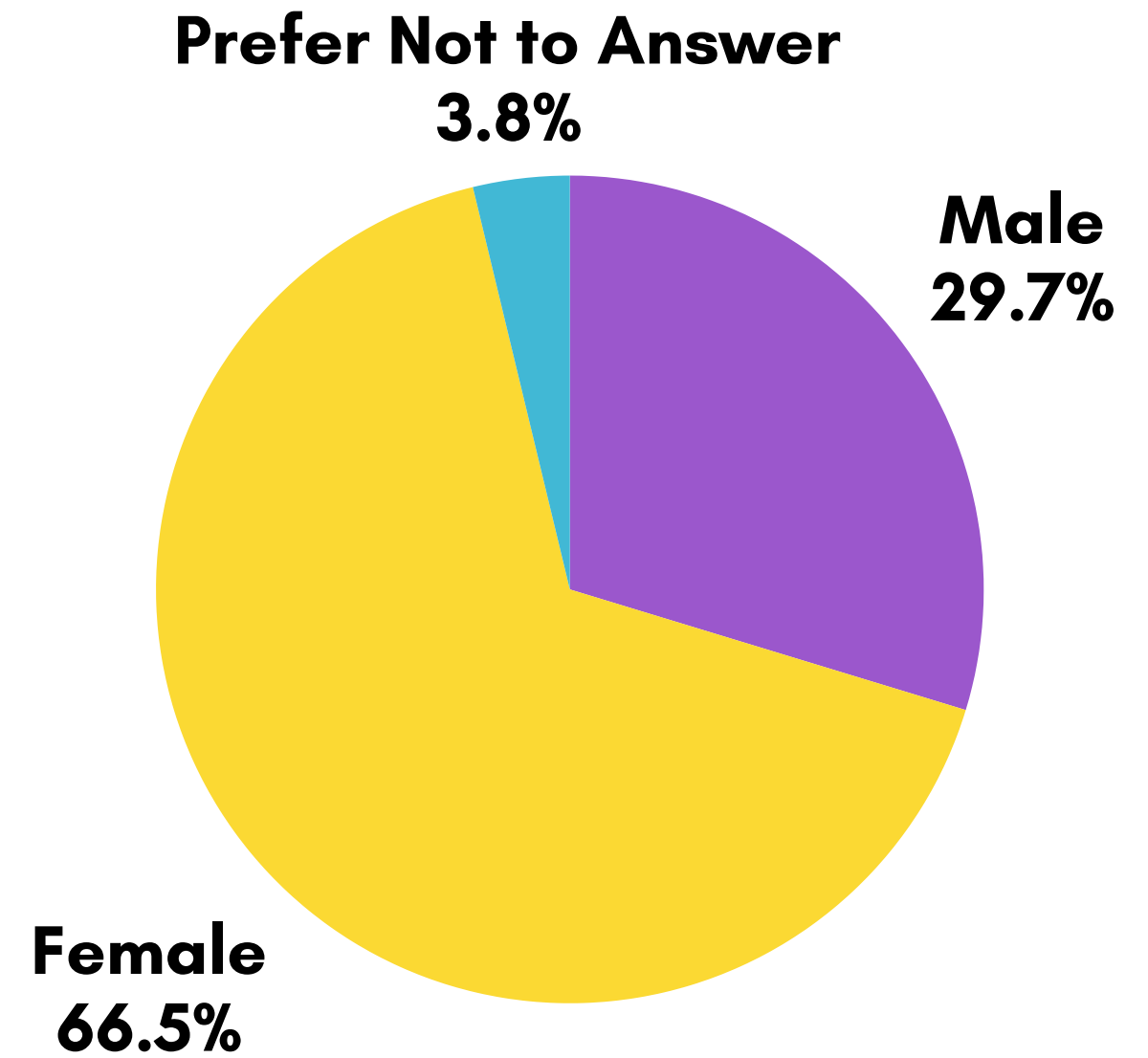
Who Took the Survey?

I Am Responding to this Survey as:



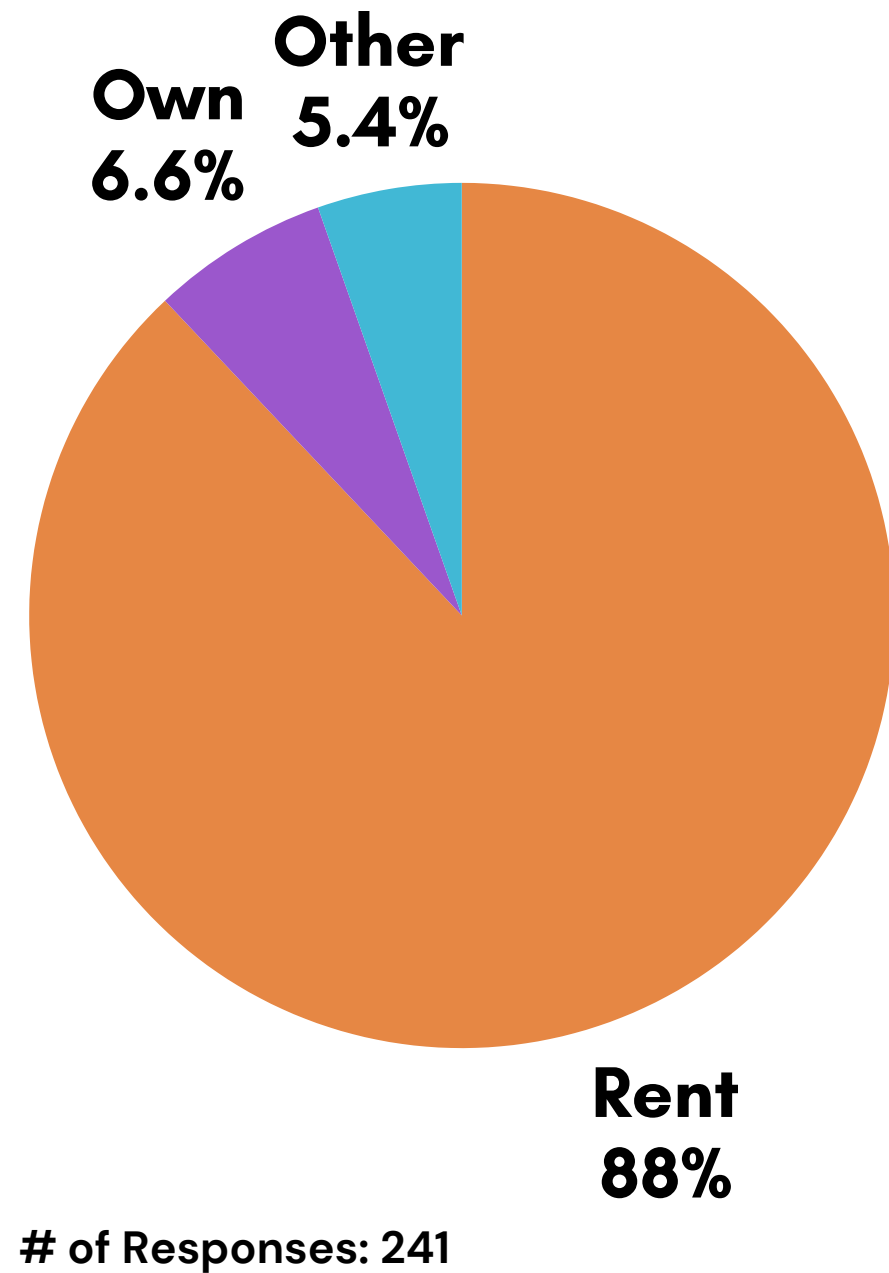
of Responses: 241

Please indicate your gender:

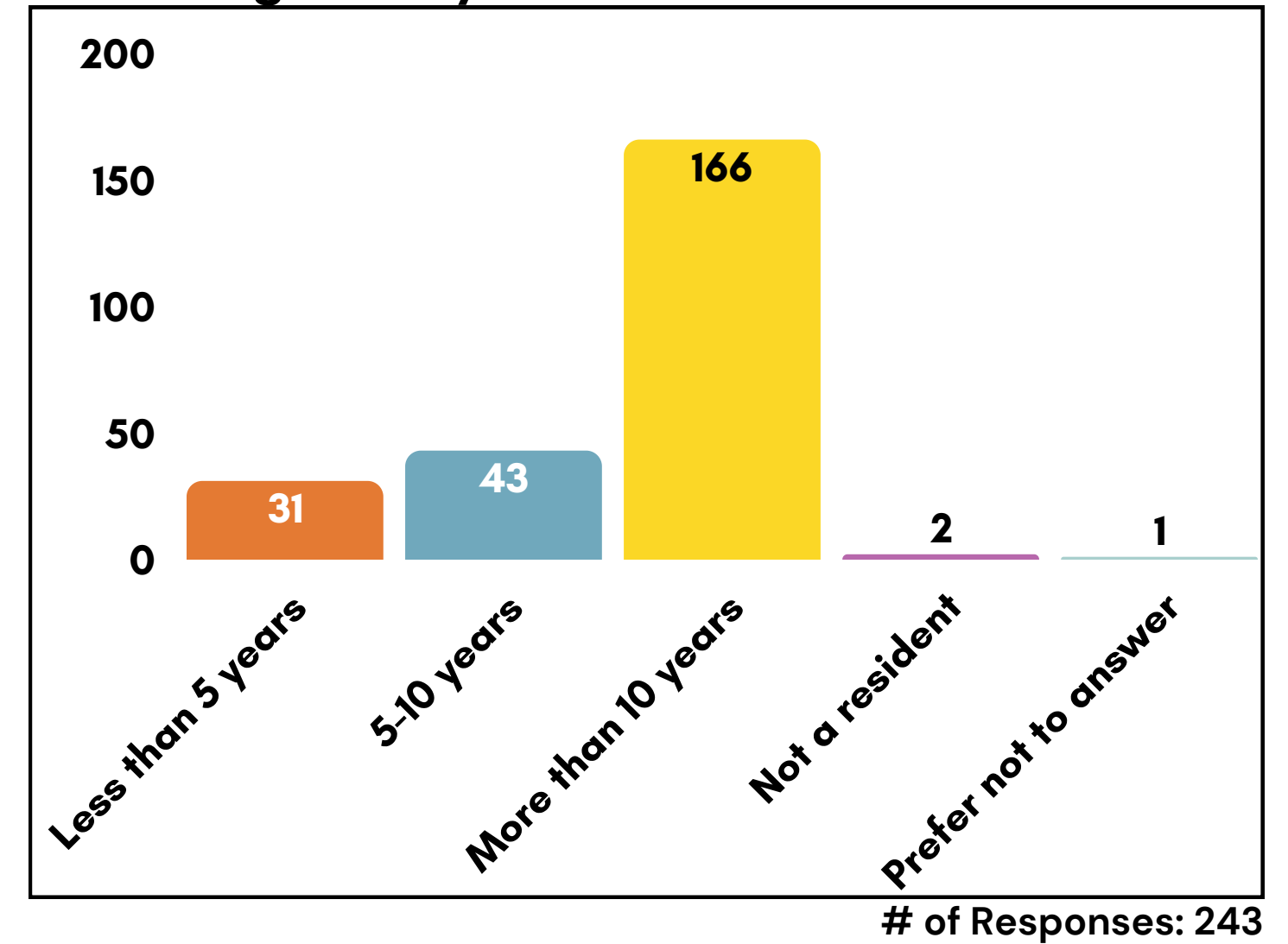


of Responses: 241

Who Took the Survey?

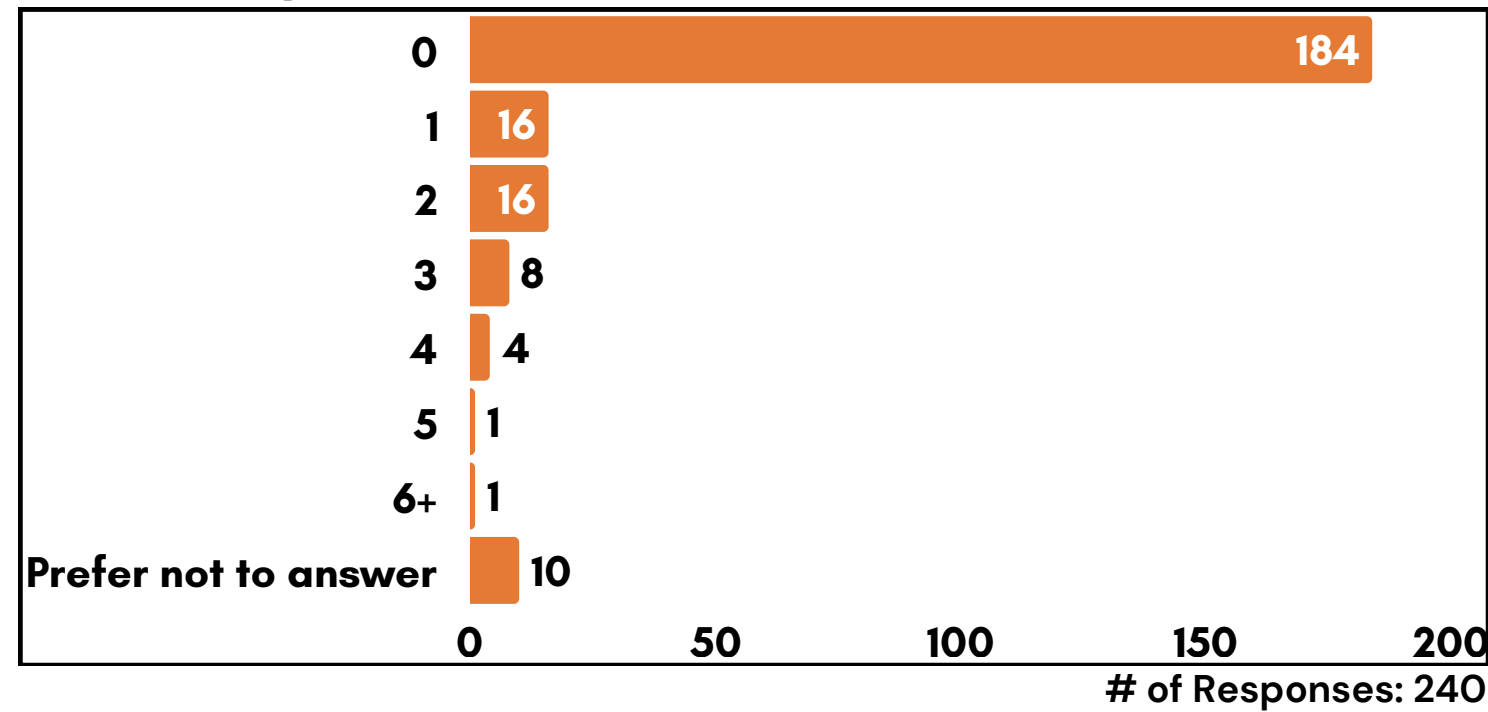


How long have you lived in the area?

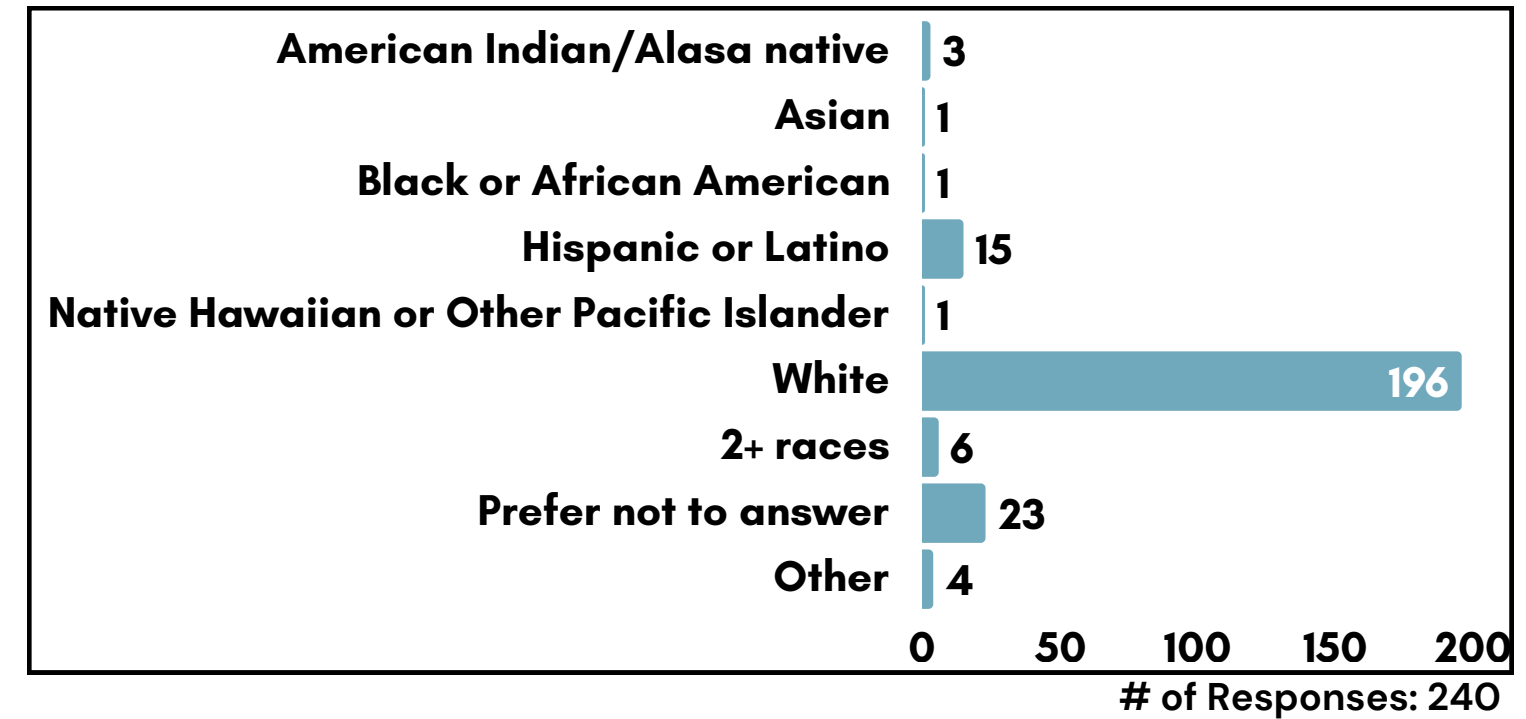


Who Took the Survey?

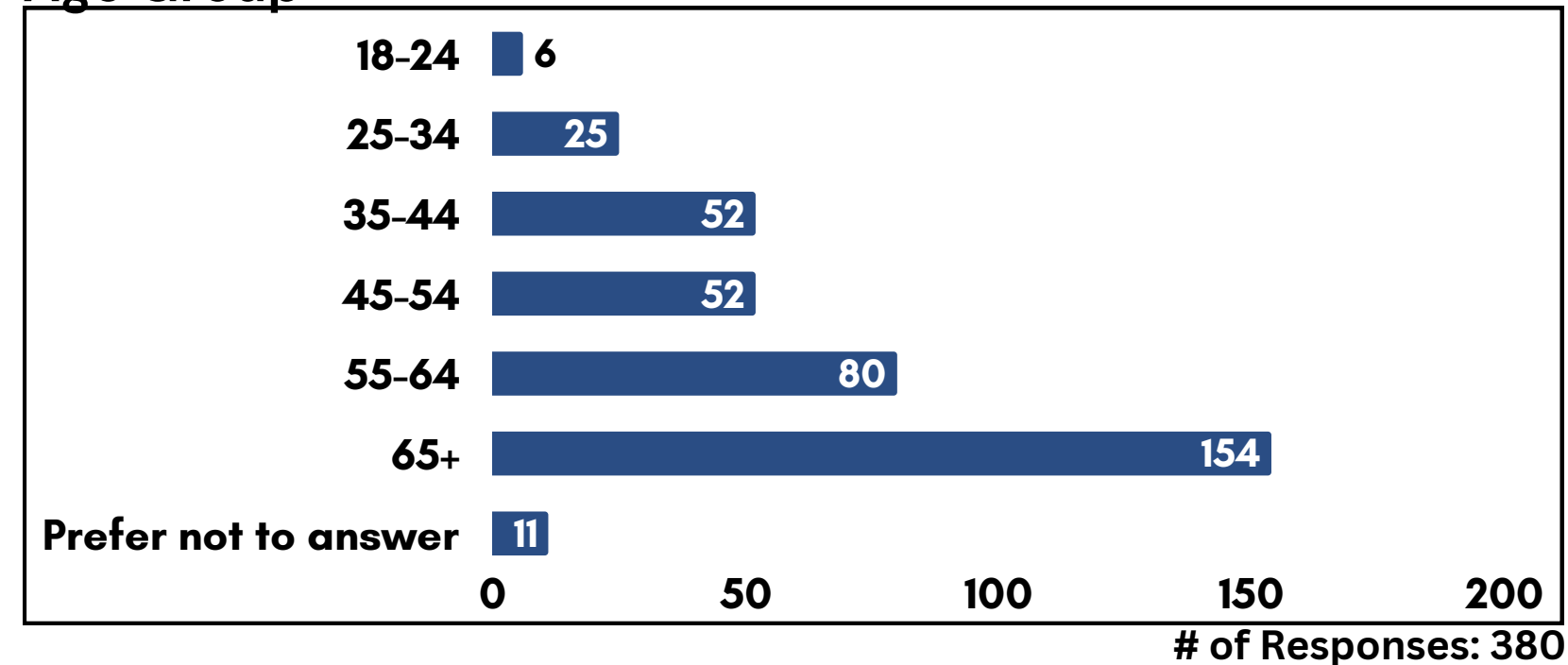
How many children under 18 live in household?



Race

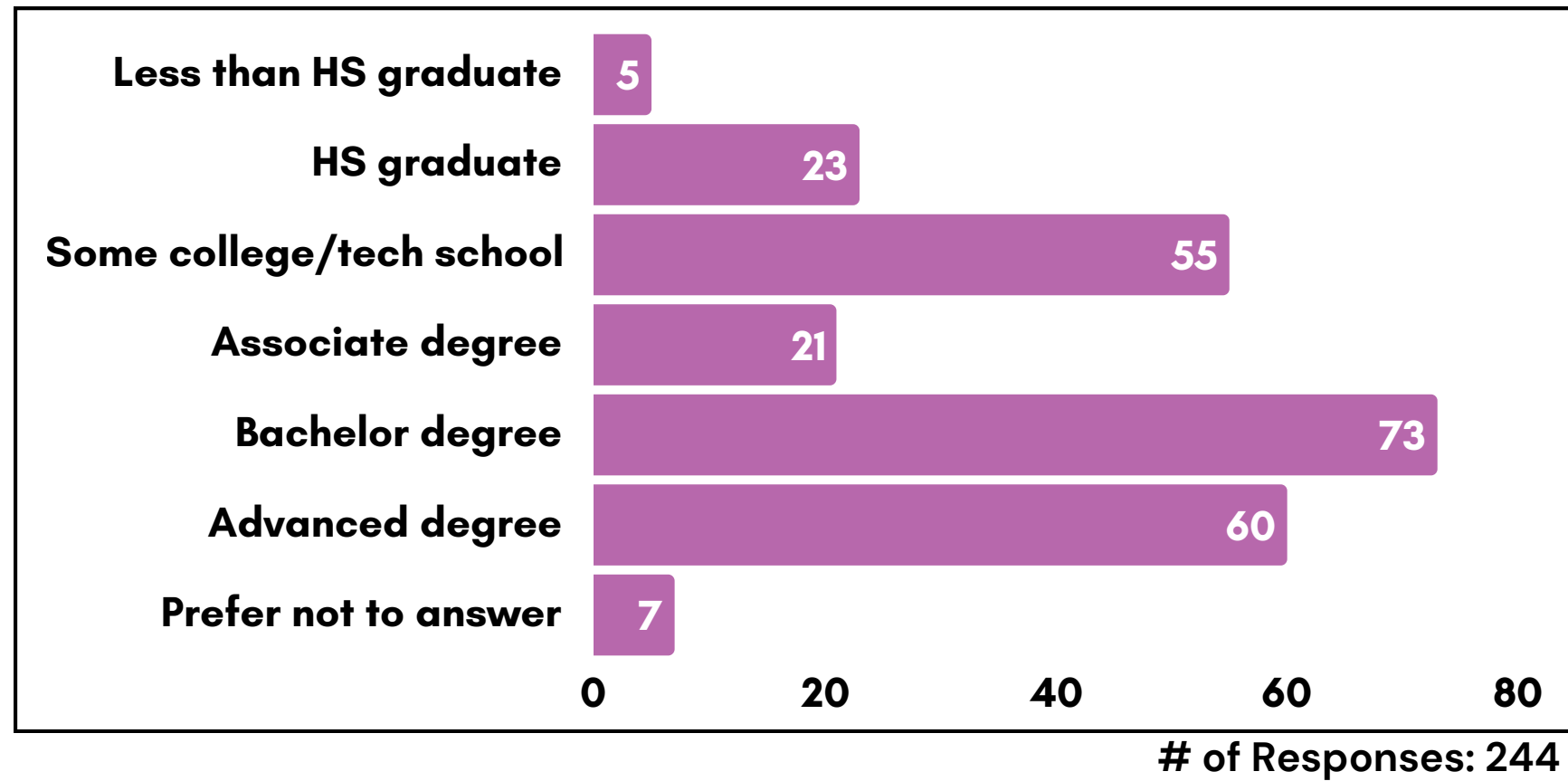


Age Group

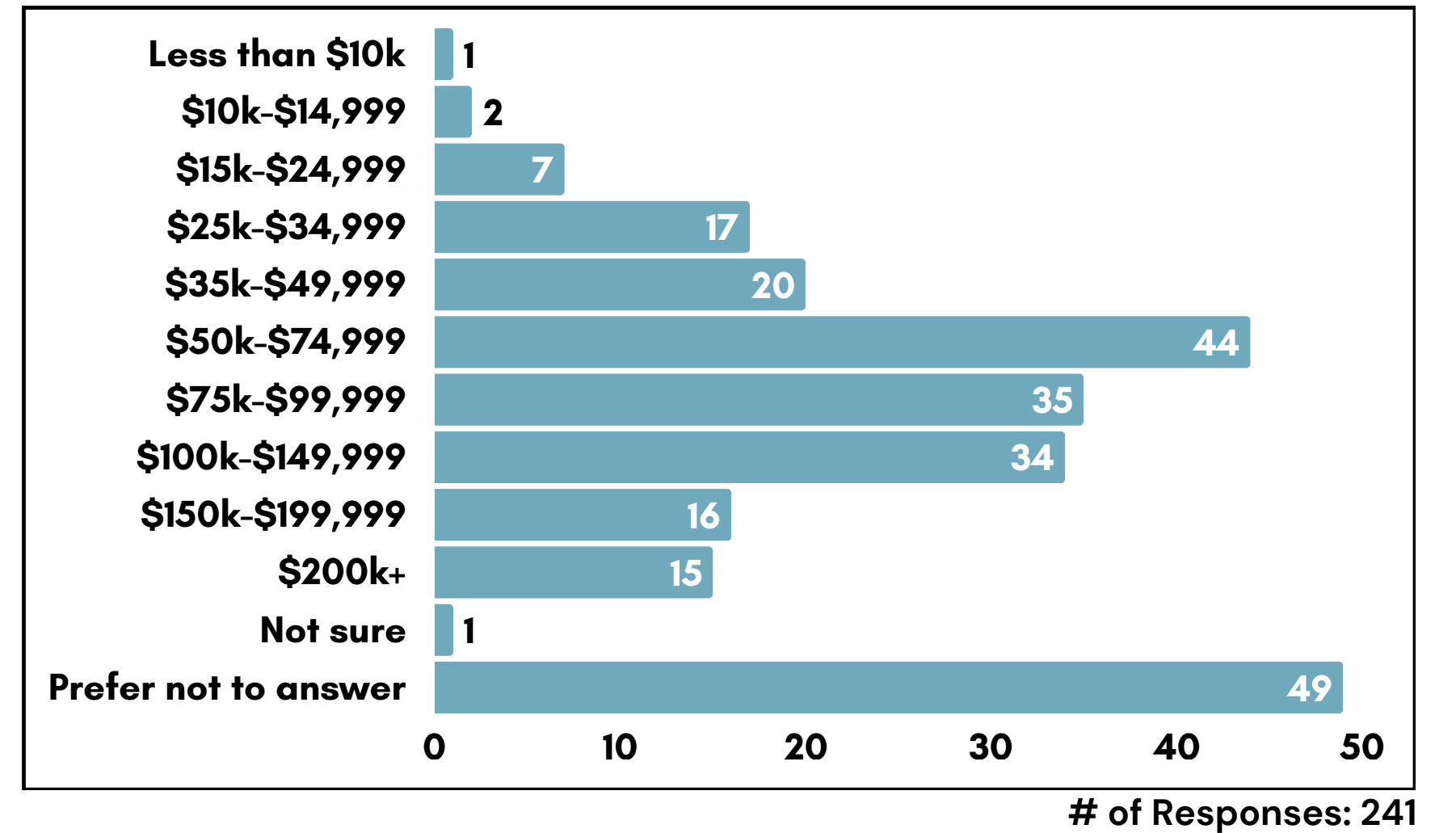


Who Took the Survey?

Education

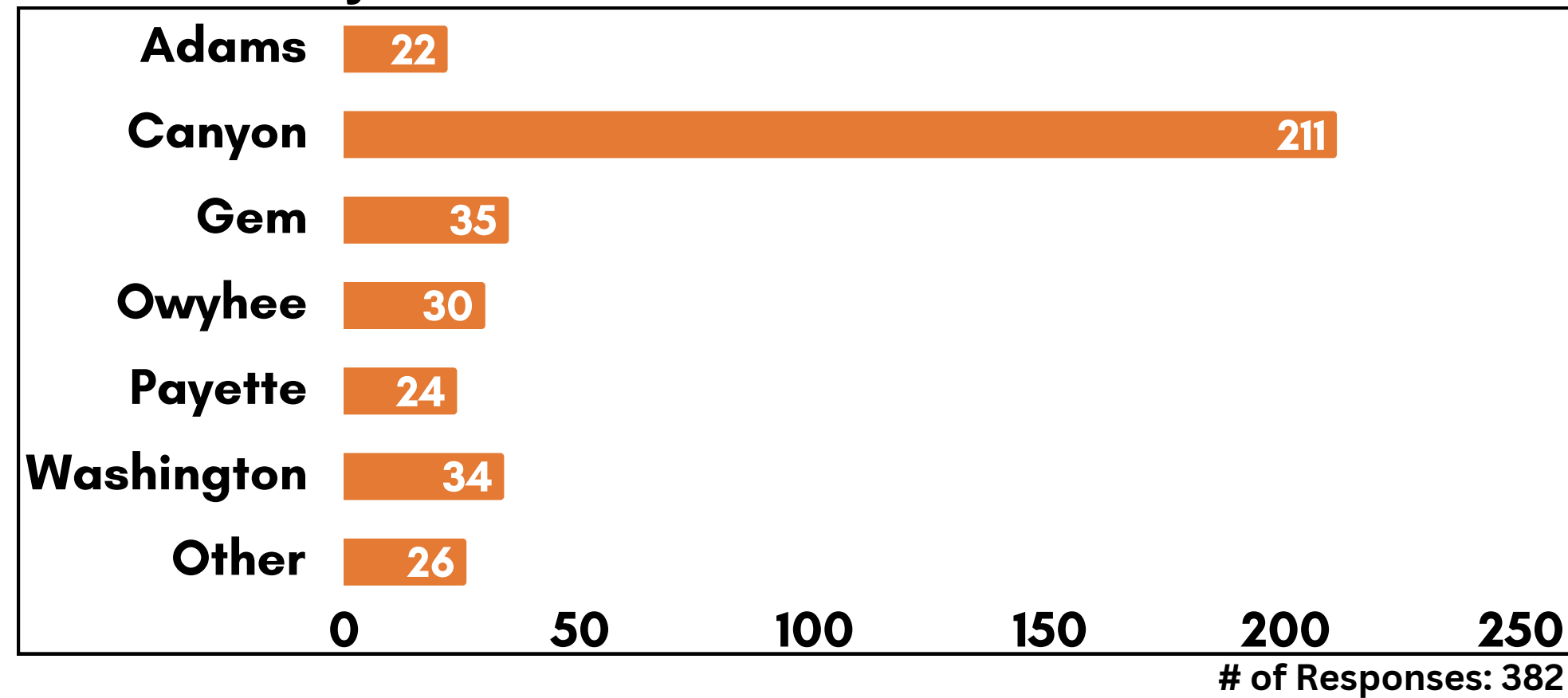


Income



Location

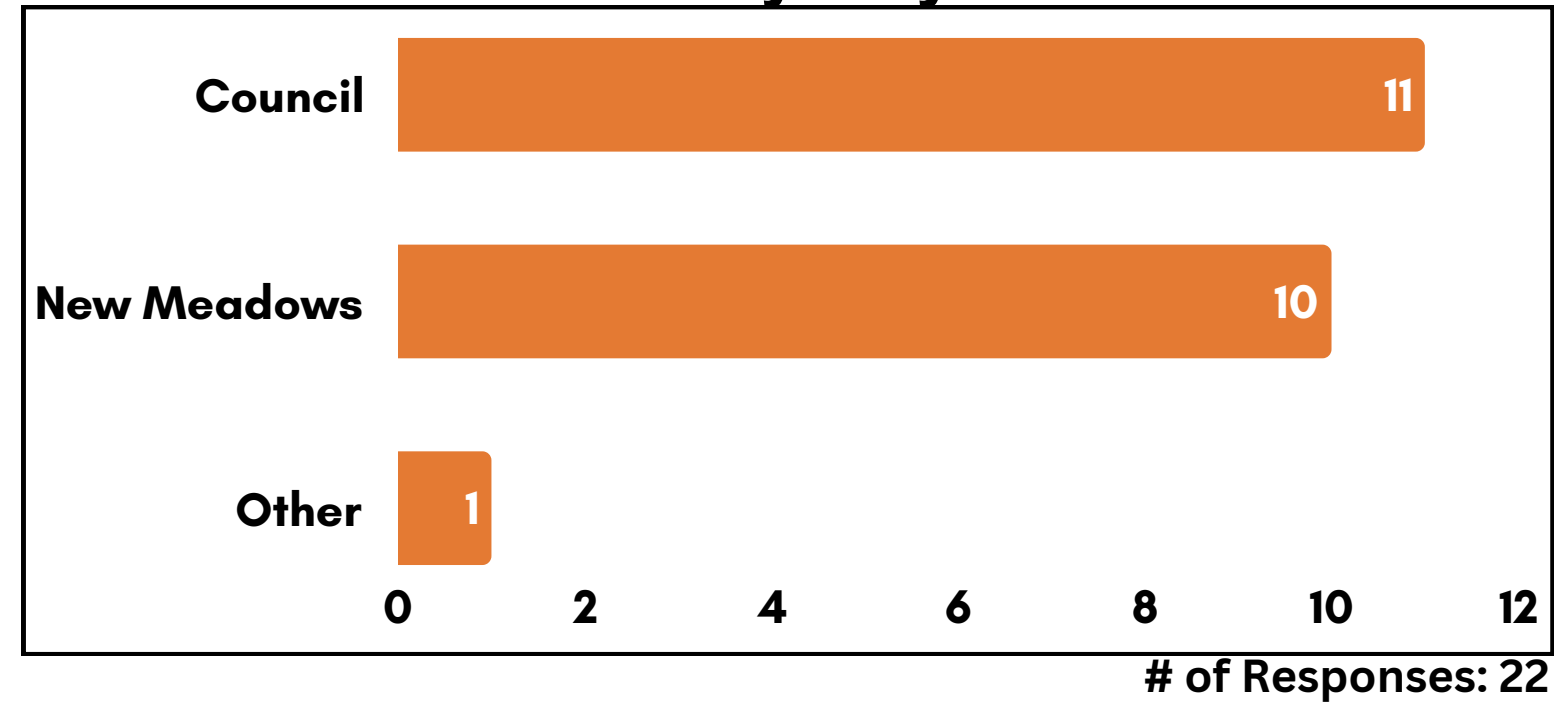
Which County Do You Live In?



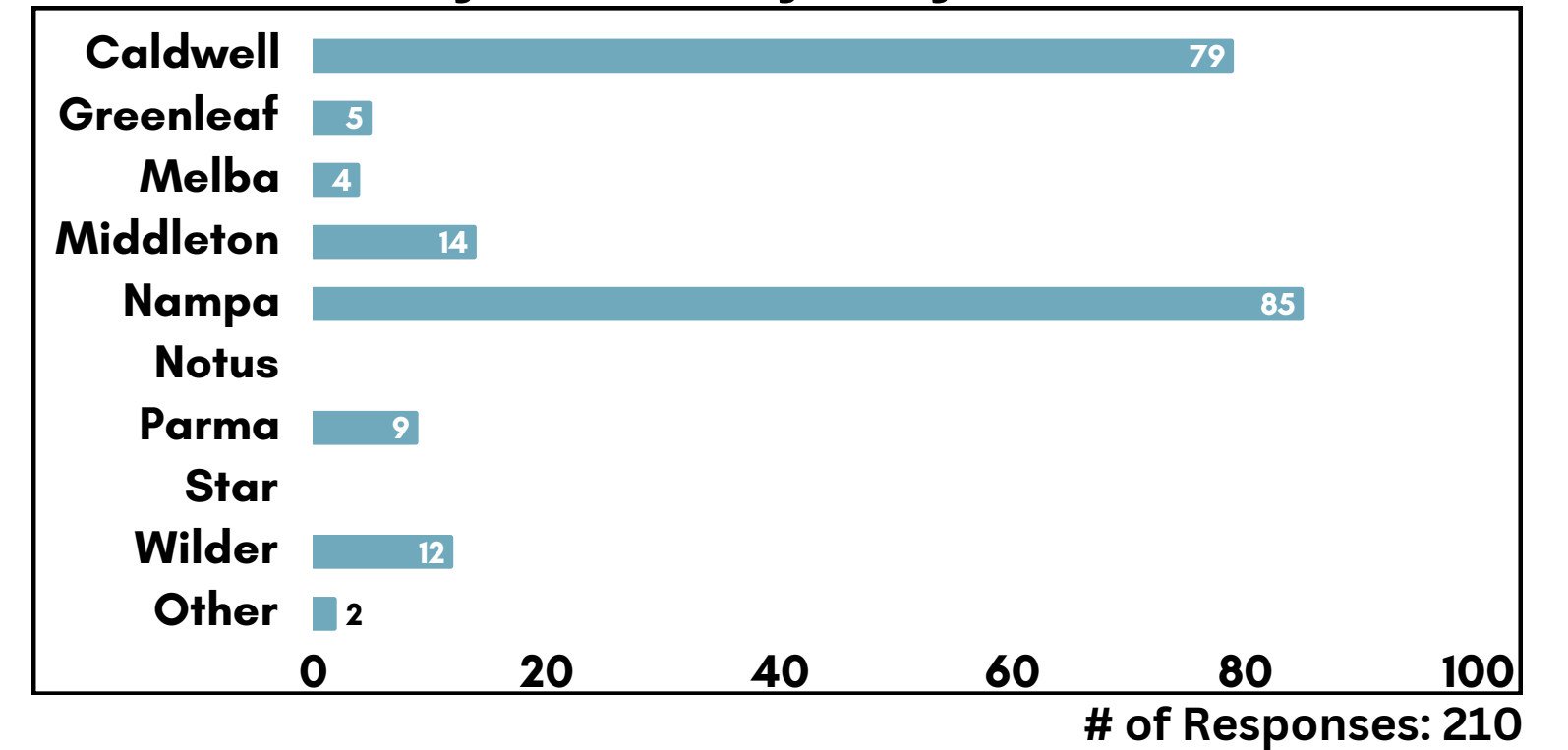
“Other” Counties (26)

- Ada County: 22
- Elko County, NV: 1
- Idaho County, ID: 1
- Malheur County, OR: 1
- Caldwell: 1

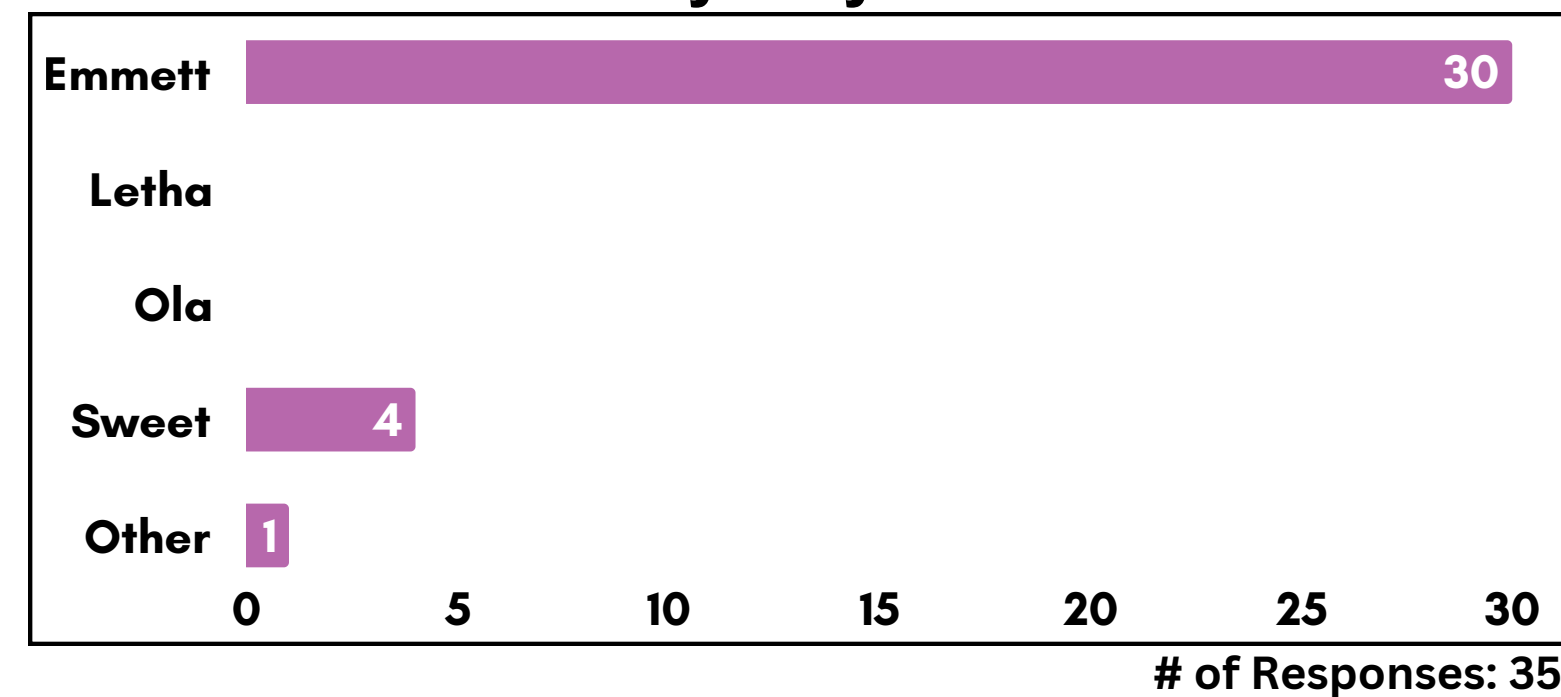
Where in Adams County do you live?



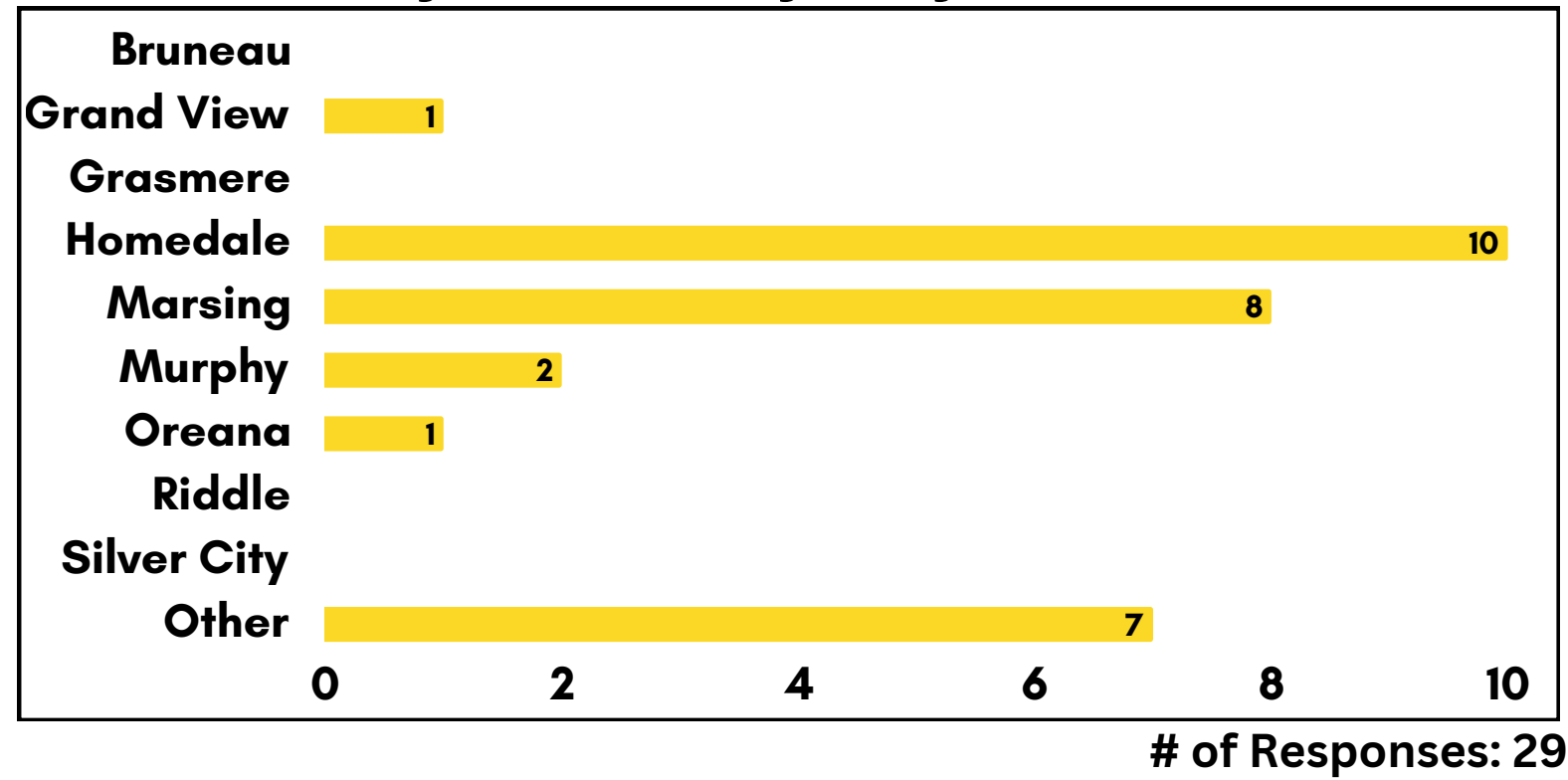
Where in Canyon County do you live?



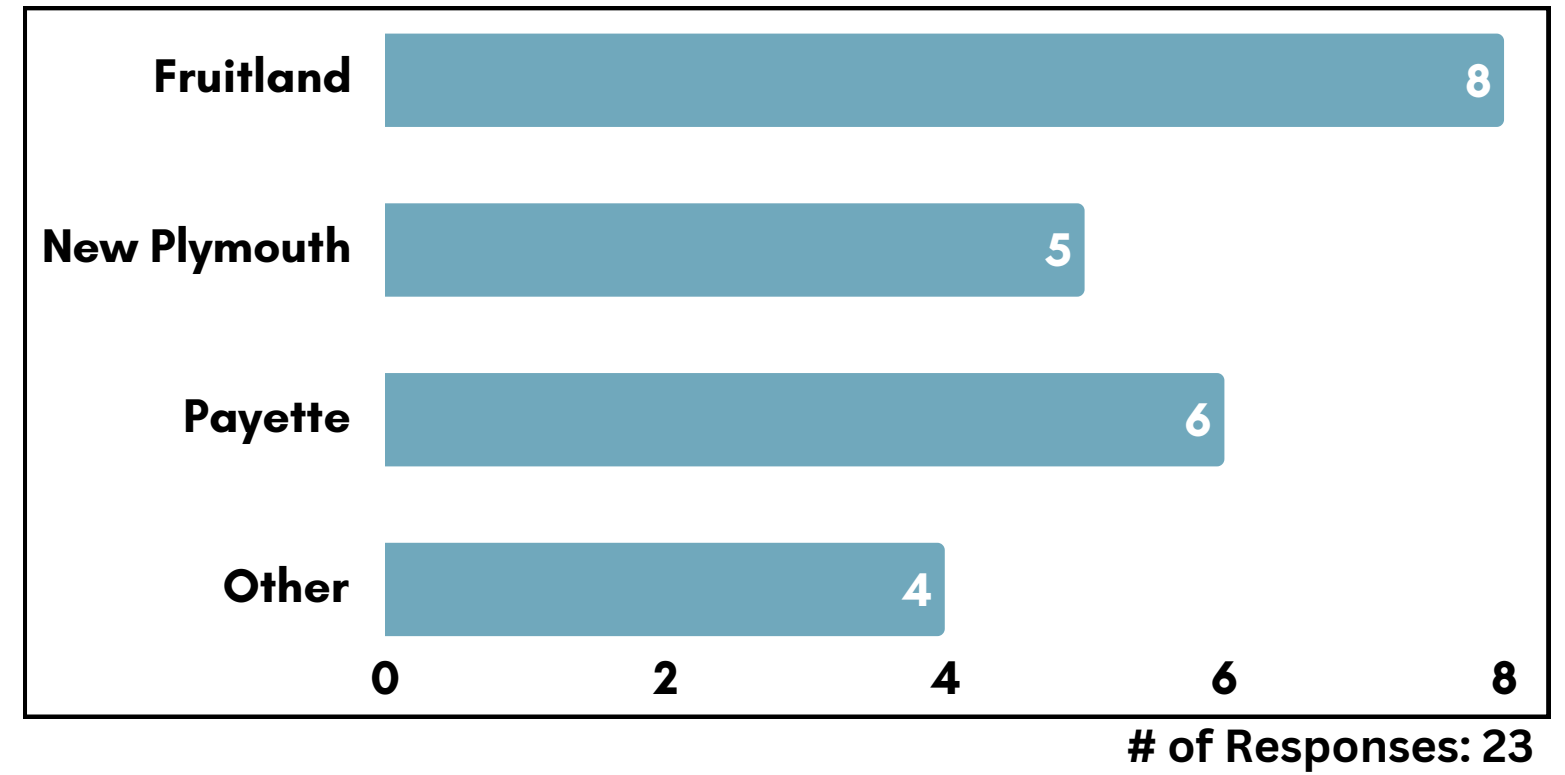
Where in Gem County do you live?



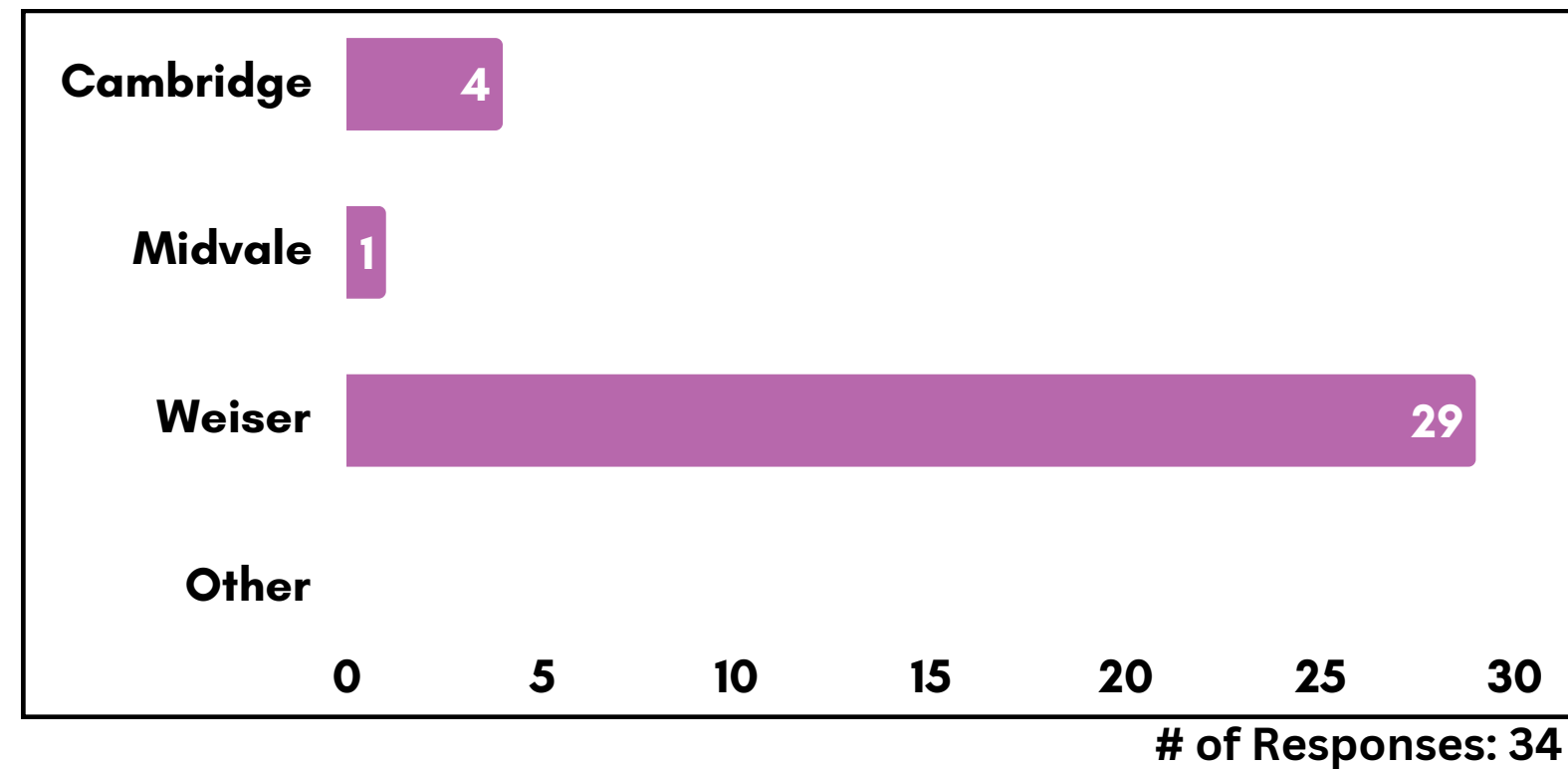
Where in Owyhee County do you live?



Where in Payette County do you live?



Where in Washington County do you live?



What Is Your Home Zip Code?

of Responses: 365

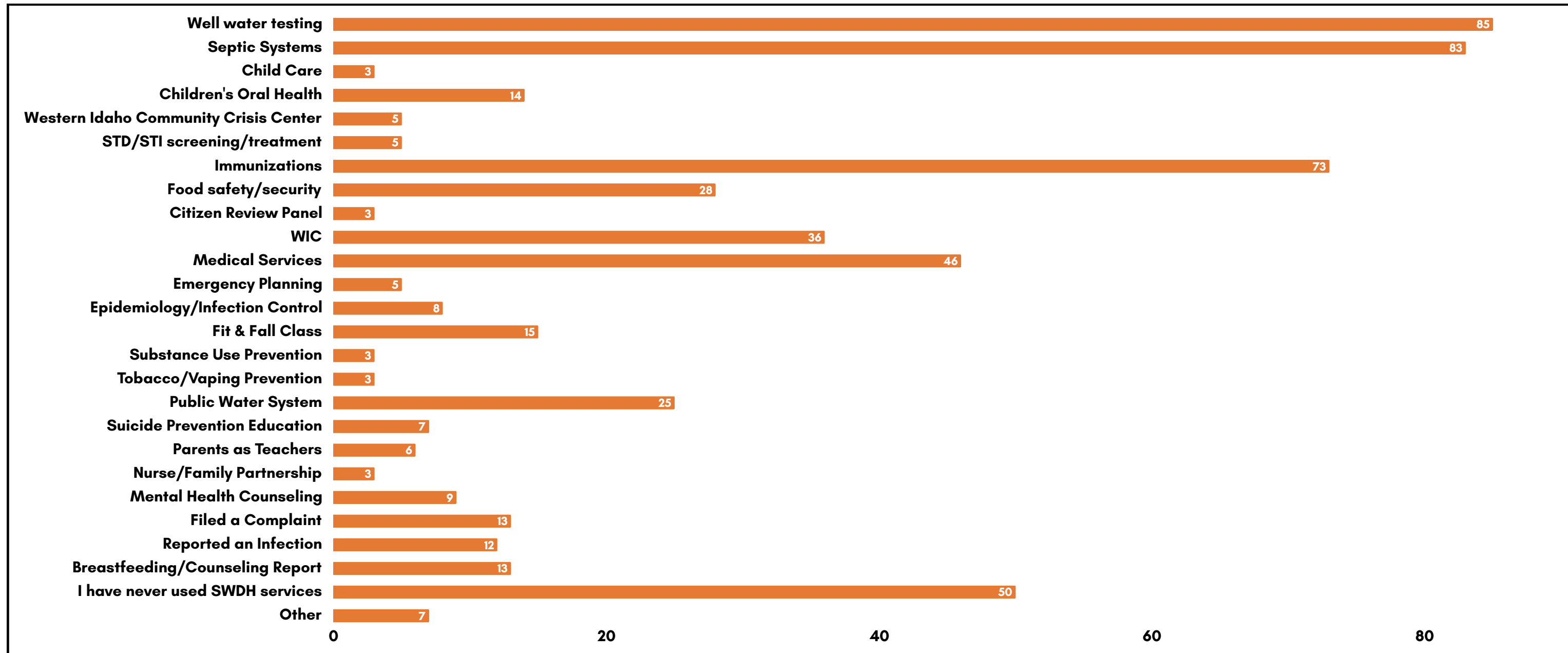
- Over half of all respondents were from **Canyon County** (203).
 - Nampa (79) and Caldwell (78) made up the largest share.
- **Emmett** (30) and **Weiser** (28) provided strong participation from **Gem** and **Washington** counties.
- Other notable counties:
 - **Owyhee** (23)
 - **Ada** (22)
 - **Adams** (21)
 - **Payette** (15)

- **Smaller** contributions from **Middleton** (12), **Marsing** (11), **Parma** (11), **Wilder** (11), and **Council** (11).
- **Minimal** out-of-area responses from **Boise**, **Oregon**, **Nevada**, and **Washington State** (<5 combined).

SERVICES

Which SWDH services have you or a member of your household used?

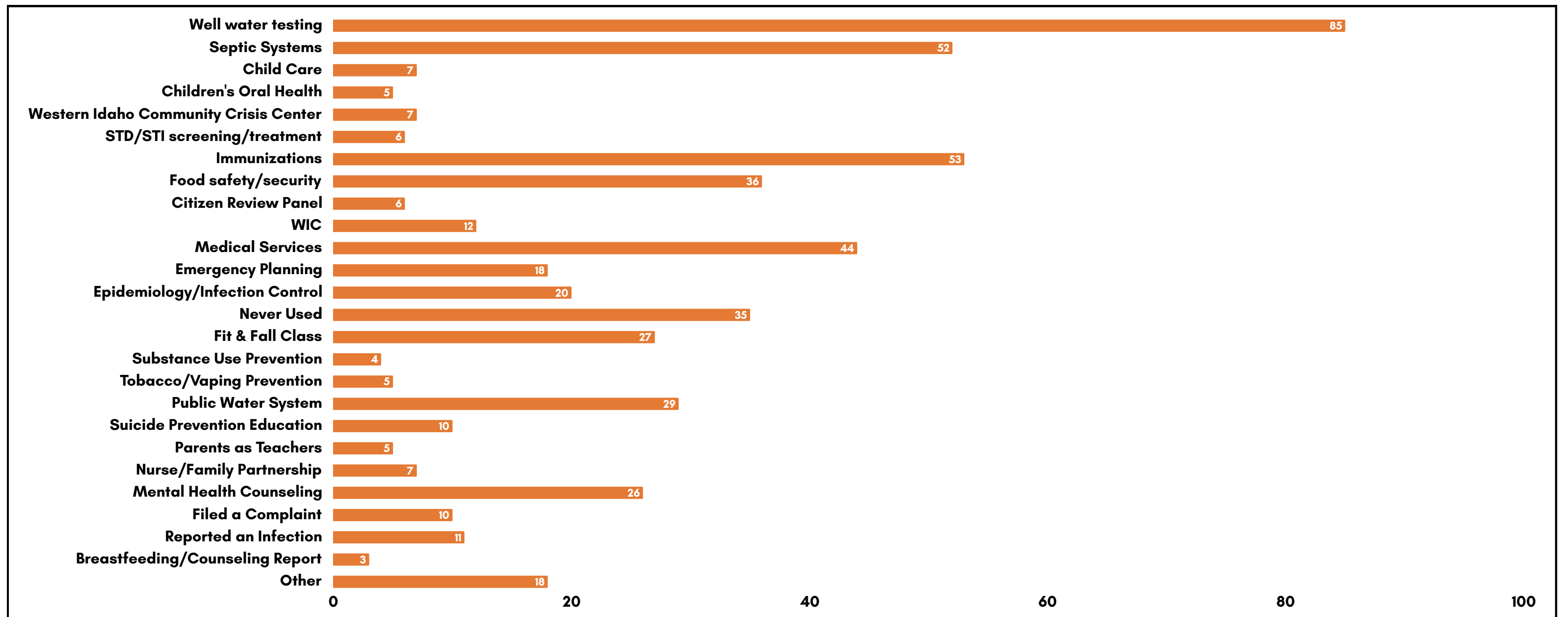
(Select all that apply)



of Responses: 262

Which of the following services do you or your family need most from SWDH?

(Select up to 3)



of Responses: 240

“Other” Comments

Which of the following services do you or your family need most from SWDH?

“

- **None / No unmet needs / Don't need services – 9 responses**
 - “None” (3)
 - “none” (1)
 - “None at the moment” (1)
 - “I have no unmet needs” (1)
 - “i don't need SWDH services at this time. I volunteer for a non profit which partners with SWDH.” (1)
 - “My family no longer needs services” (1)
 - “My children are grown now so we haven't used any of SWDH services in about 15 years.”
- **Water system concerns – 2 responses**
 - “Homedale water system needs attention” (1)
 - “I benefit from the regulation of restaurants and grocery stores. As well as supervision for the Nampa water supply.” (1)

”

“

- **Health information/services – 3 responses**
 - “information about diseases occurring in our community” (1)
 - “Husband has bvFTD. Would help if nursing staff came back to assess changes to assist me. I am his 24/7 caregiver.” (1)
 - “Senior resources” (1)
- **Permits / regulation – 1 response**
 - “temporary food permit”
- **Not specified – 2 responses**
 - “Not specified” (2)
- **Community commentary – 1 response**
 - “My family need all the greedy moving to id. To go home.”

”

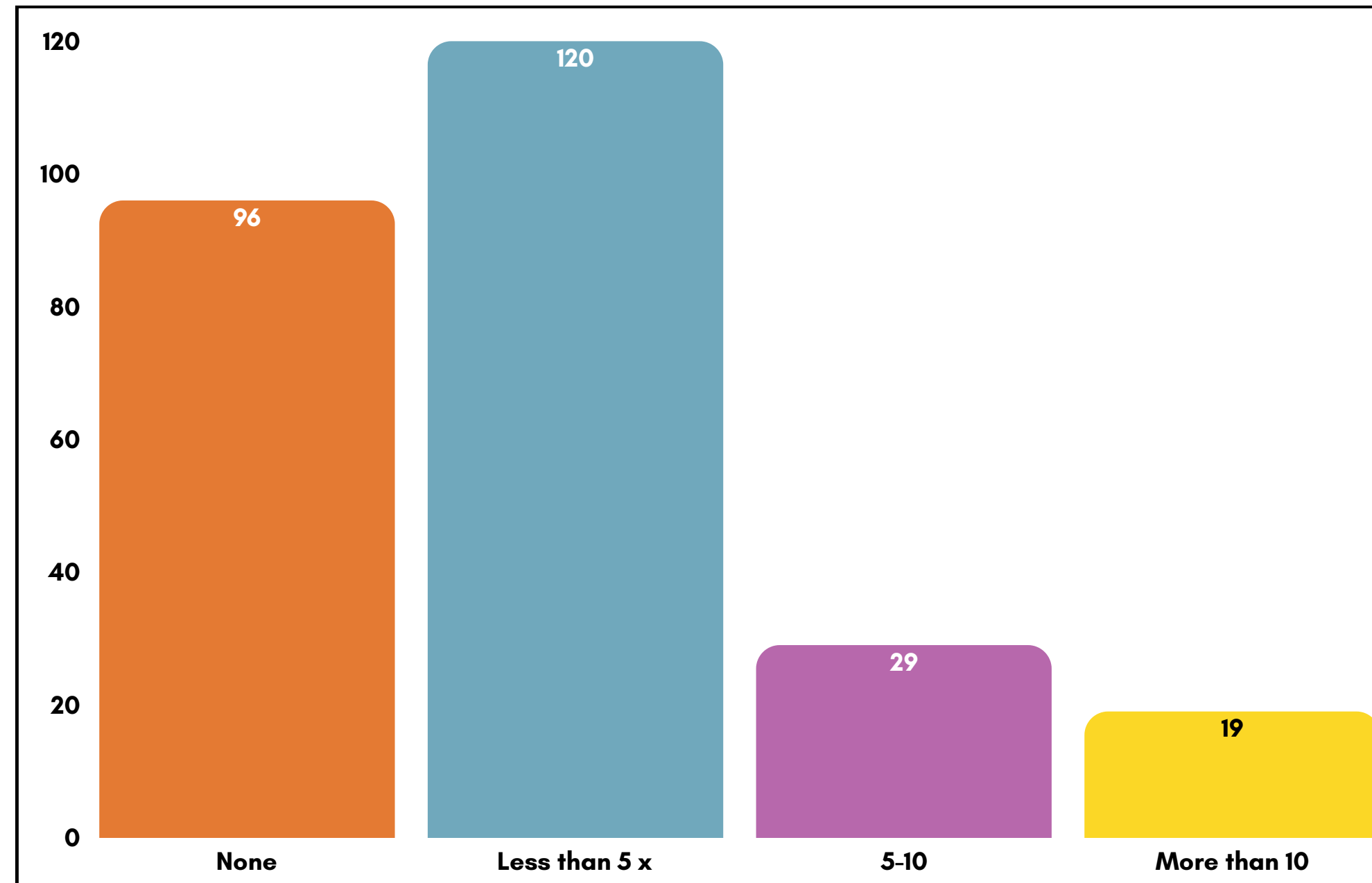
Which SWDH services have you or a member of your household **used**?
(Select all that apply)

- **Most frequently used:**
 - Well water testing (32%),
 - Septic systems (32%),
 - Immunizations (28%), and
 - Medical services (18%)
- **Other notable use**
 - WIC (14%),
 - Food safety/security (11%), Children's oral health (5%), and
 - Fit and Fall Proof (6%)
- **~19%** reported **never using** SWDH services

Which of the following services do you or your family **need most** from SWDH?
(Select up to 3)

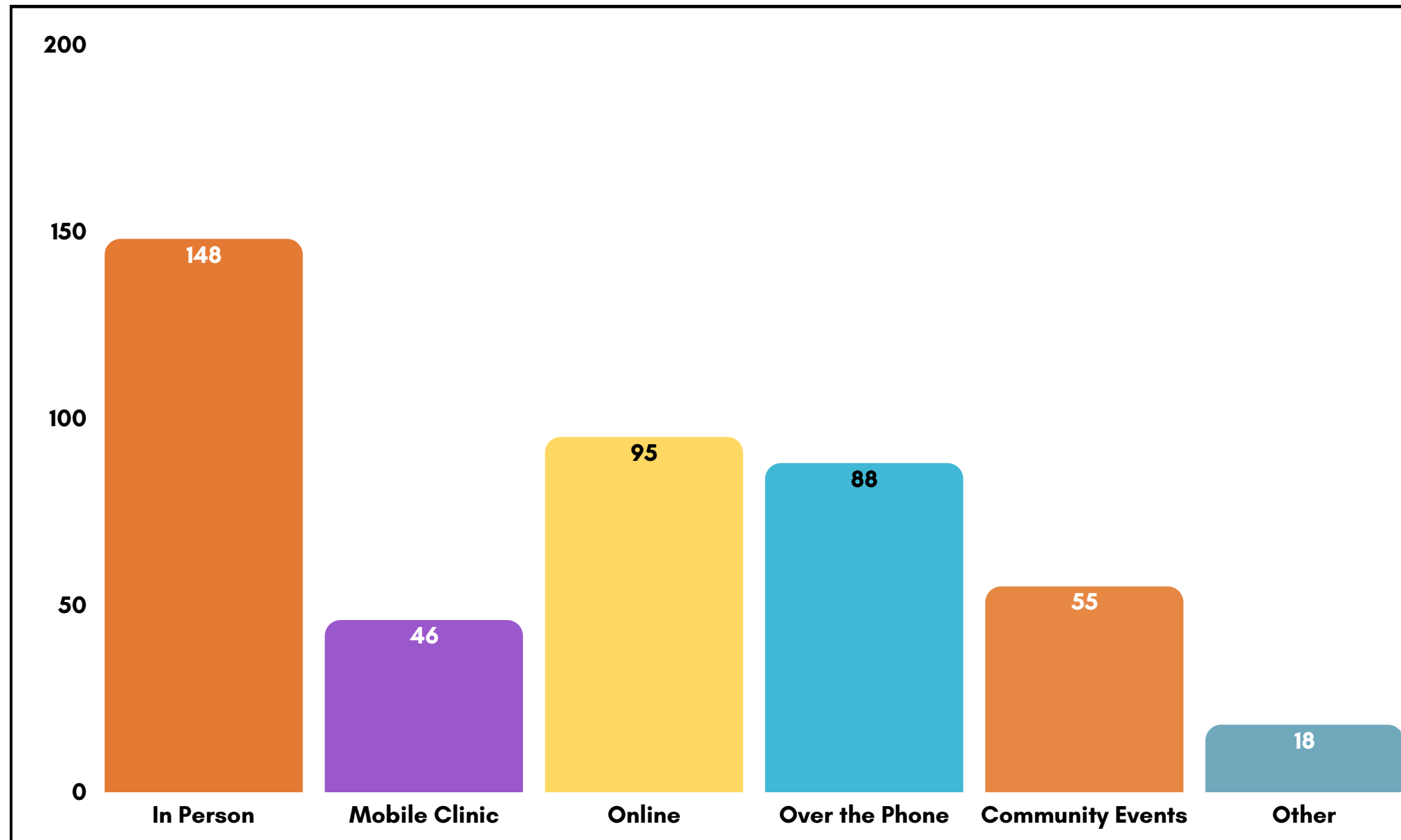
- **Top needs:**
 - Well water testing (35%),
 - Immunizations (22%),
 - Septic systems (22%), and
 - Medical services (18%)
- **Other priorities:**
 - Food safety/security (15%),
 - Mental health counseling (11%), and
 - Fit and Fall Proof classes (11%)
- **~15%** indicated they **don't need** SWDH services

In the past 5 years, how often has your family used SWDH services?



of Responses: 264

How would you prefer to access SWDH services? (Select all that apply)



of Responses: 254

“Other” (18)

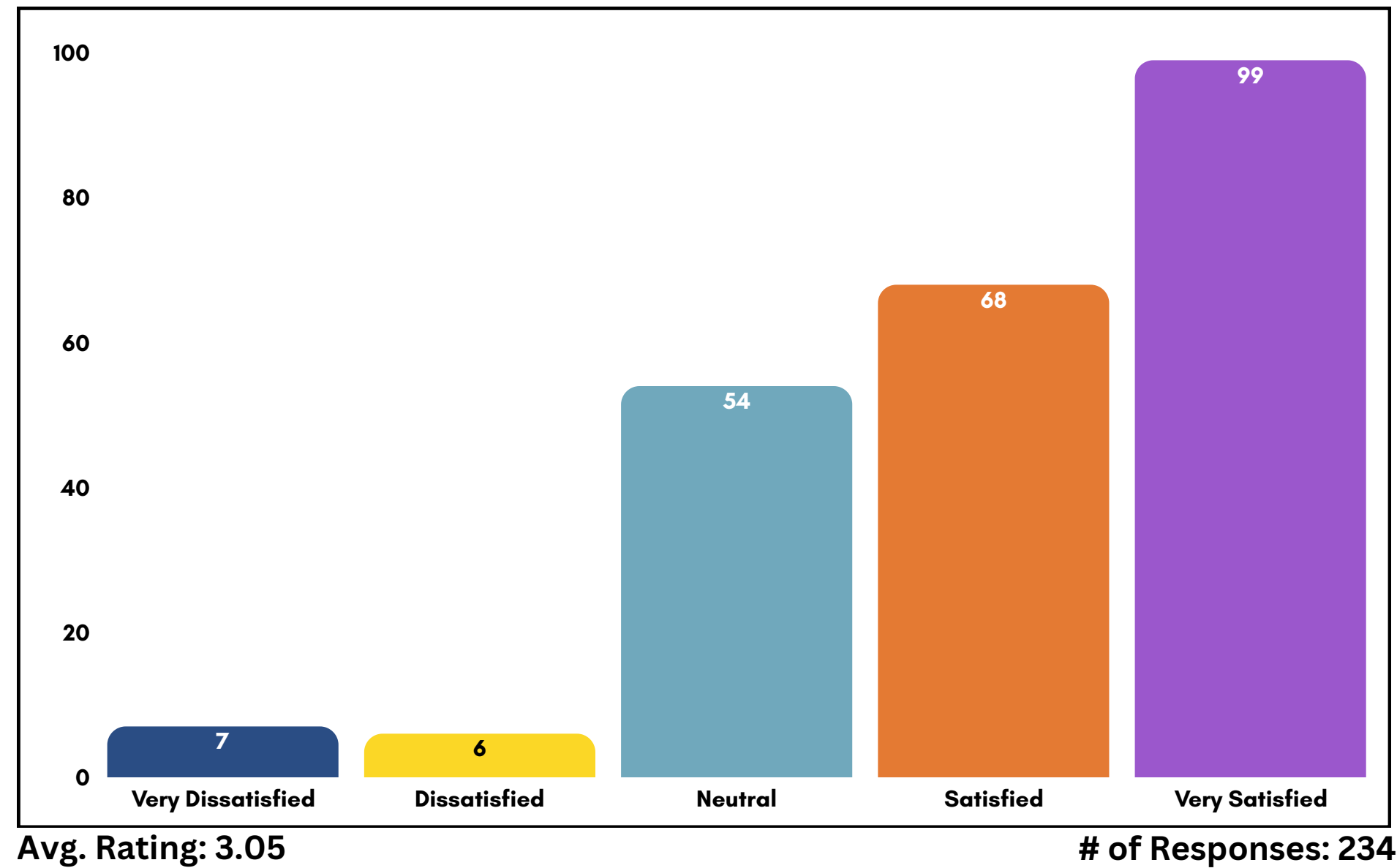
- Mail / Email / Internet (5)
- All of the above (3)
- Unspecified/blank (2)
- Unaware of services (1)
- In-home visit (1)

- “I would really like if they came to Adams County Health Center more for WIC etc.”
- “Since the septic tank is the only thing that is covered by your services that we use, rather not have to talk to you at all.”
- “Would prefer not to.”
- “Defund. No need. DEQ or Health and Welfare should administer relevant programs.”

**Does not reflect all comments*

How satisfied are you with the quality of services you have received from SWDH?

(0: Very Dissatisfied; 1: Dissatisfied; 2: Neutral; 3: Satisfied; 4: Very Satisfied.)



Please share more details about why you are satisfied with the services.

of Responses: 74

- Staff **helpfulness** and **professionalism** frequently cited.
- **Positive outcomes** and **peace of mind** from services like **water testing, immunizations, and WIC.**
- **Accessibility of information** and **resources** are a benefit

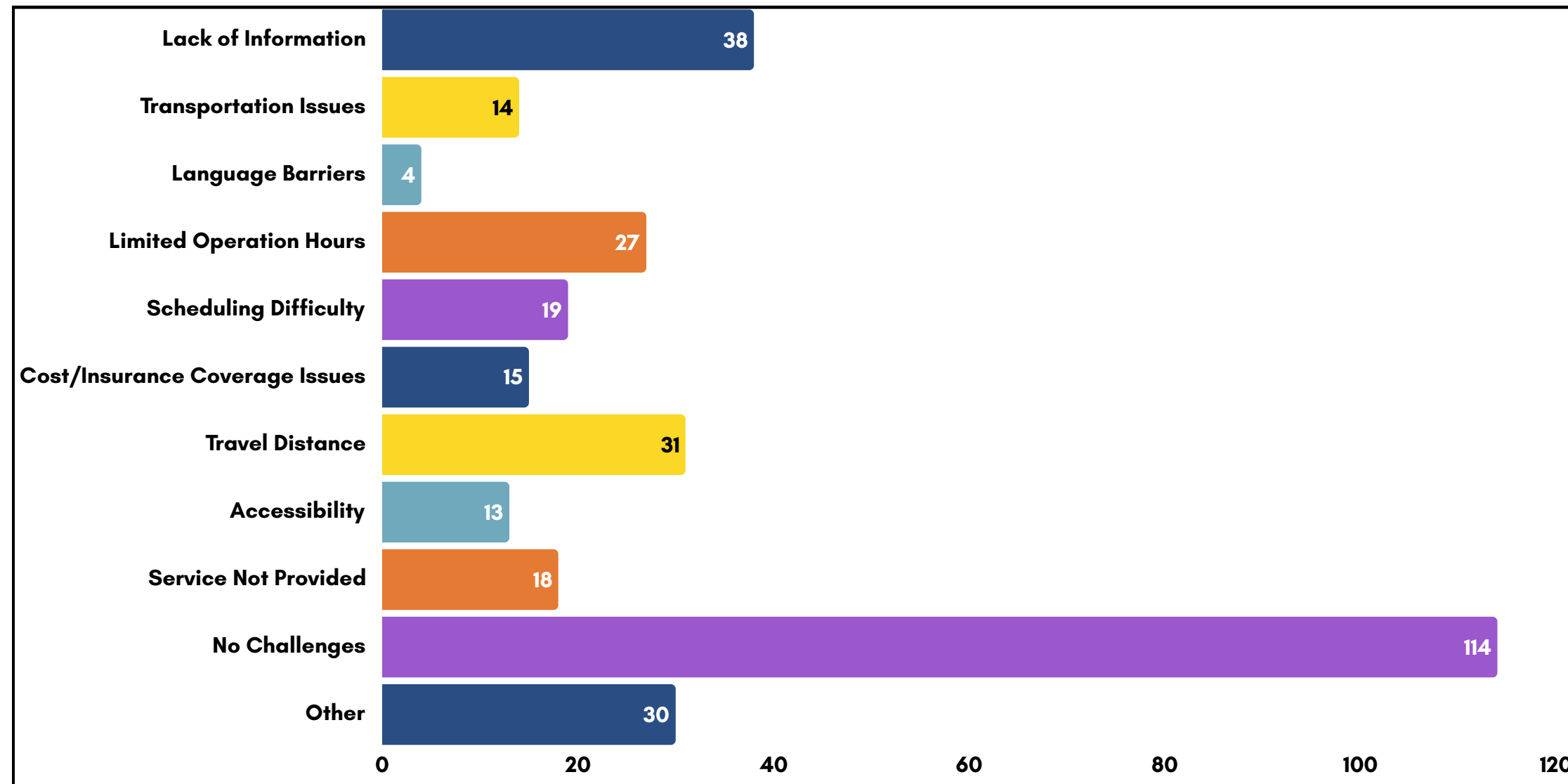
Please share more details about why you are dissatisfied with the services.

of Responses: 10

- Only a **small set of comments** (10 responses).
- **Concerns** included: **limited hours, scheduling challenges, and service availability gaps.**
- **Distance** or **travel** difficulty as a barrier

What challenges have you faced when trying to access SWDH services?

(Select all that apply)

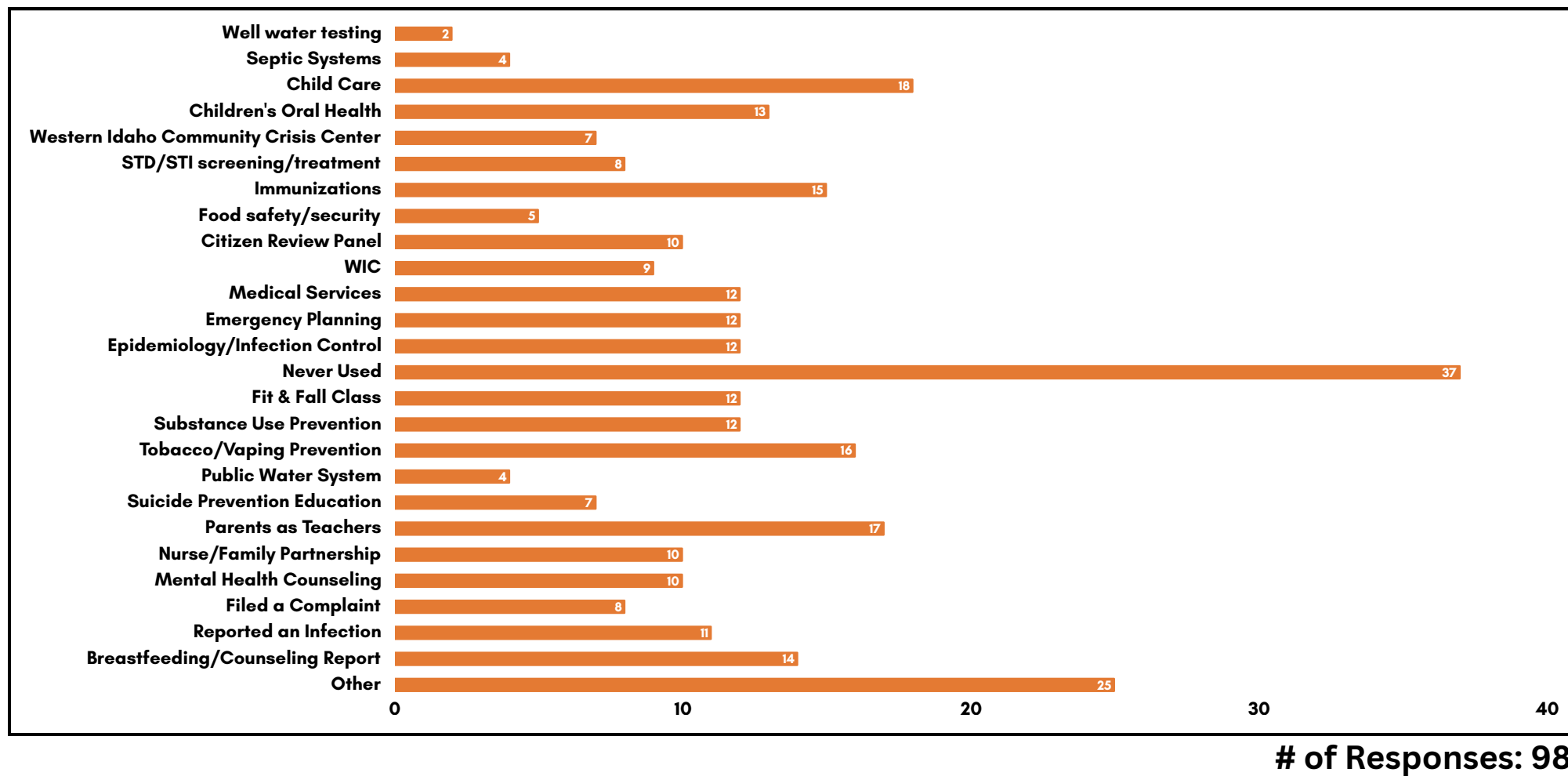


of Responses:
233

- No challenge/Not used – 9
- Access & communication issues – 8
- Service gaps & location barriers – 3
- Policy/program critiques – 7
- Total:
 - 27 unique comments (some respondents selected “Other” but wrote “None/Not specified,” which inflates the 30 total).

Are there any SWDH services you believe are no longer needed in your community?

(Select all that apply)



Top Service Responses

- Never Used – 37
- Other – 25
- Child Care – 18
- Parents as Teachers – 17
- Tobacco/Vaping Prevention – 16

“Other Comments”

- **Neutral / Uncertain Responses** (8 total)
- **All Services Are Needed** (7 total)
- **Service-Specific Mentions** (3 total)
 - WIC is the only thing I know of being utilized in my community. (1)
 - Water system in Homedale needs immediate attention (1)
 - Mosquito abatement (2 mentions, counts as 2)
- **Conditional Comments** (2 total)
- **Negative Comments** (2 total)

*All comments not displayed. Source list shows 25; some are duplicates.

Please share more details about why you think these services are no longer needed.

of Responses: 51

- **Mixed feedback:** some pointed to **low usage** or **duplication** with other providers.
- Services mentioned most often:
 - **Childcare** (18%),
 - **Children's oral health** (13%),
 - **Immunizations** (15%),
 - **Parents as Teachers** (17%), and
 - **Tobacco/vaping prevention** (16%)
- **37%** selected "I have never used SWDH services", suggesting **unfamiliarity** with service provision.

Are there specific health services you feel are missing in your community that SWDH should consider providing?

of Responses: 65

Preventive/affordable care – interest in screenings, wellness, and services at lower cost.

Youth-focused programs – suggestions included teen mental health, prevention services, and family support programs.

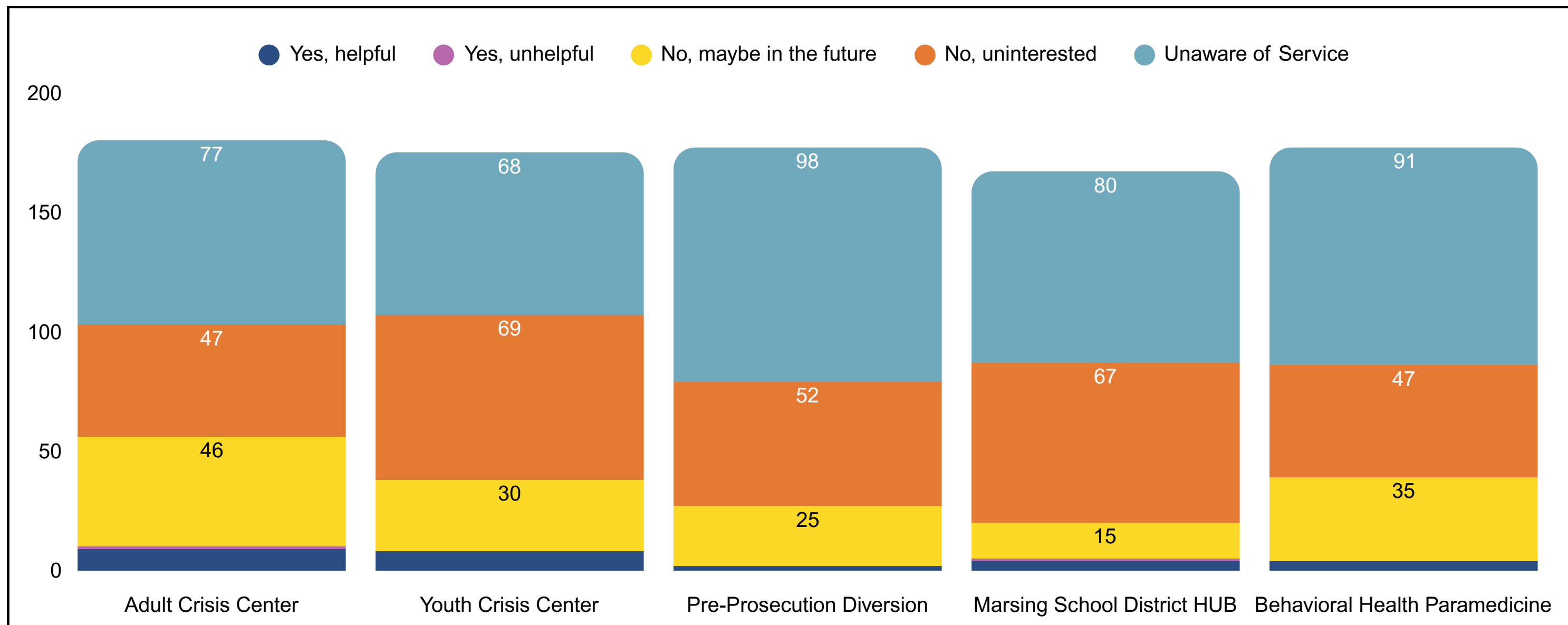
Mobile and telehealth services – requested to address barriers related to travel, scheduling, and distance.

Mental health services – frequent mentions of counseling, crisis intervention, and expanded behavioral health support.

Access to urgent/primary care – requests for more medical providers in rural areas, including same-day or walk-in care.

Dental care – noted as an unmet need, particularly affordable options for families and children.

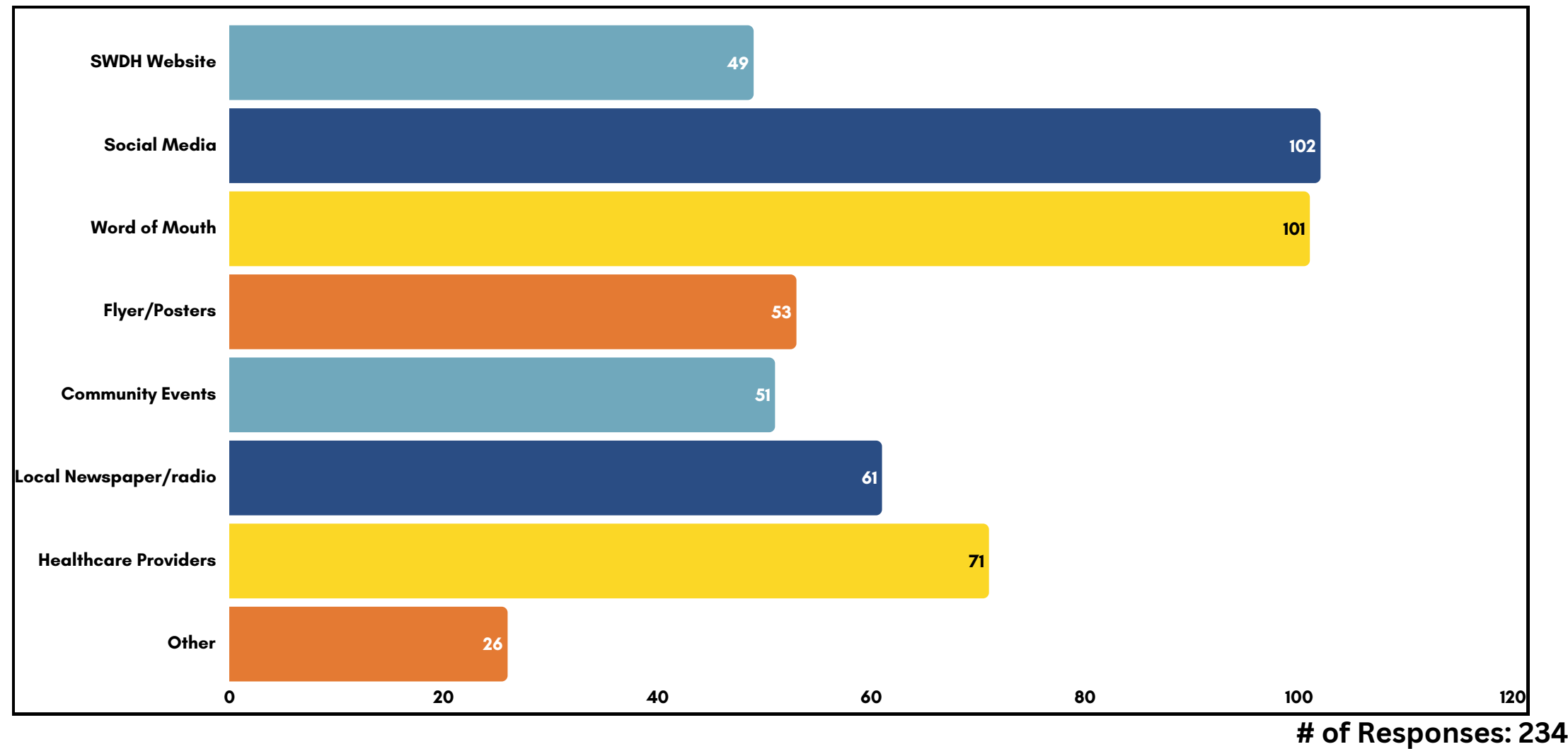
The District also supports services that are not directly provided by the District. Have you or someone in your household used any of the following services, which are supported by the District but not directly provided? If so, how would you rate your experience?



of Responses: 188

How do you usually find out about health services in your community?

(Select all that apply)



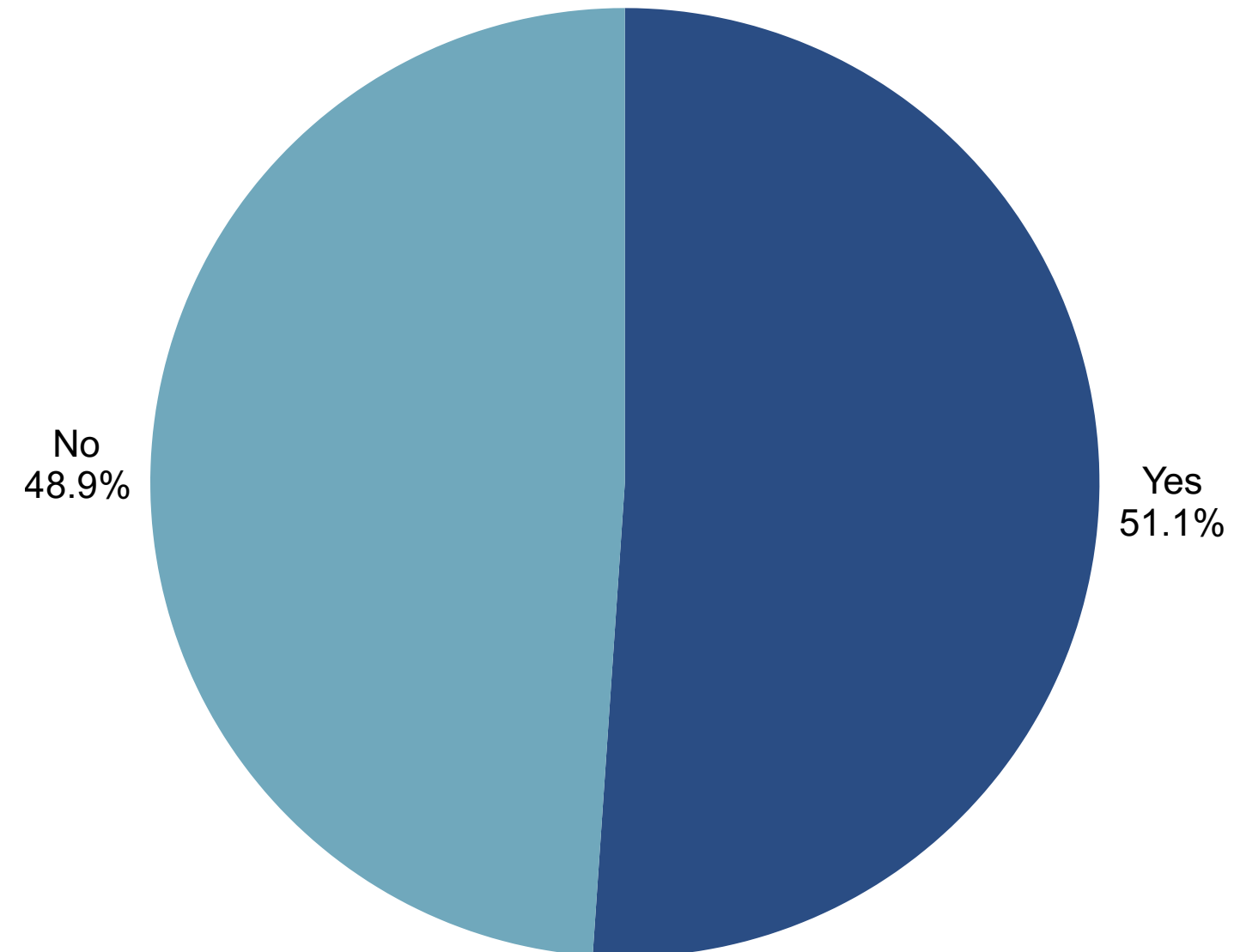
Other

- Search engines / online lookups – 6
- Email / direct communication – 5
- Traditional / local media – 4
- Community / local institutions – 3
- Miscellaneous unique items – 3
- Word of mouth / networks – 2
- Social media comments – 2
- Not specified – 2

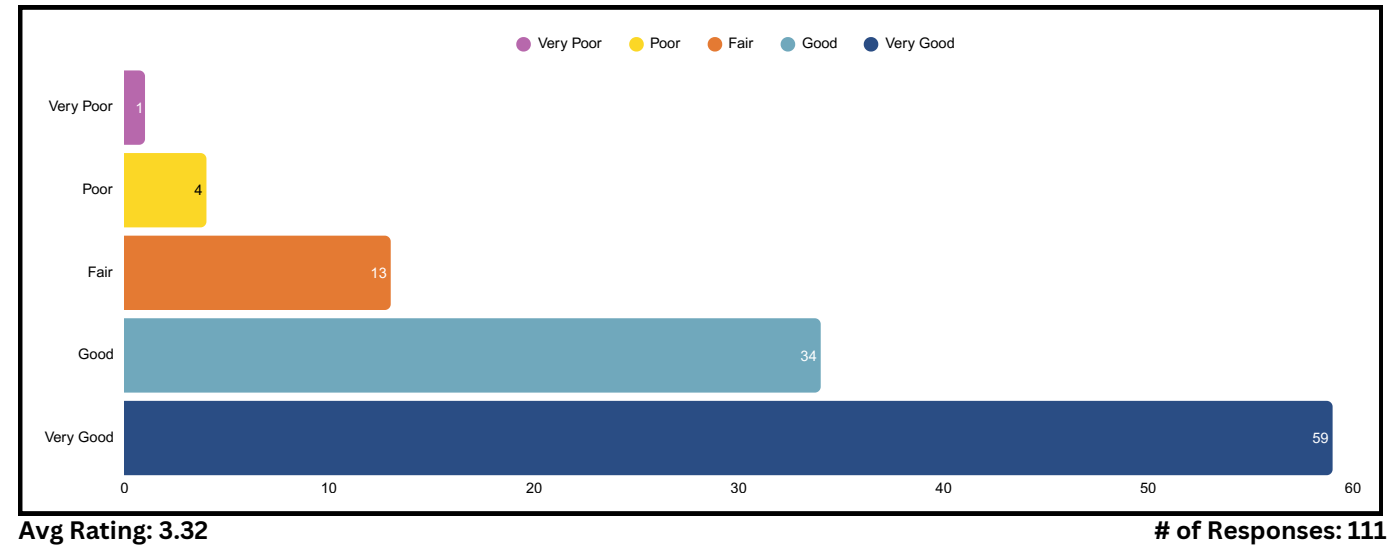
Main Office

Have you visited the SWDH Main Office? (13307 Miami Ln, Caldwell, ID 83607)

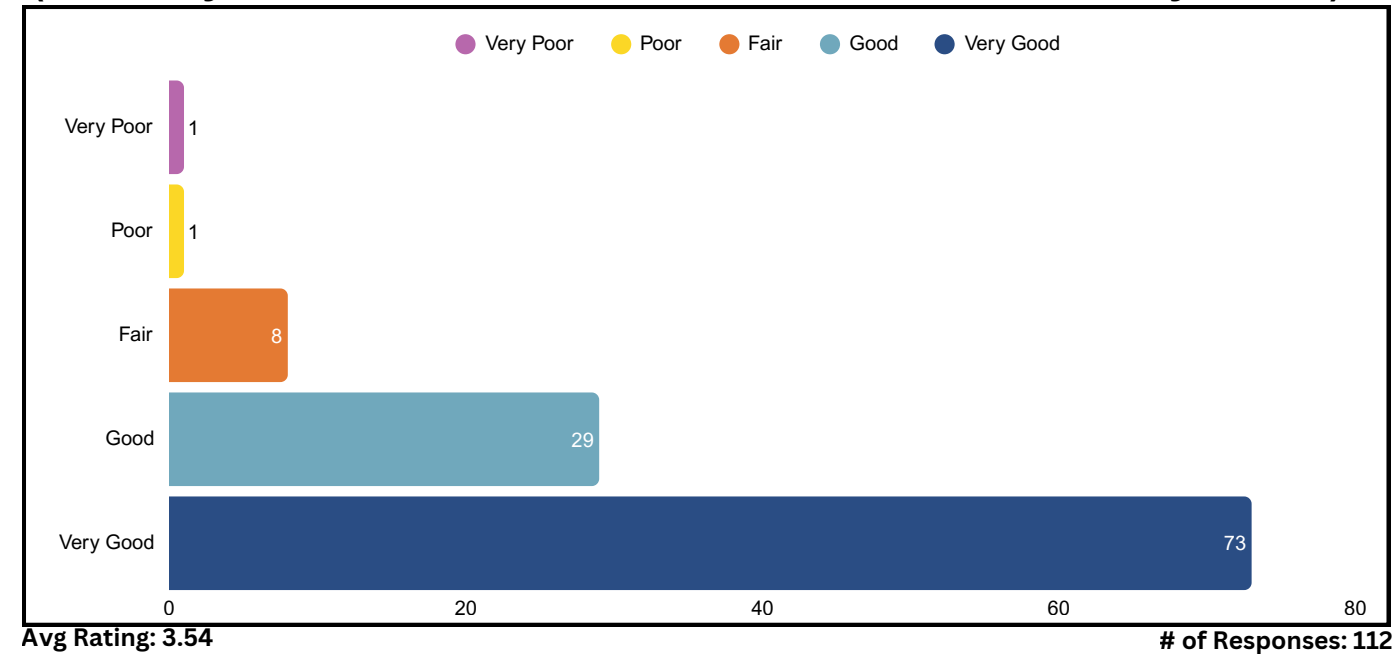
of Responses: 251



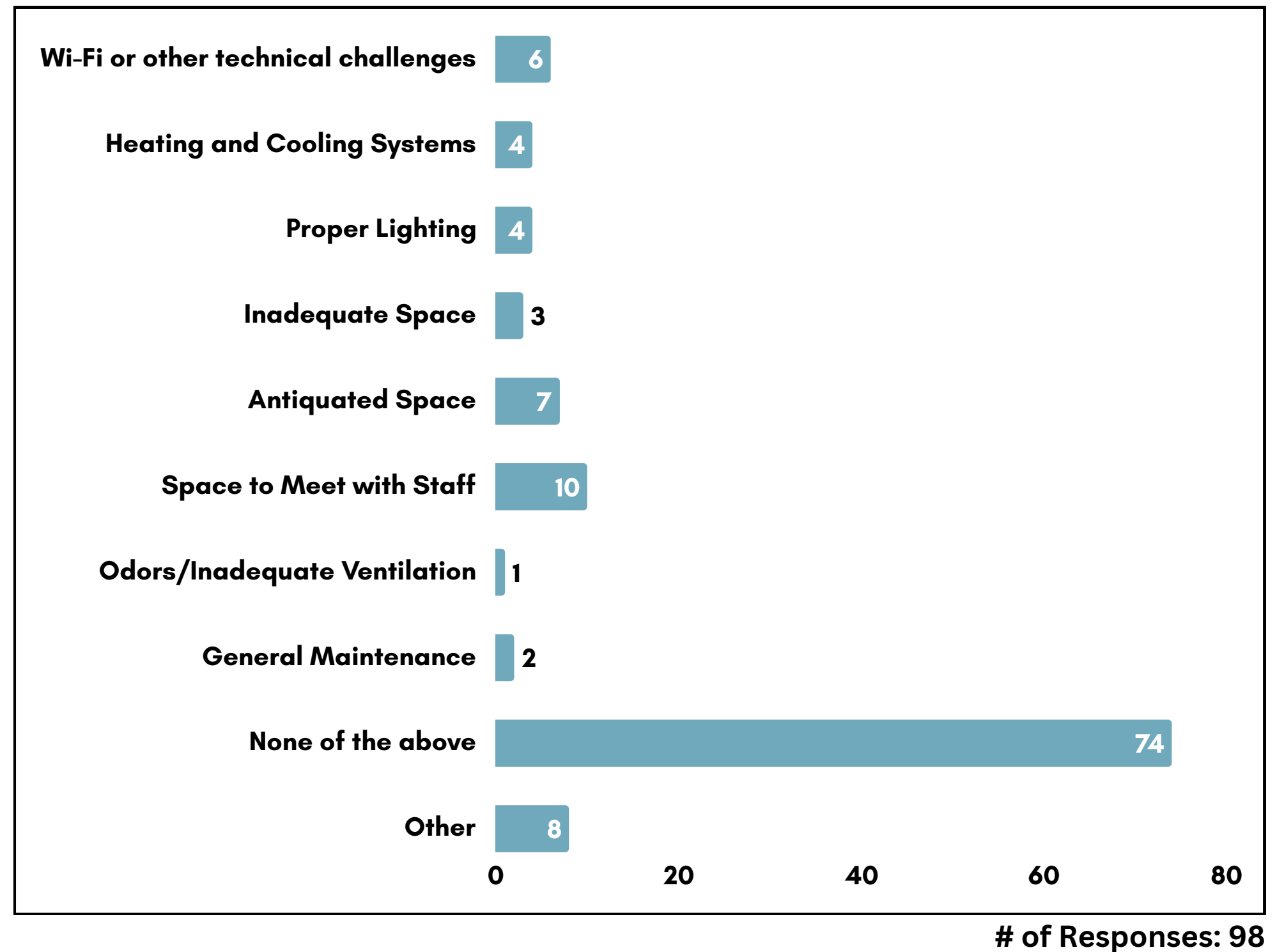
**How would you rate the physical space of this facility?
(0 = Very Poor, 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good)**



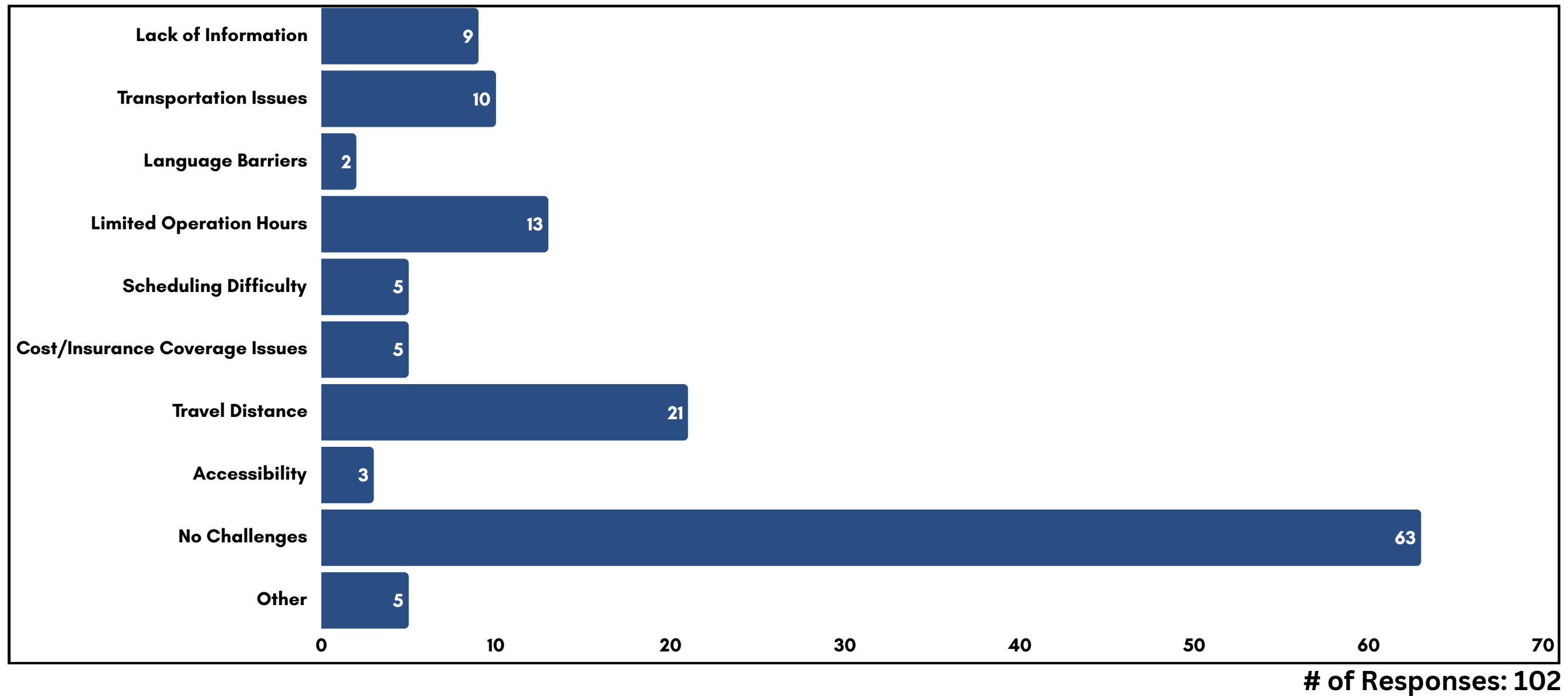
**What was your experience parking at this facility?
(0 = Very Poor, 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good)**



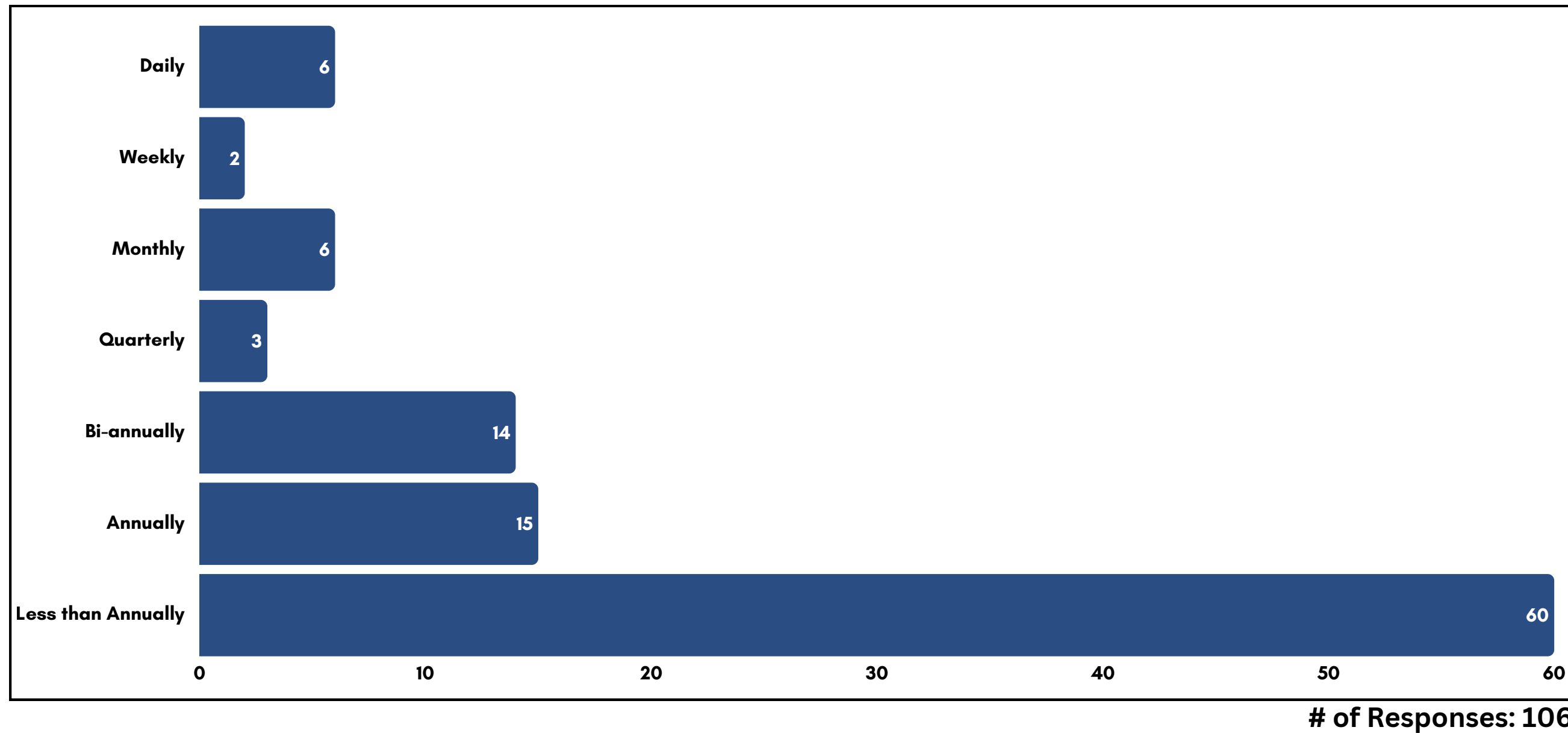
Did you observe/experience any other facility needs? (Check all that apply)



What challenges have you faced when trying to access SWDH services at this location? (Select all that apply)



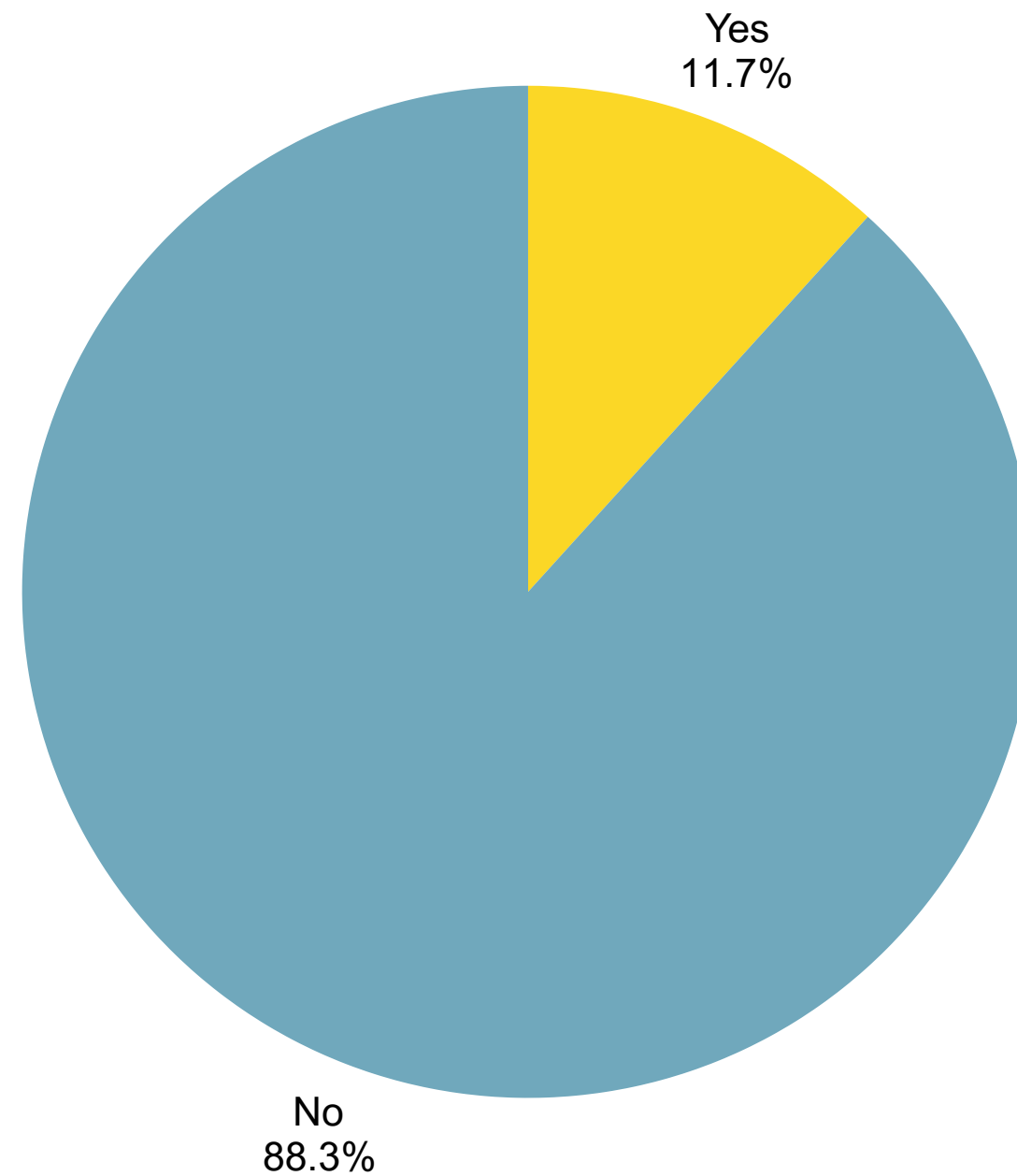
Approximately how often do you or members of your household visit this facility?



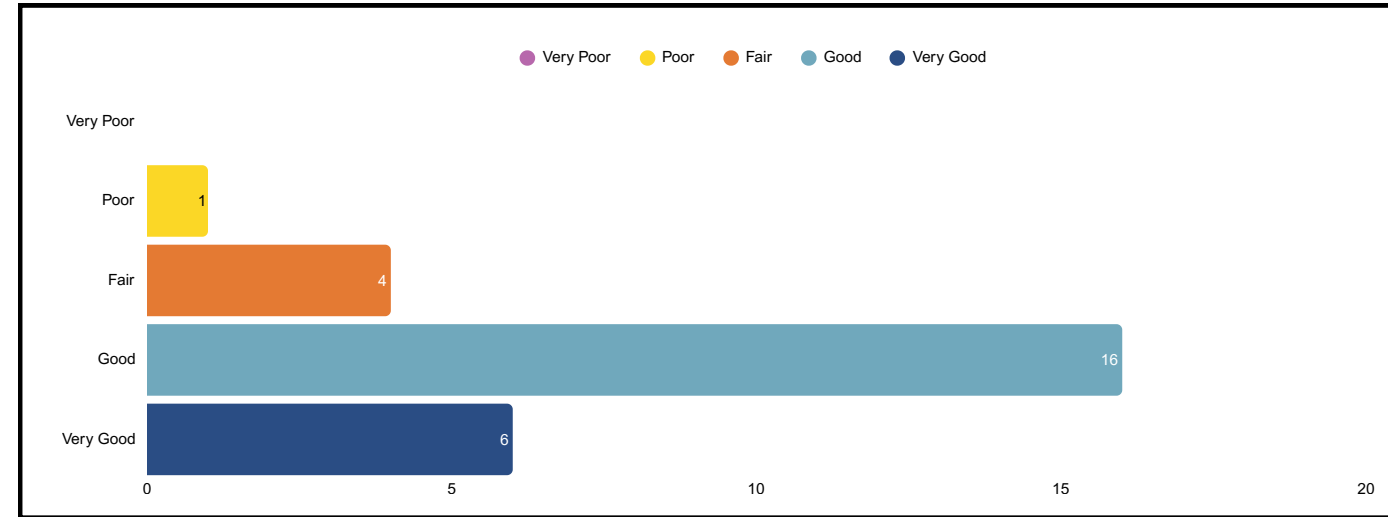
Emmett Satellite Office

Have you visited the Emmett Office? (1008 E Locust St. Emmett, ID 83617)

of Responses: 239



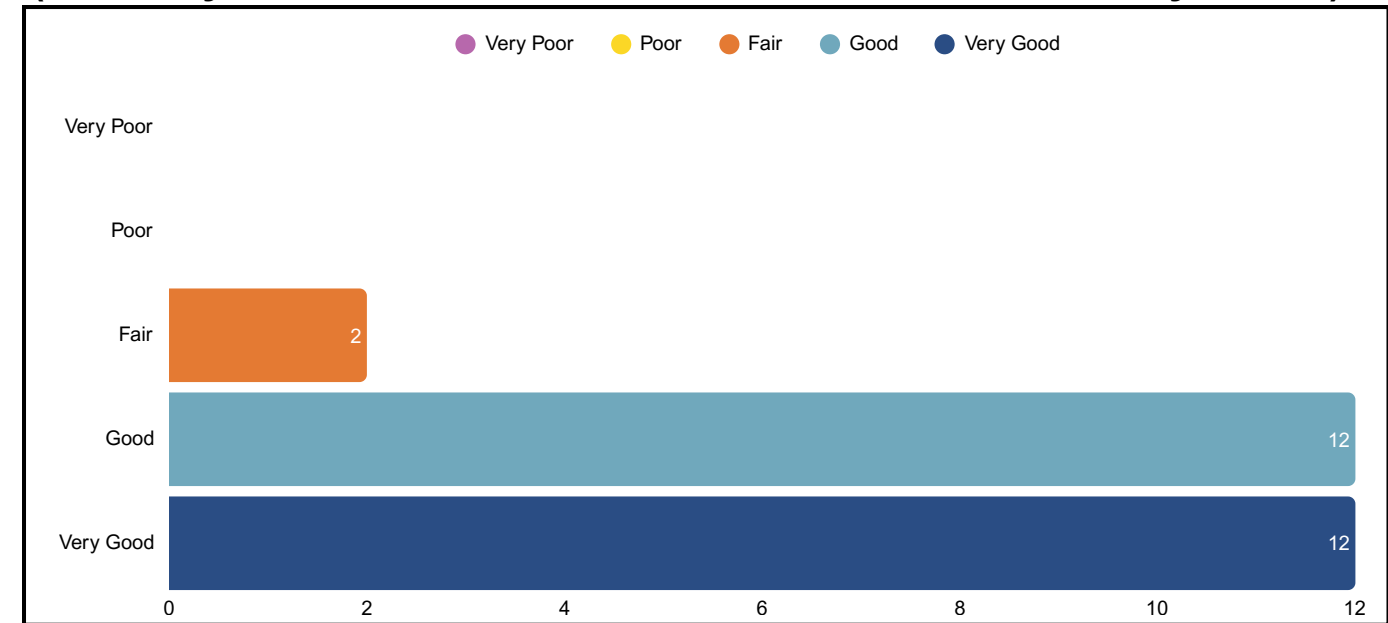
**How would you rate the physical space of this facility?
(0 = Very Poor, 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good)**



Avg Rating: 3.00

of Responses: 27

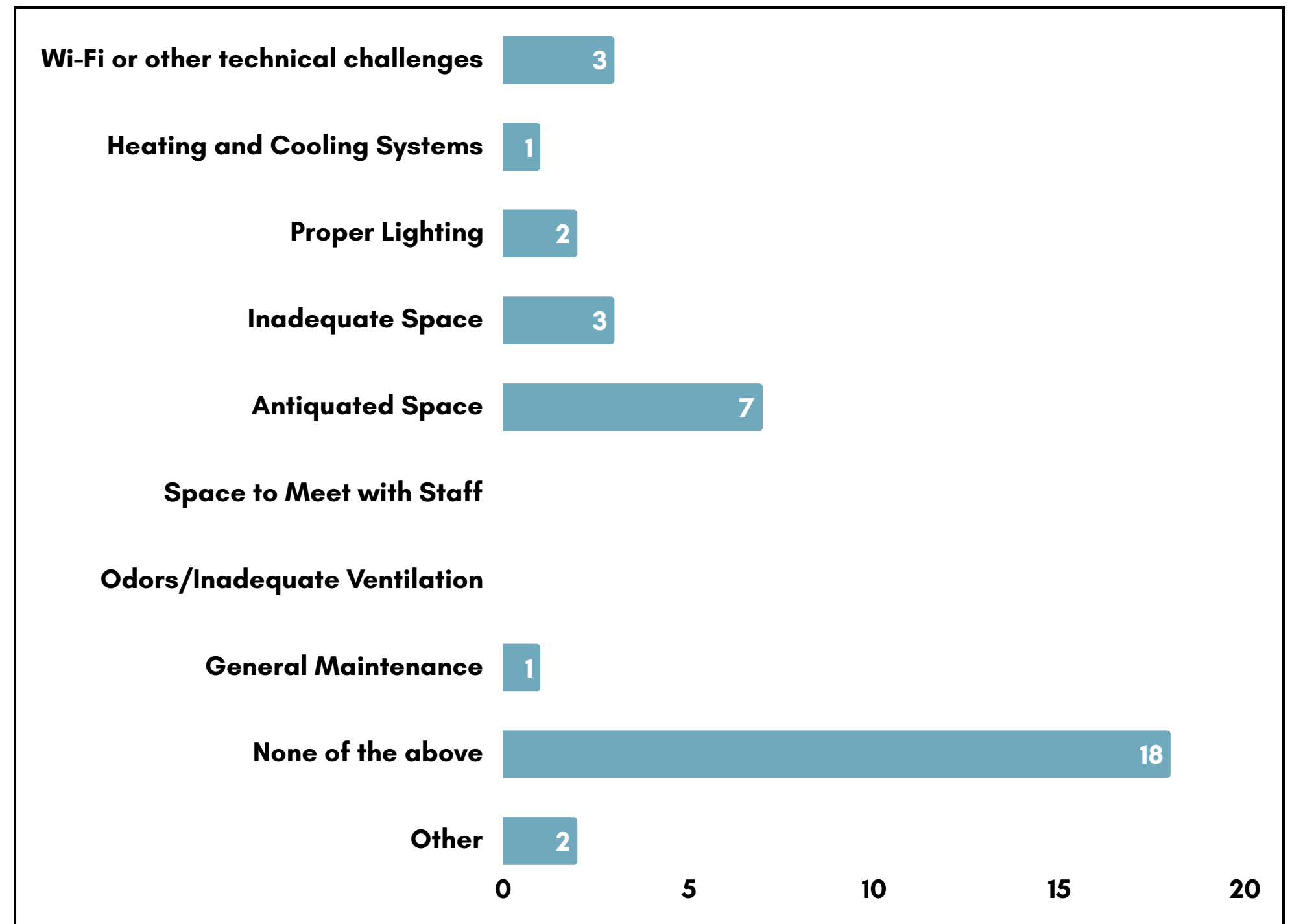
**What was your experience parking at this facility?
(0 = Very Poor, 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good)**



Avg Rating: 3.38

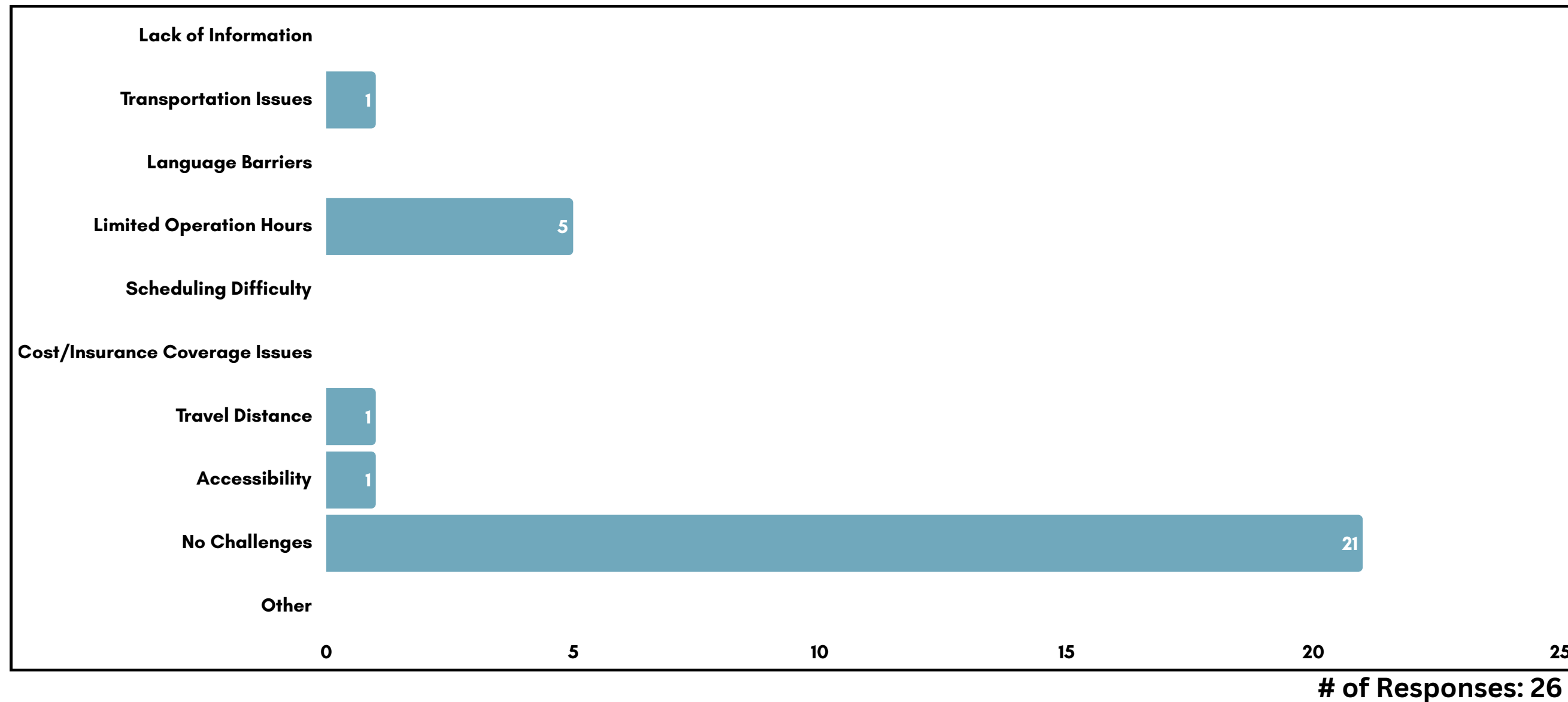
of Responses: 26

Did you observe/experience any other facility needs? (Check all that apply)

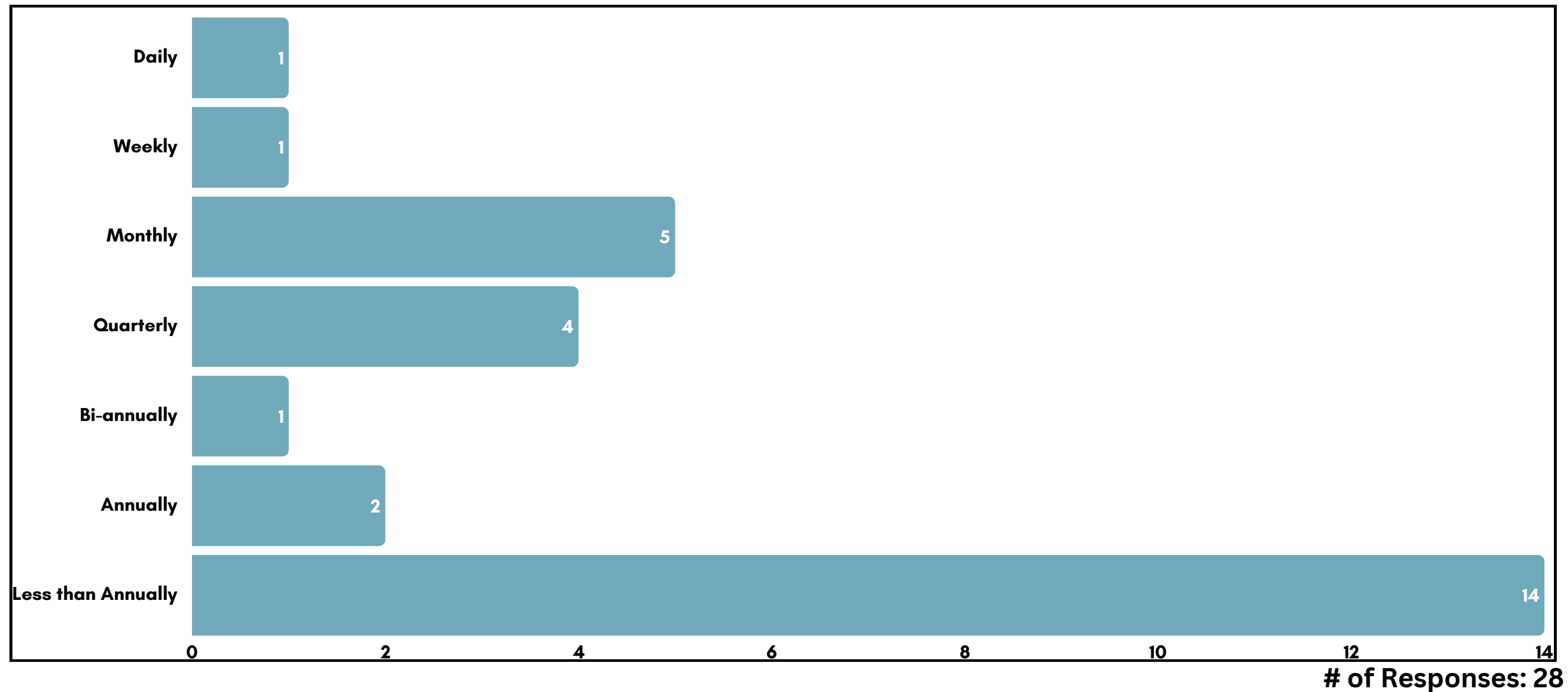


of Responses: 27

What challenges have you faced when trying to access SWDH services at this location? (Select all that apply)



Approximately how often do you or members of your household visit this facility?

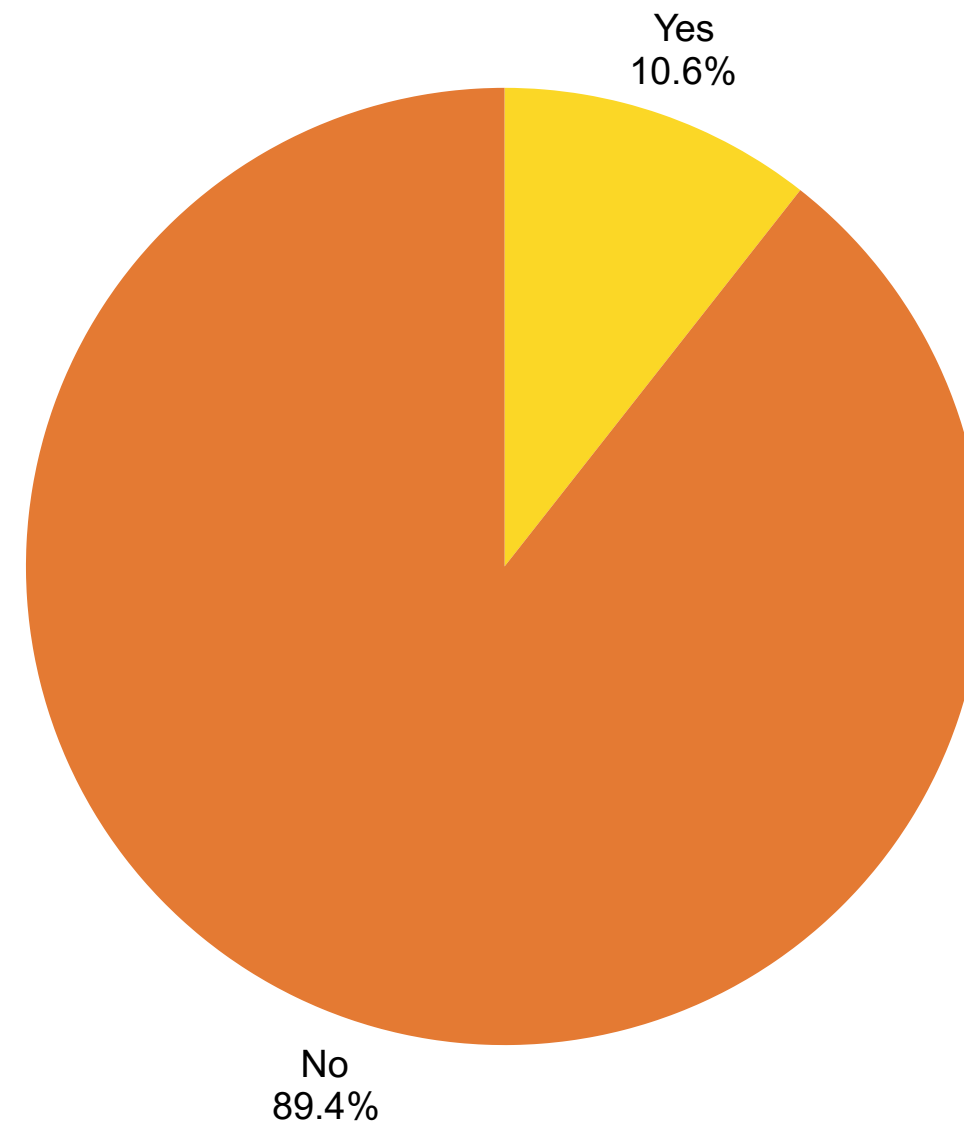


Payette Satellite Office

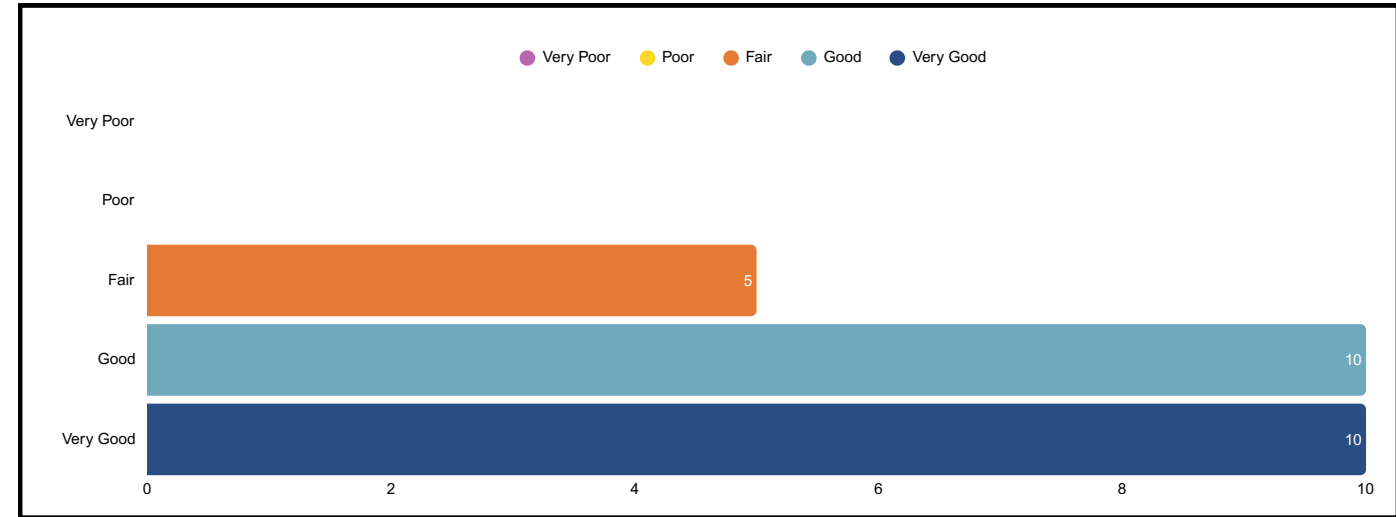
Have you visited the Payette Office?

(1155 3rd Ave N. Payette, ID 83661)

of Responses: 237

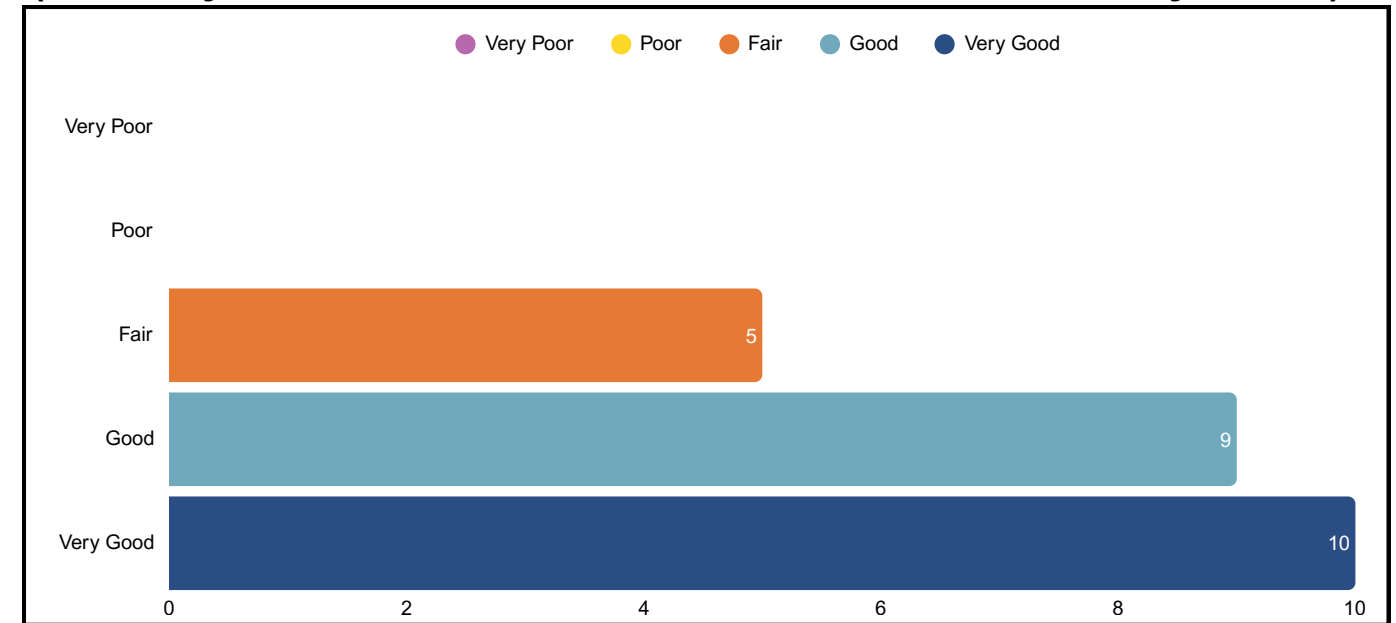


How would you rate the physical space of this facility?
 (0 = Very Poor, 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good)



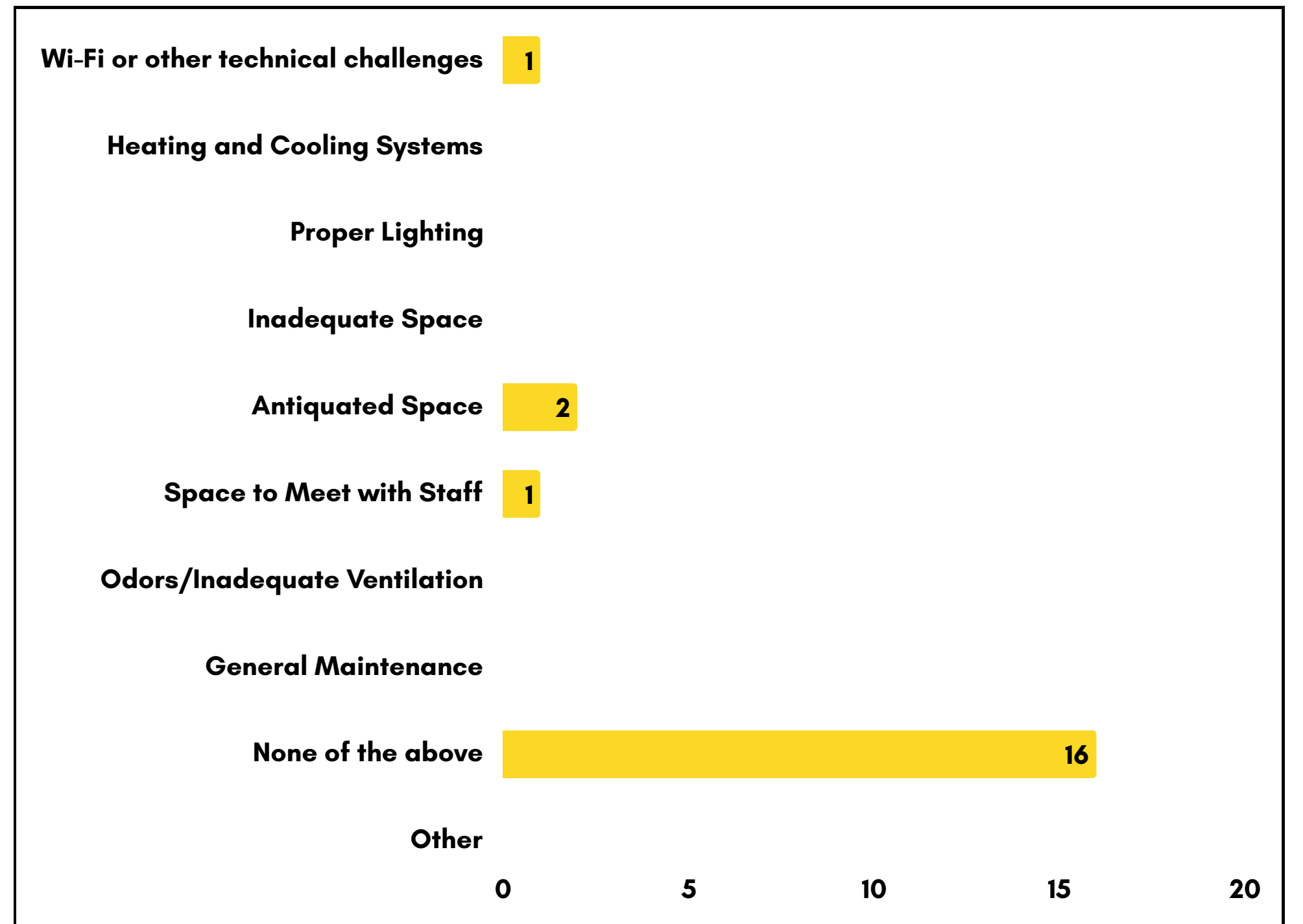
Avg Rating: 3.20 # of Responses: 25

What was your experience parking at this facility?
 (0 = Very Poor, 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good)



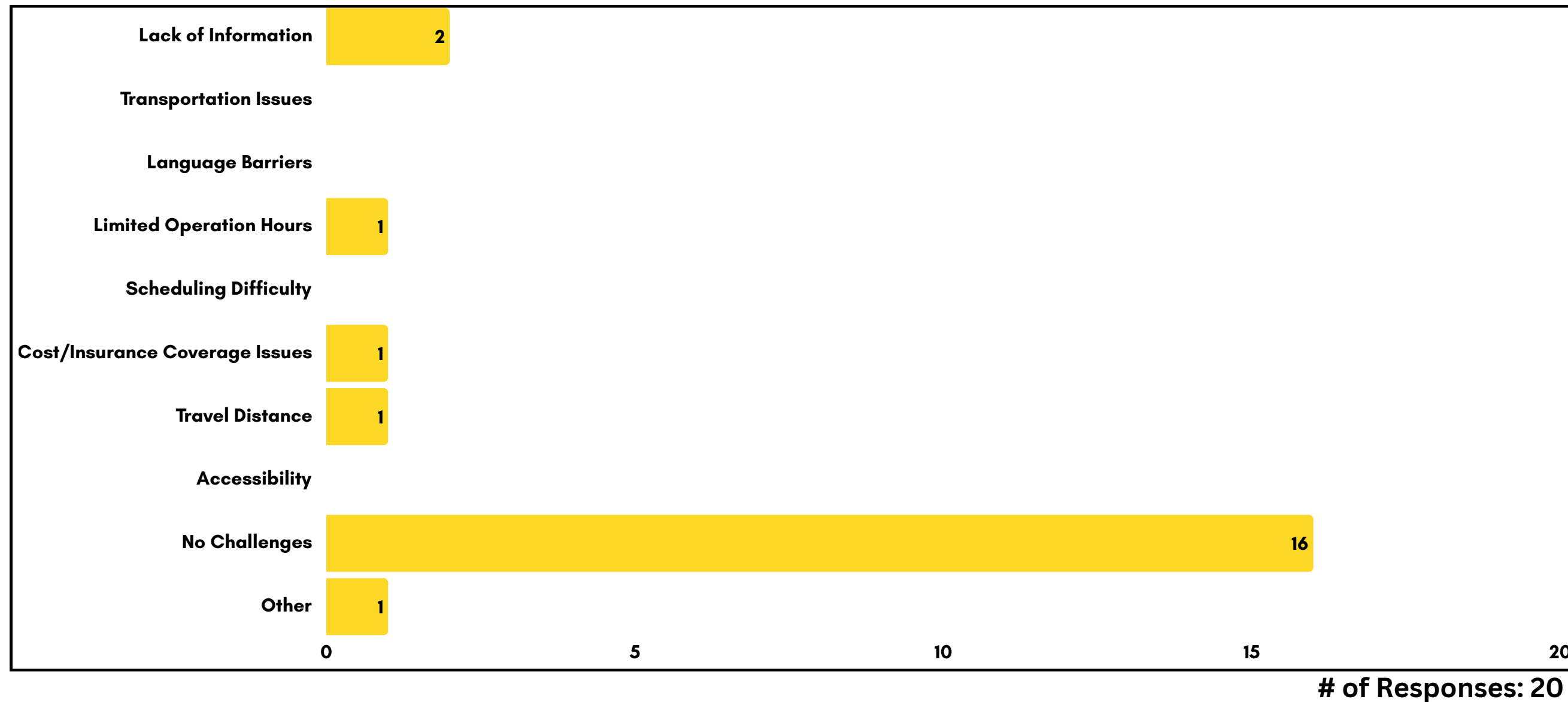
Avg Rating: 3.21 # of Responses: 24

Did you observe/experience any other facility needs? (Check all that apply)

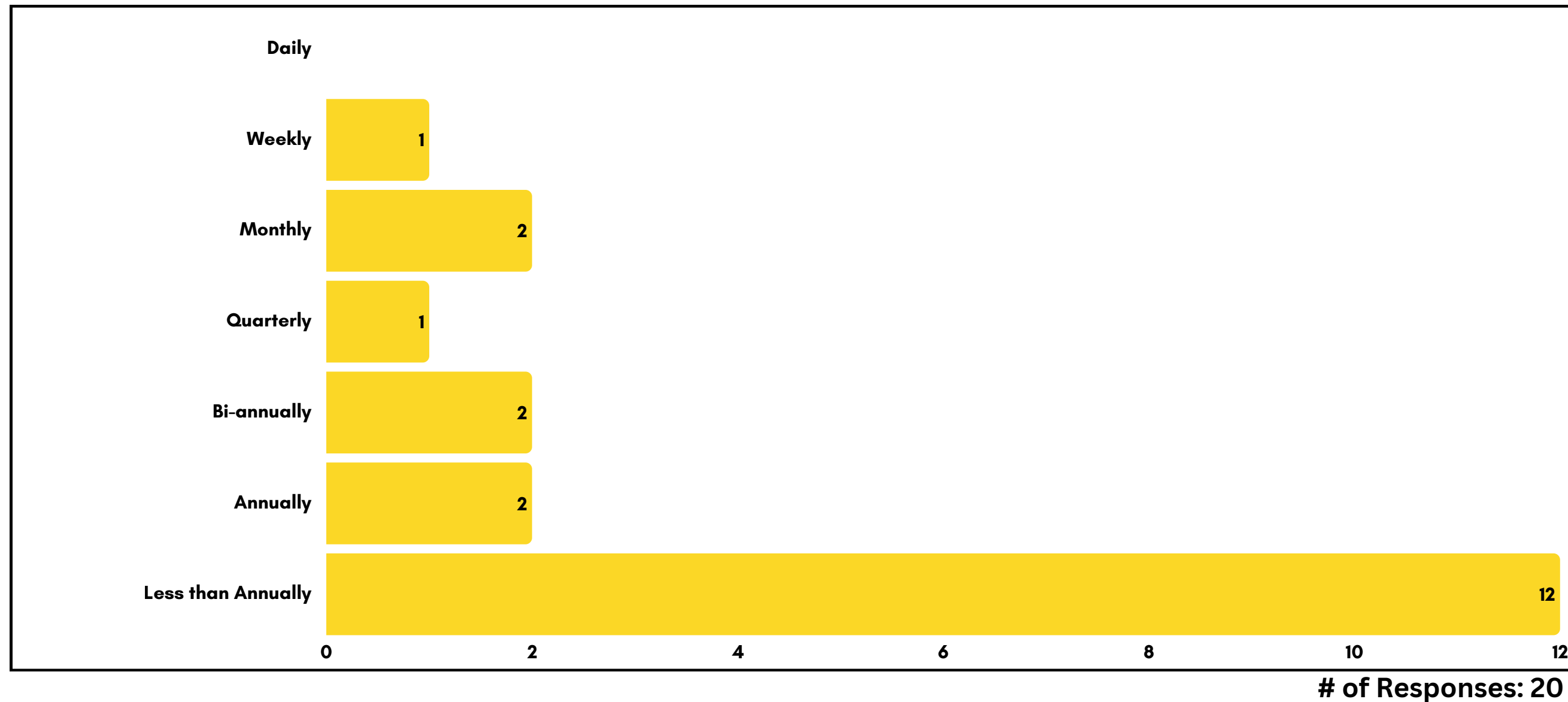


of Responses: 20

What challenges have you faced when trying to access SWDH services at this location? (Select all that apply)



Approximately how often do you or members of your household visit this facility?

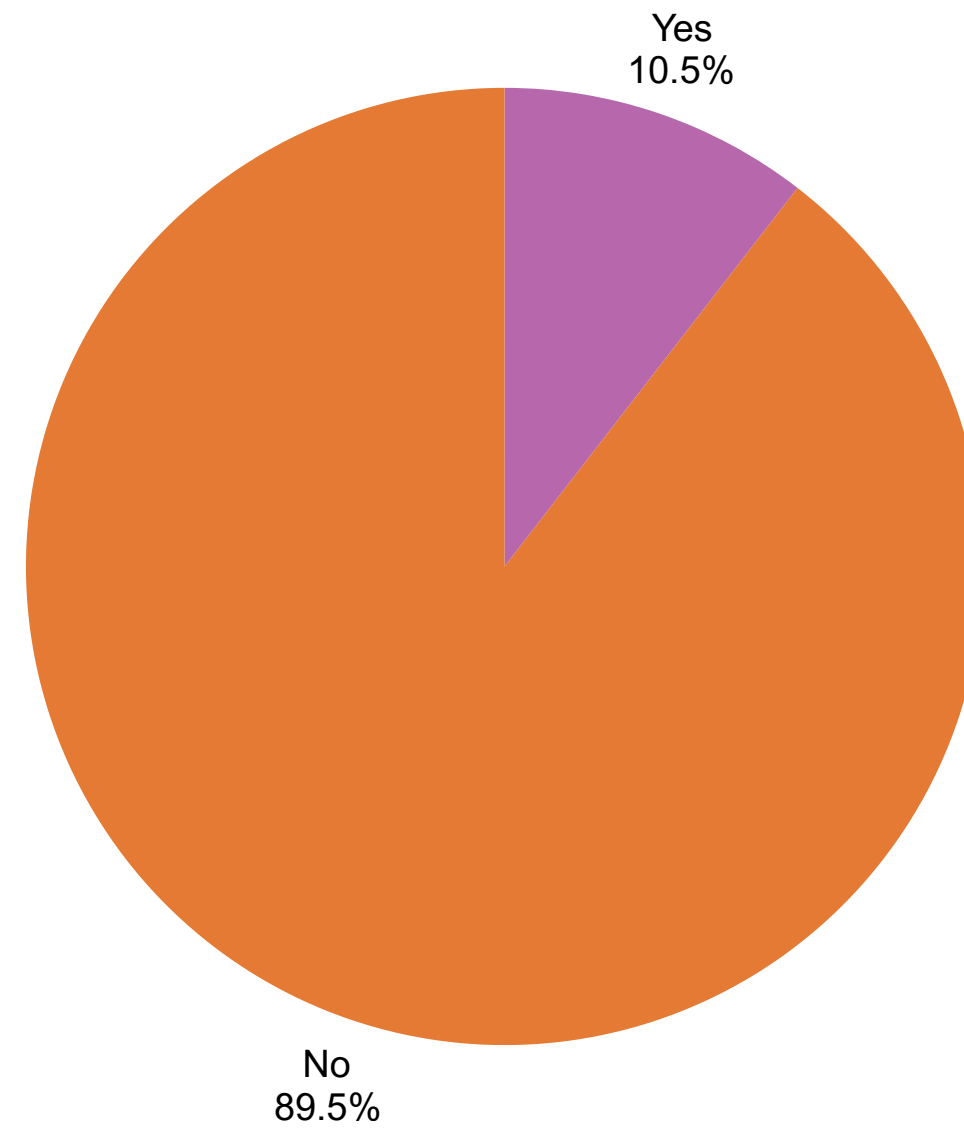


Weiser Satellite Office

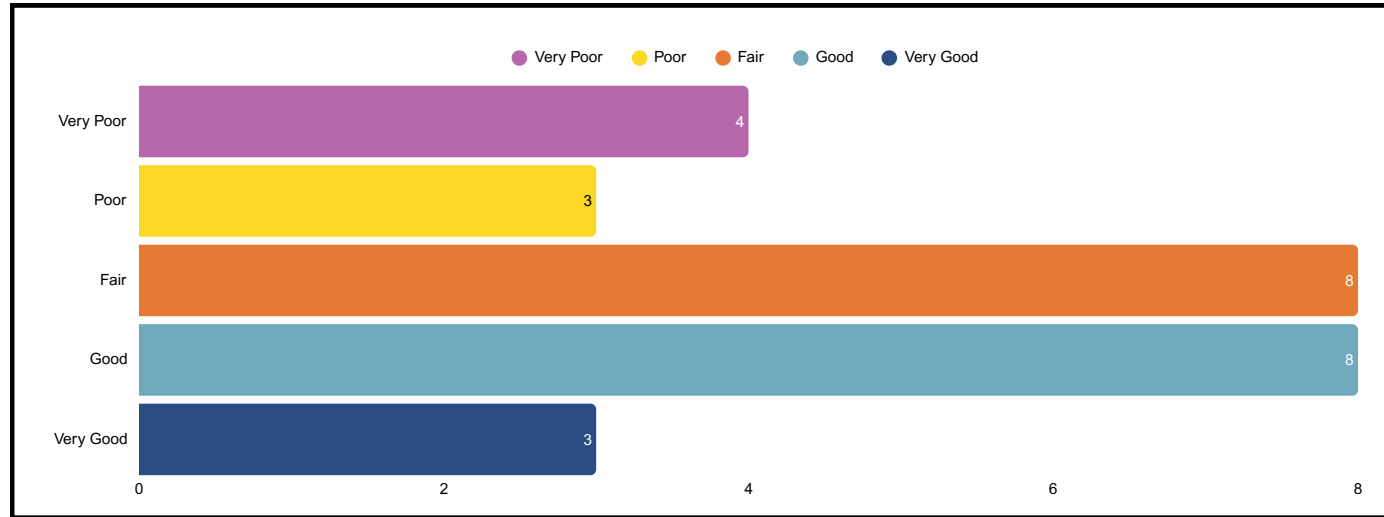
Have you visited the Weiser Office?

(46 W Court St. Weiser, ID 83672)

of Responses: 248



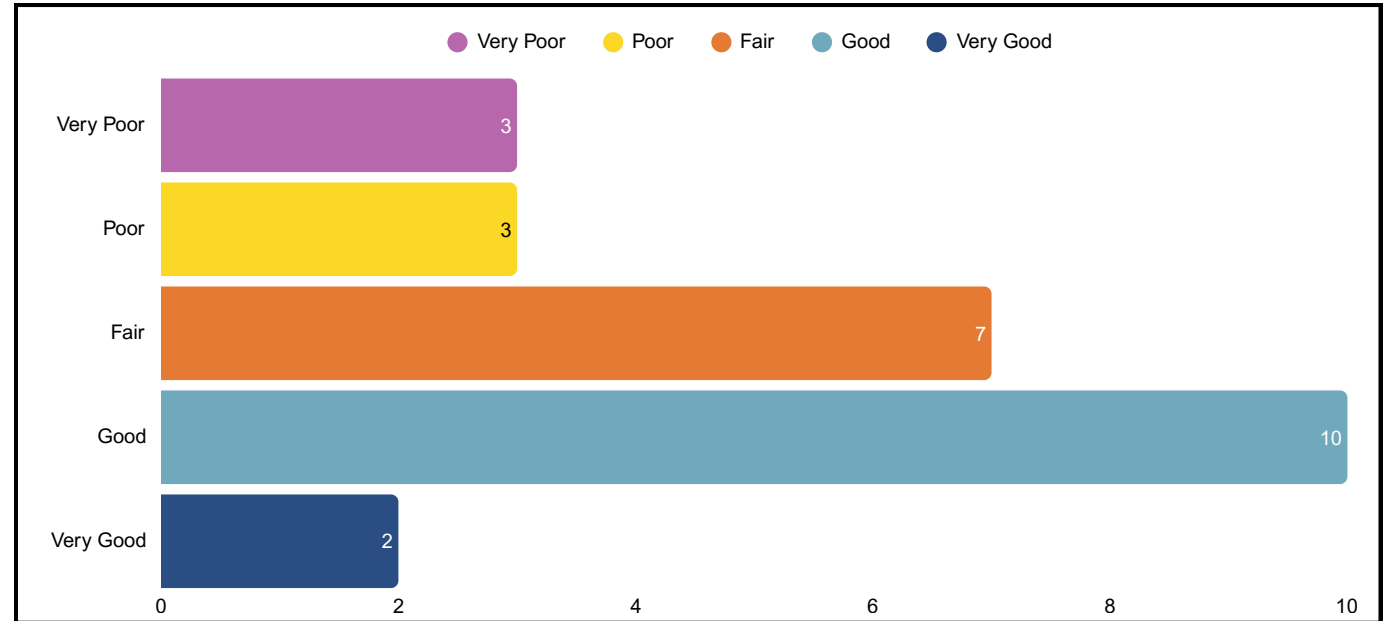
**How would you rate the physical space of this facility?
(0 = Very Poor, 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good)**



Avg Rating: 2.12

of Responses: 26

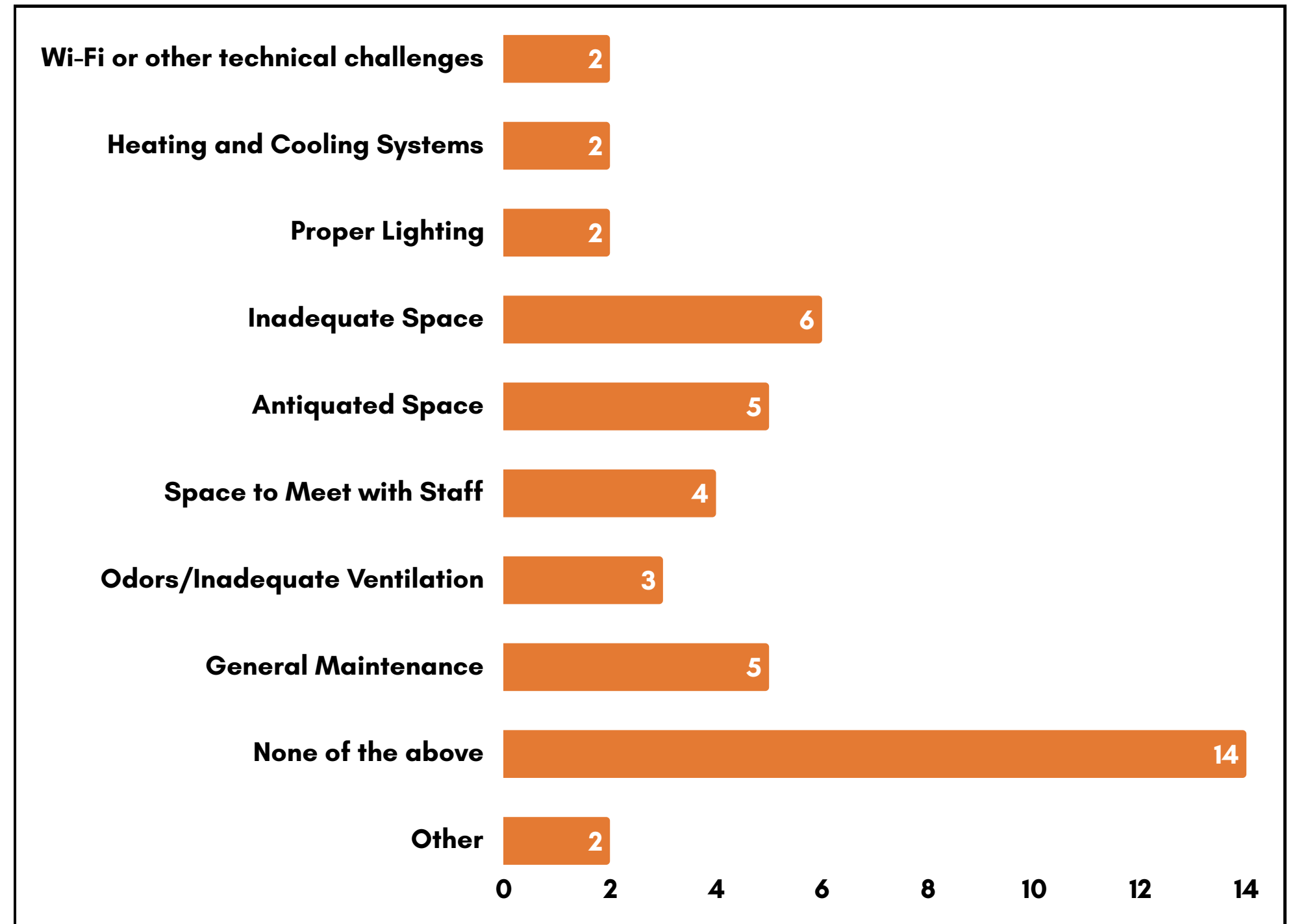
**What was your experience parking at this facility?
(0 = Very Poor, 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good)**



Avg Rating: 2.20

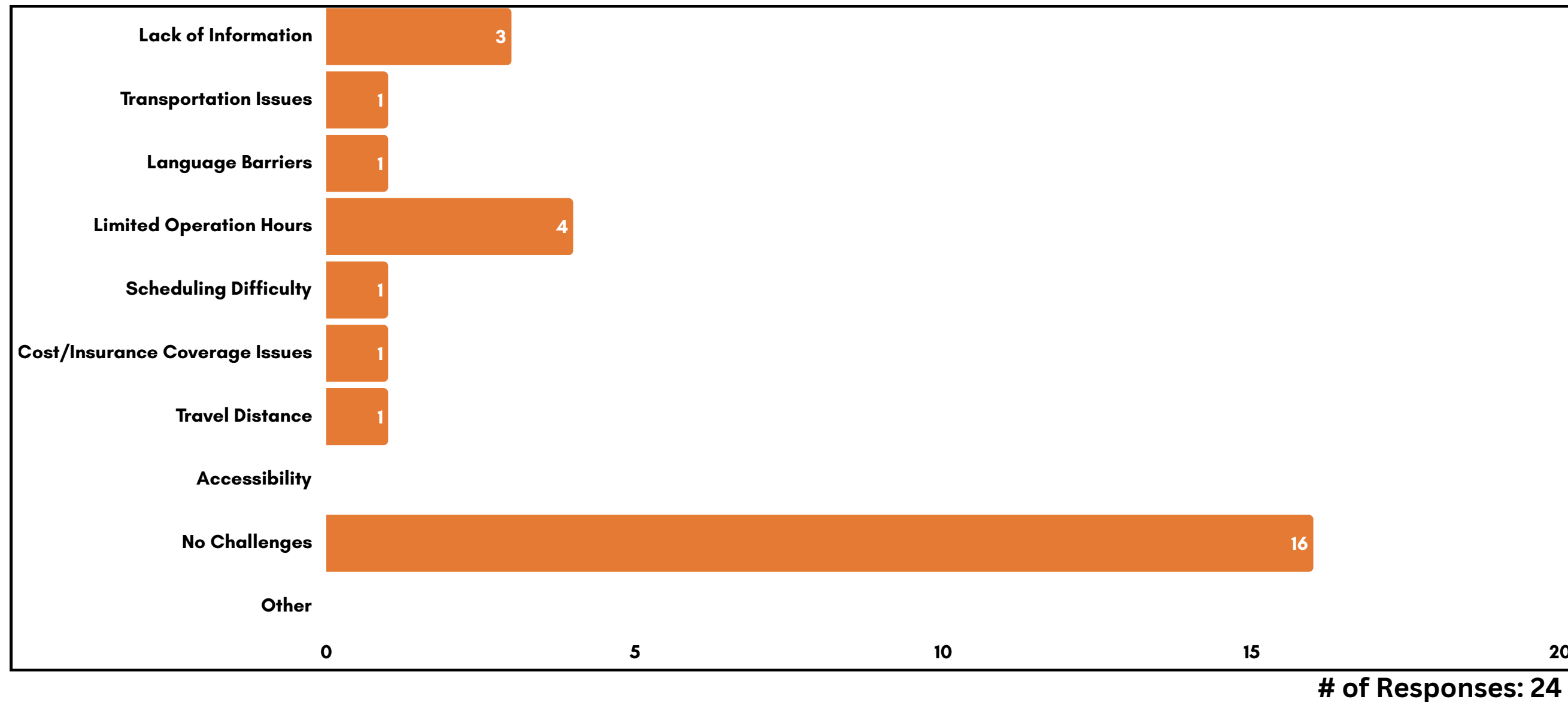
of Responses: 25

Did you observe/experience any other facility needs? (Check all that apply)

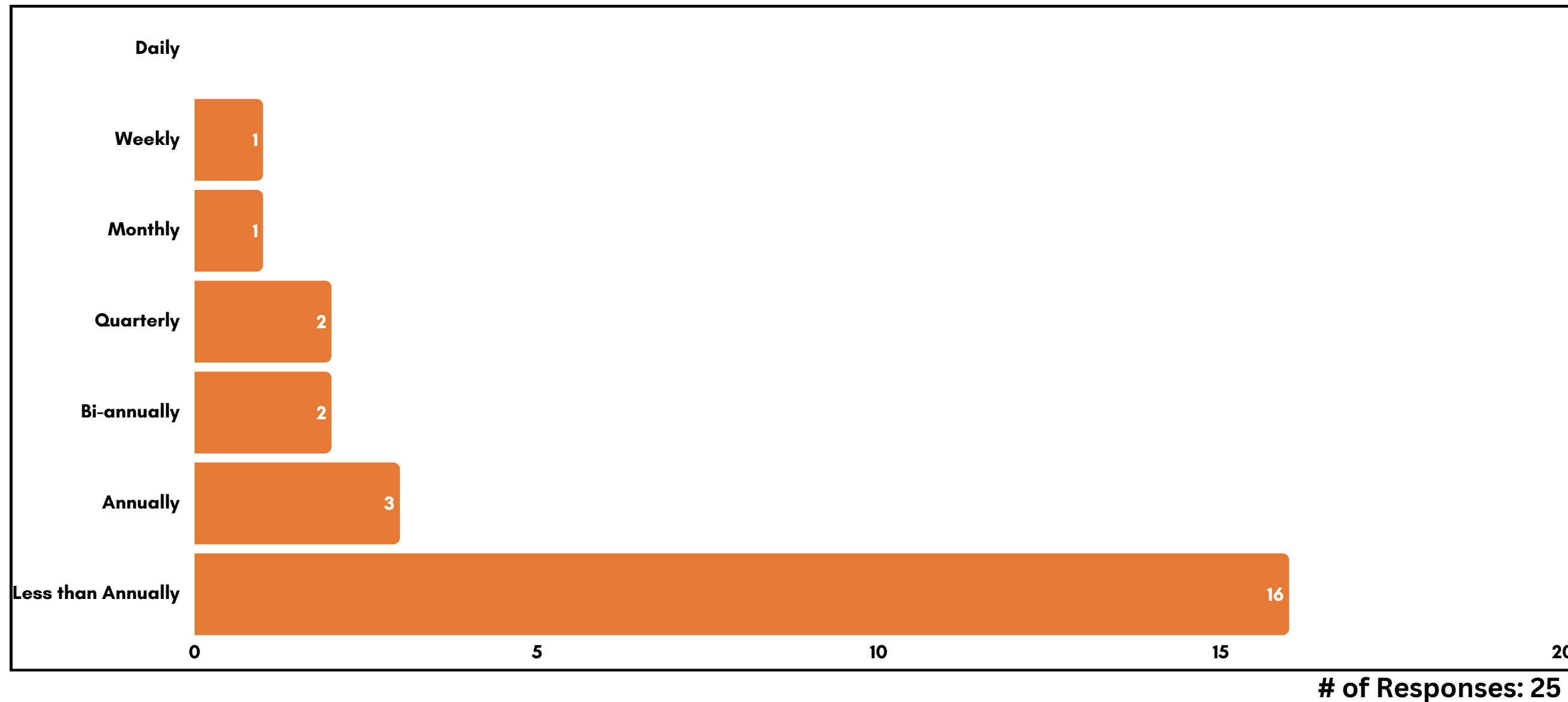


of Responses: 23

What challenges have you faced when trying to access SWDH services at this location? (Select all that apply)



Approximately how often do you or members of your household visit this facility?

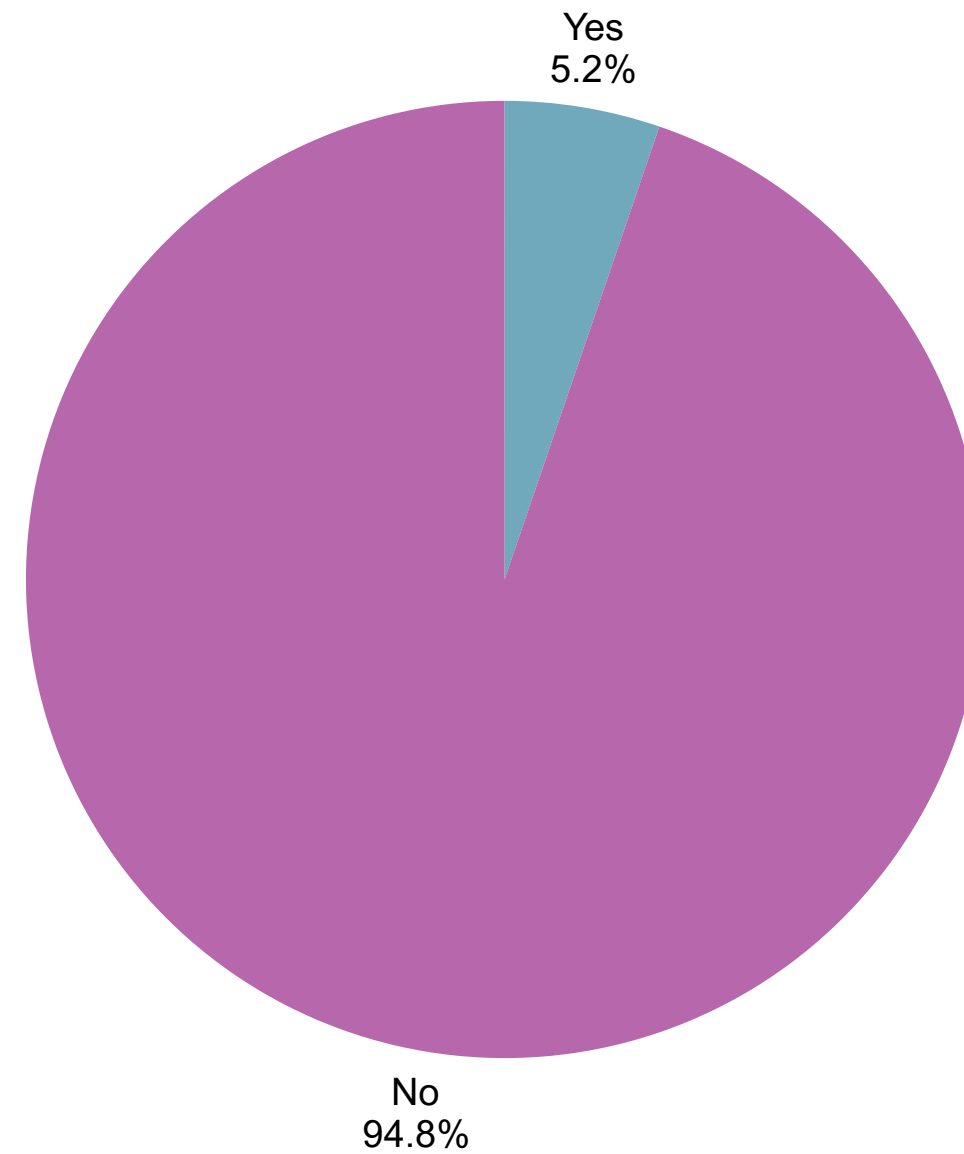




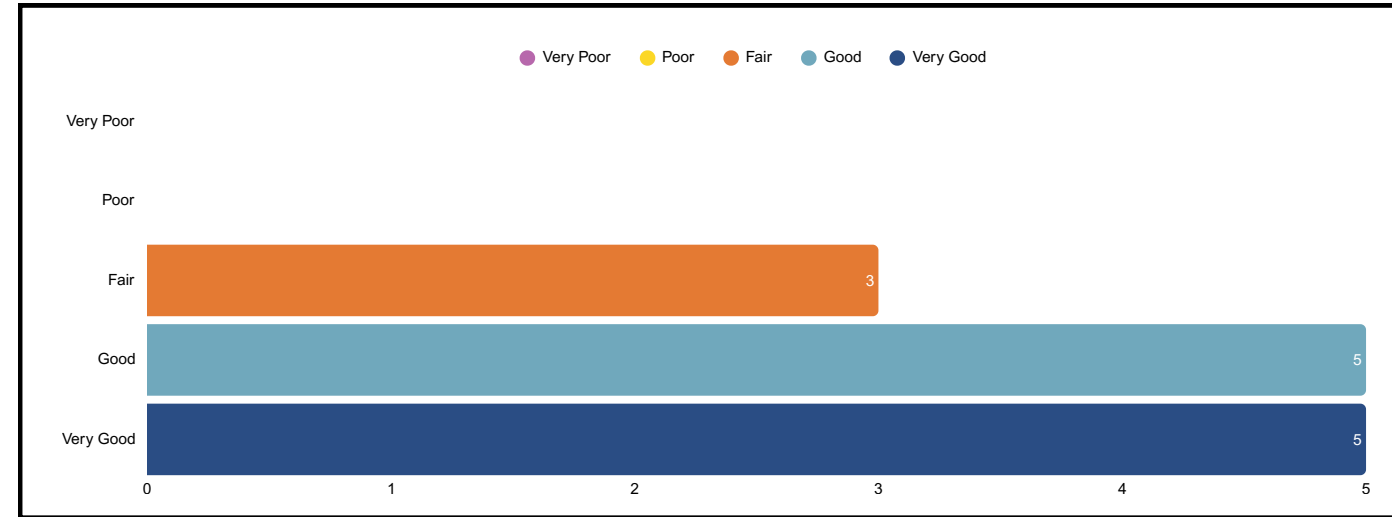
The Hub

Have you visited the Hub at Marsing School District? (205 8th Ave W. Marsing, ID 83639)

of Responses: 248



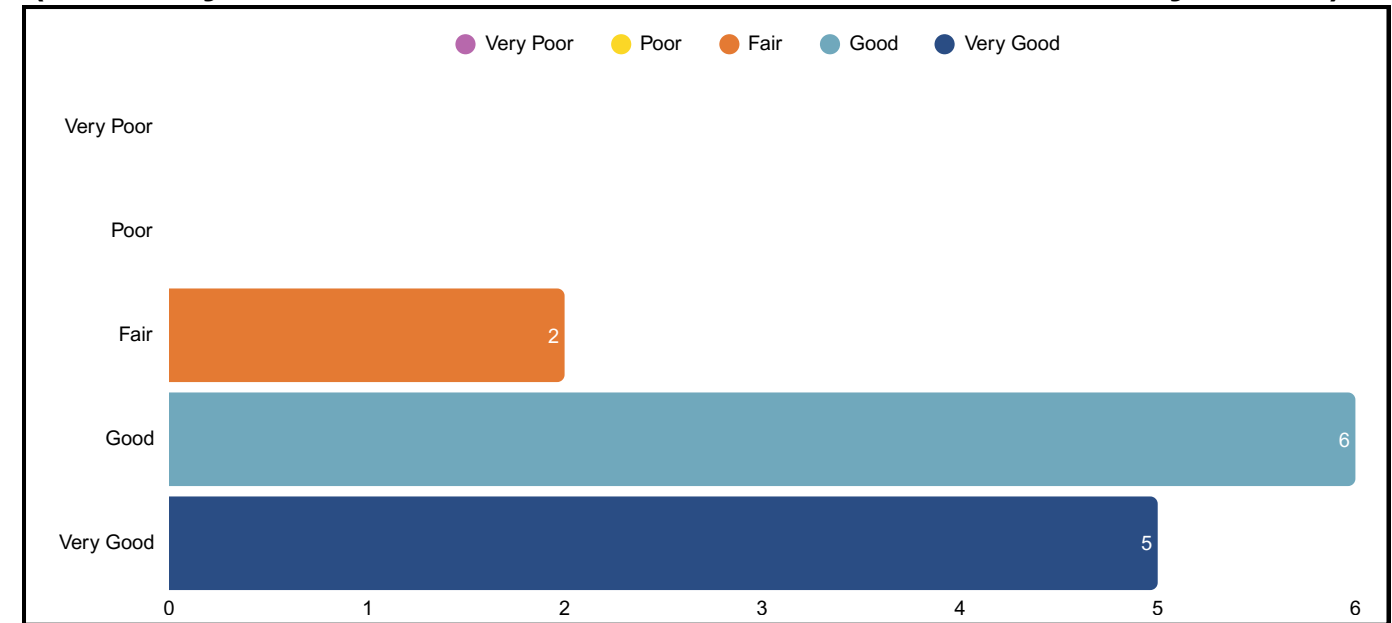
**How would you rate the physical space of this facility?
(0 = Very Poor, 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good)**



Avg Rating: 3.15

of Responses: 13

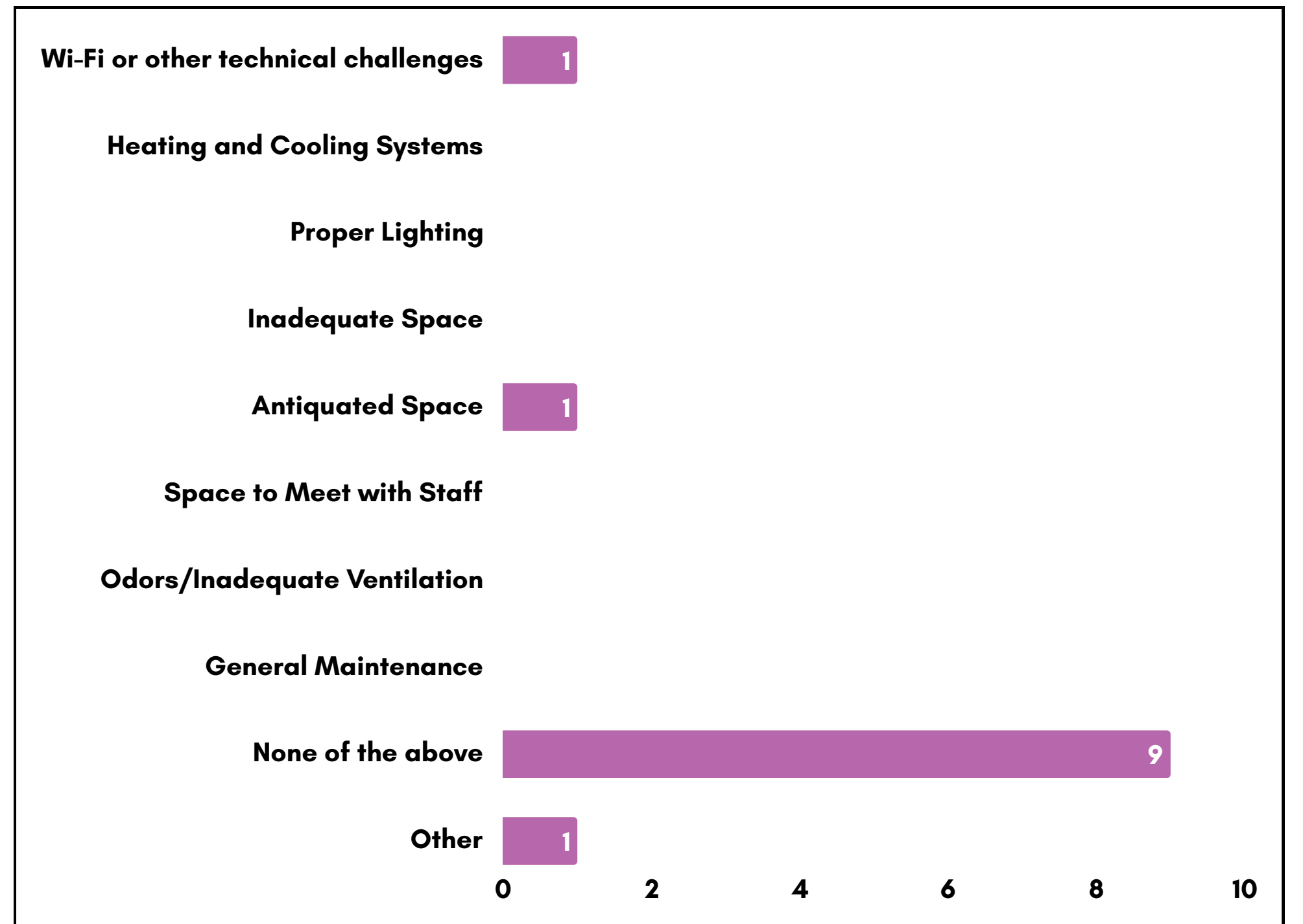
**What was your experience parking at this facility?
(0 = Very Poor, 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good)**



Avg Rating: 3.23

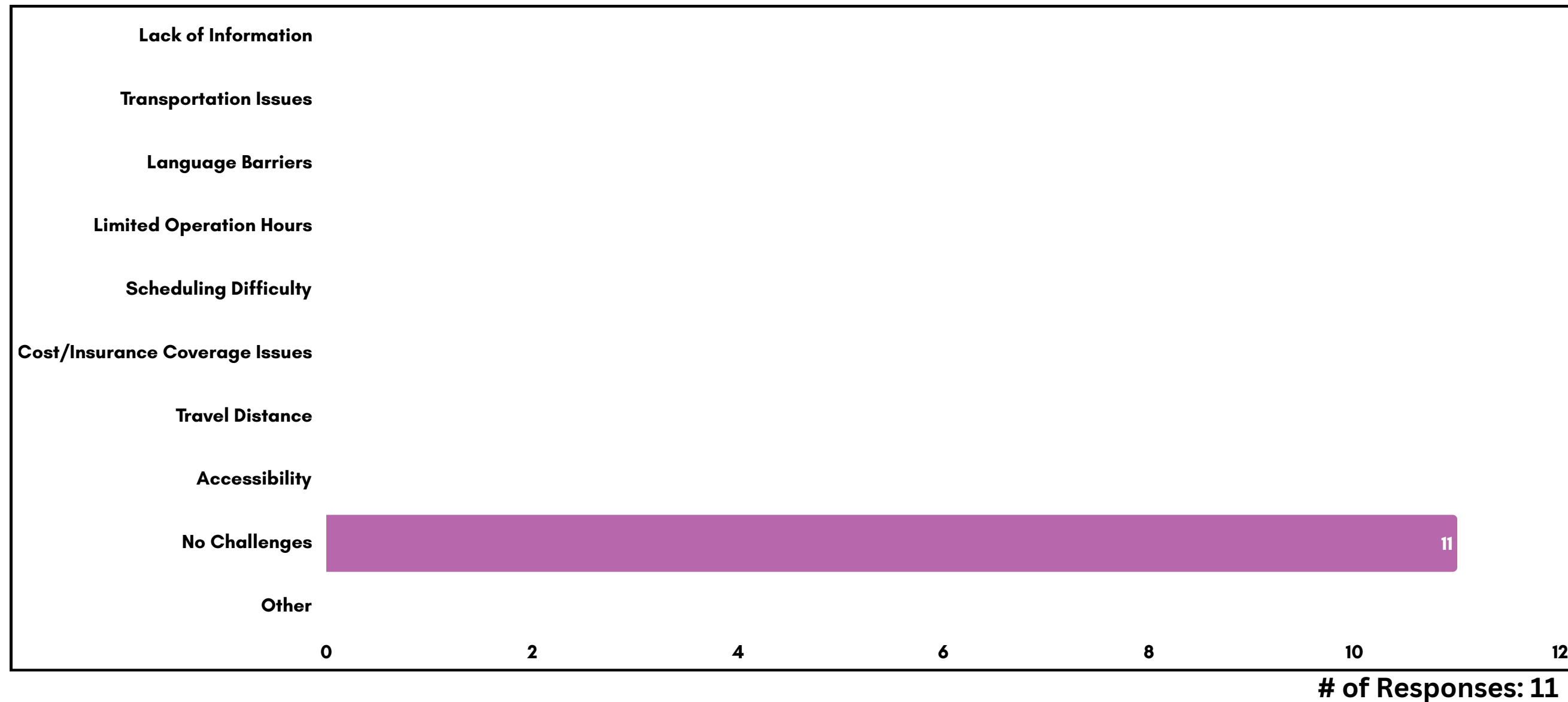
of Responses: 13

Did you observe/experience any other facility needs? (Check all that apply)

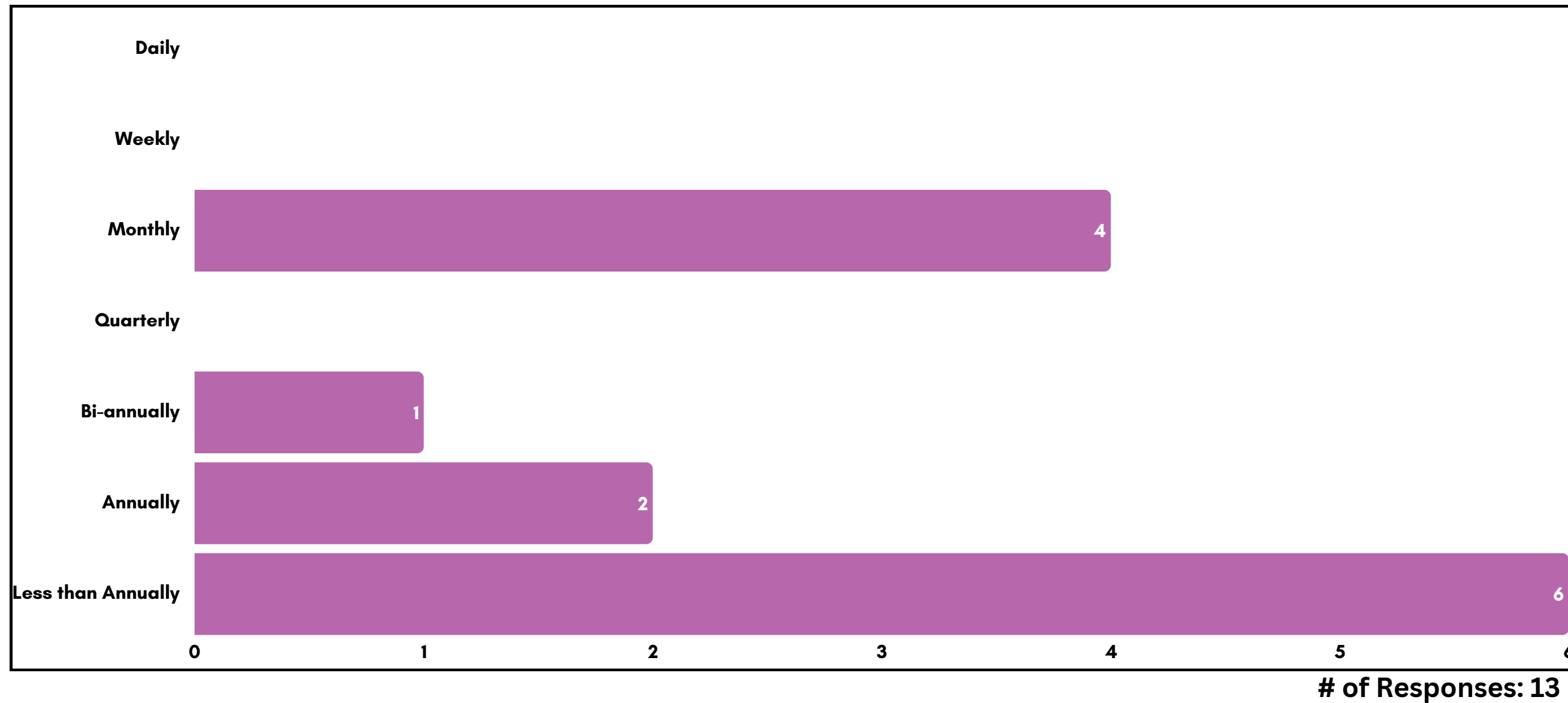


of Responses: 11

What challenges have you faced when trying to access SWDH services at this location? (Select all that apply)



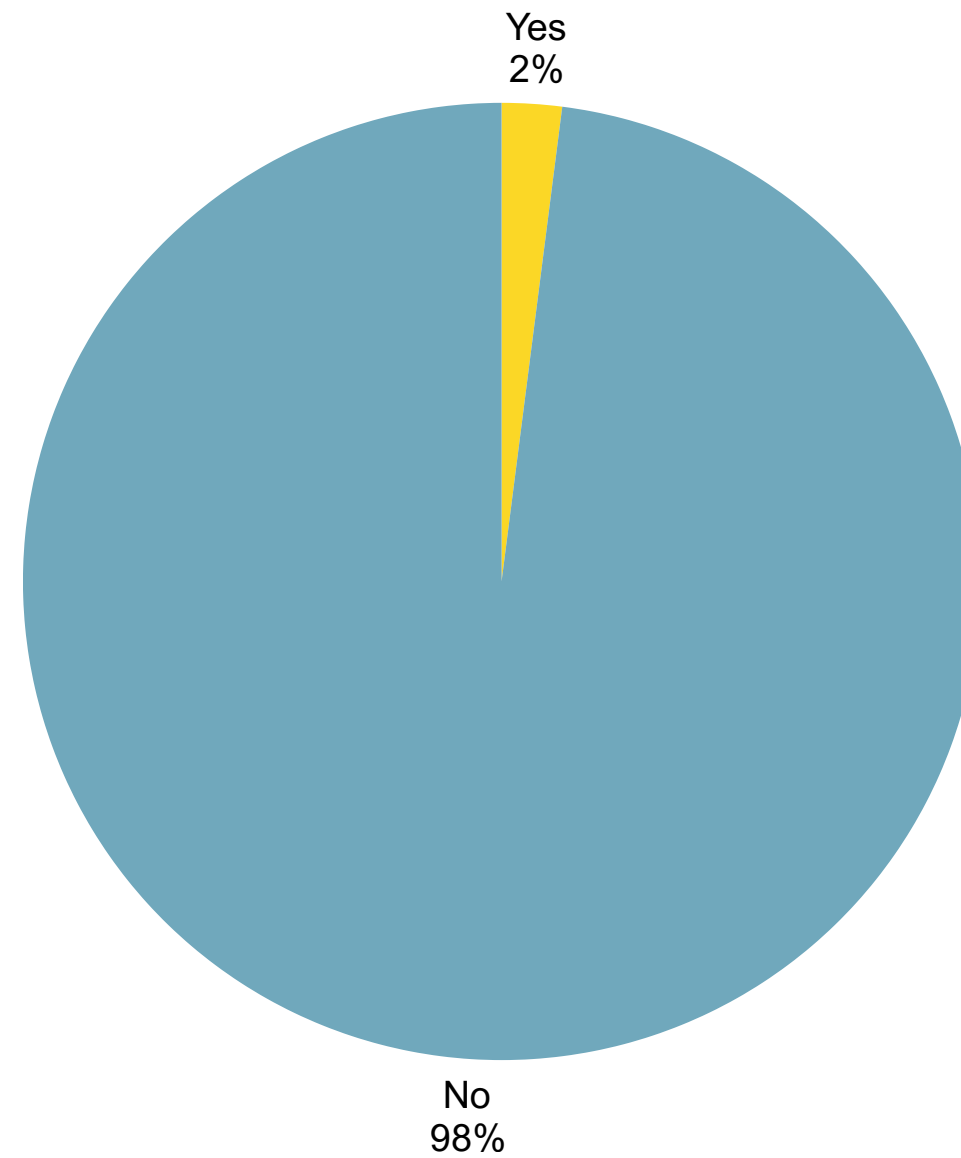
Approximately how often do you or members of your household visit this facility?



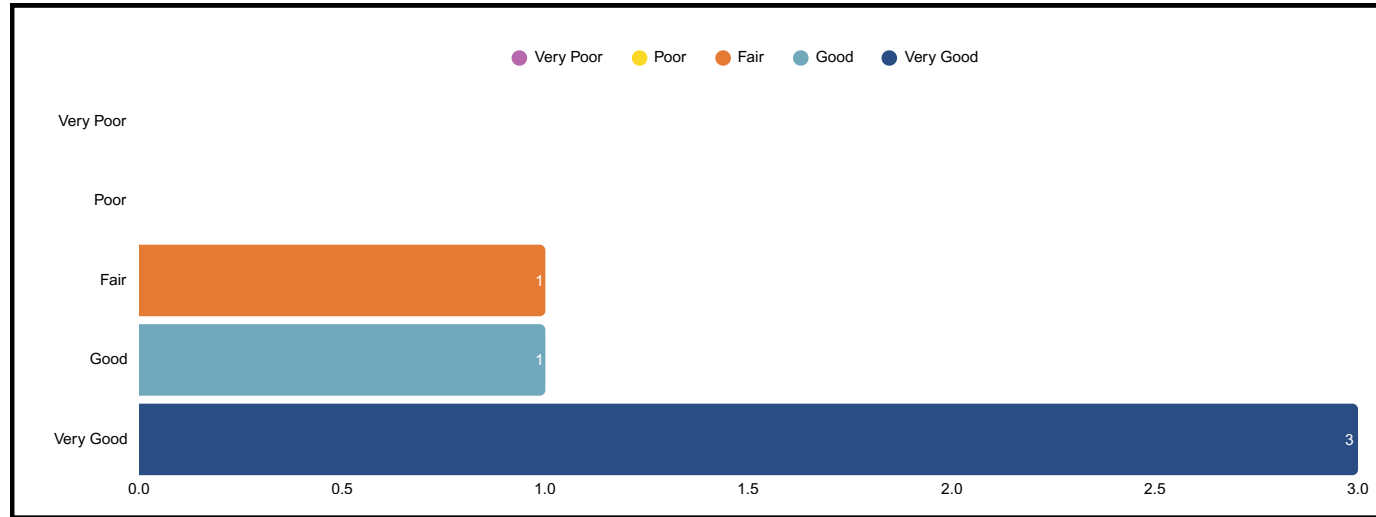
Council WIC

Have you visited the Council WIC location? (205 N. Berkley St. Council, ID 83612)

of Responses: 247



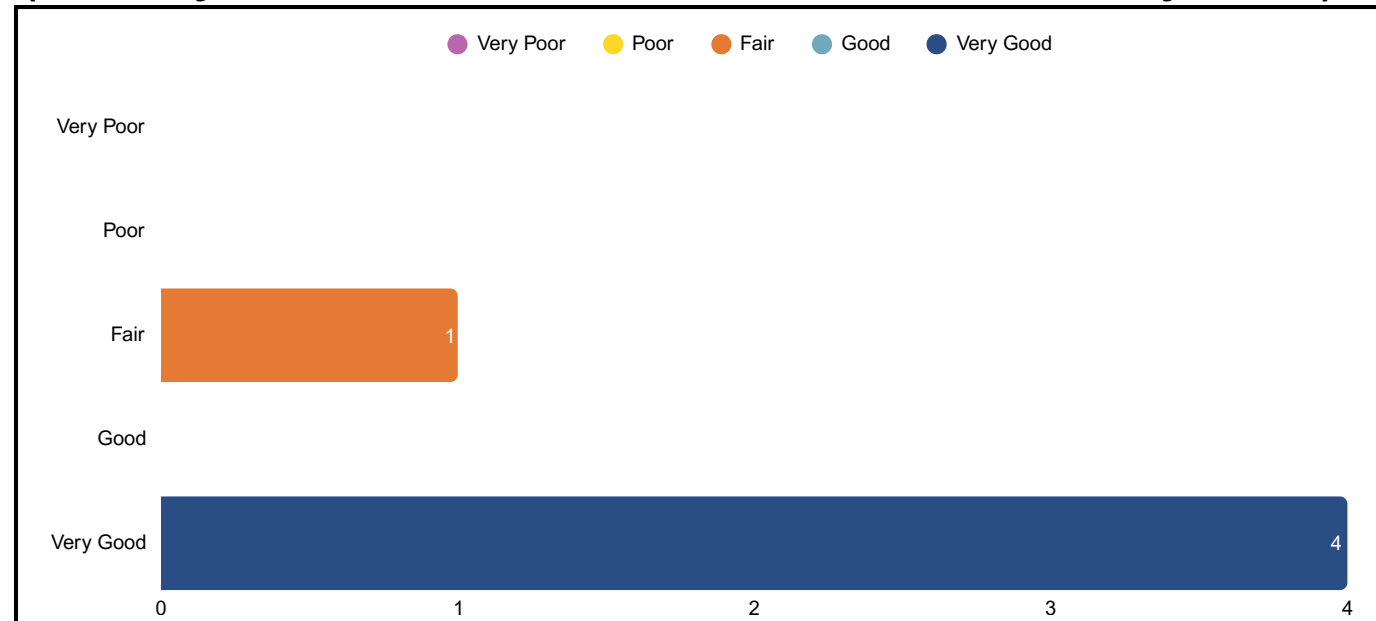
**How would you rate the physical space of this facility?
(0 = Very Poor, 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good)**



Avg Rating: 3.40

of Responses: 5

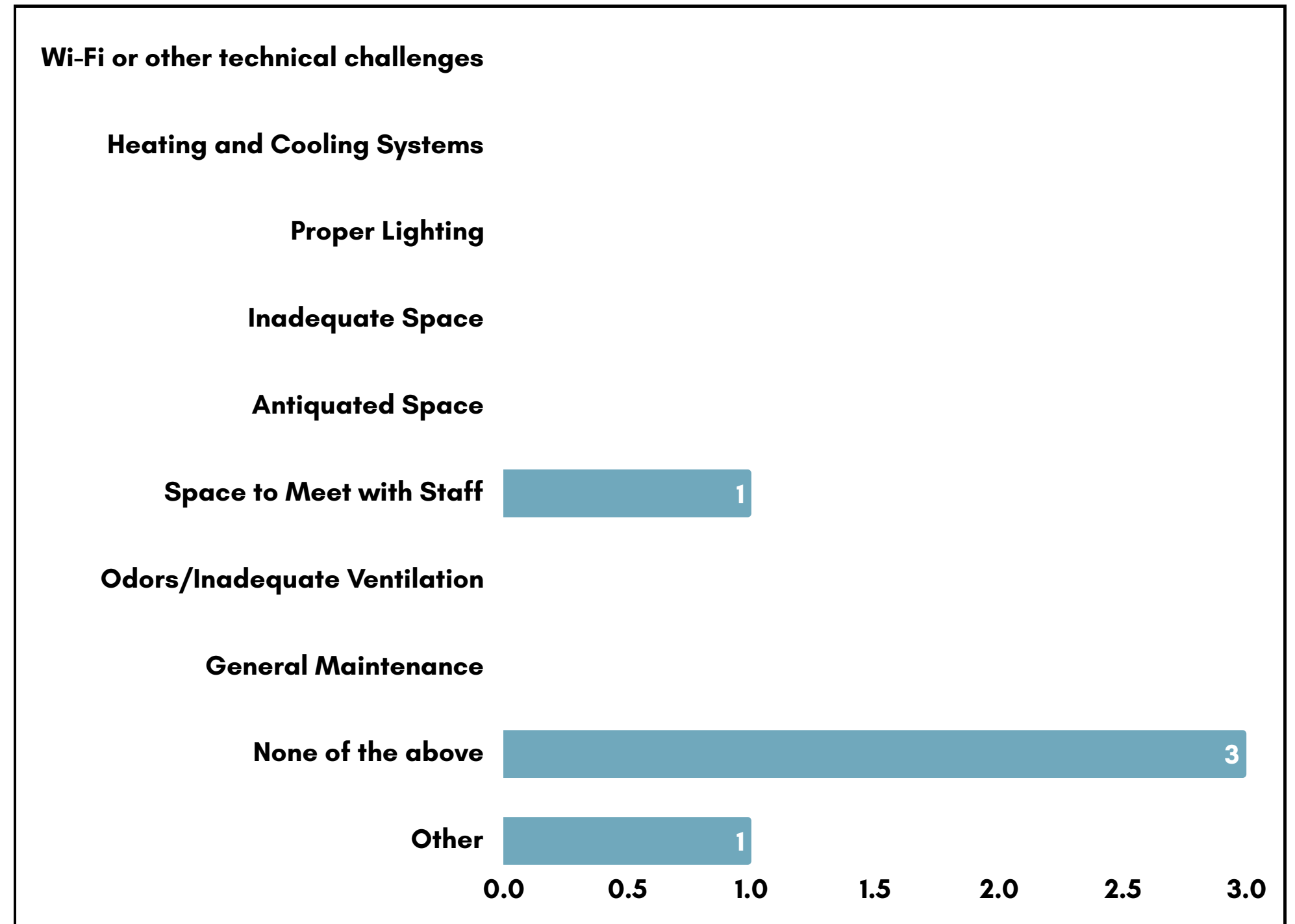
**What was your experience parking at this facility?
(0 = Very Poor, 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good)**



Avg Rating: 3.6

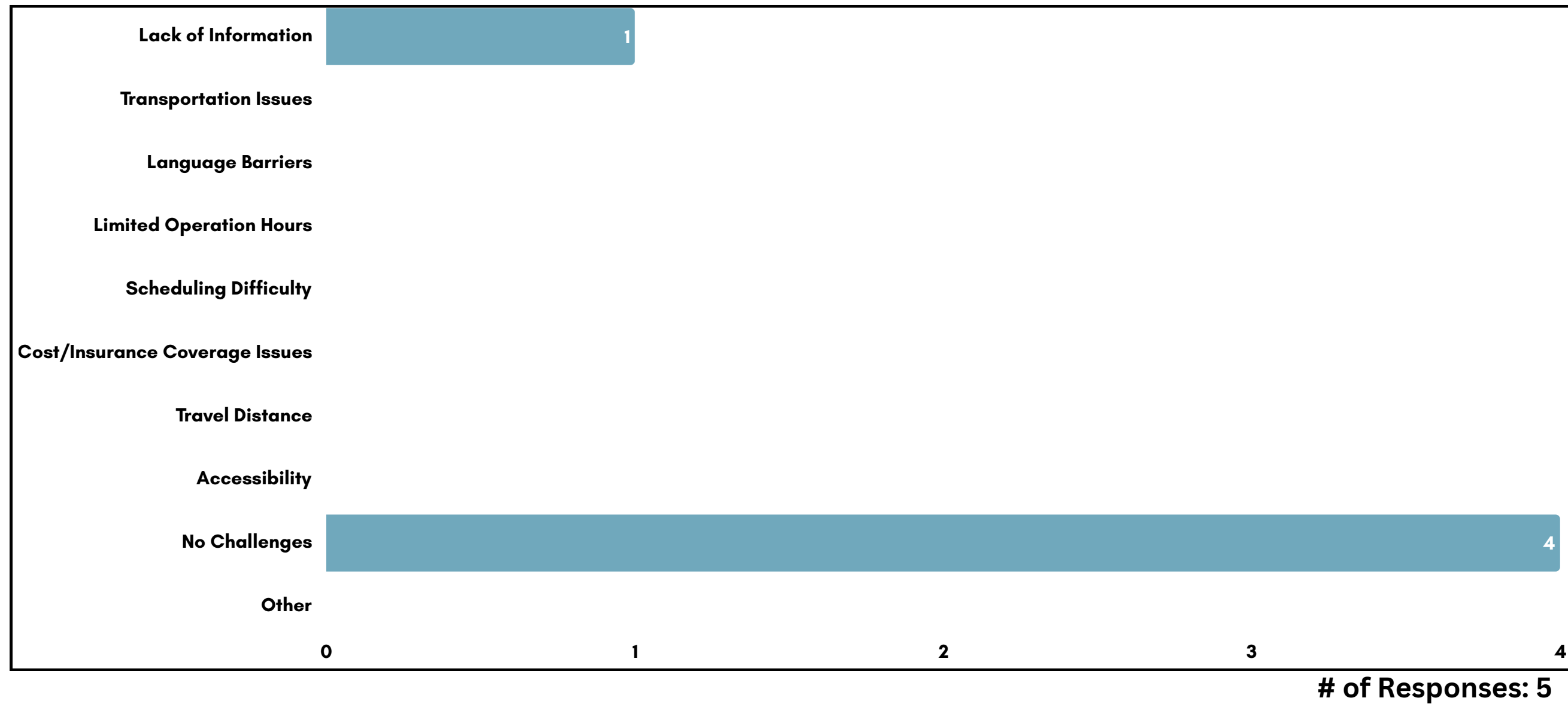
of Responses: 5

Did you observe/experience any other facility needs? (Check all that apply)

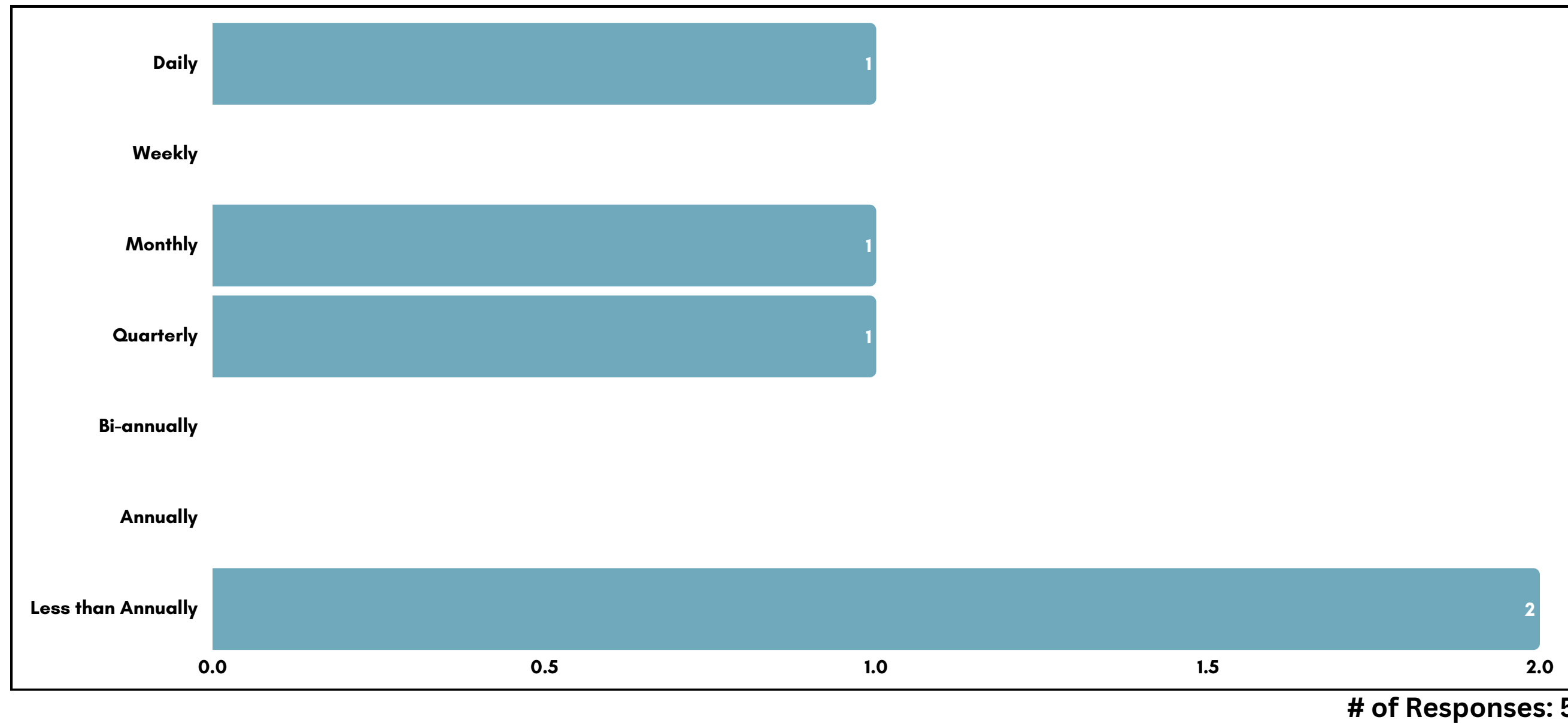


of Responses: 5

What challenges have you faced when trying to access SWDH services at this location? (Select all that apply)



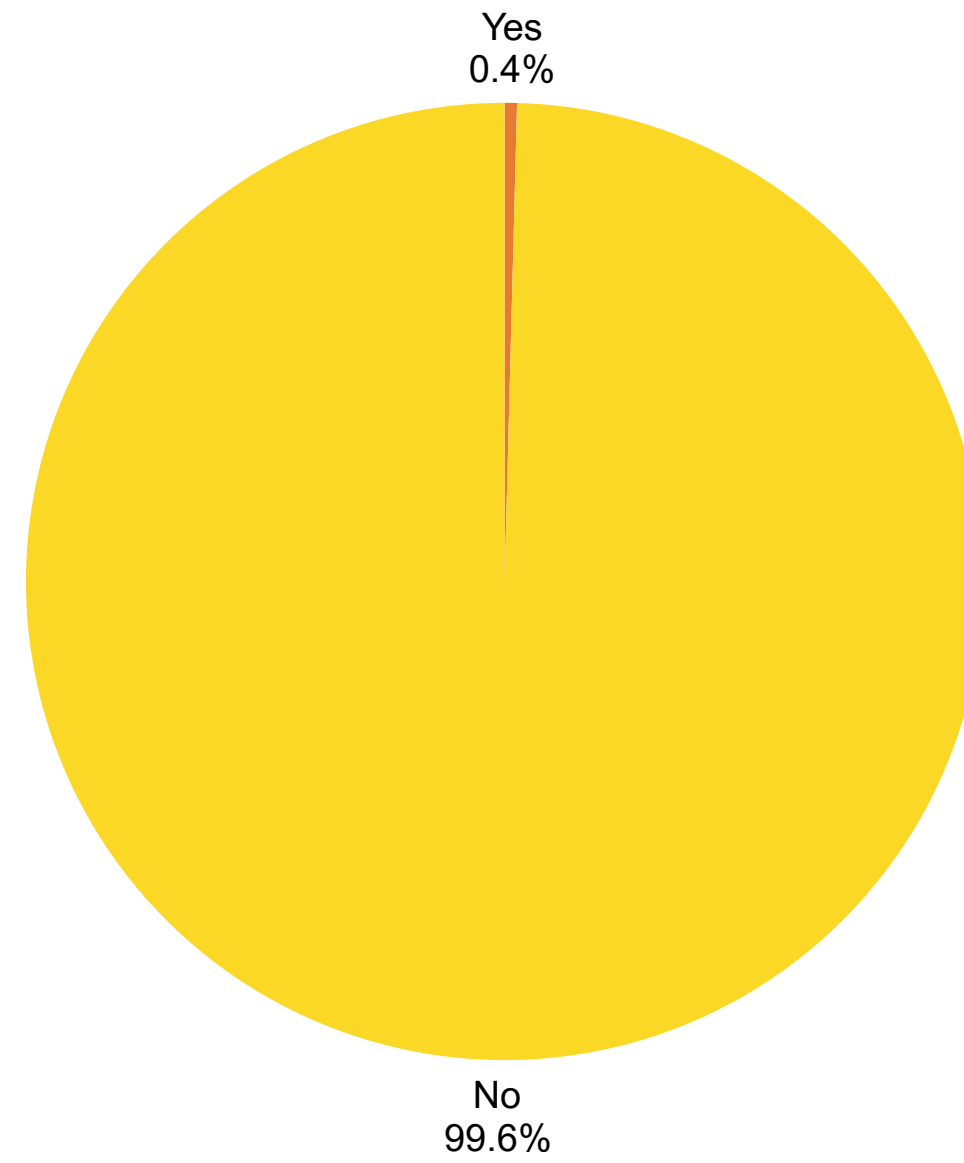
Approximately how often do you or members of your household visit this facility?



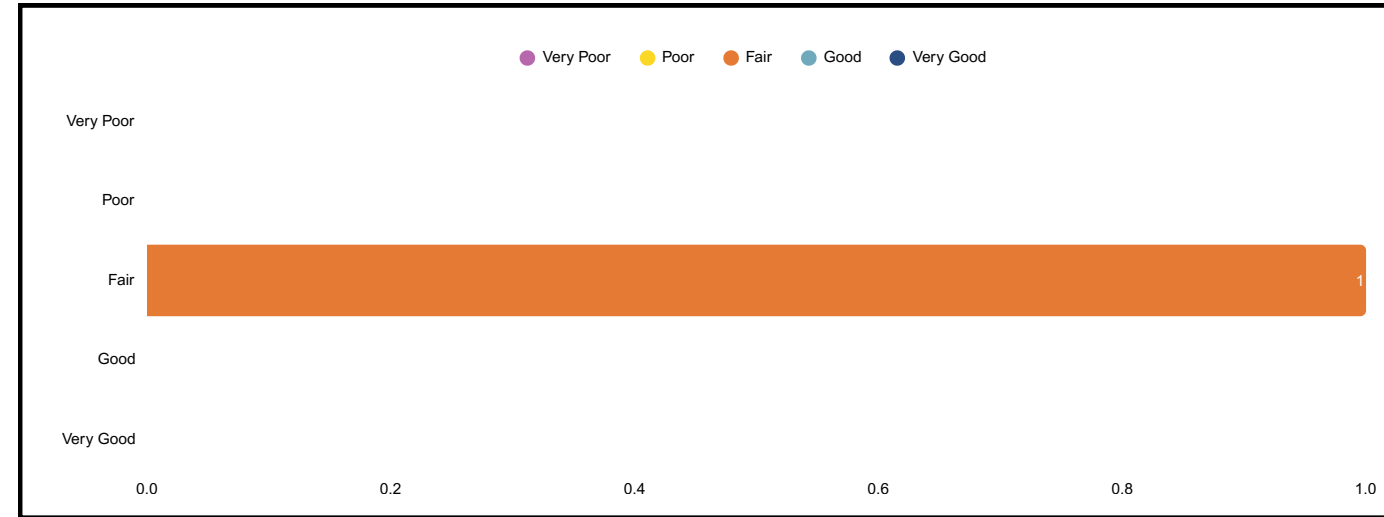
Homedale WIC

Have you visited the Homedale WIC location? (125 W. Owyhee Ave. Homedale, ID 83628)

of Responses: 241



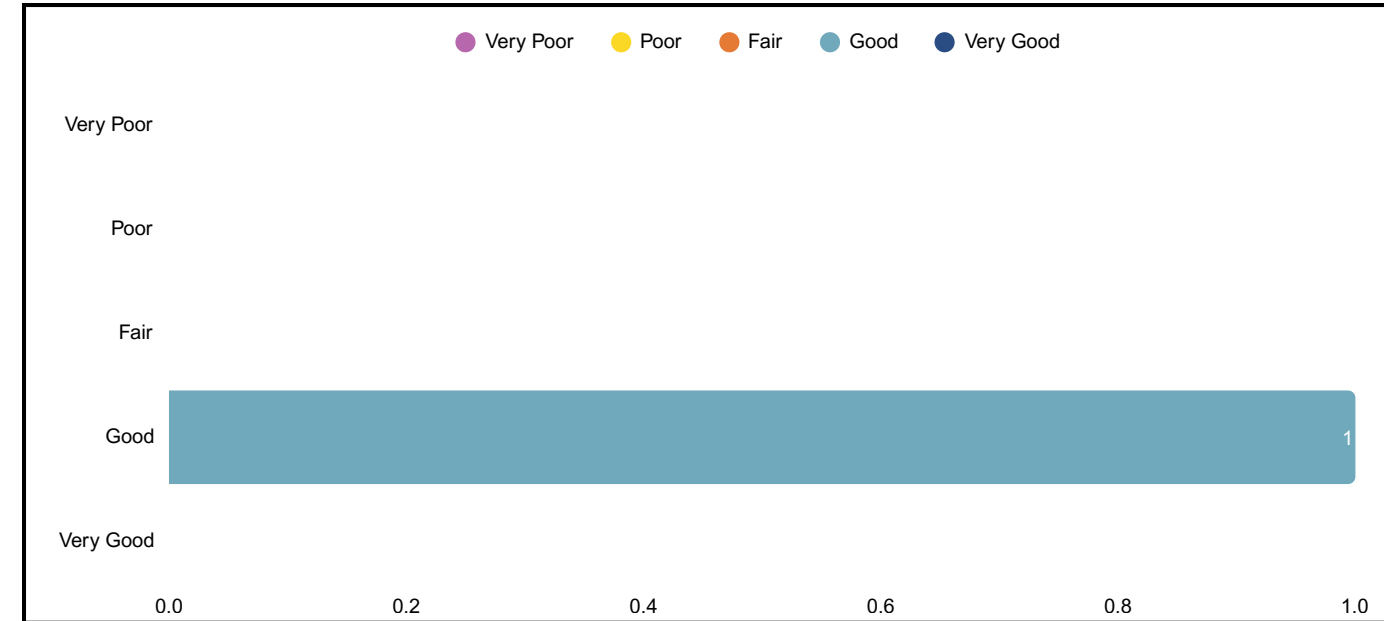
**How would you rate the physical space of this facility?
(0 = Very Poor, 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good)**



Avg Rating: 2.00

of Responses: 1

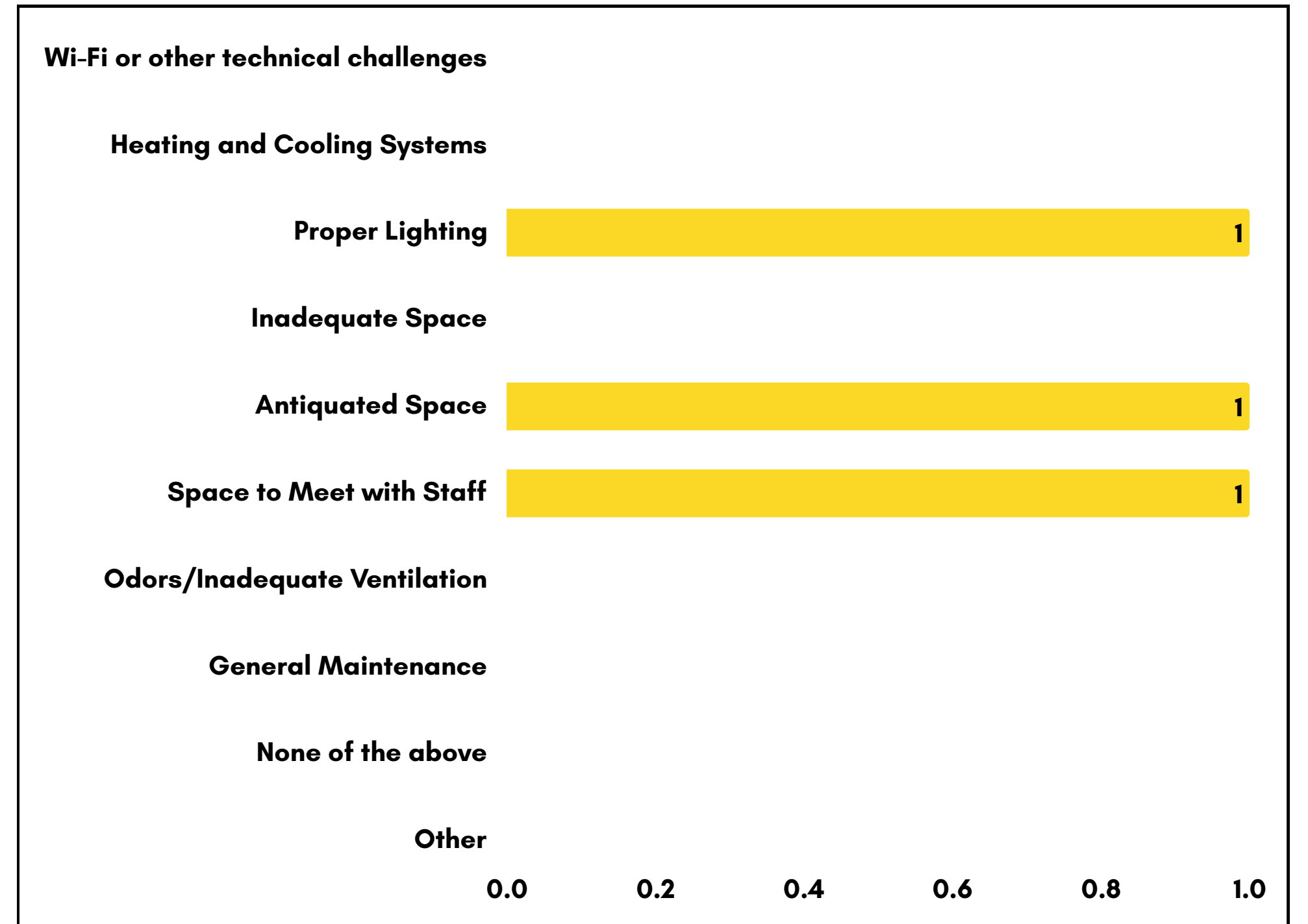
**What was your experience parking at this facility?
(0 = Very Poor, 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good)**



Avg Rating: 3.0

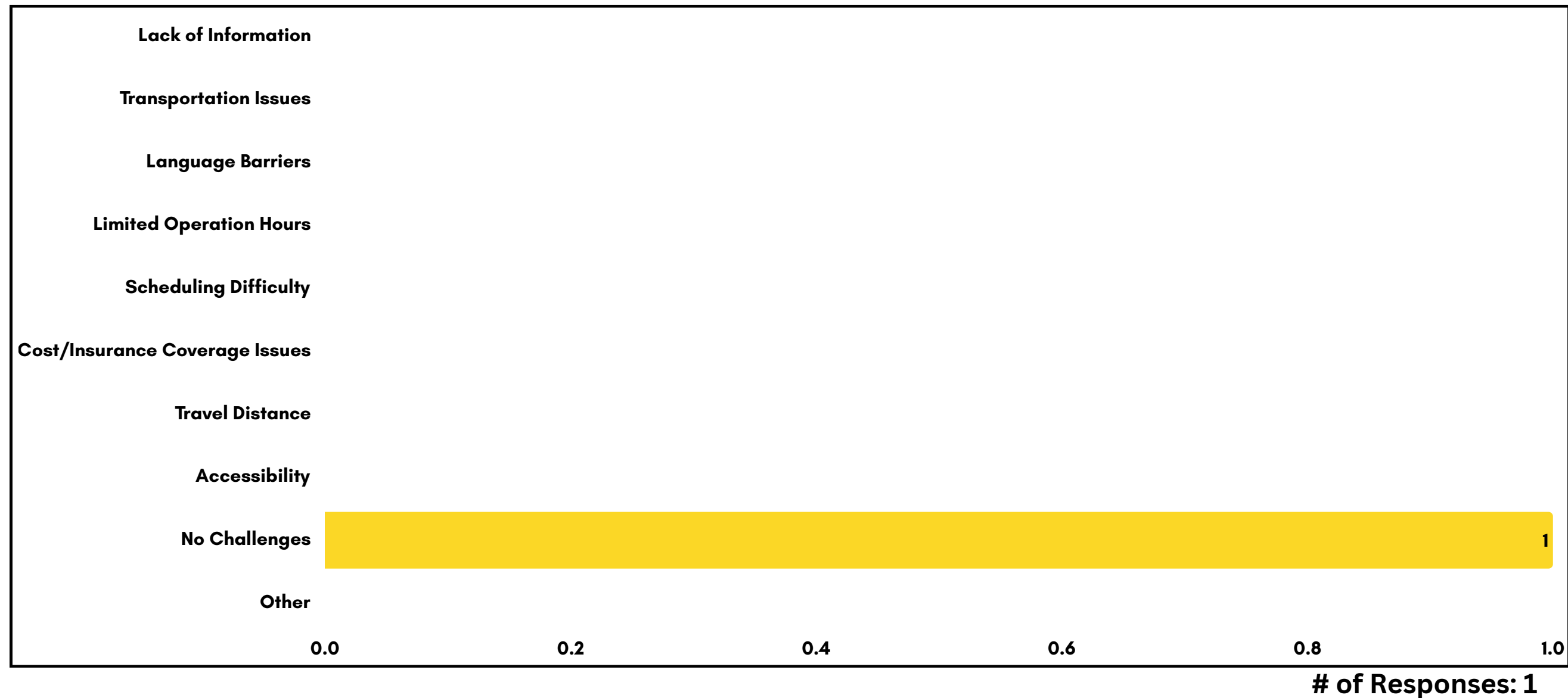
of Responses: 1

Did you observe/experience any other facility needs? (Check all that apply)

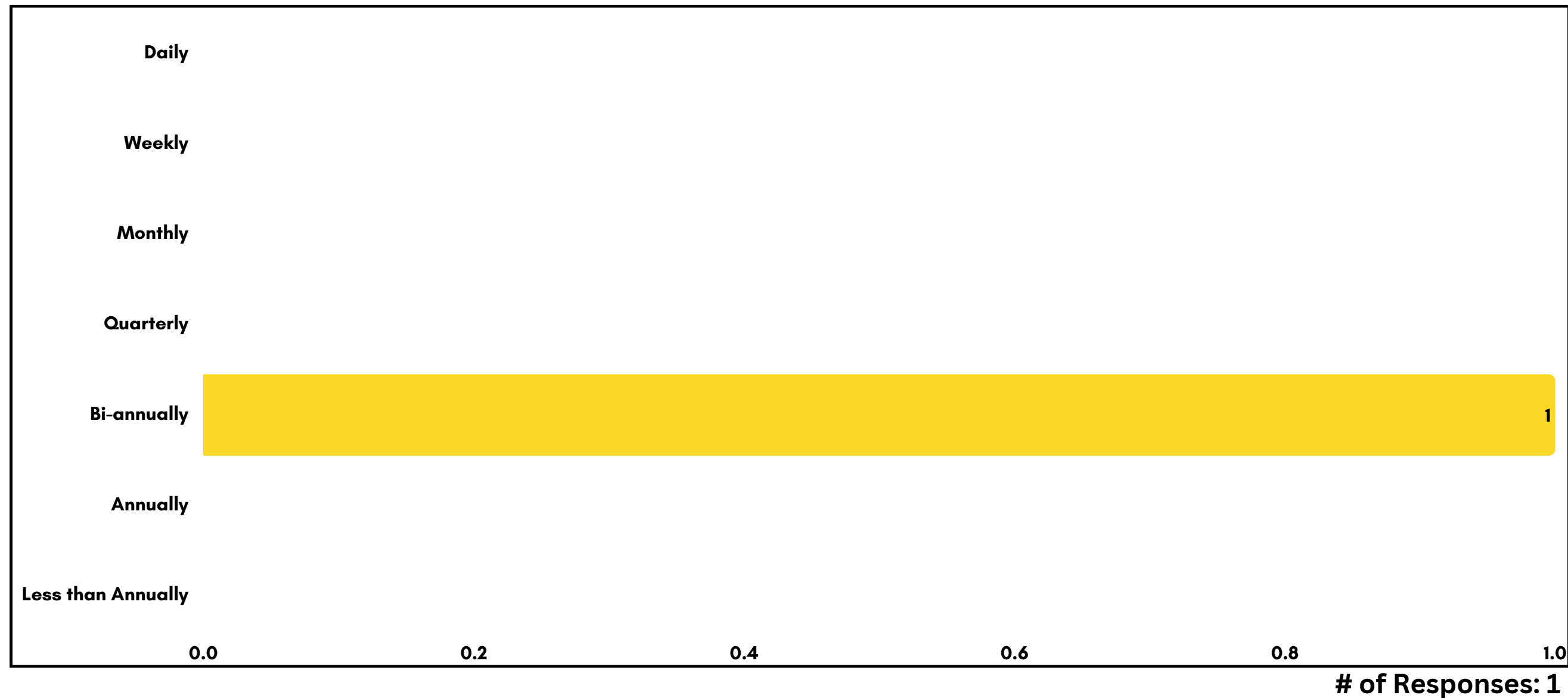


of Responses: 1

What challenges have you faced when trying to access SWDH services at this location? (Select all that apply)



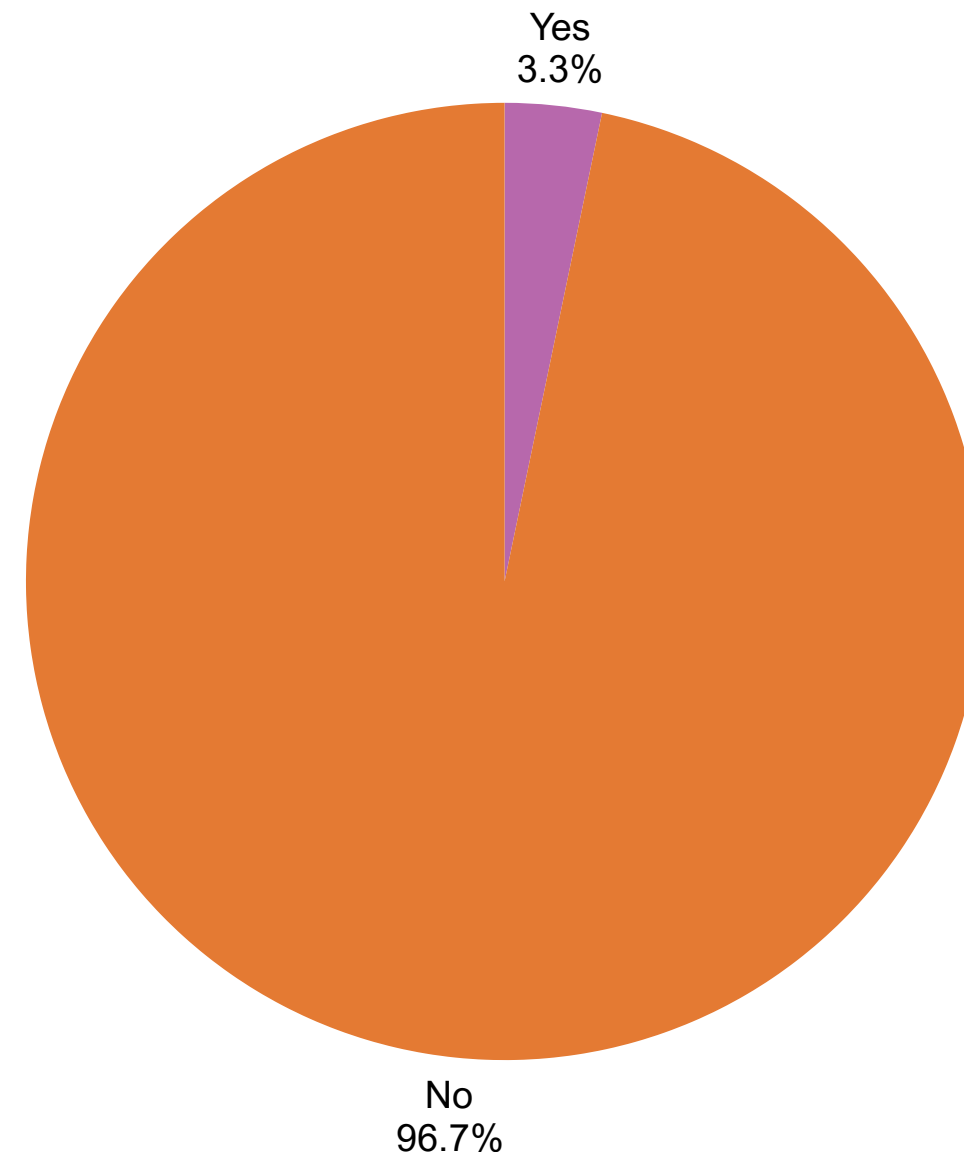
Approximately how often do you or members of your household visit this facility?



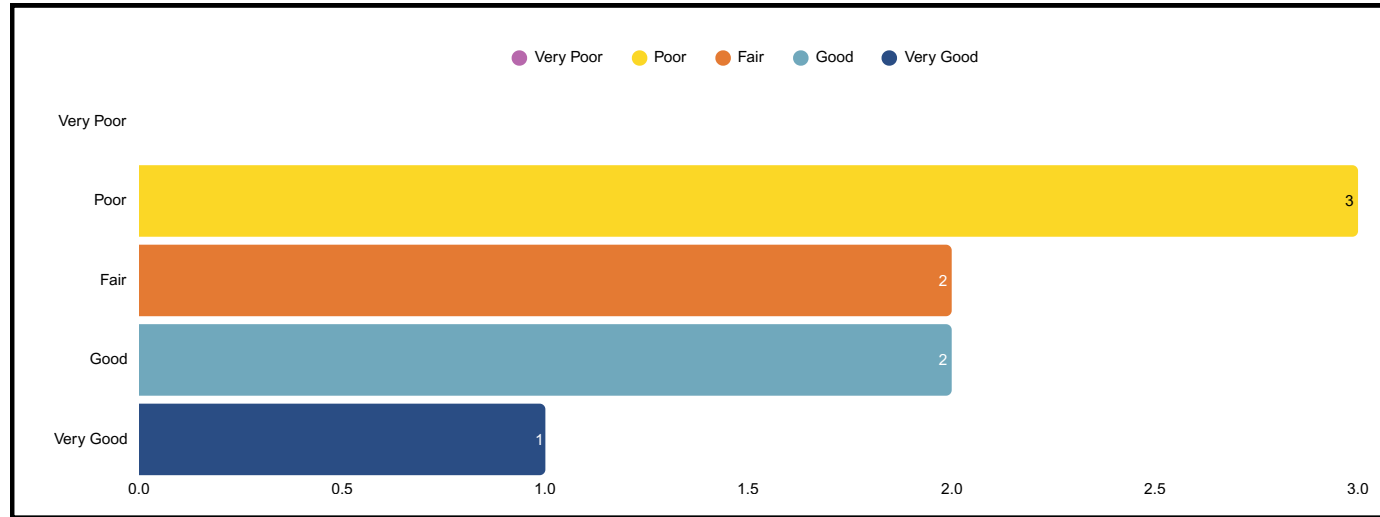
Farmway WIC

Have you visited the Farmway WIC location? (22730 Farmway Rd. #114 Caldwell, ID 83607)

of Responses: 245



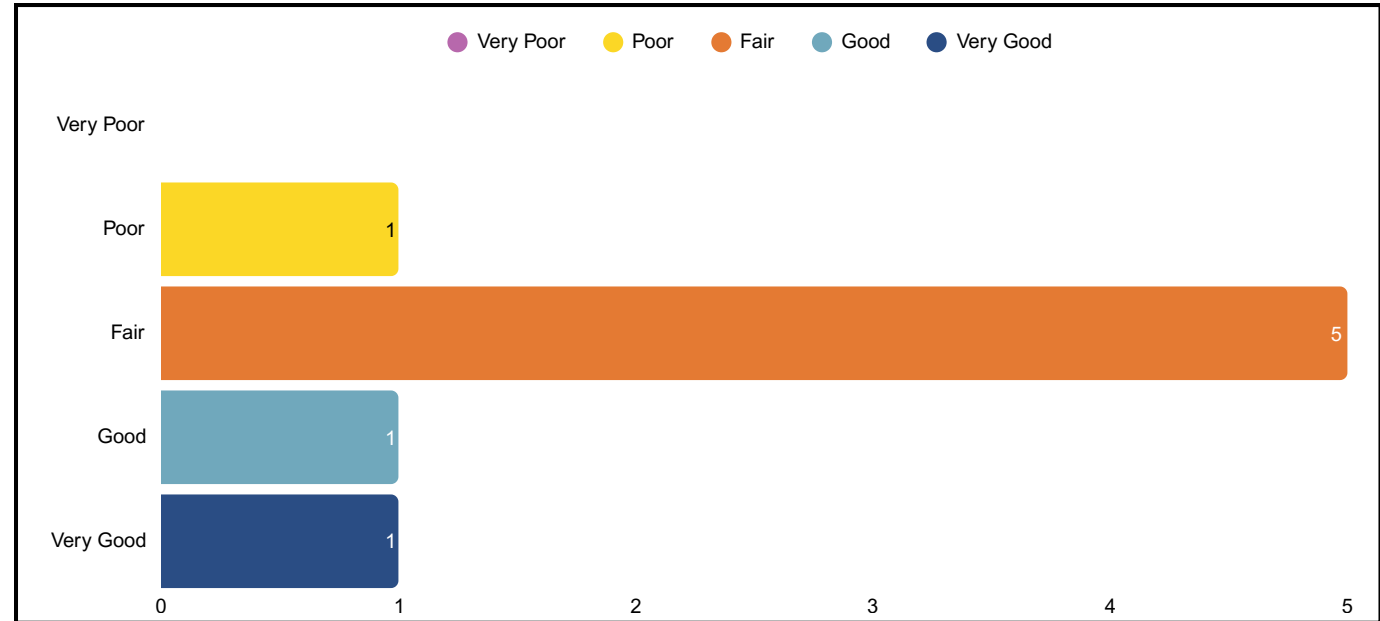
**How would you rate the physical space of this facility?
(0 = Very Poor, 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good)**



Avg Rating: 2.13

of Responses: 8

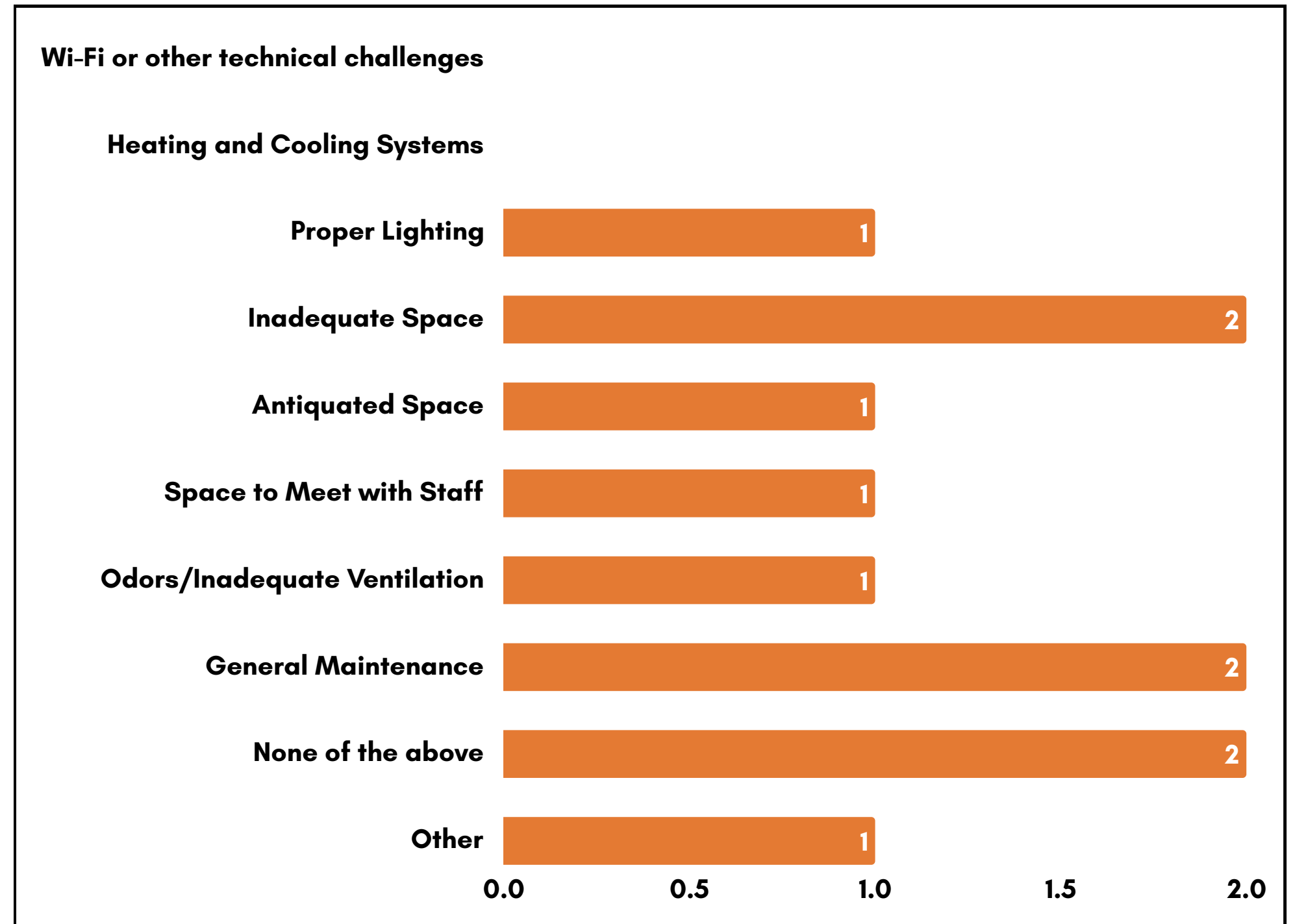
**What was your experience parking at this facility?
(0 = Very Poor, 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good)**



Avg Rating: 2.25

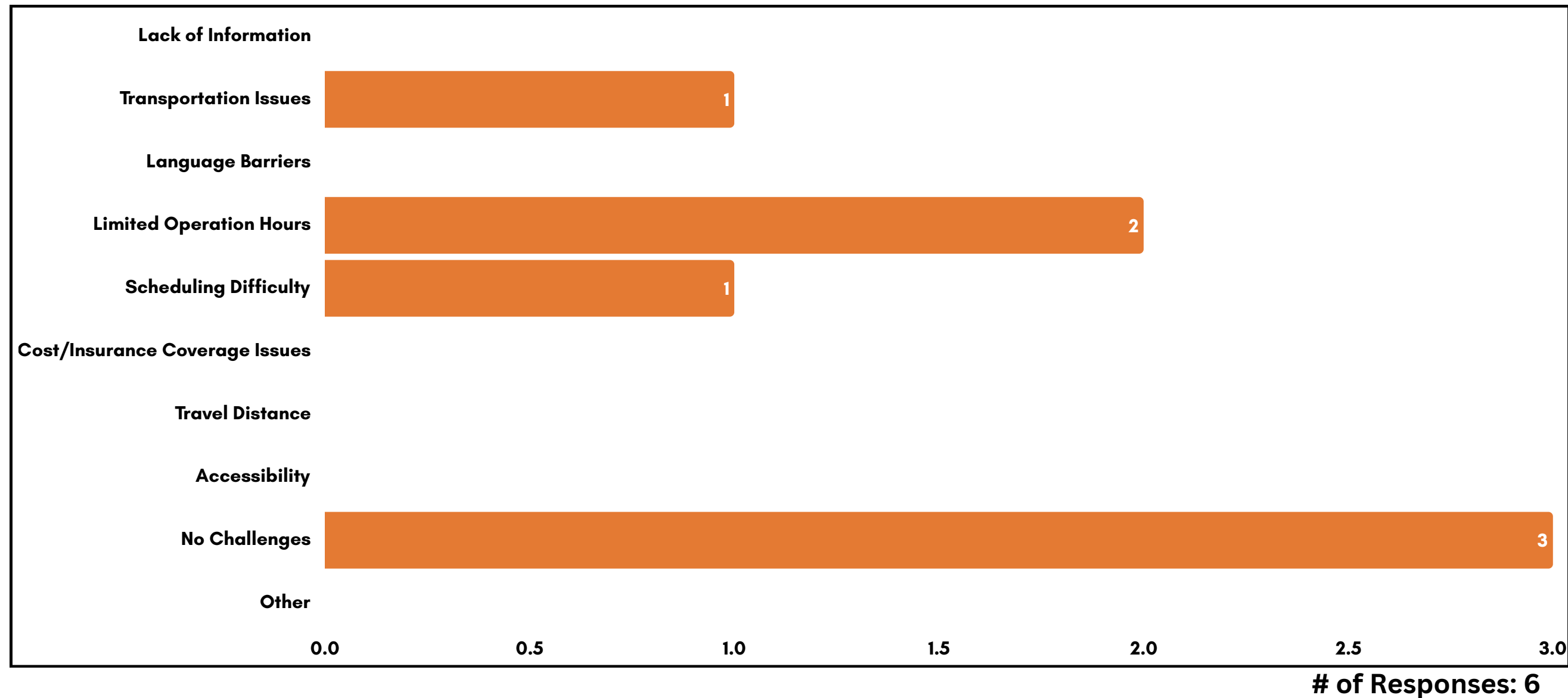
of Responses: 8

Did you observe/experience any other facility needs? (Check all that apply)

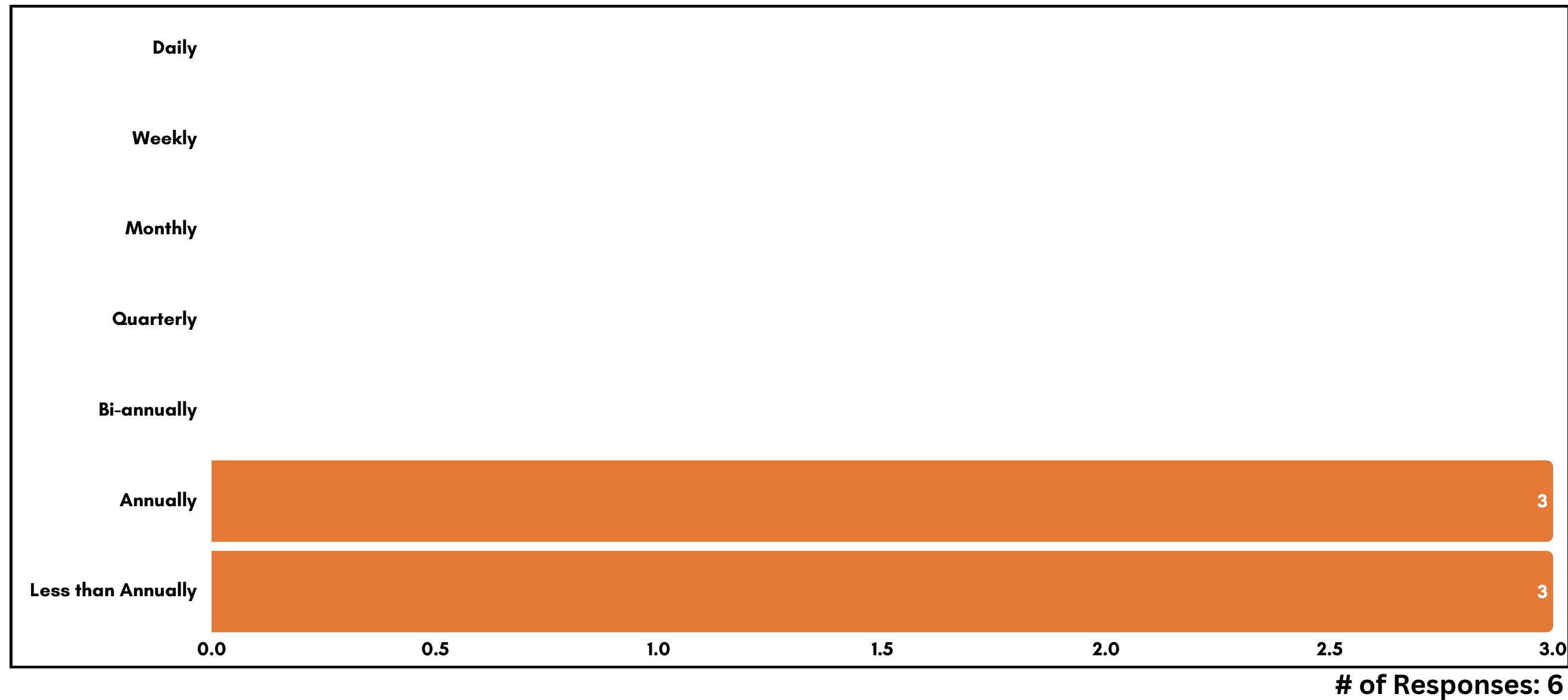


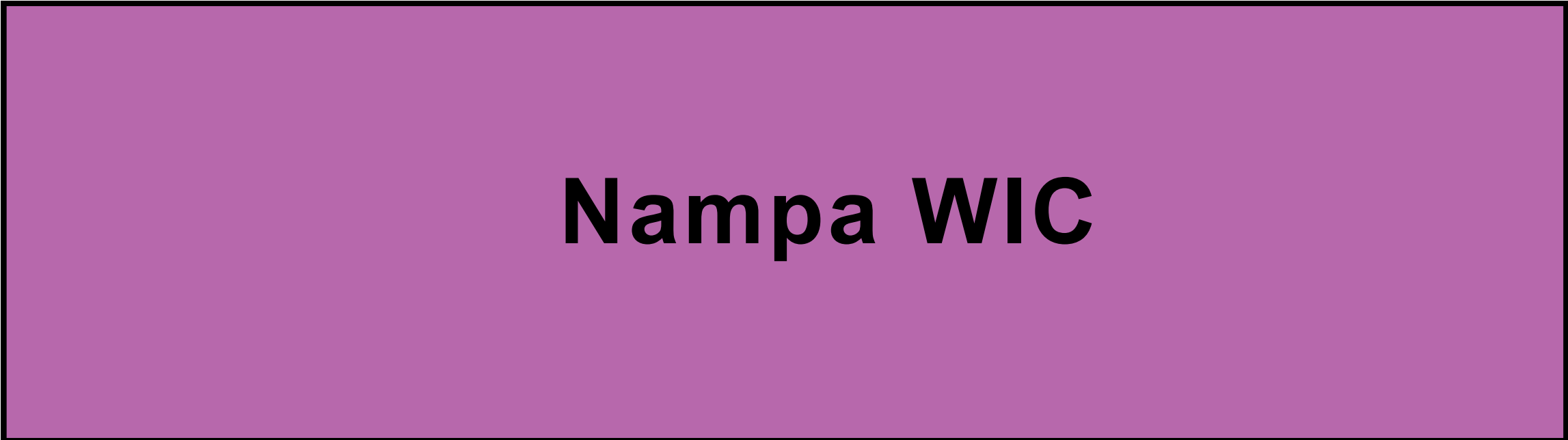
of Responses: 6

What challenges have you faced when trying to access SWDH services at this location? (Select all that apply)



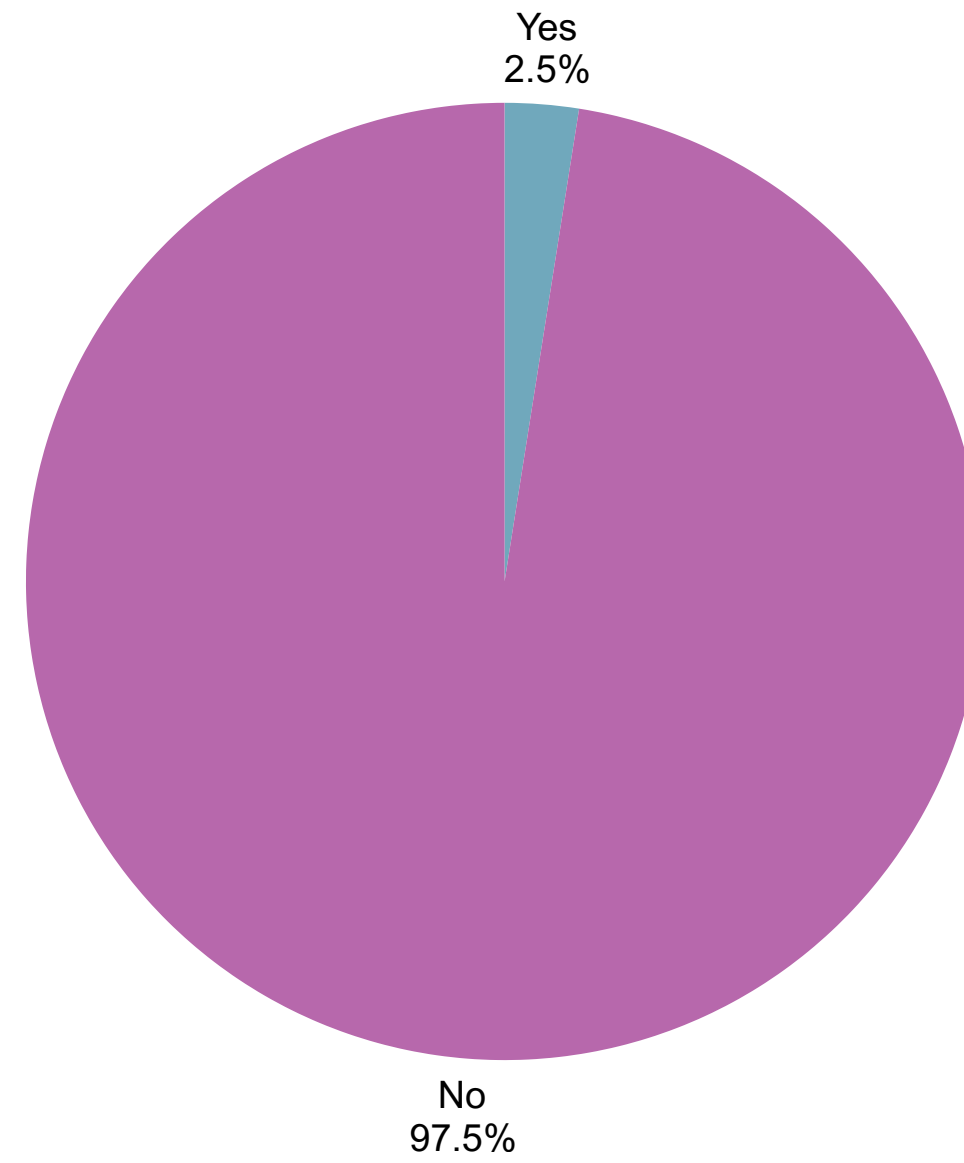
Approximately how often do you or members of your household visit this facility?



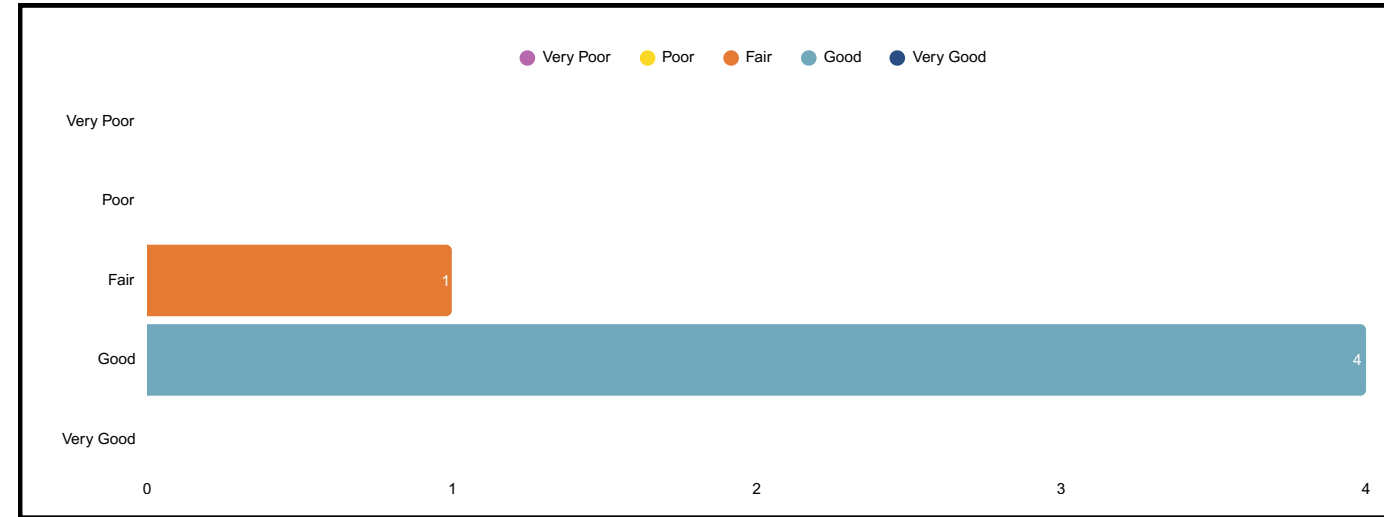


Have you visited the Nampa WIC location? (315 Stampede Dr. Nampa, ID 83687)

of Responses: 241



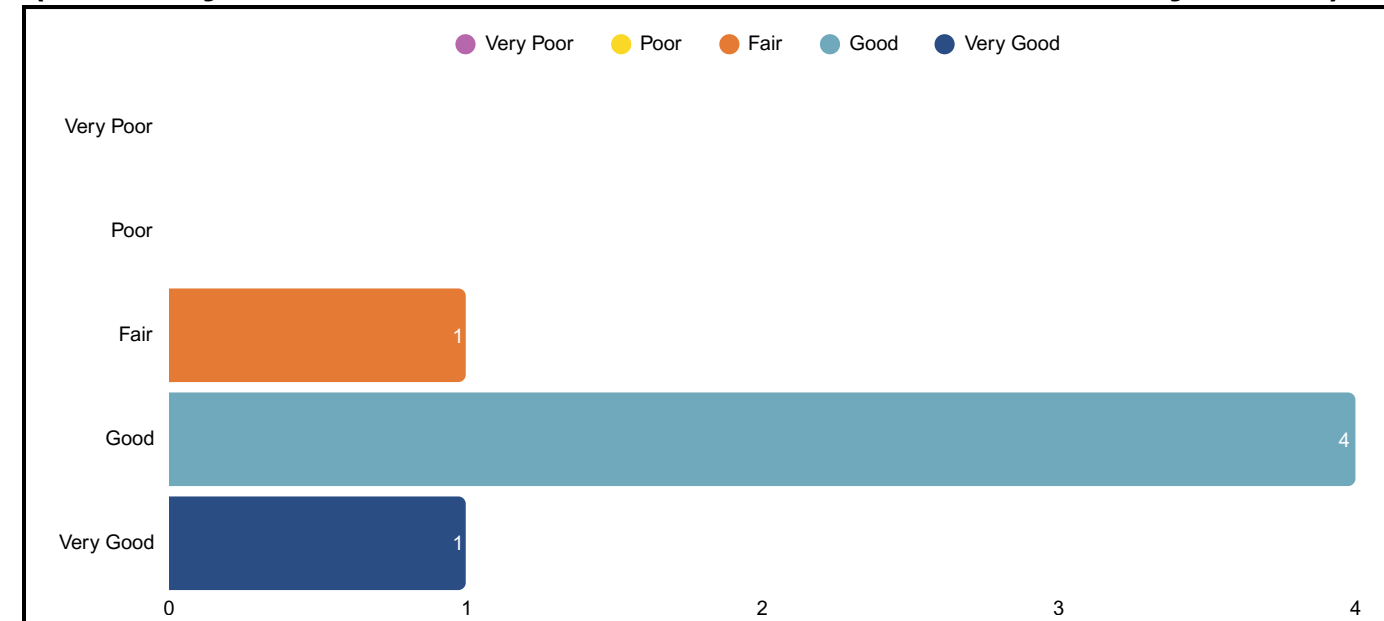
**How would you rate the physical space of this facility?
(0 = Very Poor, 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good)**



Avg Rating: 2.80

of Responses: 5

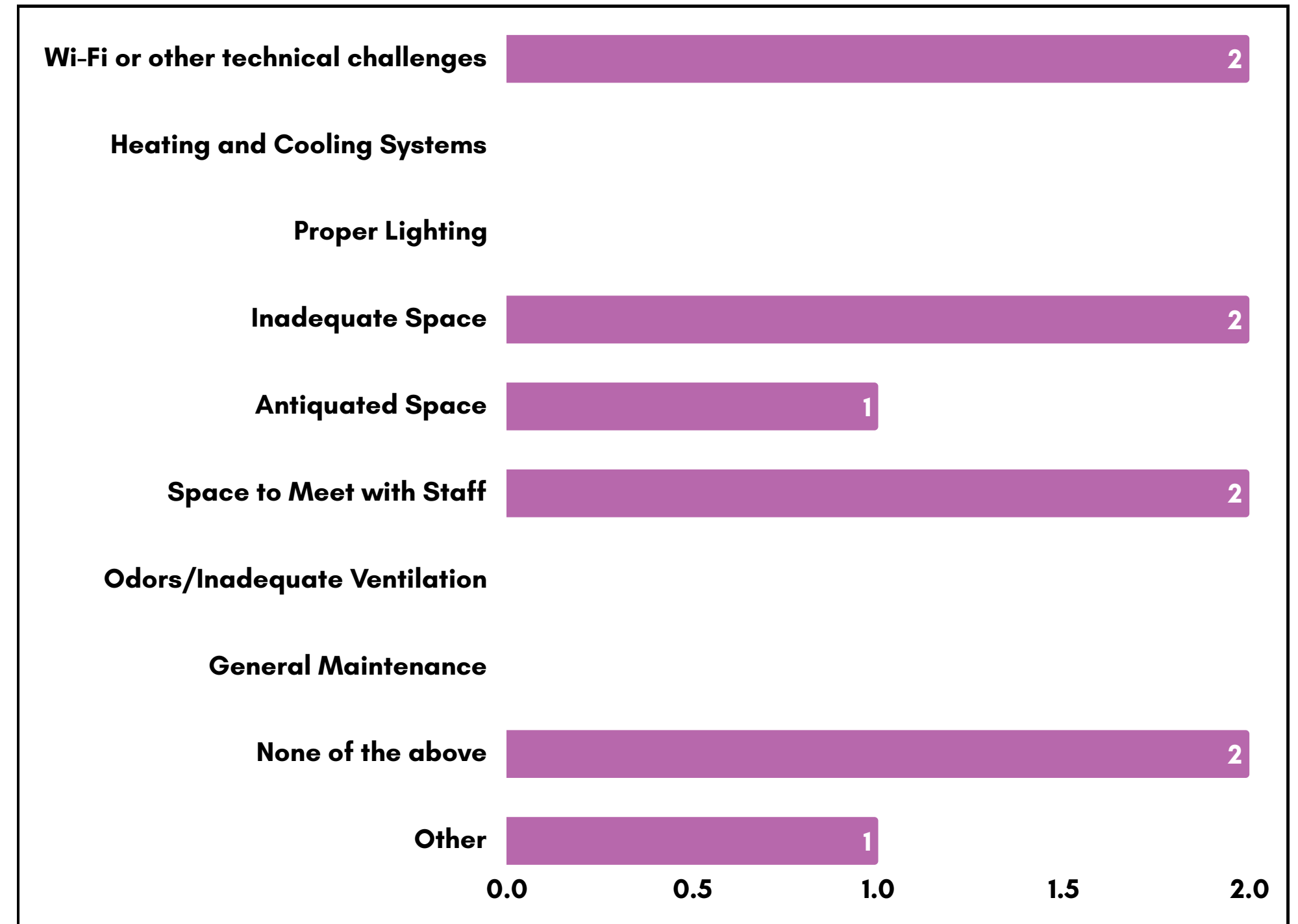
**What was your experience parking at this facility?
(0 = Very Poor, 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good)**



Avg Rating: 3.00

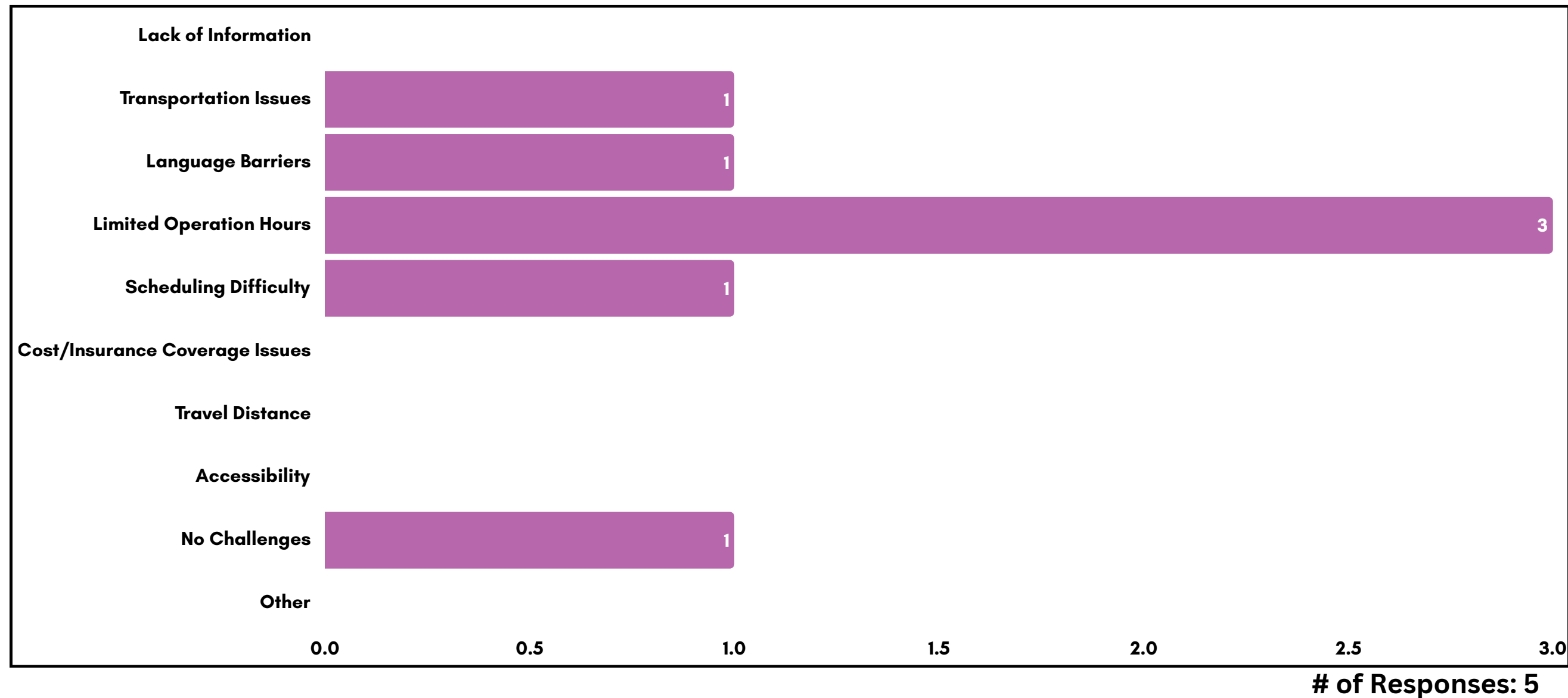
of Responses: 6

Did you observe/experience any other facility needs? (Check all that apply)

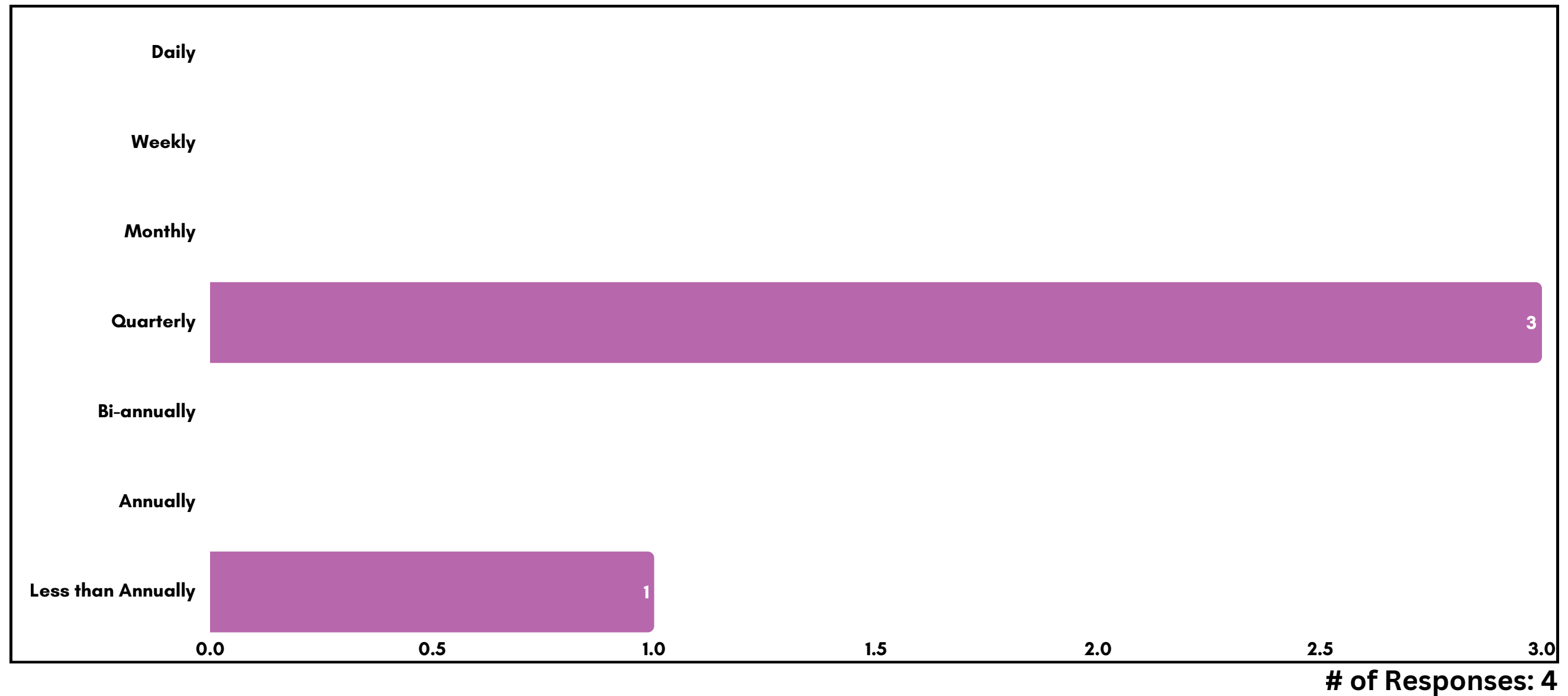


of Responses: 5

What challenges have you faced when trying to access SWDH services at this location? (Select all that apply)



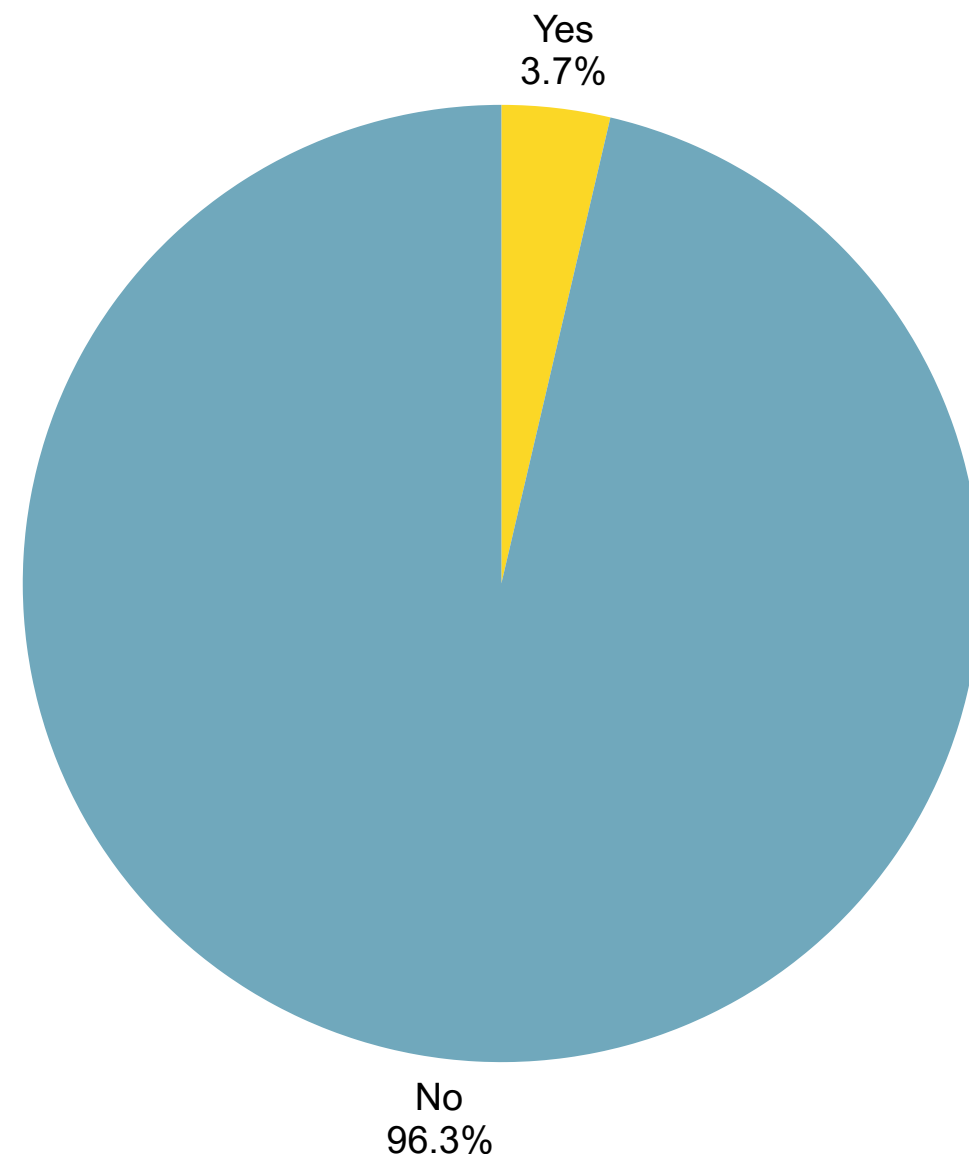
Approximately how often do you or members of your household visit this facility?



Mobile Clinics

Have you visited one of our mobile clinics?

of Responses: 246



A mobile clinic is a place where SWDH comes to provide a medical service outside of the District's regular locations, e.g. school-based oral health services, school-based immunizations services, long-term care facility immunization clinic, health fair, etc.

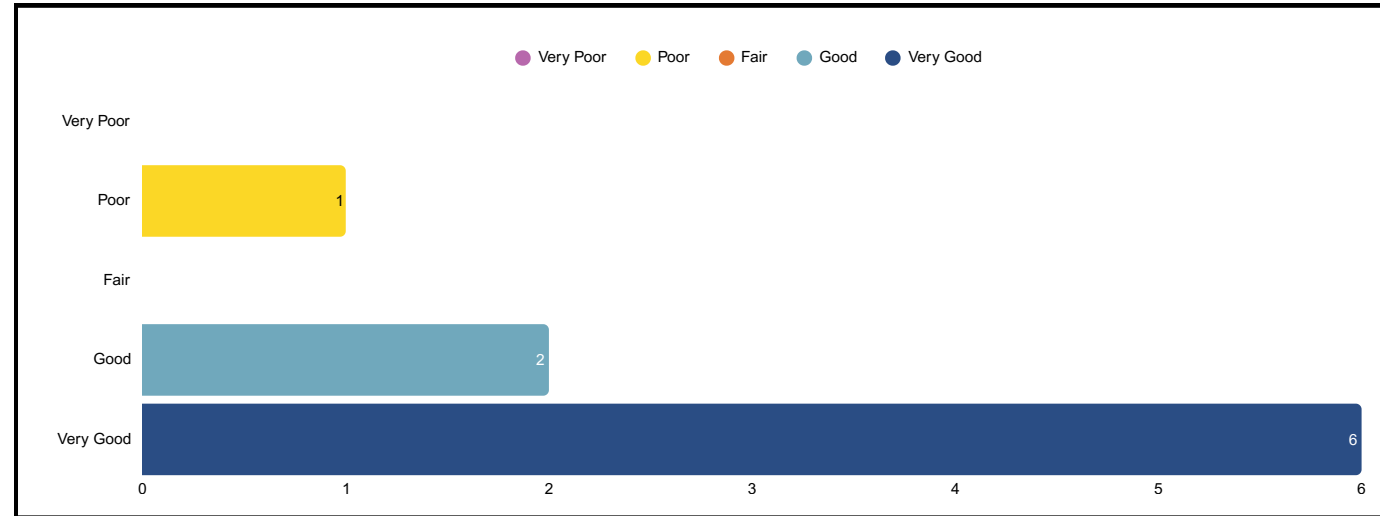
It does **NOT** include SWDH's WIC locations in Council, Farmway, Homedale, and Nampa. It also does NOT include The Hub at Marsing School District.

Which one(s) have you visited/ where was it located?

of Responses: 6

- **Gem County**
- **Weiser Senior Center**
- **Vallivue High School**
- **School-based oral health services**
- **Health Fair - Nampa**
- **Nampa/Caldwell**

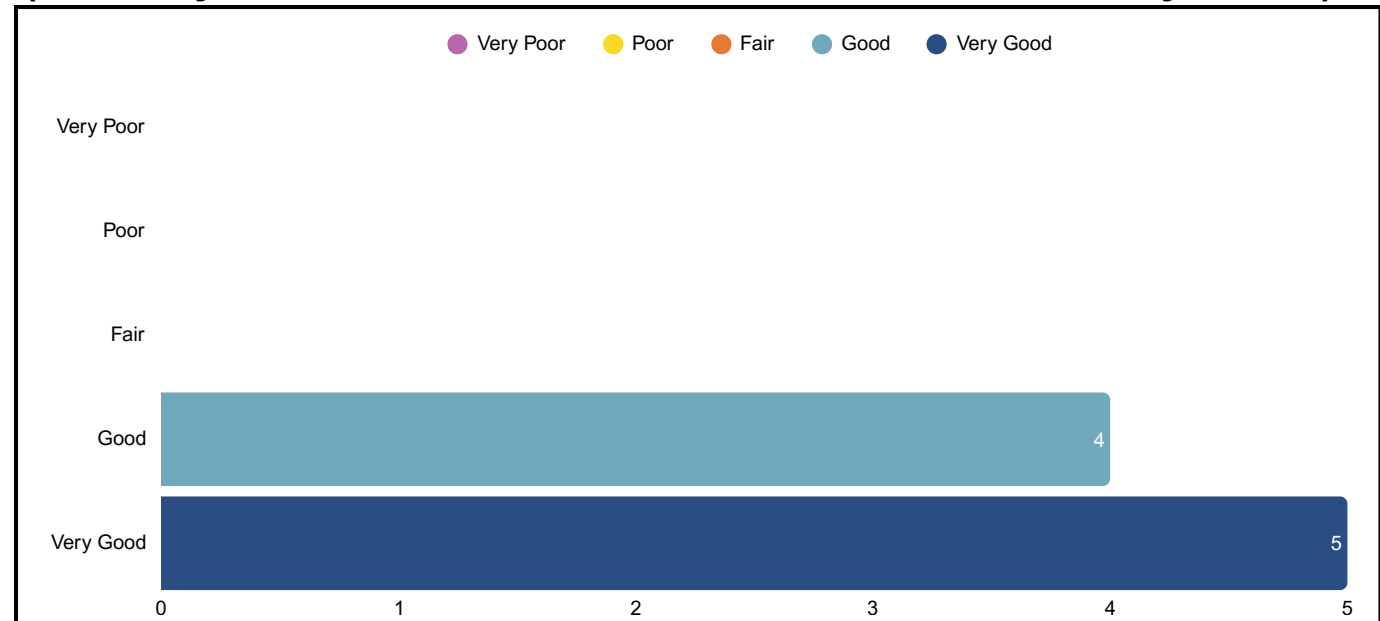
**How would you rate the physical space of this facility?
(0 = Very Poor, 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good)**



Avg Rating: 3.44

of Responses: 9

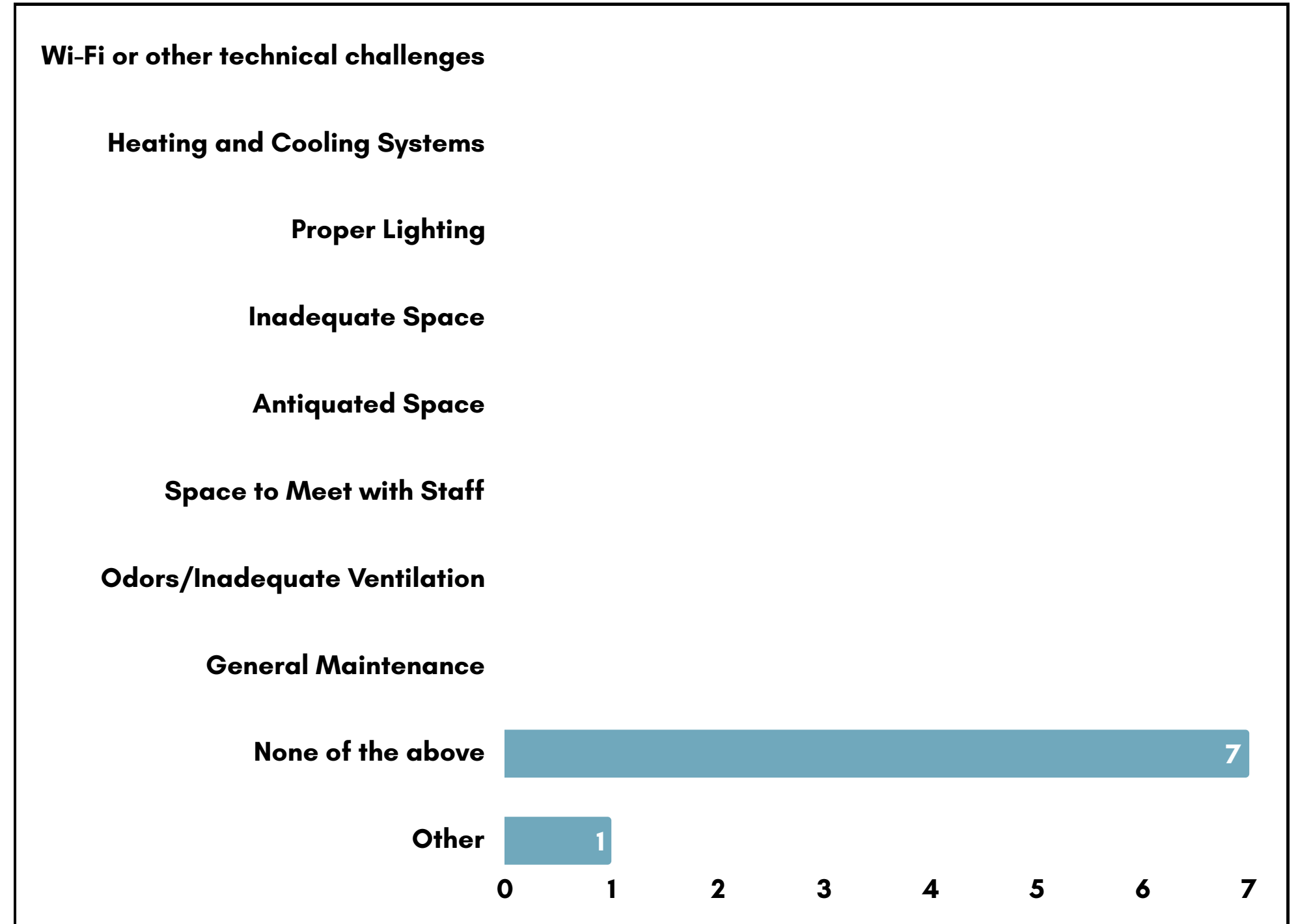
**What was your experience parking at this facility?
(0 = Very Poor, 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good)**



Avg Rating: 3.56

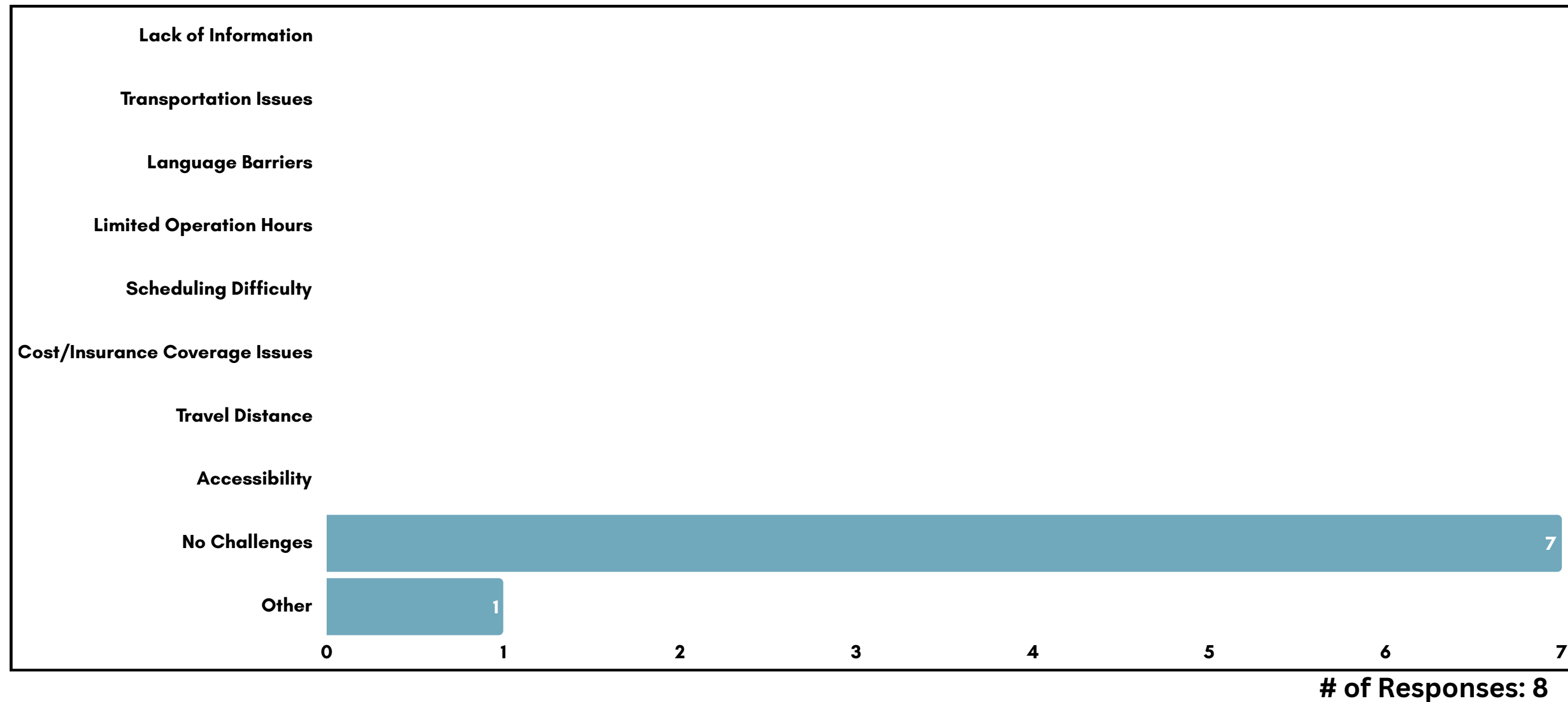
of Responses: 9

Did you observe/experience any other facility needs? (Check all that apply)

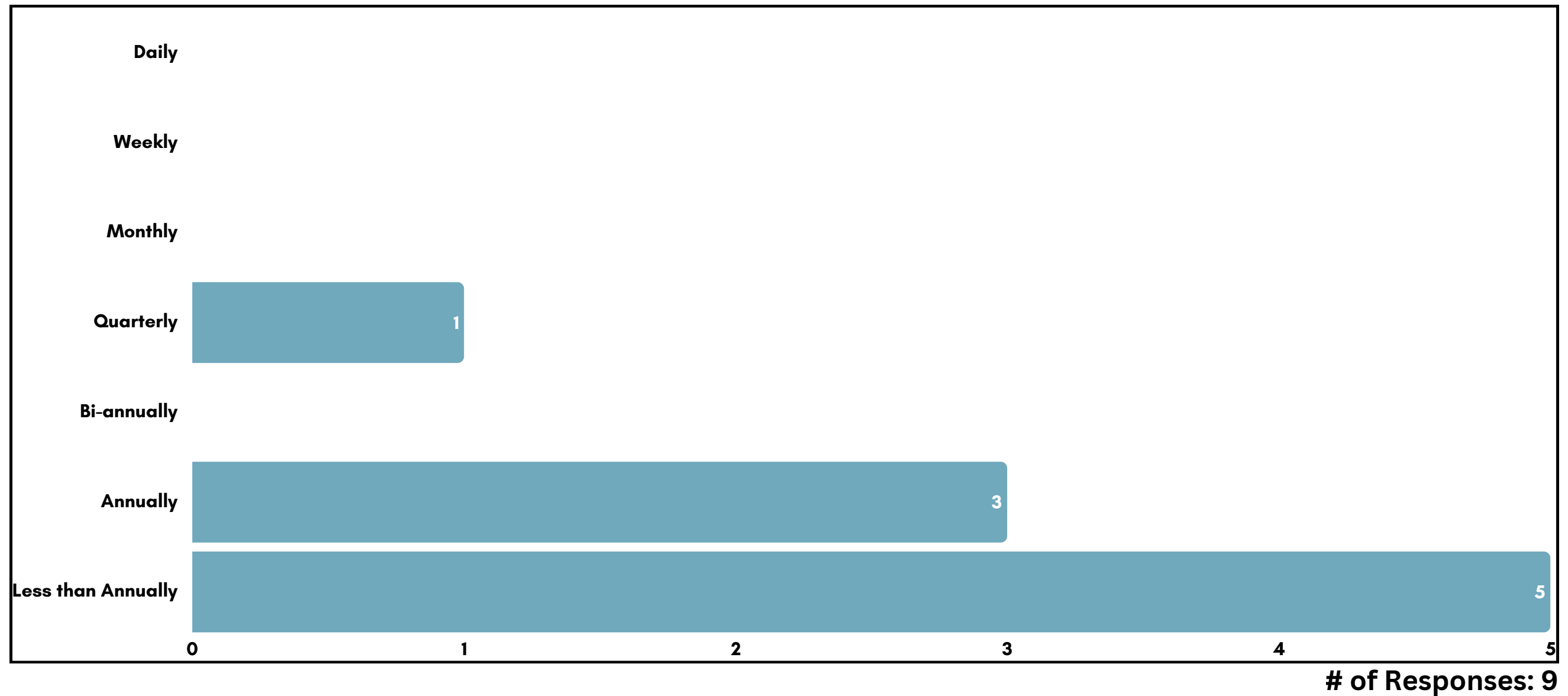


of Responses: 8

What challenges have you faced when trying to access SWDH services at this location? (Select all that apply)



Approximately how often do you or members of your household visit this facility?



RESULTS OVERVIEW

- **Representation** from **all six counties** in the District.
- **Canyon County** dominated responses (**55%**), followed by Gem, Washington, Owyhee, Payette, and Adams counties.
- **High satisfaction** with services **overall** — average rating of 3.05/4.
- **Facilities** and **parking** rated well overall, though **scores varied by location** (main office highest, Weiser lowest).
- **Preferred access methods:**
 - In-person (58%),
 - Online/telehealth (37%), and
 - Phone (35%)
- **Top services used:**
 - Well water testing,
 - Septic systems,
 - Immunizations,
 - WIC, and
 - Medical services
- **Top services needed most:**
 - Well water testing,
 - Immunizations,
 - Septic systems, and
 - Medical services
- **Barriers to access:**
 - 49% reported no challenges; others included:
 - Lack of information,
 - Distance to travel,
 - Limited hours, and
 - Scheduling difficulties

End of Survey Results

Southwest District Health Internal Stakeholder Summary



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Introduction

Southwest District Health (SWDH) undertook a series of internal stakeholder interviews to better understand the organization's strengths, challenges, and priorities for the future. Twelve interviews were conducted with staff and board representatives across a range of programs and functions. Each conversation followed a structured interview guide, covering services, resources, facilities, communication, and long-term priorities, while also allowing space for broader reflections.

This report presents a thematic synthesis of those interviews. To ensure candor and protect anonymity, no individual comments are attributed by name, title, or department. Instead, perspectives are grouped into themes that emerged across multiple participants. The analysis is organized in alignment with the internal stakeholder interview guide, followed by a review of emergent themes not explicitly included in the guide. The report concludes with cross-cutting patterns, areas of convergence and divergence, and neutral considerations for leadership. The purpose is not to provide recommendations, but to highlight perceptions and insights that may inform future planning discussions.

Executive Summary

The interviews revealed consistent recognition of the breadth of services offered by Southwest District Health, spanning both clinical care and broader community programs. Many stakeholders noted that this variety is not always visible, either to the public or even to staff outside specific programs, which limits awareness of the District's impact.

A recurring theme was the need for expanded behavioral and mental health services. Nearly all participants identified this as a pressing and unmet community need. Stakeholders also raised concerns about facilities and infrastructure. While the Caldwell site was generally viewed as functional, outer clinics were described as outdated, with issues of privacy, space, ventilation, and ADA compliance, which serve as barriers to both staff effectiveness and public access.

Resource allocation generated mixed perspectives. Some felt programs were appropriately resourced, while others pointed to gaps in staffing and funding, particularly in grant-dependent programs. The sustainability of services was a common worry, with several noting that grant funding, while useful in starting initiatives, often left programs vulnerable when external support ended.

Communication and public awareness also surfaced as important themes. Internally, most staff felt reasonably well informed, though some wanted more consistent updates. Externally, the public does not always understand or take advantage of available services, leading some programs to be underutilized.

Areas of convergence included urgency around behavioral health, improving outer clinic facilities, and strengthening community partnerships. Divergence was most evident in views on resources and allocation. Taken together, the interviews highlight both the strengths of SWDH, its breadth of services and commitment to community health, and the challenges it faces in sustaining and expanding efforts amid aging infrastructure, uneven resources, and growing public health demands.

Findings Organized by Interview Guide

Services & Clients

Internal stakeholders consistently described Southwest District Health's services as broad, diverse, and vital to the communities it serves. Programs range from direct clinical services, such as immunizations, prenatal and postnatal care, and treatment for tuberculosis and sexually transmitted infections, to environmental health functions like restaurant and septic inspections, landfill oversight, and water quality. Staff also pointed to counseling services, prevention programs, and a variety of partnerships with schools, counties, and other community organizations.

Several participants remarked that the true scope of SWDH's services is often underrecognized, even by staff themselves. Some shared that they only came to understand the full breadth of the District's responsibilities after joining the organization. This perception highlighted a broader theme: the work of the District touches many facets of community health, but its visibility remains limited outside of immediate program users.

The populations served by SWDH are as varied as the programs themselves. Depending on the service, primary clients may include individual patients, families, schools, businesses, county agencies, or community partners. Many interviewees called attention to the growing demand for behavioral and mental health services cuts across nearly every client group. Others reflected on how reliance on grant-funded programs has allowed the District to expand its reach but has also created challenges when those funding sources are not renewed, sometimes leaving communities without services they had come to rely upon.

One participant summarized this perspective by noting, "I didn't realize until joining how many different services we actually provide, from clinics to inspections to prevention programs." This sentiment was echoed across interviews, reinforcing the view that SWDH's services are broad, impactful, and often underappreciated in their scope.

Service Delivery Methods

When discussing how services are delivered, internal stakeholders emphasized that in-person care remains the cornerstone of SWDH's approach. Most programs rely on face-to-face interactions at clinics, where staff provide preventive care, treatment, education, and follow-up support. Several participants described this model as effective for building trust with clients and ensuring care is accessible to those who may be less comfortable with technology.

At the same time, many interviewees highlighted the growing role and potential of telehealth. While still limited in practice, telehealth was described as particularly valuable for clients who face barriers such as lack of transportation, inflexible work schedules, or long travel distances to clinics. Staff observed that expanding virtual options could help address inequities in access, especially in rural parts of the District, though it would require additional infrastructure and consistent investment to become a regular part of service delivery.

Home visits were mentioned as another method of reaching clients, though these were less common and typically associated with specific programs. Where they occur, home visits were viewed as highly

beneficial, particularly for families with young children or clients with mobility challenges. However, stakeholders noted that staff capacity limits the extent to which these services can be offered consistently across the District.

As one participant explained, *“Right now it’s mostly in person at the clinics. I’m trying to get more telehealth going, because some patients just can’t get here or take time off work.”* This reflects a broader recognition that while the current delivery system is grounded in in-person care, future growth in virtual and flexible service options will likely be essential to meet community needs.

Resources (Available and Needed)

Stakeholders offered varied perspectives on the resources available to them in carrying out their work. Some described feeling generally well supported by the tools, equipment, and staffing needed to meet day-to-day demands. Others, however, painted a more challenging picture, pointing to persistent shortages of personnel and an overreliance on short-term grant funding that undermines program stability.

Several participants noted that staffing was particularly strained in outer clinics, where the same expectations must often be met with fewer people and less supportive infrastructure. In these locations, staff described “stretching” to cover needs that would be handled by larger teams in more centralized offices. This not only created operational pressure but, in their view, placed limits on the District’s ability to grow or innovate.

The reliance on grant funding was another common theme. While grants were praised for enabling innovation and expansion of services, many stakeholders worried that they create vulnerabilities when funding cycles end. Programs that communities had come to depend on were sometimes discontinued due to lack of sustainable funding, which left both staff and clients frustrated. As one participant put it, *“You can use grants to start a program, but if the money runs out, you can’t keep it going.”*

Partnerships were described as a partial counterbalance to resource gaps. Many staff highlighted positive relationships with counties, schools, and other agencies, which helped supplement District capacity. Even so, participants emphasized that partnerships alone cannot offset the need for stable, long-term investments in staffing and operational support.

In sum, while some internal stakeholders felt resourced to deliver their services effectively, many others described gaps in staffing and sustainability that limit the District’s ability to fully meet community needs.

Resource Allocation

Perspectives on resource allocation within Southwest District Health varied widely, often depending on program area and physical location. Some stakeholders expressed confidence that resources are distributed fairly and strategically across the organization. These individuals emphasized that leadership makes careful decisions in balancing priorities and that, from their vantage point, essential needs are generally met.

Others, however, conveyed a sense of unevenness, particularly when comparing central facilities with outer clinics. Several participants described differences in how resources are experienced across the

District. Some noted that certain sites operate with fewer supplies, less support, or more limited equipment, even though service expectations remain consistent across locations. These differences were said to create frustrations for staff and, in some cases, leave communities feeling they have fewer options for accessing care.

Perspectives on resource allocation reflected a divide between those who felt that funding decisions were generally sound and equitable, and others who described the experience of working with fewer resources. Some participants emphasized that the District strives to distribute funding fairly, while others noted that certain locations operate with more limited tools and support compared to larger sites. One stakeholder explained it this way: *“Overall, resources seem to be allocated fairly, but some clinics don’t have access to the same tools and equipment as others.”*

Overall, while there was no consensus on whether resources are fully adequate, the interviews revealed a shared awareness that allocation decisions have a direct and visible impact on both staff and community experience, and that differences between central and outer facilities remain a persistent source of concern.

Facilities & Technology

Facilities emerged as one of the most prominent areas of concern in the internal stakeholder interviews. While some staff described the Caldwell site as largely functional, the outer clinics were repeatedly characterized as outdated, cramped, and poorly equipped to support the services being provided. Interviewees highlighted issues ranging from a lack of privacy in exam rooms to inadequate ventilation, limited storage, and restroom facilities that do not meet ADA standards. In certain cases, rooms were described as so small or poorly laid out that staff struggled to see patients comfortably or maintain confidentiality during visits.

Several participants also pointed to the absence of basic infrastructure in some clinics, such as sinks in exam spaces or sterilization equipment that would be standard in more modern facilities. Others noted challenges with heating and cooling systems, which they said impacted both patient comfort and the ability to provide services safely. These concerns were particularly acute in the outer sites, which were described as carrying the same expectations as the central office but with far fewer resources.

Technology was raised less frequently but was not absent from the conversation. Some stakeholders noted that while the District has made strides in electronic records and digital systems, there remain inconsistencies across sites. Outdated computers or insufficient connectivity in certain locations were identified as barriers to efficiency. At the same time, participants acknowledged that these issues were not as urgent as the more pressing structural and space-related challenges.

As one staff member explained, *“In one clinic room, there’s no privacy - if the door opens, people in the hall can see directly into the exam space.”* This comment reflects the broader theme that facility shortcomings directly affect both staff capacity and patient experience.

Taken together, the interviews suggest that while technology is an area of incremental improvement, facilities, particularly at outer clinics, represent a significant challenge that stakeholders believe must be addressed to ensure equitable and effective service delivery.

Public Awareness of Services

Concerns about public awareness surfaced consistently across the internal stakeholder interviews. Many participants felt that a significant portion of the community remains unaware of the full range of services offered by Southwest District Health. This lack of awareness was described as a contributing factor to underutilization of certain programs and clinics, particularly in smaller or more rural locations such as Payette.

Several interviewees suggested that misperceptions also play a role. Some community members assume that District services are only available to individuals without private insurance, while others simply do not understand which services are offered locally versus those provided by hospitals or private clinics. Staff observed that these misunderstandings can prevent residents from accessing services they may benefit from, leading to gaps in preventive care and treatment.

Efforts to raise awareness have been made, but stakeholders acknowledged that communication and outreach are complicated by the cultural and political context of the region. Some expressed that promoting public health services can be a sensitive undertaking in conservative communities, requiring a careful balance between visibility and community trust.

One stakeholder described the challenge by saying, *“The clinic might be underutilized because people don’t know it’s there, or they assume they should go elsewhere.”* This perspective highlights both the need for better outreach and the difficulty of achieving it in environments where public health messaging can sometimes be met with skepticism.

Overall, while staff recognized the importance of improving awareness and communication, they also emphasized that doing so effectively would require thoughtful strategies tailored to the values and expectations of the communities SWDH serves.

Missing Opportunities (Services, Outreach, Partnerships)

Internal stakeholders identified several areas where they believe Southwest District Health is not fully capitalizing on opportunities to expand or strengthen its role. The most frequently mentioned gaps involved outreach and partnerships, particularly in relation to emergency services, behavioral health, and community engagement.

Many interviewees emphasized that the District could benefit from stronger connections with emergency managers, zoning and planning departments, and ambulance providers. These relationships were seen as critical to ensuring that public health considerations are integrated into broader community planning and emergency response efforts. Yet, staff noted that such partnerships remain uneven across the District, with some counties demonstrating strong collaboration while others operate more independently.

Behavioral health was again raised as an area where opportunities are being missed. Several participants pointed out that the need for counseling and support services continues to grow, but the District’s capacity to respond is constrained. They suggested that additional partnerships with schools, nonprofits, and other providers could help address this gap, but that sustained funding and staffing would be necessary to make such collaborations meaningful.

Funding was a recurring theme in this discussion. Stakeholders acknowledged that while opportunities exist, the ability to act on them often “comes down to money.” As one participant observed, “*There could be more connection with emergency services and ambulance providers, but it always comes down to money.*” This sentiment underscores the tension between recognition of potential and the practical limitations imposed by available resources.

In summary, internal voices indicated that SWDH could extend its impact by building stronger relationships with community partners and investing more intentionally in behavioral health, outreach, and emergency preparedness. However, they also cautioned that without reliable funding, these opportunities are likely to remain aspirational rather than achievable.

Program Adjacencies

When reflecting on how different programs relate to one another, stakeholders described a mixture of strong linkages and areas where closer alignment could improve service delivery. One example that was frequently mentioned involved the natural connections between environmental health and planning and zoning. Staff explained that these relationships are essential because land-use and development decisions often intersect with public health concerns such as septic systems, water quality, and sanitation. In this context, coordination with planning and zoning was described as both frequent and necessary, since permitting decisions routinely require District input to ensure community health and safety standards are met.

At the same time, interviewees highlighted gaps in adjacency where services overlap but collaboration is less developed. Emergency management and emergency medical services were cited as examples of areas where stronger ties could create efficiencies and enhance preparedness. Several participants observed that, while cooperation exists, these connections are not always systematic or consistent across counties.

The theme of adjacency extended beyond program structures to how staff perceive their own work within the larger District. Some described feeling well integrated with colleagues in complementary programs, while others felt isolated or siloed, lacking opportunities to share resources or coordinate efforts.

As one participant noted, “*Planning and zoning works with the District a lot, that adjacency matters for local issues.*” This observation underscores how some program linkages are viewed as critical to daily operations, while others remain underdeveloped and present opportunities for strengthening.

Overall, stakeholders conveyed that while important adjacencies are already in place, there is room to expand and formalize collaboration between programs, particularly in areas where public health intersects with emergency response and community infrastructure.

Use of Shared Spaces

Stakeholders spoke less about shared spaces than they did about broader facility challenges, but when the topic did arise, it often underscored the ways in which physical layouts can complicate service delivery. Some staff described the availability of meeting rooms and public areas as limited, with scheduling conflicts occasionally creating difficulties for both internal operations and community-facing

activities. Others mentioned that certain shared spaces were not designed with their current uses in mind, resulting in inefficiencies or discomfort.

Several participants raised concerns about restroom access, noting that in some facilities, public restrooms are either limited in number or not fully accessible. As a result, staff restrooms are sometimes used to accommodate patients, which blurs the intended boundaries between staff and public spaces. While not universally described as a daily barrier, this issue was cited as an example of how space limitations can ripple into patient experience and staff workflow.

One stakeholder explained, *“Patients sometimes end up using staff bathrooms because the public ones aren’t accessible.”* Although offered as a practical observation, this comment illustrates how seemingly small constraints in shared spaces can affect both perceptions of service quality and the functionality of a facility.

In general, while shared spaces were not portrayed as the most critical challenge, their use reflected the broader theme that SWDH facilities are often stretched beyond their intended design. These constraints were most acute in smaller or older clinics, where space limitations force staff to make compromises in how areas are allocated and used.

Work at Other District Sites

Many internal stakeholders described traveling to or working at multiple District sites beyond their primary location. This rotation was seen as necessary to provide coverage across the District’s service area, but it also introduced a range of logistical and operational challenges. Staff noted that while the expectation to support multiple sites is well understood, the resources and conditions available at each location can vary significantly.

Several participants explained that outer clinics in particular often lack the same equipment, space, or staffing levels as the central office. This meant that when staff rotated into these facilities, they had to adapt quickly to different environments, sometimes improvising to make up for gaps in supplies or infrastructure. For some, this created frustration, as it meant that the quality and efficiency of their work could differ depending on the site.

Despite these difficulties, some interviewees described working at different sites as an opportunity to better understand the range of community needs within the District. Exposure to varied populations and service contexts was seen as beneficial for building perspective, even if the practical challenges of inconsistent resources remained.

Several participants described the experience of working across multiple District sites, noting that each location presents its own challenges with equipment, space, or support. This perspective reflected a broader theme in the interviews: while staff remain committed to providing services throughout the District, differences in facility conditions can complicate their work and create inconsistencies in how services are delivered.

Challenges for Public Access (Parking, Signage, ADA, etc.)

Internal stakeholders frequently pointed to barriers that the public encounters when trying to access services at District facilities. Parking was raised as a practical concern, with some clinics offering limited

or inconvenient spaces for patients. In a few cases, staff noted that parking shortages cause stress for clients who may already feel anxious about seeking care.

Signage and wayfinding also emerged as challenges. Several interviewees observed that buildings are not always easy to navigate, particularly for first-time visitors. Confusion over entrances or the absence of clear directional signs was described as creating frustration for patients and occasionally delaying appointments.

Accessibility was a particularly significant theme. Multiple stakeholders explained that some facilities do not fully meet ADA standards, citing restrooms that are too small for wheelchair users or clinic rooms that are difficult to access for those with mobility challenges. These limitations were viewed not only as compliance issues but also as obstacles that undermine the District's goal of equitable service delivery.

One participant explained, *"Some bathrooms aren't ADA compliant, and that makes it harder for patients."* While stated plainly, this comment reflects the larger concern that the physical environment itself can become a barrier to care.

Overall, these access challenges were described as part of the broader facility issues facing the District. Stakeholders emphasized that addressing them will be essential for improving both patient experience and the overall accessibility of SWDH's services.

Communication & Information Flow

When reflecting on communication within Southwest District Health, most internal stakeholders described the flow of information as functional but uneven. Many staff reported that they typically receive updates about District-wide plans and changes in a timely manner, and several expressed appreciation for leadership's efforts to keep them informed. However, there were also repeated observations that communication is not always consistent across sites or programs.

Some interviewees felt that information tends to circulate more effectively at the central office than at outer clinics, where staff may not be as closely connected to leadership. This sometimes left those working in remote sites feeling a step behind or less engaged in District-wide initiatives. A few participants also commented that communication from the District to its governing board and county representatives could be improved, with more regular updates desired to maintain alignment and trust.

Despite these concerns, there was a general sense that communication channels are in place and functioning, but that they could be strengthened to ensure greater consistency. The tone of these comments was not one of dissatisfaction as much as recognition that the District's geographic spread and varied programs require deliberate effort to maintain clear and equitable communication.

Some participants observed that communication across different audiences, whether staff, governing bodies, or community partners, is not always consistent. They expressed a desire for more regular and uniform updates to ensure that everyone connected with the District has the same information and feels equally engaged in its work.

Future Priorities (5–10–20 years)

When asked to reflect on the future, nearly all internal stakeholders identified behavioral and mental health as the most urgent priority for Southwest District Health. Participants consistently described

growing community needs in this area, noting that gaps in services already exist and are expected to widen as populations increase. Many voiced concern that without significant expansion of counseling, prevention, and treatment programs, the District will struggle to meet its mission over the coming decades.

Facility improvements were also described as a critical priority. Stakeholders emphasized that outdated and inadequate clinic spaces, particularly in outer locations, limit both the effectiveness of staff and the experience of patients. Several commented that planning for future growth will require not only maintaining current facilities but also rethinking how clinics are designed and equipped to support modern models of care.

In addition to behavioral health and facilities, participants pointed to broader themes such as preparing for population growth, improving community outreach, and ensuring financial sustainability. Many acknowledged that the District has successfully launched innovative programs through grant funding but warned that reliance on short-term grants is not a viable long-term strategy. They suggested that stable, predictable funding streams will be necessary to support future expansion and to ensure continuity of services.

One staff member summarized the sentiment by saying, *“The need for mental health support is urgent everywhere - it should be a top priority for the future.”* This perspective captures the overwhelming emphasis that stakeholders placed on behavioral health as a building block of the District’s long-term planning.

Overall, the interviews revealed that internal stakeholders envision a future where SWDH is better equipped, both through facilities and resources, to meet the evolving needs of the community, with behavioral health at the center of that vision.

Emergent Themes (Not in the Interview Guide)

In addition to the structured topics from the interview guide, several themes surfaced organically across conversations that highlight broader dynamics shaping the work of Southwest District Health.

One of the most frequently mentioned emergent themes was the influence of state and local politics on the District’s ability to operate effectively. Multiple stakeholders reflected on the pressures public health has faced since the COVID-19 pandemic, noting that skepticism of government institutions has carried into perceptions of the District. These participants explained that political climates at both the state and county level sometimes constrain what services can be offered or how they are presented to the public. This was not always expressed in frustration, but often as a practical reality that requires the District to be strategic in how it communicates and engages with communities.

Closely tied to this was a theme of trust and communication. Several interviewees described the pandemic as a pivotal moment that strained relationships between public health agencies and the public. While they acknowledged that progress has been made in rebuilding credibility, they also emphasized that trust remains fragile and requires deliberate investment. Stronger partnerships, greater transparency, and consistent outreach were all identified as ways to continue strengthening that trust over time. As one participant put it, *“We had to rebuild trust after COVID, and that happens through communication and relationships.”*

Another theme that emerged was the need to balance innovation with sustainability. Stakeholders praised the District's ability to launch new initiatives, often through grants, but cautioned that frequent changes in funding streams can create instability. This was echoed in discussions of resources but surfaced independently here as a broader concern about organizational resilience and the ability to plan for the long term.

Together, these emergent themes suggest that beyond immediate service delivery and facility needs, SWDH faces ongoing challenges in navigating political realities, strengthening community trust, and ensuring that its programs are sustainable well into the future.

Cross-Cutting Patterns

Several themes emerged across multiple sections of the interviews, suggesting challenges and opportunities that cut across program areas and functions.

Foremost among these was the recurring emphasis on behavioral and mental health needs. Regardless of whether participants were discussing services, partnerships, resources, or long-term priorities, the demand for expanded behavioral health programming surfaced again and again. This consistency indicates that stakeholders view behavioral health not as a single programmatic gap but as a systemic issue that affects the entire District's capacity to serve its communities.

Facilities were another cross-cutting concern. From questions about how services are delivered, to challenges with shared spaces, to barriers in public access, the physical condition of SWDH's sites repeatedly shaped stakeholders' experiences. In particular, outer clinics were described as limiting staff efficiency and patient comfort, underscoring that facility challenges are interconnected with service quality, equity, and long-term planning.

Finally, funding emerged as a unifying thread across resource discussions, allocation, and emergent themes. While grants have enabled innovation, stakeholders consistently raised concerns about sustainability and the disruptions caused when funding sources expire. This reliance on temporary resources intersects with nearly every other challenge identified - from staffing shortages to missed opportunities for partnerships - and was viewed as a major factor influencing the District's ability to meet future demands.

Taken together, these cross-cutting patterns suggest that behavioral health, facilities, and sustainable funding are not isolated issues but interconnected priorities that will shape how Southwest District Health evolves over the next decade and beyond.

Areas of Convergence and Divergence

Across the interviews, there was strong convergence on several key themes. Nearly all stakeholders agreed that behavioral and mental health should be a top priority for Southwest District Health moving forward. This need was described as urgent, growing, and deeply embedded in the communities the District serves. There was also widespread agreement that facility improvements, particularly in outer clinics, are necessary to ensure equitable access and effective service delivery. Stakeholders consistently emphasized that current spaces are inadequate for both staff and clients, and that upgrading these facilities will be essential for future growth.

Convergence was also evident in the recognition of public awareness as a barrier. Many stakeholders pointed out that residents either do not know about available services or misunderstand who is eligible to receive them. While the perspectives differed in detail, there was a shared sense that outreach and communication are critical challenges that must be addressed if the District is to expand its reach.

Divergence appeared most clearly in perceptions of resources and allocation. Some participants described resource distribution as fair and appropriate, with leadership making sound decisions that balance competing priorities. Others, particularly those working in smaller or more remote sites, emphasized shortages in staffing, equipment, and supplies that they felt left them at a disadvantage compared to the central office. This divide reflected not only different experiences but also differences in perspective between leadership and frontline staff.

There was also divergence in how staff described the District's internal communication. While some expressed satisfaction with the frequency and clarity of updates, others, especially those in outer clinics, felt less connected to decision-making processes and desired more consistent information.

Overall, the interviews revealed a strong alignment to the broad priorities facing the District, particularly in behavioral health, facilities, and public engagement. At the same time, they highlighted important differences in how resources and communication are experienced across roles and locations, highlighting the complexity of managing a geographically and programmatically diverse organization.

Considerations for Leadership

The themes raised by internal stakeholders suggest several areas where Southwest District Health's leadership may wish to reflect and explore options. These considerations are framed as questions to guide future discussion and decision-making.

First, given the near-universal emphasis on behavioral and mental health, leadership may wish to consider how the District can best define its role in this area. What mix of direct services, partnerships, and community outreach would most effectively address the growing need, and what funding strategies could ensure sustainability over the long term?

Second, the concerns raised about facilities invite further examination. How should the District prioritize investments in outer clinics to ensure that patients and staff experience consistent quality of care and access? What criteria will be most useful for determining which facility improvements should be addressed first?

Third, the issue of public awareness raises important questions about outreach and communication. What strategies can the District use to improve visibility of its services in ways that resonate with communities, particularly in areas where skepticism of public health persists? How can messaging be tailored to both inform residents and strengthen trust?

Finally, questions of resources and allocation suggest a need for ongoing dialogue. How can the District ensure that resource distribution feels equitable across sites, while also accounting for differences in population, demand, and programming requirements? What mechanisms might strengthen communication so that staff across all locations feel connected and informed?

By considering these questions, the Board of Health and leadership team can use the insights gathered from internal stakeholders to inform planning, strengthen organizational resilience, and ensure that Southwest District Health is positioned to meet the evolving needs of its communities.

Conclusion

The internal stakeholder interviews provided a valuable window into how Southwest District Health is experienced from within. SWDH's internal stakeholders consistently described the District as broad in scope, essential to the communities it serves, and committed to public health. At the same time, the conversations underscored persistent challenges, most notably, unmet behavioral health needs, aging facilities, uneven resource allocation, and limited public awareness of services.

These findings highlight both strengths and vulnerabilities. The organization's diversity of programs and dedicated workforce remain clear assets, while the reliance on short-term funding, facility disparities between central and outer sites, and gaps in communication reflect structural issues that merit attention. Importantly, the convergence around behavioral health and facility improvements suggests areas where internal consensus may guide future priorities.

As the District considers its next steps, the voices of internal stakeholders offer both caution and opportunity: caution in acknowledging the barriers that could limit effectiveness, and opportunity in the shared vision for stronger behavioral health services, modernized facilities, and clearer communication. Taken together, these insights provide a foundation for leadership discussions and future planning aimed at ensuring Southwest District Health remains resilient, equitable, and responsive to the communities it serves.

2025

Southwest District Health External Stakeholder Summary



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Introduction

Southwest District Health (SWDH) invited external stakeholders to share their perspectives on the District's work, its facilities, and the needs they see in their communities. Over the course of twenty conversations, people from across the region and from a variety of sectors spoke about their experiences with SWDH and their views on what the District does well and where it could grow.

Participants represented a broad cross-section of the region. County and city officials from Canyon, Gem, Owyhee, Payette, and Washington Counties offered local government perspectives, while representatives from planning organizations such as COMPASS and law enforcement contributed insights on growth, transportation, and public safety. Leaders from nonprofits and service providers shared experiences supporting families, youth, and vulnerable populations, including behavioral health and recovery programs. Healthcare providers and hospital partners reflected on collaborative efforts in clinical and emergency preparedness contexts. The interviews also included voices from education, public safety, and community-based organizations, ensuring that urban and rural geographies across the District were represented.

These interviews were designed to listen directly to community voices and partner organizations, with the goal of understanding how SWDH is perceived and what priorities matter most for the future. The report that follows summarizes what we heard. It is organized around the external stakeholder interview guide while also noting additional themes that emerged naturally in the conversations.

Executive Summary

External stakeholders described Southwest District Health as an important presence in the region, responsible for both protecting community health and providing direct services. Many expressed appreciation for the professionalism of staff and the District's commitment to serving a wide geographic area. At the same time, they highlighted challenges that affect how the public understands and accesses services.

One of the strongest themes was limited awareness of SWDH's role. Stakeholders repeatedly noted that community members often do not know what services the District provides or assume that programs are only available to certain groups. This lack of visibility was seen as a barrier to both trust and use of services.

Behavioral and mental health was identified as a critical gap, echoing concerns raised by internal stakeholders but voiced here from the perspective of community need. Stakeholders emphasized the importance of building capacity in this area, particularly for youth and underserved populations. Other frequently mentioned needs included transportation support, expanded partnerships, and more flexible or accessible clinic hours.

Facilities were also a concern. While participants did not focus on operational challenges, they described the community's experience of facilities in terms of convenience, accessibility, parking, and adequacy of space. Several noted that the District will need to modernize and expand its physical presence to keep pace with population growth.

When asked about finances, most described SWDH as fiscally responsible, though a few expressed a desire for more visibility into priorities and long-term plans. Looking ahead, stakeholders encouraged

investment in facilities, outreach, and innovation, including greater use of technology such as telehealth to reduce barriers for rural residents.

While there is overlap with themes raised by internal stakeholders, especially around behavioral health and facilities, the external voices focused more on community awareness, accessibility, and expectations of service. Together, the two sets of interviews provide complementary perspectives that reinforce the urgency of certain issues while offering a fuller picture of how SWDH is viewed both inside and outside the organization.

Location Within the District

Stakeholders often framed their perspectives in terms of geography. Many spoke about the challenges of serving a large, multi-county district where communities differ significantly in size, resources, and accessibility. Travel distances were repeatedly noted as a barrier, particularly for residents in rural areas who must go farther to reach services compared to those closer to central facilities.

These differences were seen as shaping both access and perception. While the District works to provide consistent services, several participants observed that the experience can feel uneven depending on where someone lives. At the same time, many emphasized that having a regional health district provides a level of coordination that would be difficult for individual counties to achieve on their own. One participant summed this up by noting that, *“It’s a big district with a lot of different communities. That makes it hard, but it also means there’s one place people can look to for public health.”*

Interface with the District

Stakeholders described a wide range of ways they interact with Southwest District Health, reflecting the District’s dual role as both a regulator and a community health partner. For some, the primary connection was through environmental health services such as inspections and permitting. Others engaged through clinical programs, including immunizations, WIC, or family health. Still others interacted through collaborative efforts, ranging from emergency preparedness to community health initiatives.

Partnerships emerged as a consistent theme. Hospitals described longstanding ties through infection prevention committees and community health needs assessments, noting that SWDH epidemiologists are valued participants in those conversations. Physicians pointed to joint efforts to increase WIC enrollment and expand STD testing outreach in clinical settings. Broader collaborative work was also highlighted, with SWDH serving as the backbone organization for the Western Idaho Community Health Collaborative, which brings together health systems, nonprofits, and community groups to address social determinants of health.

Partnerships were also described in the context of public health emergencies, where strong coordination across agencies was seen as essential. Several participants noted past experiences where SWDH worked alongside community partners to manage high-stakes situations, and they emphasized the importance of keeping those connections active through future emergency planning.

In addition to these established collaborations, stakeholders suggested new approaches for partnership, including the idea of creating more flexible or shared spaces within SWDH facilities. Such spaces could be used by employers, insurers, or other organizations seeking to connect with residents, particularly in areas where access to services is limited.

While many participants described SWDH as responsive and collaborative, a few noted that their interactions still feel transactional at times, limited to inspections or compliance. These stakeholders expressed interest in broadening the relationship beyond regulatory touchpoints to include more joint projects that address community health needs.

Overall Perception of the District

External stakeholders generally described Southwest District Health as an important and stabilizing presence in the region. Many characterized the District as a trusted public health partner that provides consistency across multiple counties. Several participants emphasized the professionalism and responsiveness of staff, noting that they valued having a central organization dedicated to public health functions.

At the same time, there were comments reflecting the complexity of how the District is viewed. Some stakeholders said that SWDH is often associated more with regulatory functions, such as inspections and permitting, than with its broader community health role. Others noted that community members may not fully understand the scope of services offered, which can limit both awareness and trust.

When discussing improvements, participants pointed to opportunities to strengthen visibility and outreach. Examples included increasing public education about available services, making clearer distinctions between SWDH's role and that of hospitals or clinics, and creating more visible connections with schools and community-based organizations. Several participants suggested that expanding SWDH's presence at community events or through shared initiatives with local partners could help reinforce the District's role beyond regulation.

One stakeholder captured this balance by reflecting, *"They're good at what they do, but a lot of people just don't know the District is more than inspections and permits."* This perspective illustrates how SWDH is seen as competent and valuable but also highlights the need for greater public understanding of its broader mission.

Familiarity with Services

Stakeholders varied significantly in their familiarity with the services offered by Southwest District Health. Some programs, such as WIC, immunizations, and environmental health inspections, were mentioned frequently and appeared to be well understood by both community members and partner organizations. These services were seen as visible, either because people interact with them directly or because they are tied to everyday needs such as food safety and school requirements.

In contrast, several other areas generated less recognition. Behavioral and mental health services were repeatedly identified as a community priority, but many stakeholders said they were unclear about what SWDH currently provides in this space. Emergency preparedness and crisis response were also less familiar, with only a few participants noting direct involvement. Similarly, broader prevention and education initiatives were not consistently recognized, with some stakeholders associating the District almost exclusively with inspections and permitting.

Participants suggested that SWDH focus future outreach on raising visibility around these lesser-known programs. Ideas included highlighting prevention and education efforts through community events and

schools, making behavioral health resources more prominent in public materials, and ensuring that emergency preparedness roles are explained clearly to both local officials and the public.

As one stakeholder observed, *“Everyone knows about inspections and WIC, but beyond that, a lot of people don’t know what the District does.”* This reflects the broader theme that while some services are highly visible, others remain less understood, creating opportunities for targeted communication.

Public Health Service Needs

When asked about unmet needs in their communities, stakeholders consistently pointed to behavioral and mental health as the most pressing gap. Nearly all participants emphasized that demand for counseling, crisis response, and long-term support services is outpacing what is currently available. Several noted that youth and school-aged populations are particularly underserved, with schools often struggling to meet student needs on their own. Others mentioned adults and families facing stress, addiction, or limited access to behavioral health providers.

Transportation was also described as a major barrier that compounds other health needs. Stakeholders explained that many residents, especially in rural areas, lack reliable transportation to clinics or must travel long distances to reach services. Some suggested that mobile or satellite options could help bridge this gap, while others recommended expanded partnerships with local transportation providers.

A number of participants also raised the need for stronger health education and outreach in the community. They emphasized that residents often lack clear information about available services, preventive care, and eligibility requirements. In their view, increasing visibility and improving communication could prevent small health issues from becoming larger problems.

As one participant reflected, *“Mental health is the biggest issue we hear about everywhere, and right now, the resources just aren’t enough.”* This sentiment captured the consensus that while multiple health needs exist, behavioral health is at the forefront of community concern.

Other needs that surfaced included oral health services for children, more accessible immunization clinics, and expanded support for vulnerable populations such as seniors and migrant workers. Several stakeholders noted that while hospitals and private providers play important roles, there are gaps they cannot fill, which they see as opportunities for SWDH to step in or coordinate solutions.

Geographic Access & Inconveniences

Stakeholders consistently described geography as one of the greatest challenges for residents seeking services from Southwest District Health. The District’s large, multi-county footprint means that many rural communities are located far from clinic sites, requiring long travel times that can deter people from seeking care. Several participants noted that while Caldwell is relatively accessible to more urban populations, residents in outlying areas face a very different experience, with fewer nearby options and longer commutes.

Transportation was closely tied to this issue. Stakeholders explained that many residents, particularly low-income families, seniors, and those in rural areas, lack reliable transportation to reach appointments. In some cases, people must rely on friends, family, or county transportation services,

which are not always available when needed. These barriers were seen as limiting not only preventive care, such as immunizations or screenings, but also timely response to urgent health needs.

Participants suggested several potential solutions. Some recommended expanding the use of mobile or satellite clinics to bring services closer to rural communities. Others emphasized the importance of adjusting clinic hours to better accommodate people who cannot travel during the workday. A few suggested that SWDH could strengthen partnerships with local transportation providers or advocate for broader transit solutions that connect rural communities with health services.

One stakeholder summarized the challenge by saying, *“If you live in Caldwell, it’s easy. But if you’re in a small town miles away, you may not even try to make the trip.”* This is indicative of a broader theme that while services exist, physical access to them is uneven across the District, and solutions will need to address both distance and transportation barriers.

Facilities & Locations

When discussing SWDH facilities, external stakeholders focused on accessibility, convenience, and the adequacy of buildings to meet community needs. The Caldwell office was frequently described as central and relatively well equipped, though several participants noted that even this site will need to grow and modernize to keep pace with rising demand.

By contrast, facilities in smaller towns such as Weiser and Homedale were more often described as outdated. Stakeholders pointed to limited space, lack of privacy, and older layouts that do not reflect the way health services are delivered today. Payette was also mentioned, though here the concern centered more on convenience and parking rather than the interior condition of the facility itself.

As one stakeholder explained, *“The services are good, but the buildings don’t always keep up, especially in the smaller towns.”* This reflects the broader theme that while SWDH’s programs and staff are valued, facilities are uneven, and investments will be needed to modernize sites across the District.

Despite these challenges, participants consistently emphasized the value of maintaining multiple sites across the District, saying that this structure allows more residents to access at least some services closer to home. Looking ahead, many suggested that population growth will require SWDH not only to expand capacity at Caldwell but also to reinvest in outer clinics to ensure consistent quality across locations. Ideas included updating aging facilities, ensuring full ADA compliance, and designing more flexible spaces that could adapt to multiple service needs.

District Performance: Strengths & Areas for Improvement

External stakeholders generally described Southwest District Health as a reliable and professional organization. Many highlighted staff responsiveness as one of the District’s greatest strengths. They noted that when questions or issues arise, SWDH staff are approachable, knowledgeable, and willing to help. Several participants also emphasized that the District provides a consistent presence across multiple counties, which gives communities confidence that core public health services will be delivered regardless of location.

Partnerships were another area where stakeholders felt SWDH performs well. They cited examples of collaboration in areas such as community health assessments, nutrition and WIC programs, food safety

oversight, and participation in community coalitions. These relationships were seen as essential for connecting public health with schools, hospitals, nonprofits, and local governments.

At the same time, participants identified several areas where performance could be strengthened. Many felt that public awareness of SWDH's role remains too limited, and that residents often only encounter the District through inspections or compliance activities rather than community health programs. Some suggested that greater visibility at community events or stronger outreach through schools and local organizations could help balance this perception.

Facilities and access were also mentioned as areas for improvement. While Caldwell was generally described as adequate, stakeholders stressed that outer locations like Weiser and Emmett need upgrades to create a more consistent experience across the District. Participants also said that transportation barriers must be addressed if services are to be truly accessible for rural residents.

Finally, a few stakeholders noted that SWDH could improve communication with partners by sharing information more proactively and more clearly outlining long-term priorities. As one participant reflected, *"The staff are great to work with, but the public doesn't always know what the District does. More visibility would help."*

Overall, external stakeholders conveyed strong confidence in the dedication and professionalism of SWDH staff, while also pointing to opportunities to expand visibility, modernize facilities, and strengthen community connections.

Communication Preferences

When asked how they prefer to receive information from Southwest District Health, stakeholders offered a range of responses that reflected both organizational and community-level needs. Many emphasized the importance of direct, clear communication from the District to partner agencies. Email was the most frequently mentioned tool, with participants noting that it allows them to quickly share updates across their own teams. Some also described conference calls, newsletters, or regular check-ins as useful for keeping relationships active.

At the community level, participants highlighted the need for broader and more accessible outreach. Several observed that residents often rely on social media for updates and suggested that SWDH strengthen its presence on platforms, such as Facebook. Others recommended more consistent use of local newspapers, radio, and community events to ensure that people without regular internet access are also reached.

A recurring theme was the need for consistent, proactive communication. While stakeholders generally described SWDH as responsive when contacted, some said that updates can feel irregular, leaving them unsure about current programs or priorities. A few suggested that a standardized communication calendar, such as quarterly updates or recurring community briefings, could help keep partners and residents better informed.

Several participants also recommended tailoring messages to highlight services in everyday terms. They explained that the public may not always recognize technical program names but respond more readily when services are described through practical examples, such as food safety, child health, or emergency readiness.

As one stakeholder put it, *“When we hear from the District, it’s helpful, but sometimes we go too long without an update. More consistency would make it easier for us to stay connected.”*

Fiscal Responsibility

External stakeholders generally described Southwest District Health as fiscally responsible. Many said they believed the District manages its resources carefully and avoids unnecessary spending, which helped build confidence in its stewardship of public funds. Several participants mentioned that, compared to other agencies, SWDH is viewed as operating within its means while still maintaining essential services.

At the same time, a few stakeholders admitted they were not familiar with the details of SWDH’s budget or financial processes, which made it difficult for them to assess how funds are prioritized. This lack of visibility led some to suggest that the District could strengthen trust by more clearly communicating its long-term financial planning and explaining how investments are tied to service needs.

A number of participants linked fiscal responsibility to facilities and infrastructure. They noted that while SWDH appears to be careful with taxpayer dollars, visible investment in updating and expanding facilities will be necessary as the region grows. In their view, explaining the connection between budgets, facilities, and community health outcomes would help residents better understand why new resources may be required.

One stakeholder summarized this perspective by saying, *“I think they’re good with money, but it’s not always clear what the priorities are. People want to know how decisions get made.”*

Budget Priorities (Next 20 Years)

When asked about long-term budget priorities, stakeholders emphasized the importance of investing in facilities and infrastructure to keep pace with population growth. Many observed that while services are valued, the buildings that house them must be modern, accessible, and flexible enough to adapt to changing needs. Several participants pointed specifically to the need for updating or expanding outer clinics so that residents in rural areas have access to facilities comparable to those in more central locations.

Behavioral and mental health was also highlighted as a priority area for future funding. Stakeholders consistently described the lack of behavioral health resources as one of the greatest community needs and stressed that sustained financial investment will be required to build capacity in this area. Some suggested that long-term planning could include partnerships with schools, health systems, or nonprofits to leverage resources and broaden impact.

As one participant noted, *“Facilities and mental health are where the dollars will need to go. If the District doesn’t keep up in those areas, the gaps will just get bigger.”*

In addition, participants noted the importance of preparing for emerging public health challenges. They recommended that SWDH budget for flexible spaces and technology that could support telehealth, mobile services, or rapid response during emergencies. A few stakeholders also mentioned the need to strengthen communication and outreach efforts, explaining that ongoing investment in public education and awareness campaigns will be critical for ensuring services are fully utilized.

Anticipated Growth Needs (Organization/Community)

Stakeholders consistently emphasized that rapid population growth across the region will put increasing pressure on Southwest District Health in the years ahead. Many pointed to the steady pace of residential development in both urban centers and rural towns, noting that more people will translate directly into higher demand for clinical services, inspections, and public health programs. Several participants expressed concern that the District's current staffing and facilities may not be sufficient to keep up if growth continues at its current pace.

Behavioral and mental health once again surfaced as a central theme. Stakeholders warned that as the population expands, unmet needs in this area will only become more visible and more urgent. Some stressed the importance of planning now for services that can support both youth and adult populations, including crisis response, school-based programs, and long-term counseling resources.

Participants also mentioned the need to anticipate infrastructure demands tied to growth. For example, more housing developments will increase the need for environmental health services such as septic approvals and water safety oversight. At the same time, stakeholders said SWDH should consider how to expand preventive programs, such as immunizations, health education, and maternal-child health services, to reach larger populations without creating bottlenecks.

As one stakeholder put it, *"The growth isn't slowing down, so services have to grow with it. Otherwise, the District will always be trying to catch up."*

Technology was another area of emphasis. Several participants suggested that telehealth, mobile clinics, or virtual education platforms could help address gaps in access, especially in rural areas where growth may not bring new facilities right away. Others recommended that SWDH plan for flexible spaces that can adapt as needs shift over the next two decades.

Future Services & Facilities (20-Year Perspective)

Looking further ahead, stakeholders described a clear expectation that Southwest District Health will need to expand both the scope and the physical footprint of its services to keep pace with population growth. Many said the District should anticipate not only larger numbers of clients but also a wider variety of health needs, requiring facilities that are more modern, adaptable, and strategically located.

Several participants pointed out that existing outer clinics, particularly in rural towns, will require significant reinvestment if they are to remain viable over the next two decades. They emphasized that without upgrades, these facilities may not be able to accommodate the demand generated by expanding populations. Others suggested that SWDH should explore new facility models, such as multipurpose spaces that can flex between clinical services, education, and community engagement.

Stakeholders also highlighted the need for facilities that integrate technology and support telehealth. They noted that many residents will continue to face transportation barriers, and virtual options could help extend the District's reach without requiring every client to travel long distances. In addition, several participants encouraged SWDH to consider incorporating community meeting areas into future facilities, both to increase visibility and to create spaces where the District can connect directly with residents.

While most agreed that Caldwell will remain a central hub, there was also strong interest in ensuring that rural communities are not left behind. As one participant observed, *“If growth only means bigger buildings in Caldwell, the outlying towns will still struggle.”* This reflects a shared concern that investments in future facilities should be distributed across the District to ensure ease of access.

Role of Virtual Services

Stakeholders frequently highlighted virtual services as a key part of the District’s future. Many saw telehealth and digital platforms as essential tools for overcoming transportation barriers, particularly for residents in rural areas who may not be able to regularly travel to Caldwell or other central locations. They emphasized that virtual care could extend access to counseling, health education, and even some clinical consultations, helping to reduce gaps where physical facilities are limited.

Several participants also noted that the pandemic expanded public comfort with telehealth, making it a more viable option today than in the past. They described it as an area where SWDH could continue building capacity, particularly in behavioral health and preventive services. A few suggested that virtual programs could also support training for community partners and outreach to schools, broadening the District’s influence without requiring additional physical sites.

At the same time, stakeholders acknowledged the limitations of virtual services. They pointed out that broadband access remains inconsistent in parts of the District, which can make telehealth difficult for some households. Others emphasized that not all services can be delivered effectively online, and that virtual options should supplement, rather than replace, in-person care.

Additional Observations

In addition to the structured questions, stakeholders shared a variety of observations about how Southwest District Health could strengthen its role in the community. A recurring theme was the importance of visibility. Several participants noted that many residents do not fully understand what SWDH does and suggested that the District look for ways to be more present at community events, in schools, and through partnerships with local organizations. They emphasized that greater visibility could help counter misconceptions that services are limited to specific populations.

Some stakeholders also raised the topic of partnerships with the private sector. They pointed out that as hospitals, clinics, and nonprofits expand their own services, there are opportunities for SWDH to position itself as a convener or coordinator, ensuring that public health gaps are not overlooked. One participant suggested that the District could host roundtables with healthcare providers and community organizations to identify duplication and opportunities for collaboration.

A few participants also encouraged SWDH to think creatively about facility use. Ideas included offering community meeting rooms, expanding educational programming, or developing flexible spaces that could host pop-up clinics or serve as hubs for local partnerships. These suggestions were framed as ways to make facilities more welcoming and more directly connected to the communities they serve.

Finally, some stakeholders noted that communication about emergency preparedness could be strengthened. While they acknowledged SWDH’s role in this area, they felt that clearer, more proactive outreach could help residents understand how the District contributes to planning and response.

Taken together, these additional observations reinforced many of the themes already raised in the interviews: the need for visibility, stronger partnerships, modernized facilities, and effective communication. They also pointed to opportunities for SWDH to build new connections and demonstrate its value in ways that go beyond compliance and regulatory functions.

Expectations of Public Health Services

Stakeholders often framed their expectations of Southwest District Health in terms of both access and breadth of services. Many said they see the District as a core provider of preventive and public health programs, and they expect it to ensure that all residents, regardless of income, location, or insurance status, have access to essential services.

Behavioral and mental health once again surfaced as the clearest expectation. Participants repeatedly emphasized that the community looks to SWDH to play a role in filling gaps left by private providers, particularly for counseling, crisis response, and youth-focused services. They acknowledged that hospitals and clinics offer some support but stressed that demand far exceeds supply, and they see public health as having a responsibility to help meet that need.

Participants also expressed expectations around public education. Several said they view SWDH as the entity responsible for providing clear, accurate information on health topics ranging from immunizations to nutrition to environmental health. They stressed that the District should be a trusted source for reliable information, especially at a time when misinformation can spread quickly.

Other expectations included ensuring equitable service across the District's geography, supporting vulnerable populations such as seniors and migrant workers, and preparing for emerging health issues like substance use or new disease outbreaks. Some participants linked these expectations to facilities, noting that residents expect clean, modern, and welcoming spaces that reflect the importance of the services being provided.

As one stakeholder explained, *"People expect public health to be there when no one else is, especially in the gaps that the private sector doesn't fill."* This sentiment reflected the broader theme that while SWDH is already valued, the community expects it to be both a safety net and a leader in advancing public health.

Potential Duplication with the Private Sector

When asked whether Southwest District Health's services duplicate those offered by private providers, most stakeholders said they did not view duplication as a major concern. Instead, they emphasized that SWDH often plays a complementary role, filling gaps that the private sector either cannot or does not address. For example, public health programs like WIC, immunizations for uninsured populations, and environmental health oversight were consistently described as areas where the District provides unique value.

A few participants acknowledged that there may be some overlap in limited areas, such as preventive screenings or health education, where both SWDH and healthcare providers are engaged. However, these stakeholders generally felt that duplication was not problematic when the need in the community is so great. They explained that in many cases, the private sector cannot fully meet demand, and having multiple avenues for residents to access care only increases the likelihood that needs will be met.

Several participants suggested that where potential overlap does occur, SWDH could strengthen its role as a coordinator. They said the District is well positioned to bring partners together, identify gaps, and help ensure that resources are used efficiently. One stakeholder explained, *“Even if there’s some overlap, it’s better than a gap. The District can help make sure services aren’t missed just because providers aren’t talking to each other.”*

Overall, stakeholders saw SWDH as an essential partner to the private sector rather than a competitor, with its greatest value lying in its ability to reach underserved populations and provide services that are not financially sustainable for private organizations.

Opportunities for Innovation

Stakeholders expressed interest in seeing Southwest District Health pursue new and innovative approaches to reach residents more effectively. A recurring theme was the use of mobile and pop-up clinics. Several participants suggested that temporary or traveling service sites could help bring immunizations, health screenings, or educational programs directly into rural communities where distance and transportation barriers limit access.

Technology was also highlighted as an area for innovation. Stakeholders noted that the pandemic accelerated adoption of telehealth and virtual platforms, and they encouraged SWDH to expand digital offerings for behavioral health counseling, health education, and even some preventive services. Some also suggested exploring virtual training for community partners, which could extend the District’s reach without requiring additional physical infrastructure.

As one stakeholder commented, *“It doesn’t always have to be a new building. Sometimes it’s about meeting people where they are or trying new ways of using what you already have.”*

Facility design was another area where participants encouraged innovation. They proposed creating flexible, multipurpose spaces within clinics that could host community meetings, provide space for partner organizations, or accommodate a variety of service needs. These kinds of shared spaces were seen as ways to both increase visibility and foster collaboration.

A number of stakeholders also encouraged SWDH to explore stronger community partnerships as part of an innovative approach. They suggested more formal collaboration with schools, nonprofits, and local employers to address social determinants of health, expand education efforts, and connect residents to preventive care before problems escalate.

Additional Questions Suggested

At the end of the interviews, some stakeholders reflected on what they wished had been asked or discussed in greater depth. A few suggested that future conversations should include more attention to youth health and wellness, noting that schools are seeing increasing needs around mental health, nutrition, and preventive care, and that it would be valuable to understand expectations of public health in this space more directly.

Others recommended asking more about workforce and staffing, both within SWDH and across the healthcare sector. They observed that staffing shortages affect the availability of services and partnerships, and they felt this was an important factor to explore more explicitly.

Several participants also suggested that future questions could address emerging health risks. They noted that issues such as substance use, vaping, and the long-term effects of growth on housing and sanitation will shape public health demands over time, and they encouraged SWDH to anticipate these needs.

Finally, a few stakeholders reflected that more emphasis could be placed on communication strategies. They recommended that future interviews probe not only what messages are effective, but also how information could best reach different audiences, including rural residents, seniors, and non-English-speaking communities.

These suggestions underscored the value stakeholders placed on being heard and involved in shaping SWDH's future. They also reflected a desire for the District to continue asking questions that reach beyond current operations to anticipate what communities will need in the years ahead.

Emergent Themes

Beyond the structured interview questions, several themes emerged organically during conversations with external stakeholders.

One of the most consistent was housing and growth pressures. Multiple participants linked population growth not only to healthcare demand but also to broader issues such as housing availability, sanitation, and infrastructure. They noted that rapid development in both urban and rural areas is creating new challenges for environmental health and community well-being, suggesting that SWDH may need to consider these intersections more directly in long-term planning.

Another emergent theme was the importance of addressing health equity. Stakeholders emphasized that certain populations, including migrant workers, low-income families, and seniors, face particular barriers to care. They encouraged SWDH to be mindful of how services are distributed and to ensure that vulnerable groups are not overlooked in planning for facilities, staffing, or outreach.

Community trust and visibility also surfaced as a recurring topic. Some participants explained that residents are more likely to use services when they clearly understand SWDH's role and see the District present in their communities. This theme connected to earlier discussions of communication and outreach but was framed here more broadly as an issue of building lasting trust and recognition.

Finally, several stakeholders raised the idea of regional coordination. They noted that public health challenges often cross county lines and require collaboration with other governmental and nonprofit entities. While SWDH already participates in some regional initiatives, participants encouraged further strengthening these relationships to avoid duplication, pool resources, and present a united front in addressing community health priorities.

These emergent themes suggest that stakeholders see SWDH's role as extending beyond direct service delivery. They envision the District as both a provider and a convener, with responsibilities that include anticipating community change, ensuring equity, and fostering collaboration across systems.

Cross-Cutting Patterns

Several themes cut across multiple sections of the stakeholder interviews, reinforcing their importance to the community's perception of Southwest District Health.

Behavioral and mental health was the most consistent cross-cutting issue. It surfaced when stakeholders were asked about unmet needs, budget priorities, expectations of public health, and anticipated growth. Whether framed in terms of youth support, adult services, or crisis response, nearly all participants emphasized that behavioral health is central to community well-being and requires expanded investment.

Facilities and geography also emerged as overlapping concerns. Stakeholders repeatedly tied service access to the adequacy and condition of SWDH's physical locations, with Caldwell often viewed as relatively strong while outer clinics such as Weiser and Homedale were seen as outdated or less convenient. These facility issues were consistently linked to broader concerns about service accessibility as rural residents were perceived to have fewer options despite facing the same needs.

Awareness and communication appeared in nearly every section of the interviews. Whether discussing familiarity with services, community perceptions, or areas for improvement, stakeholders emphasized that many residents simply do not know what SWDH does. They described communication as inconsistent and underlined the need for more proactive, visible outreach across diverse platforms and communities.

Finally, the importance of partnerships was woven throughout the conversations. Stakeholders described collaboration with schools, hospitals, nonprofits, and local governments as critical to achieving public health goals. They also encouraged innovation in partnerships, including shared spaces, pop-up clinics, and stronger regional coordination, as ways to expand impact without duplicating services.

Taken together, these patterns illustrate that while stakeholders discussed many different aspects of SWDH, the themes of behavioral health, facilities and access, communication, and partnerships form the backbone of their collective feedback.

Areas of Convergence and Divergence

Across the interviews, there was strong convergence around several themes. Stakeholders overwhelmingly agreed that behavioral and mental health is the greatest unmet need in the region. They also consistently emphasized that facilities in smaller towns such as Weiser and Homedale require reinvestment, and that transportation barriers make access to care uneven across the District. Nearly all participants agreed that SWDH staff are professional and responsive, with many describing this as one of the District's greatest strengths.

There was also broad alignment on the issue of community awareness. Stakeholders frequently said that residents are not well informed about what SWDH does, with many assuming the District's role is limited to inspections or compliance. The consensus was that visibility and communication must be improved to ensure services are fully utilized and the District's broader mission is understood.

At the same time, perspectives diverged in a few areas. While most stakeholders described SWDH as fiscally responsible, some admitted they did not have enough visibility into financial priorities to form a clear opinion. There were also differences in how stakeholders perceived SWDH's role in partnerships. Some described the District as collaborative and deeply engaged, while others felt their interactions were limited and more transactional. Similarly, while Caldwell's facility was generally viewed positively, opinions varied on whether it was already strained by growth or still adequate for current needs.

These areas of convergence and divergence suggest that while external stakeholders share a common view of SWDH's importance and professionalism, they differ in the depth of their understanding and experiences. Where alignment was strongest — behavioral health, facilities, communication, and staff — the message was clear and consistent. Where perspectives varied, it often reflected differences in stakeholders' points of contact with the District.

Considerations for Leadership

The interviews with external stakeholders surfaced a number of questions that the Board of Health and leadership may wish to consider as part of future planning. One of the strongest themes was behavioral and mental health, which stakeholders repeatedly described as a pressing gap in the region. This raises the question of what role SWDH should play in expanding behavioral health services, particularly for youth and underserved populations, and how the District might partner with schools, healthcare providers, or nonprofits to build greater capacity in this area.

Facilities and access were also recurring topics of discussion. Stakeholders emphasized that while the Caldwell site is central and relatively strong, outer locations such as Weiser, Homedale, and Payette face challenges related to space, modernization, and accessibility. This prompts reflection on how the District might balance investments between central and rural facilities to ensure equity of access. At the same time, the issue of transportation was described as a barrier for many residents, leading to questions about whether strategies such as mobile clinics, satellite offices, or partnerships with local transit providers could help bridge the gap.

Awareness and communication represented another area of emphasis. Many stakeholders said that residents do not clearly understand the full scope of SWDH's role and suggested that greater visibility is needed. This raises the question of what communication approaches could most effectively build public understanding and how the District might establish more consistent, proactive communication with both partners and the community at large.

Partnerships and innovation also emerged as opportunities. Some stakeholders described SWDH as highly collaborative, while others felt their engagement was more limited. This suggests the value of examining how the District can strengthen or expand partnerships with schools, hospitals, nonprofits, and local governments. Stakeholders also suggested new models such as pop-up clinics, shared spaces, and regional collaborations as ways to extend impact without duplicating services.

Finally, stakeholders generally perceived SWDH as fiscally responsible, but some said they lacked visibility into budget priorities and long-term planning. This points to the question of whether greater transparency could help reinforce public trust. It also highlights the need to weigh trade-offs as the District considers investments in facilities, technology, and service expansion over the next 20 years.

Taken together, these considerations are not recommendations but questions that reflect the themes and divergences voiced by external stakeholders. They offer leadership a set of issues to explore as SWDH prepares for the future.

Conclusion

The external stakeholder interviews offered a candid and thoughtful view of how Southwest District Health is seen across its service area. While participants identified challenges, particularly around

behavioral health, facilities, access, and awareness, they also expressed consistent appreciation for the District's role and the dedication of its staff. What emerged most strongly was a sense that SWDH is an essential institution, one that provides stability and leadership in public health while navigating the complexities of a large and growing region.

The findings in this report do not prescribe solutions but reflect the perspectives of those who engage with SWDH from outside the organization. They are intended to inform ongoing planning, spark dialogue, and guide leadership as it weighs future priorities. In this way, the interviews serve as both affirmation of the District's value and a reminder of the opportunities ahead to strengthen connections and expand impact.



Emerging Themes for Facility Scenarios

PREPARED BY AMANDA SWAILS DESIGN, LLC
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Where is the demand high, low or just right?

In order to meet the demand, what is needed?

1. Facility Improvements
2. Changes to Hours of Operation
3. Increased Staffing

SWDH Locations and Hours of Operation - October 2025

SWDH Location	Building Hours + Environmental Health Drop-off	Building Days per Month	Clinic Operational Hours	Clinic Days per Month	Behavioral Health Operational Hours	Behavioral Health Days per Month	WIC Operational Hours	WIC Days per Month	Needs
Caldwell Office	M-F 8:00am - 5:00pm	20 days/ month	Typically: M-Th 8:00am - 5:00pm Friday 8:00am - 12:00pm Currently: M-W 7:30am - 6:30pm	12 days/ month	M-Th 8:30am -5:30pm	16 days/ month. 1 counselor	M-F 8:00am - 5:00pm	20 days/ month	#3
Payette Office	M-F 8:00am - 5:00pm	20 days/ month	Thursday 9:00am-5:00pm (3 week rotation)	1-2 days/ month	N/A	N/A	M/W/F 8:00am - 5:00pm	12 days/ month	#2, #3
Weiser Office	M-F 8:00am - 5:00pm	20 days/ month	Thursday 9:00am-5:00pm (3 week rotation)	1-2 days/ month	N/A	N/A	Thurs 8:00am - 5:00pm	4 days/ month	#1, #2, #3
Emmett Office	M-F 8:00am - 5:00pm	20 days/ month	Thursday 9:00am-5:00pm (3 week rotation)	1-2 days/ month	N/A	N/A	Tues 8:00am - 5:00pm	4 days/ month	#1, #2, #3
Nampa Office			N/A	N/A	N/A	N/A	M/T/Th/F 9:00am - 4:00pm	16 days/ month	#3
Homedale Office			N/A	N/A	N/A	N/A	T/Th 9:00am - 4:00pm	8 days/ month	#2, #3
Farmway Office			N/A	N/A	N/A	N/A	1st Monday of month 9am - 4pm, 3rd Thursday of month 9am - 4pm	2 days/ month	#1, #2, #3
Council Office			N/A	N/A	N/A	N/A	Call for day (previously 3rd Wednesday of even months)	.5 days/ month	#2, #3
Marsing Hub			M-F School Hours		N/A	N/A	N/A	N/A	#2, #3



Southwest District Health

Parties

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
FAIN#:	NU62PS924818 (HIV) NH25PS005171 (STD) X08HA30472 (RWP)
Funding Source:	Federal
SWDH Project Code:	95331110, 95331120, 95331130
Original Effective Date:	8/23/24
Current Expiration Date:	2/28/26
Total [Funding Amount or Cost of Service]:	\$ 157,266.00
Allowable Indirect Rate:	.2495
Match Required:	NO
Match Amount:	N/A
FTE Supported:	Partially supports multiple FTEs
District Funds Budgeted in Current FY:	\$15,775.71
Restrictions:	None
Target Population:	All residents in SWDH jurisdiction with HIV and STIs.
If this is an amendment, briefly describe the change.	
Add funds, extend term.	
SharePoint Hyperlink:	https://swdistricthealth.sharepoint.com/:b:/g/EVY46NmYRwdMk_Khymnh_dwB3QJ0isC-VtHd8QHE2d_08A?e=

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	39-409, IC IDAPA 16.02.10	39-409, IC IC 39-605
Agreement	MOU with IDHW		

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(S2), e25644. https://doi.org/10.1002/jia2.25644 - PrEP and PEP Implementation is evidence based, with large scale studies like iPrEx and PROUD.

Reviewer/Approve

	Program Manager	PM2	Division Administrator	Financial Officer	Legal*	Director
Date	09/30/2025	09/30/2025		09/30/2025		09/30/2025
Initials	<u>RB</u> Ricky Bowman	<u>EAK</u> EAK		<u>MA</u>		<u>NZ</u> NZ

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



Southwest District Health

Parties

Originating: Southwest District Health	Subgrantee: Big Brothers Big Sisters of Southwest Idaho
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Document Type

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

Name/Title:	BBBS MVP Mentoring
Description (long title):	BBBS MVP Mentoring Foster Youth Pilot Program
FAIN#:	H79SP083777
Funding Source:	Federal
SWDH Project Code:	95341127
Original Effective Date:	September 30, 2025
Current Expiration Date:	September 29, 2026
Total [Funding Amount or Cost of Service]:	\$7,000
Allowable Indirect Rate:	15% de minimus
Match Required:	No
Match Amount:	
FTE Supported:	
District Funds Budgeted in Current FY:	
Restrictions:	
Target Population:	Foster youth 10-19 and their families
If this is an amendment, briefly describe the change.	
SharePoint Hyperlink:	2026-EHCS-17 BBBS

Contacts

Contact Name (Internal & External)	Contact [Agency, Organization, Contractor, Vendor, Partner]	Contact Email or Phone Number
Tara Woodward	SWDH, subgrant monitor	Tara.woodward@swdh.id.gov
Charlene Cariou	SWDH, subgrant manager	Charlene.cariou@swdh.id.gov
Hillary Xoumanivong	CEO of Big Brothers Big Sisters of Southwest Idaho subgrant point of contact	hillary@bbbsidaho.org


Applicable Law or Agreement

Idaho Statutes or Rules	39-409, IC	Choose an item.	Choose an item.
Agreement	Choose an item.		

Public Impact

Scope of Work Summary (3-5 bullets)	<ul style="list-style-type: none"> This funding will support the personnel work needed for BBBS to implement the pilot program in partnership with the College of Idaho and the Idaho Department of Health and Welfare, Foster program. 6 foster involved youth will be matched with 6 athletes from the College of Idaho The big and little matches will meet throughout the 9 month period. Funds provided by SWDH will pay for BBBS personnel to be able to support the implementation of this evidence-based program.
Summary Public Impact (3-5 bullets)	<ul style="list-style-type: none"> Anticipate 6 active matches throughout the school year between foster involved youth, and a college athlete at the College of Idaho Growth in foster youth in Canyon County receiving mentorship and support.
Summary of Evidence-base (3-5 bullets)	<ul style="list-style-type: none"> Big Brothers Big Sisters is a nationally recognized evidence-based program for supporting positive outcomes in youth. When compared to youth not in a BBS program, littles were “27% less likely to begin using alcohol, 46% less likely to begin using illegal drugs, and 52% less likely to skip school” https://www.bbbs.org/impact/

Reviewer/Approver

	Program Manager	Division Administrator	Financial Officer	Legal*	Director	Board Chair
Date	09/30/2025	09/30/2025	09/30/2025		09/30/2025	
Initials		BS	me		NS	

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



Southwest District Health

Parties

New Plymouth High School	Southwest District Health
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Document Type

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

Name/Title:	CMB Program Implementation
Description (long title):	CATCH My Breath Program Implementation
FAIN#:	n/a
Funding Source:	State
SWDH Project Code:	95341260
Original Effective Date:	10/13/2025
Current Expiration Date:	11/03/2025
Total [Funding Amount or Cost of Service]:	0
Allowable Indirect Rate:	0
Match Required:	NO
Match Amount:	0
FTE Supported:	n/a
District Funds Budgeted in Current FY:	0
Restrictions:	none
Target Population:	Youth in grades 5-12.
If this is an amendment, briefly describe the change.	
SharePoint Hyperlink:	https://swdistricthealth.sharepoint.com/:b/s/EnvironmentalandCommunityHealthServices/EUyh12d8redAq29VE

Contacts

Contact Name (Internal & External)	Contact [Agency, Organization, Contractor, Vendor, Partner]	Contact Email or Phone Number
Raquel Nuñez	SWDH	Raquel.Nunez@swdh.id.gov
Tammy Mahler	New Plymouth High School	mahlert@npschools.us

Applicable Law and/or Agreement

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

Public Impact

Scope of Work Summary (3-5 bullets)	<p>SWDH to implement CATCH My Breath (CMB) with local school district.</p> <p>Program implemented in four lessons 45-50 minutes each by SWDH facilitator.</p> <p>There are 4 versions of the program, each catered to different grade levels (5th, 6th, 7th/8th, and 9-12th).</p>
Summary Public Impact (3-5 bullets)	<p>To prevent youth e-cigarette use and vaping through education, advocacy, and skill-building.</p> <p>Reductions in nicotine vaping use and overall tobacco use.</p> <p>Increases in nicotine vaping knowledge and positive perceptions of a vape-free lifestyle.</p>
Summary of Evidence-based (3-5 bullets)	<p>The CMB Program is a peer-reviewed, evidence-based youth vaping prevention program developed by The University of Texas Health Science Center at Houston (UTHealth) School of Public Health.</p> <p>The program provides up-to-date information to equip students with the knowledge and skills they need to make informed decisions about the use of e-cigarettes.</p>

Reviewer/Approve

	Program Manager	PM2	Division Administrator	Financial Officer	Legal*	Director
Date			10/20/2025	10/20/2025		10/21/2025
Initials	<i>RN</i>		<i>BS</i>	<i>MA</i>		<i>NJ</i>

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



Southwest District Health

Parties

Central District Health	Southwest District Health
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Document Type

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

Name/Title:	CATCH My Breath (CMB): Data Collection and Analysis
Description (long title):	
FAIN#:	
Funding Source:	State
SWDH Project Code:	95341260
Original Effective Date:	8/15/2025
Current Expiration Date:	6/30/2026
Total [Funding Amount or Cost of Service]:	\$1,178.20
Allowable Indirect Rate:	N/A
Match Required:	No
Match Amount:	
FTE Supported:	N/A
District Funds Budgeted in Current FY:	N/A
Restrictions:	N/A
Target Population:	Catch My Breath Program Participants
If this is an amendment, briefly describe the change.	
Amended by CDH to reflect decreased and actual costs for scantron printing to be shared among the PHDs.	
SharePoint Hyperlink:	

Contacts

Contact Name (Internal & External)	Contact [Agency, Organization, Contractor, Vendor, Partner]	Contact Email or Phone Number
Charlene Cariou	SWDH	Charlene.Cariou@swdh.id.gov
Hailee Ketchum	SWDH	Hailee.ketchum@swdh.id.gov
Becca Jenkins	Central District Health	bjenkins@cdh.idaho.gov


Applicable Law or Agreement

Idaho Statutes or Rules	39-409, IC	Choose an item.	Choose an item.
Agreement	Choose an item.		

Public Impact

Scope of Work Summary (3-5 bullets)	<ul style="list-style-type: none"> • Use of scantrons across all PHDs to collect Catch My Breath survey data • SWDH to reimburse CDH for purchase of scantron forms
Summary Public Impact (3-5 bullets)	<ul style="list-style-type: none"> • Consistent data collection across all seven PHDs
Summary of Evidence-base (3-5 bullets)	<ul style="list-style-type: none"> • Scantron format based on Catch My Breath program pre/post test • CMB is an evidence based vape prevention program

Reviewer/Approver

	Program Manager	Division Administrator	Financial Officer	Legal*	Director	Board Chair
Date	10/02/2025	10/02/2025	10/02/2025		10/02/2025	
Initials		BS	MA		NJ	

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



Southwest District Health

Parties

IDHW	Southwest District Health
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Document Type

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

Name/Title:	Fit and Fall Proof
Description (long title):	Implementation of the Fit and Fall Proof Program
FAIN#:	NB01PW000071
Funding Source:	Mix of Federal & State
SWDH Project Code:	95341025 and 95341030
Original Effective Date:	10/01/2025
Current Expiration Date:	09/30/2026
Total [Funding Amount or Cost of Service]:	78200
Allowable Indirect Rate:	24.95
Match Required:	NO
Match Amount:	
FTE Supported:	0.9
District Funds Budgeted in Current FY:	29147.42
Restrictions:	N/A
Target Population:	Older adults
If this is an amendment, briefly describe the change.	
SharePoint Hyperlink:	https://swdistricthealth.sharepoint.com/Shared%20Documents/Forms/Folder%20view.aspx

Contacts

Contact Name (Internal & External)	Contact [Agency, Organization, Contractor, Vendor, Partner]	Contact Email or Phone Number
Charlene Cariou	SWDH	charlene.cariou@swdh.id.gov
Jackie Amende Lewis	IDHW	JACKIE.AMENDELEWIS@DHW.IDAHO.GOV


Applicable Law and/or Agreement

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

Public Impact

Scope of Work Summary (3-5 bullets)	Support the maintenance of the FFP program across SW Idaho Support the infrastructure, evaluation and sustainability of the FFP program in SW Idaho
Summary Public Impact (3-5 bullets)	Support 24 FFP class sites across SW Idaho Ensure volunteer leaders are trained to facilitate local class sites Evaluate impact of FFP program on participants to include enhanced mobility/strength/functional movement and social connection
Summary of Evidence-based (3-5 bullets)	Fall prevention interventions include exercise activities focused on improving strength, balance, and functional movement. FFP is a peer reviewed promising practice for fall prevention in Idaho.

Reviewer/Approve

	Program Manager	PM2	Division Administrator	Financial Officer	Legal*	Director
Date	10/03/2025		10/03/2025	10/06/2025		10/06/2025
Initials	 Charlene Cariou		BS MH	MA MH		NZ

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



Southwest District Health

Parties

Fruitland School District	Southwest District Health
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Document Type

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

Name/Title:	GGC Program Child Care
Description (long title):	Guiding Good Choices Program Child Care - Fruitland School District
FAIN#:	N/A
Funding Source:	State
SWDH Project Code:	95341260
Original Effective Date:	11/11/2025
Current Expiration Date:	01/15/2026
Total [Funding Amount or Cost of Service]:	800.00
Allowable Indirect Rate:	0
Match Required:	NO
Match Amount:	0
FTE Supported:	N/A
District Funds Budgeted in Current FY:	0
Restrictions:	N/A
Target Population:	Fruitland School District families with children between 9-14.
If this is an amendment, briefly describe the change.	
SharePoint Hyperlink:	https://swdistricthealth.sharepoint.com/:b/s/EnvironmentalandCommunityHealthServices/EXVGXPH_cuZLjzk5l

Contacts

Contact Name (Internal & External)	Contact [Agency, Organization, Contractor, Vendor, Partner]	Contact Email or Phone Number
Laura Nuno	Fruitland School District	lnuno@fruitlandschools.org
Raquel Nuñez	SWDH	Raquel.nunez@swdh.id.gov

Applicable Law and/or Agreement

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

Public Impact

Scope of Work Summary (3-5 bullets)	<ul style="list-style-type: none"> Fruitland School District to provide childcare for families participating in Guiding Good Choices (GGC) program facilitated by SWDH. Childcare is provided to parent/guardian participants to reduce barrier to attending class. SWDH to implement the Guiding Good Choices program with Fruitland School District Families.
Summary Public Impact (3-5 bullets)	<ul style="list-style-type: none"> GGC is a research-based, family-focused prevention program designed to equip parents and caregivers with skills and strategies to reduce the risk of substance use, delinquency, and other problem behaviors. The program emphasizes strengthening family bonds, improving communication, and fostering healthy decision making among youth. Program goals include promoting positive family interactions and reducing risk factors
Summary of Evidence-based (3-5 bullets)	<ul style="list-style-type: none"> GGC is recognized by SAMSHA and other national registries as an effective prevention program. Studies show significant reductions in youth substance use and improvements in family functioning among participants.

Reviewer/Approve

	Program Manager	PM2	Division Administrator	Financial Officer	Legal*	Director
Date	10/07/2025		10/08/2025	10/08/2025		10/08/2025
Initials	LA		BS	MAH		NZ

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



Southwest District Health

Parties

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:	Disease investigation and reporting to BCDP; shipping to IBL
Description (long title):	Disease investigation and reporting to BCDP; shipping to IBL
FAIN#:	N/A - Funded with State appropriated funds
Funding Source:	State
SWDH Project Code:	95345010
Original Effective Date:	7/1/21
Current Expiration Date:	6/30/26
Total [Funding Amount or Cost of Service]:	\$ 386,218.00
Allowable Indirect Rate:	24.95%
Match Required:	NO <input type="button" value="v"/>
Match Amount:	Not required
FTE Supported:	Partially supports 3 FTE Epidemiologists
District Funds Budgeted in Current FY:	\$3,862.26
Restrictions:	None
Target Population:	All residents of SWDH jurisdiction
If this is an amendment, briefly describe the change.	
De-obligation of funds per changes in approaches at DHW from impacts of reduction of federal funds.	
SharePoint Hyperlink:	https://swdistricthealth.sharepoint.com/:b:/g/ETuIBMPr-ftHhCYdJacDDIUBTIsMWFIPpNINJHrTmRj_Jw?e=22oz

Contacts

Contact Name (Internal & External)	Contact [Agency, Organization, Contractor, Vendor, Partner]	Contact Email or Phone Number
Jordan Tuffield	Id. Department of Health and Welfare	jordan.tuffield@dhw.idaho.gov 208.334.0675
Ricky Bowman	Southwest District Health	ricky.bowman@swdh.idaho.gov 208.455.5311

Applicable Law and/or Agreement

Idaho Statutes or Rules (select up to 3)	IDAPA 16.02.10	▼	IDAPA 16.02.10 39-409, IC	IDAPA 16.02.10 IC 39-605
Agreement	MOU with IDHW			

Public Impact

Scope of Work Summary (3-5 bullets)	<ul style="list-style-type: none"> - Disease & Outbreak Investigation: Conducting all of the case reporting and outbreak investigations as required by IDAPA 16.02.10 - Idaho Reportable Diseases. - Collaboration & Training: Coordinating with DHW Division of Public Health staff and medical providers on medication use, outbreak documentation, and surveillance projects. - Public Health Communication: Presenting disease information to community partners and members, attending infection prevention meetings, and distributing disease notifications.
Summary Public Impact (3-5 bullets)	<ul style="list-style-type: none"> - Enhanced Disease Control: Timely investigation and reporting of diseases and outbreaks help contain the spread of infections, protecting community health and preventing larger public health crises. - Improved Public Awareness: Regular communication with healthcare providers and the public through alerts, bulletins, and presentations increases awareness and supports early detection and prevention of disease.
Summary of Evidence-based (3-5 bullets)	<ul style="list-style-type: none"> - Stronger Public Health Response: Ongoing training, collaboration, and evaluation ensure that Suryadevara, M., Bonville, C. A., Cibula, D. A., & Domachowske, J. B. (2021). Community-centered outbreak response and vaccination strategy for a measles outbreak in a low-immunization population. BMC Public Health, 21, 1064. https://doi.org/10.1186/s12889-021-10652-9 - Mbivnjo, E. L., Lynch, M., & Huws, J. C. (2021). Measles outbreak investigation process in low and middle income countries (LMICs): A systematic review of the methods and costs of contact tracing. Journal of Public Health: From Theory to Practice.

Reviewer/Approve

	Program Manager	PM2	Division Administrator	Financial Officer	Legal*	Director
Date	09/30/2025		10/01/2025	10/01/2025		10/01/2025
Initials	<u>RB</u> Ricky Bowman		BS	MA		<u>NZ</u> NZ

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



Southwest District Health

Parties

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:	Womens Health Check HCC5566 AMD2
Description (long title):	Women's Health Check Enrollment and Patient Navigation
FAIN#:	NU58DP007157
Funding Source:	Federal
SWDH Project Code:	953 31210 and 953 31220
Original Effective Date:	6/30/24
Current Expiration Date:	6/29/26
Total [Funding Amount or Cost of Service]:	\$65040
Allowable Indirect Rate:	24.95%
Match Required:	YES
Match Amount:	\$21,680
FTE Supported:	.17
District Funds Budgeted in Current FY:	\$7537.58
Restrictions:	NA
Target Population:	Low-income women who are uninsured or underinsured.
If this is an amendment, briefly describe the change.	
Add funds, extend Subgrant term, revise SOW, Cost/Billing Procedure & Reports.	
SharePoint Hyperlink:	https://swdistricthealth.sharepoint.com/:b:/r/Shared Documents/Finance Resources/Contracts, Agreements, %2

Contacts

Contact Name (Internal & External)	Contact [Agency, Organization, Contractor, Vendor, Partner]	Contact Email or Phone Number
Rick Stimpson	Southwest District Health	rick.stimpson@swdh.id.gov 208.455.5342
Daly Hull	Idaho Department of Health and Welf	daly.hull@dhw.idaho.gov 208.519.0640

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"> • Recruit and enroll eligible women into Women's Health Check program • Verify eligibility • Complete breast cancer risk assessments • Provide patient navigation for barriers or abnormal results • Connect clients to Medicaid and tobacco cessation resources
Summary Public Impact (3-5 bullets)	<ul style="list-style-type: none"> • Expands access to breast and cervical cancer screening services for uninsured and underinsured women in Southwest Idaho, particularly low-income and disparate populations. • Helps identify cancer earlier through client reminders, screenings, and diagnostic testing, reducing morbidity and mortality. • Strengthens partnerships with local providers who agree to offer services at Medicare rates without balance billing.
Summary of Evidence-based (3-5 bullets)	<ul style="list-style-type: none"> • The Women's Health Check program is evidence-based in that it: <ul style="list-style-type: none"> o Is based on the National Breast and Cervical Cancer Early Detection Program o Uses screening guidelines supported by public health research o Shows in Idaho data that it helps ensure people get treatment in a timely way o Reaches underserved communities

Reviewer/Approve

	Program Manager	PM2	Division Administrator	Financial Officer	Legal*	Director
Date	09/30/2025		09/30/2025	09/30/2025		09/30/2025
Initials	<u>EAK</u> <small>EAK</small>		<u>EAK</u> <small>EAK</small>	<i>MH</i>		<u>NZ</u> <small>NZ</small>

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



Southwest District Health

Parties

Marsing School District	Southwest District Health
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Document Type

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

Name/Title:	GGC Program Implementation
Description (long title):	Guiding Good Choices Program Implementation
FAIN#:	N/A
Funding Source:	State
SWDH Project Code:	95341260
Original Effective Date:	10/27/2025
Current Expiration Date:	11/24/2025
Total [Funding Amount or Cost of Service]:	0
Allowable Indirect Rate:	0
Match Required:	NO
Match Amount:	0
FTE Supported:	.20
District Funds Budgeted in Current FY:	0
Restrictions:	N/A
Target Population:	Marsing School District families with children between 9-14.
If this is an amendment, briefly describe the change.	
SharePoint Hyperlink:	https://swdistricthealth.sharepoint.com/:b/s/EnvironmentalandCommunityHealthServices/EXVp0XWo0K1p75Q

Contacts

Contact Name (Internal & External)	Contact [Agency, Organization, Contractor, Vendor, Partner]	Contact Email or Phone Number
Norm Stewart	Marsing School District	nstewart@marsingchools.org
Raquel Nuñez	SWDH	Raquel.nunez@swdh.id.gov

Applicable Law and/or Agreement

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

Public Impact

Scope of Work Summary (3-5 bullets)	<ul style="list-style-type: none"> • SWDH to implement the Guiding Good Choices program with Marsing School District Families. • Program is implemented in five, two hour sessions over five weeks at the Marsing HUB.
Summary Public Impact (3-5 bullets)	<ul style="list-style-type: none"> • GGC is a research-based, family-focused prevention program designed to equip parents and caregivers with skills and strategies to reduce the risk of substance use, delinquency, and other problem behaviors. • The program emphasizes strengthening family bonds, improving communication, and fostering healthy decision making among youth. • Program goals include promoting positive family interactions and reducing risk factors.
Summary of Evidence-based (3-5 bullets)	<ul style="list-style-type: none"> • GGC is recognized by SAMSHA and other national registries as an effective prevention program. • Studies show significant reductions in youth substance use and improvements in family functioning among participants.

Reviewer/Approve

	Program Manager	PM2	Division Administrator	Financial Officer	Legal*	Director
Date	10/07/2025		10/08/2025	10/08/2025		10/08/2025
Initials	<i>JK</i>		<i>BS</i>	<i>MJ MH</i>		<i>NJNZ</i>

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



Southwest District Health

Parties

Originating: Southwest District Health	Subgrantee: Marsing School District
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Document Type

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

Name/Title:	Marsing PFS
Description (long title):	Marsing Southwest Idaho Communities for Youth
FAIN#:	H79SP083777
Funding Source:	Federal
SWDH Project Code:	95341127
Original Effective Date:	September 30, 2025
Current Expiration Date:	September 29, 2026
Total [Funding Amount or Cost of Service]:	\$20,000
Allowable Indirect Rate:	15% de minimus
Match Required:	No
Match Amount:	
FTE Supported:	
District Funds Budgeted in Current FY:	No
Restrictions:	
Target Population:	Youth 10-19 and their families
If this is an amendment, briefly describe the change.	
SharePoint Hyperlink:	

Contacts

Contact Name (Internal & External)	Contact [Agency, Organization, Contractor, Vendor, Partner]	Contact Email or Phone Number
Tara Woodward	SWDH, subgrant monitor	Tara.woodward@swdh.id.gov
Charlene Cariou	SWDH, subgrant manager	Charlene.cariou@swdh.id.gov
Norm Steward	Superintendent, subgrant point of contact	nstewart@marsingchools.org





Applicable Law or Agreement

Idaho Statutes or Rules	39-409, IC	Choose an item.	Choose an item.
Agreement	Choose an item.		

Public Impact

Scope of Work Summary (3-5 bullets)	<ul style="list-style-type: none"> Maintain a community-led coalition in Marsing focused on youth well-being and substance use prevention, meeting monthly (8-10 times a year) using an action plan informed by youth well-being survey. Educate school staff and annually administer a youth well-being survey with parental consent. Share survey results through a community event and ongoing communication using a social norms approach. Implement programs that build life skills, promote well-being, and foster positive youth-adult relationships. Use awarded funds for approved activities, with oversight from the SWDH Project Coordinator.
Summary Public Impact (3-5 bullets)	<ul style="list-style-type: none"> Coalition developed action plan will result in strategies implemented in the Marsing community to support data findings, and prevent youth substance use/support youth mental well-being Anticipated reach of 150+ youth, 50+ parents/caregivers Anticipated increase of protective factors/decrease of risk factors over the 5 year partnership period Anticipated 12 coalition members meeting monthly
Summary of Evidence-base (3-5 bullets)	<ul style="list-style-type: none"> The Icelandic Prevention Model is an evidence-informed approach focused on addressing community based risk and protective factors. The approach is based on the annual administration of a youth well-being survey that allows understanding of current conditions positively or negatively contributing to youth's health and well-being/substance use. Strategies are built off of data, community developed and implemented. Progress is checked every year through the youth well-being survey. Article: https://pmc.ncbi.nlm.nih.gov/articles/PMC6918020/

Reviewer/Approver

	Program Manager	Division Administrator	Financial Officer	Legal*	Director	Board Chair
Date	09/26/2025	09/26/2025	09/26/2025		09/26/2025	
Initials						

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



Southwest District Health

Parties

Nampa School District	Southwest District Health
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Document Type

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

Name/Title:	GGC Program Child Care
Description (long title):	Guiding Good Choices Program Child Care - Nampa School
FAIN#:	N/A
Funding Source:	State
SWDH Project Code:	95341260
Original Effective Date:	10/14/2025
Current Expiration Date:	12/04/2025
Total [Funding Amount or Cost of Service]:	960.00
Allowable Indirect Rate:	0
Match Required:	NO
Match Amount:	0
FTE Supported:	N/A
District Funds Budgeted in Current FY:	0
Restrictions:	N/A
Target Population:	Nampa School District families with children between 9-14 years.
If this is an amendment, briefly describe the change.	
SharePoint Hyperlink:	https://swdistricthealth.sharepoint.com/:b/s/EnvironmentalandCommunityHealthServices/EXVGXPH_cuZLjzk5l

Contacts

Contact Name (Internal & External)	Contact [Agency, Organization, Contractor, Vendor, Partner]	Contact Email or Phone Number
Niall Trimble	Nampa School District	ntrimble@nsd131.org
Raquel Nuñez	SWDH	Raquel.nunez@swdh.id.gov

Applicable Law and/or Agreement

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

Public Impact

Scope of Work Summary (3-5 bullets)	<ul style="list-style-type: none"> • Nampa School District to provide childcare for families participating in Guiding Good Choices (GGC) program facilitated by SWDH. • Childcare is provided to parent/guardian participants to reduce barrier to attending class.
Summary Public Impact (3-5 bullets)	<ul style="list-style-type: none"> • GGC is a research-based, family-focused prevention program designed to equip parents and caregivers with skills and strategies to reduce the risk of substance use, delinquency, and other problem behaviors. • The program emphasizes strengthening family bonds, improving communication, and fostering healthy decision making among youth. • Program goals include promoting positive family interactions and reducing risk factors
Summary of Evidence-based (3-5 bullets)	<ul style="list-style-type: none"> • GGC is recognized by SAMSHA and other national registries as an effective prevention program. • Studies show significant reductions in youth substance use and improvements in family functioning among participants.

Reviewer/Approve

	Program Manager	PM2	Division Administrator	Financial Officer	Legal*	Director
Date	10/06/2025		10/06/2025	10/06/2025		10/06/2025
Initials	LK HK		BS	MA		NZ

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



Southwest District Health

Parties

Syringa Middle School	Southwest District Health
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Document Type

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

Name/Title:	CMB Program Implementation
Description (long title):	CATCH My Breath Program Implementation
FAIN#:	n/a
Funding Source:	State
SWDH Project Code:	95341260
Original Effective Date:	10/02/2025
Current Expiration Date:	10/16/2025
Total [Funding Amount or Cost of Service]:	0
Allowable Indirect Rate:	0
Match Required:	NO
Match Amount:	0
FTE Supported:	n/a
District Funds Budgeted in Current FY:	0
Restrictions:	none
Target Population:	Youth in grades 5-12.
If this is an amendment, briefly describe the change.	
SharePoint Hyperlink:	https://swdistricthealth.sharepoint.com/:w:/s/EnvironmentalandCommunityHealthServices/EbzgsMxXr0VNil9Q_

Contacts

Contact Name (Internal & External)	Contact [Agency, Organization, Contractor, Vendor, Partner]	Contact Email or Phone Number
Lee'Erin Brooks	SWDH	Lee'erin.brooks@swdh.id.gov
Ryan MacMillan	Syringa Middle School	rmacmillan@caldwellschools.org

Applicable Law and/or Agreement

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

Public Impact

Scope of Work Summary (3-5 bullets)	<p>SWDH to implement CATCH My Breath (CMB) with local school.</p> <p>Program implemented in four lessons 45-50 minutes each by SWDH facilitator.</p> <p>There are 4 versions of the program, each catered to a grade level (5th, 6th, 7th/8th, and 9-12th).</p>
Summary Public Impact (3-5 bullets)	<p>To prevent youth e-cigarette use and vaping through education, advocacy, and skill-building.</p> <p>Reductions in nicotine vaping use and overall tobacco use.</p> <p>Increases in nicotine vaping knowledge and positive perceptions of a vape-free lifestyle.</p>
Summary of Evidence-based (3-5 bullets)	<p>The CMB Program is a peer-reviewed, evidence-based youth vaping prevention program developed by The University of Texas Health Science Center at Houston (UTHealth) School of Public Health.</p> <p>The program provides up-to-date information to equip students with the knowledge and skills they need to make informed decisions about the use of e-cigarettes.</p>

Reviewer/Approve

	Program Manager	PM2	Division Administrator	Financial Officer	Legal*	Director
Date						10/14/2025
Initials	<u>LB</u> <small>LB</small>		BS	MH MH		NZ NZ

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



Southwest District Health

Parties

Originating: Southwest District Health	Subgrantee: West Central Mountains Youth Advocacy Coalition
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Document Type

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

Name/Title:	Meadows Valley Afterschool Program
Description (long title):	Meadows Valley Afterschool Program
FAIN#:	H79SP083777
Funding Source:	Federal
SWDH Project Code:	95341127
Original Effective Date:	October 6, 2025
Current Expiration Date:	June 15, 2026
Total [Funding Amount or Cost of Service]:	\$8,484
Allowable Indirect Rate:	15% de minimus
Match Required:	No
Match Amount:	N/A
FTE Supported:	N/A
District Funds Budgeted in Current FY:	\$32,566.36
Restrictions:	
Target Population:	6-12 th grade youth in Meadows Valley
If this is an amendment, briefly describe the change.	
SharePoint Hyperlink:	YAC 2026 - DRAFT.docx

Contacts

Contact Name (Internal & External)	Contact [Agency, Organization, Contractor, Vendor, Partner]	Contact Email or Phone Number
Tara Woodward	SWDH, subgrant monitor	Tara.woodward@swdh.id.gov
Charlene Cariou	SWDH, subgrant manager	Charlene.cariou@swdh.id.gov
Patty Giardina	Executive Director of West Central Mountains Youth Advocacy Coalition, subgrant point of contact	wcm.yac@gmail.com

Applicable Law or Agreement

Idaho Statutes or Rules	39-409, IC	Choose an item.	Choose an item.
Agreement	Choose an item.		

Public Impact

Scope of Work Summary (3-5 bullets)	<ul style="list-style-type: none"> • Facilitate afterschool programming to Meadows Valley youth in grades 6-12 to increase protective factors identified in Planet Youth survey. • Programming to focus on building life skills with a focus on with a focus on increasing refusal and communication skills, as well as promoting physical and mental well-being. • Afterschool programming to support development of positive relationships with peers and adults through supervised out of school activities • Program to evaluate effort through a pre/post survey
Summary Public Impact (3-5 bullets)	<ul style="list-style-type: none"> • By the end of the first program year, increase the percentage of teen participants who demonstrate improved substance use refusal skills and decision-making abilities by 20%, as measured by pre- and post-program surveys. • Within 12 months, achieve consistent attendance of at least 75% of enrolled teens at twice-weekly sessions held at the Meadows Valley Youth Center
Summary of Evidence-base (3-5 bullets)	<ul style="list-style-type: none"> • MVYAC follows the Planet Youth/Icelandic Prevention Model – a community-based approach that uses local data to identify risk and protective factors for youth substance use prevention.

Reviewer/Approver

	Program Manager	Division Administrator	Financial Officer	Legal*	Director	Board Chair
Date					10/08/2025	
Initials	[Signature]	BS	[Signature]		[Signature]	

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



Southwest District Health

Parties

Wilder School District	Southwest District Health
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Document Type

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

Name/Title:	CMB Program Implementation
Description (long title):	CATCH My Breath Program Implementation
FAIN#:	n/a
Funding Source:	State
SWDH Project Code:	95341260
Original Effective Date:	11/05/2025
Current Expiration Date:	11/13/2025
Total [Funding Amount or Cost of Service]:	0
Allowable Indirect Rate:	0
Match Required:	NO
Match Amount:	0
FTE Supported:	n/a
District Funds Budgeted in Current FY:	0
Restrictions:	none
Target Population:	Youth in grades 5-12.
If this is an amendment, briefly describe the change.	
SharePoint Hyperlink:	https://swdistricthealth.sharepoint.com/:b/s/EnvironmentalandCommunityHealthServices/Eae71Gx8_g5ArNpD

Contacts

Contact Name (Internal & External)	Contact [Agency, Organization, Contractor, Vendor, Partner]	Contact Email or Phone Number
Lee'Erin Brooks	SWDH	Lee'erin.brooks@swdh.id.gov
Rosalie Sanders	Wilder School District	rsanders@wilderschools.org

Applicable Law and/or Agreement

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

Public Impact

Scope of Work Summary (3-5 bullets)	<p>SWDH to implement CATCH My Breath (CMB) with local school district.</p> <p>Program implemented in four lessons 45-50 minutes each by SWDH facilitator.</p> <p>There are 4 versions of the program, each catered to different grade levels (5th, 6th, 7th/8th, and 9-12th).</p>
Summary Public Impact (3-5 bullets)	<p>To prevent youth e-cigarette use and vaping through education, advocacy, and skill-building.</p> <p>Reductions in nicotine vaping use and overall tobacco use.</p> <p>Increases in nicotine vaping knowledge and positive perceptions of a vape-free lifestyle.</p>
Summary of Evidence-based (3-5 bullets)	<p>The CMB Program is a peer-reviewed, evidence-based youth vaping prevention program developed by The University of Texas Health Science Center at Houston (UTHealth) School of Public Health.</p> <p>The program provides up-to-date information to equip students with the knowledge and skills they need to make informed decisions about the use of e-cigarettes.</p>

Reviewer/Approve

	Program Manager	PM2	Division Administrator	Financial Officer	Legal*	Director
Date				10/15/2025		10/15/2025
Initials	LB <small>LB</small>		BS	MA		NZ

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