

Fiscal Year 2027 **BUDGET BOOK**

Proposed Budget

July 1, 2026 - June 30, 2027

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



SOUTHWEST
DISTRICT HEALTH

Healthier Together | SWDH.org



Esteemed Members of the Board and Budget Committee,

The enclosed Fiscal Year 2027 (FY27) budget reflects the collective efforts of Southwest District Health's (SWDH) Board of Health, leadership team, and program managers who are responsible for stewarding the district's programs, services, and fiscal resources.

The FY27 budget supports the regulatory and public health services SWDH is statutorily obligated to provide, along with the operational infrastructure necessary to sustain daily functions and advance the district's mission in accordance with Section 39-409, Idaho Code. This year's budget also includes targeted investments in communication and outreach to address increasing service demand across the district.

The FY27 budget includes the following **one-time expenditures**:

- Landscape and signage repairs necessitated by the expansion of Highway 55 along the southern border of SWDH's Caldwell facility;
- Facility improvements approved by the Board in January 2026; and
- Information technology upgrades, including wireless access points, network router and firewall replacements, and Hyper-V migration.

In addition, the FY27 budget accounts for recurring cost pressures, including an ongoing increase of approximately \$1,400 per employee in annual healthcare coverage premiums, as well as an approved 2.6% employee compensation adjustment.

The proposed FY27 budget totals **\$15,750,411**, representing an **8.15% decrease** from FY26. This reduction is primarily attributable to positions approved in FY26 to support the pre-prosecution diversion program that ultimately were not required, along with reductions in federal and state funding resulting in a loss of **8.7 full-time equivalent (FTE) positions**.

Accountability is a core value of Southwest District Health. Accordingly, the following guiding principles inform both the development and ongoing management of the district's budget:

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

Maintaining a lean, agile, and professional workforce enables SWDH to fulfill its public health mission while remaining responsive to changing community needs. Looking ahead, the district's consistently conservative and disciplined approach to budgeting positions Southwest District Health on a sound fiscal trajectory while preserving service quality, operational integrity, and public trust.

Respectfully submitted,

Nikki Zogg, PhD, MPH
District Director

Michele Hanrahan
Financial Officer

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Board of Health

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



Kelly Aberasturi
Commissioner
Board of Health
Chairman
Owyhee County



Zach Brooks
Commissioner
Board of Health
Vice-Chairman
Canyon County



Jennifer Riebe
Commissioner
Board of Health
Executive Council
Representative and Trustee
Payette County



Kirk Wille
Commissioner
Gem County



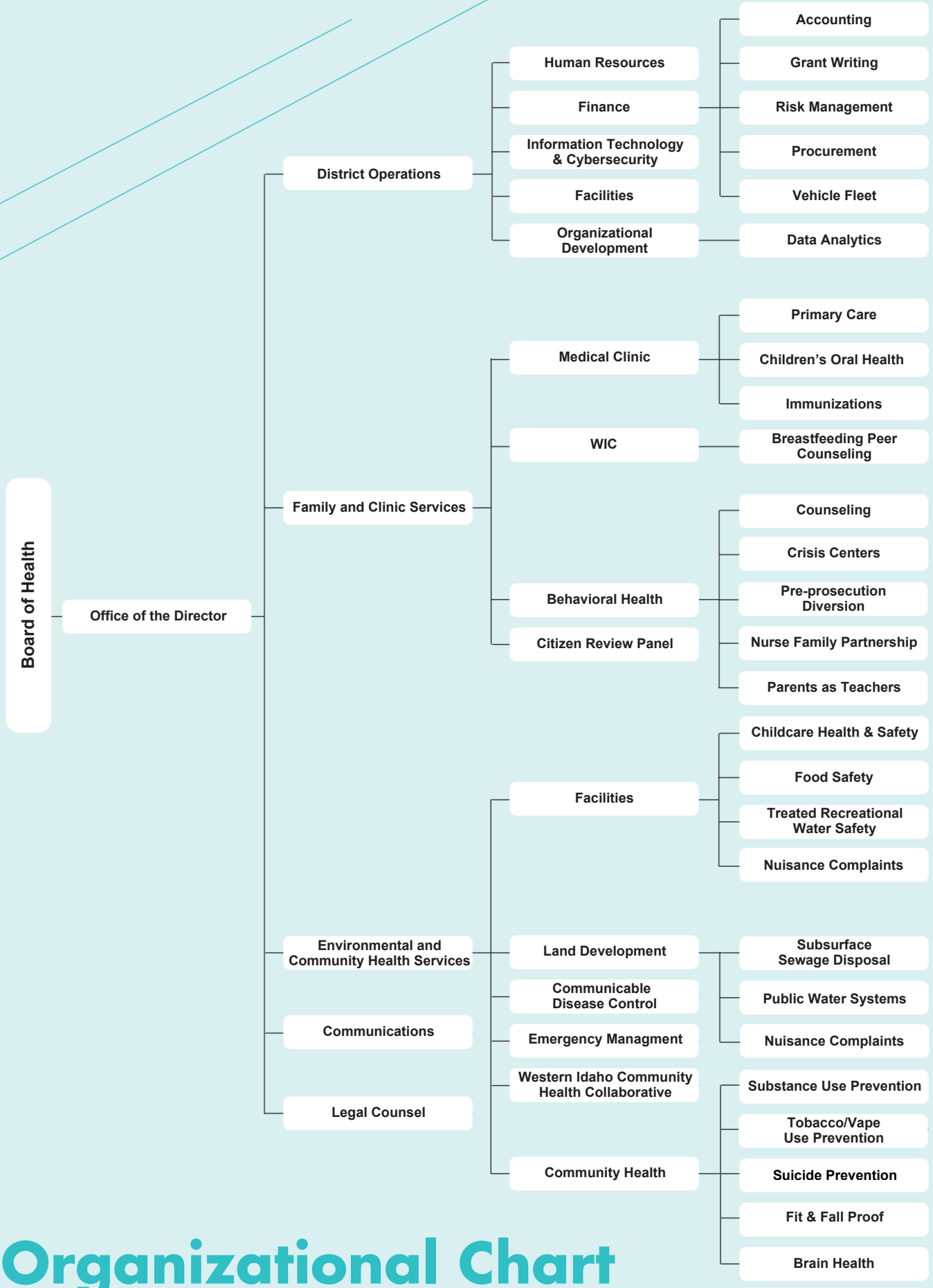
Viki Purdy
Commissioner
Adams County



Jim Harberd
Commissioner
Washington County



John Tribble, MD
Physician
Representative



Organizational Chart

History

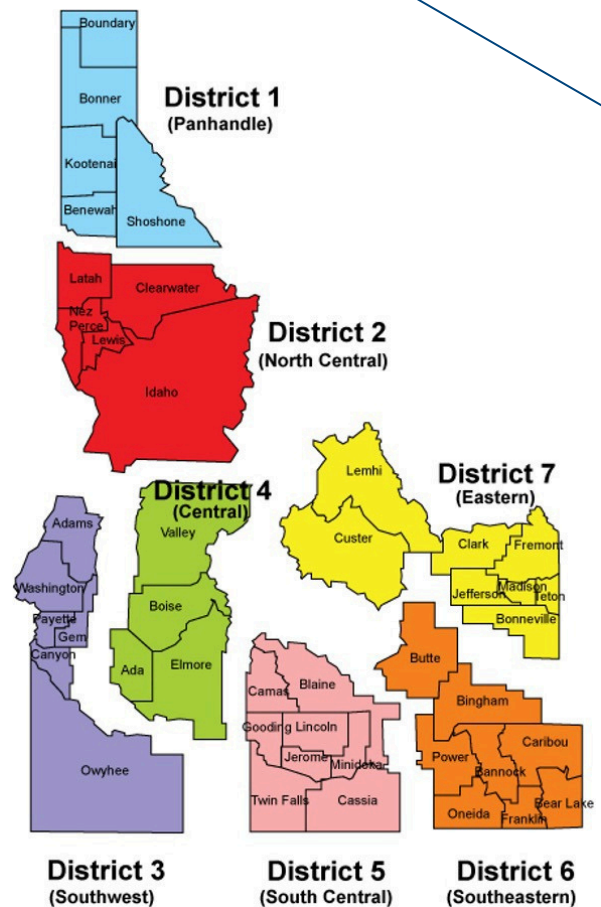
Established in 1970

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

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

For the purposes of this chapter, a public health district is not a subdivision of the state and shall be considered an independent body corporate and politic pursuant to section 1, article VIII, of the constitution of the state of Idaho, and is not authorized hereby to levy taxes nor to obligate the state of Idaho concerning such financing.


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



District Profile

Southwest District Health serves a six-county region across Southwest Idaho including Adams, Canyon, Gem, Owyhee, Payette, and Washington counties. The region includes a unique blend of urban, rural and frontier areas. The region boasts a strong construction industry, agriculture, and all forms of manufacturing, from semi-conductors to trailers to cheese and frozen potato products. The region is also home to many recreational activities with easy access to skiing, snowboarding, fishing, hiking and biking trails, rushing rivers, sand dunes, historical sites, top-notch wineries, and other easily accessible adventures.

353,977



2025 Population

County	Population
Adams	5,013
Canyon	275,123
Gem	21,773
Owyhee	12,661
Payette	27,824
Washington	11,583

Source: US Census Bureau, Population Division via Department of Commerce, 2025

35.3



Median Age

\$86,018



Median Household Income

66.47%



Labor Force Participation

3.6%



Unemployment Rate

Source: Idaho Oregon Community Health Atlas American Community Survey (ACS), 2025

Top 3 Reportable Infectious Diseases

Reported in D3 in 2025

Children (0-18 years)

Respiratory syncytial virus (RSV) | 389
 Pertussis | 168
 Chlamydia trachomatis infection | 157

Adults (19-59)

Chlamydia trachomatis infection | 841
 Gonorrhea | 105
 Campylobacteriosis | 68

Seniors (60+)

Respiratory Syncytial virus (RSV) | 65
 Hepatitis C, Chronic | 55
 Campylobacteriosis | 53

Source: National Electronic Disease Surveillance System Base System

Social Vulnerability Index: 63.41

For the district

The index helps public health officials and emergency response planners identify and map the communities that will most likely need support before, during, and after a hazardous event. Ranking is determined by social factors like unemployment, minority status, disability, etc. 0 is low vulnerability, 100 is high.

District Health Needs & Priorities

According to the Community Health Needs Assessment (CHNA) completed in 2026, residents across the six-county region Southwest District Health serves ranked the following three areas as priority needs. In addition, children in foster care is a state Department of Health & Welfare priority and one that SWDH has also adopted.



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

Drug Overdose Deaths per 100,000 Residents: 17.98
Suicide Deaths per 100,000 Residents: 17.6
Depression in Adults: 23%

*Source 1



Safe, Affordable Housing, and Homelessness

Housing Units: 119,402
Housing Vacancy Rate 4.04%

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

*Source 1

Access to Affordable Health Care, Including Oral and Vision Health



Delayed Needed Physician Care Due to Cost: 19.33%
Uninsured Rate: 14.5%
Public Insurance: 31.92%
Private Insurance: 63.9%

*Source 1



Decreasing the Number of Youth Entering Foster Care

Number of Children in Foster Care:
327
in Region 3 as of March 4, 2026

Top Reason for Removal:
Neglect, Physical Abuse,
Caretaker/Parent Substance Use,
Incarceration of Caretaker/Parent,
Unstable Home environment

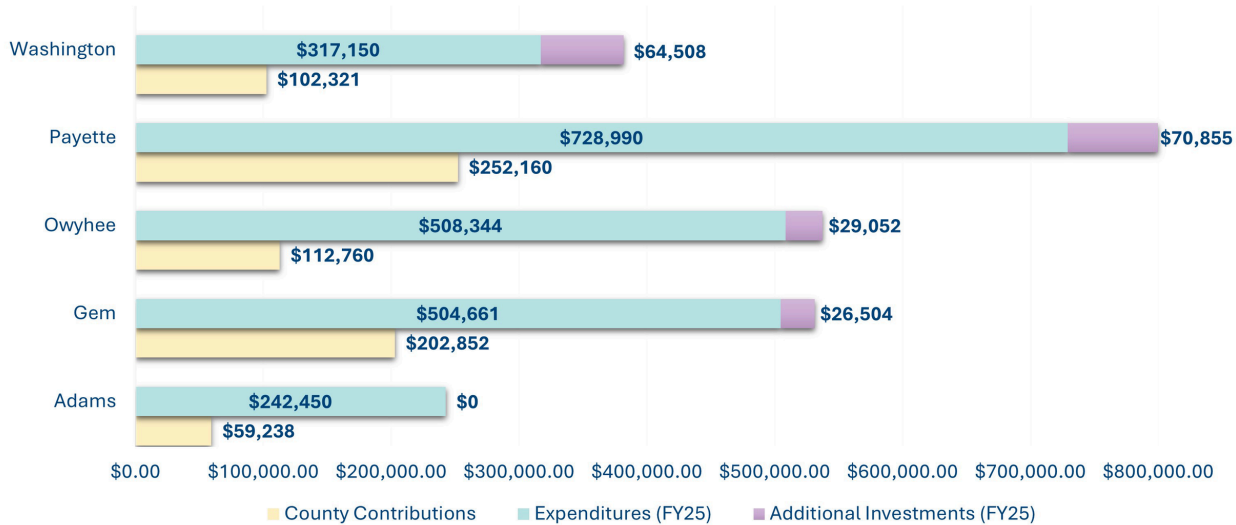
**Source 2

*Source 1: Idaho Oregon Community Health Atlas American Community Survey (ACS)

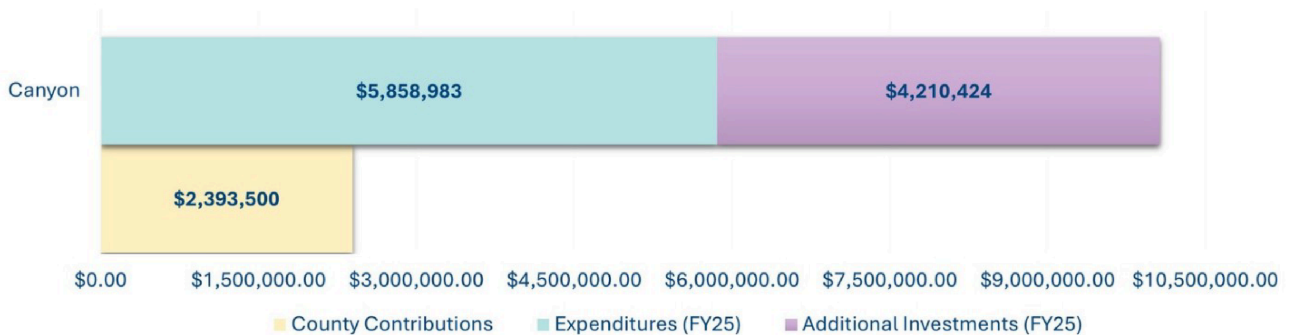
**Source 2: Idaho Department of Health and Welfare

Return on Investment - FY25

**FY25 Expenditures by County & Program
Time, Effort, & Investment**



**FY25 Expenditures by County & Program
Time, Effort, & Investment**



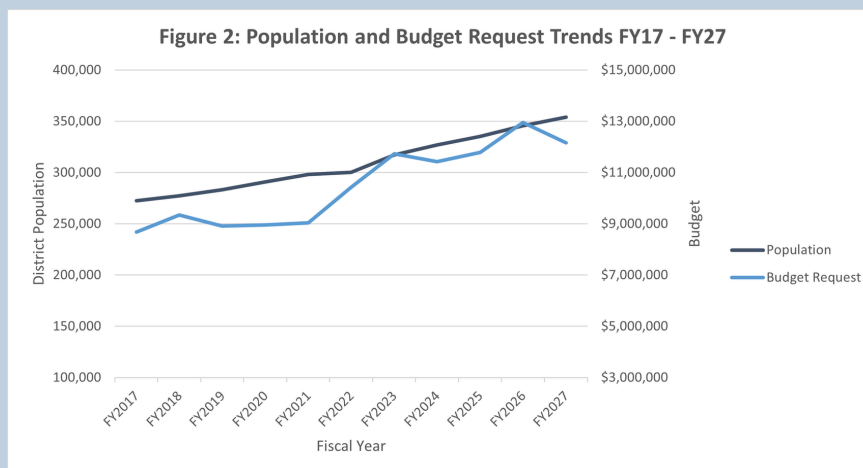
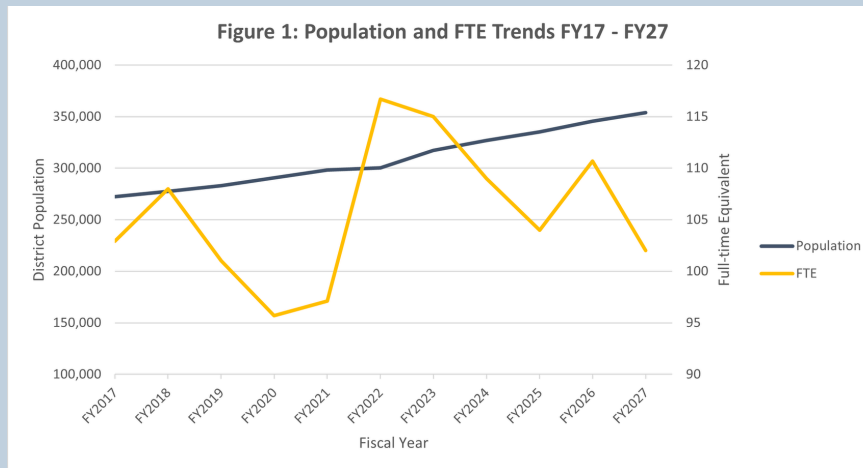
1. County contributions (yellow bar) are provided to SWDH annually. These funds, combined with fee and grant revenue, support the delivery of core public health services and reinvestment in county-specific activities (blue bar). Some counties also receive targeted investments through specific grants (i.e., pre-prosecution diversion and behavioral health community paramedicine) or trustee benefits managed by SWDH (i.e., crisis centers and youth assessment centers) (purple bar).

2. Some services are not included because they cannot be easily quantified. Examples include consultations with epidemiology, medical director, and environmental health staff; 24/7 response calls from State Communications; nuisance complaint response (open sewage, open dumping, rabies); grant writing support; public and stakeholder communications; and emergency response planning, training, and exercises.

Budget Request Summary

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

Division	FY24 Adopted FTE	FY25 Adopted FTE	FY26 Adopted FTE	FY27 Proposed FTE
Office of the Director	5	3	3.2	4
District Operations	15	26	18.5	14
Environmental and Community Health	48	41	36	30
Family and Clinic Services	41	34	53	54
Total	109	104	110.7	102



FY27 New Positions

There is a 0.5 new position built into the fiscal year FY27 budget.

1. Communications Specialist –0.5 position

(0.5 funded in FY26, adding 0.5 to make 1.0)

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

Additional information:

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

Southwest District Health

FY27 Budget

July 1, 2026 through June 30, 2027

	FY25 Budget	FY26 Budget	FY27 Request
REVENUE			
Fees	\$1,704,841	\$1,757,051	\$2,561,243
Federal Grants	\$4,101,722	\$3,966,968	\$4,225,510
State Grants	\$1,040,363	\$2,242,350	\$531,891
County Contributions	\$3,122,831	\$3,193,095	\$3,191,575
Crisis Centers	\$4,003,352	\$4,086,678	\$3,595,377
Other Fund Statute Transfer	\$132,307	\$0	\$0
Interest	\$337,850	\$410,400	\$276,000
Sale of Land, Buildings & Equip	\$0	\$0	\$0
Other*	\$1,349,107	\$1,376,993	\$1,368,815
Total Revenue	\$15,792,373	\$17,033,535	\$15,750,411
EXPENDITURES			
Salary & Wage	\$6,625,145	\$7,250,473	\$6,450,516
Employee Benefits	\$2,940,379	\$3,154,989	\$2,925,053
Operating Expenses	\$3,198,592	\$3,320,140	\$5,815,753
Capital Outlay	\$80,000	\$0	\$320,520
Trustee Benefits <i>(Pass-thru funds)</i>	\$2,948,257	\$3,307,933	\$238,569
Total Expenditures	\$15,792,373	\$17,033,535	\$15,750,411

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

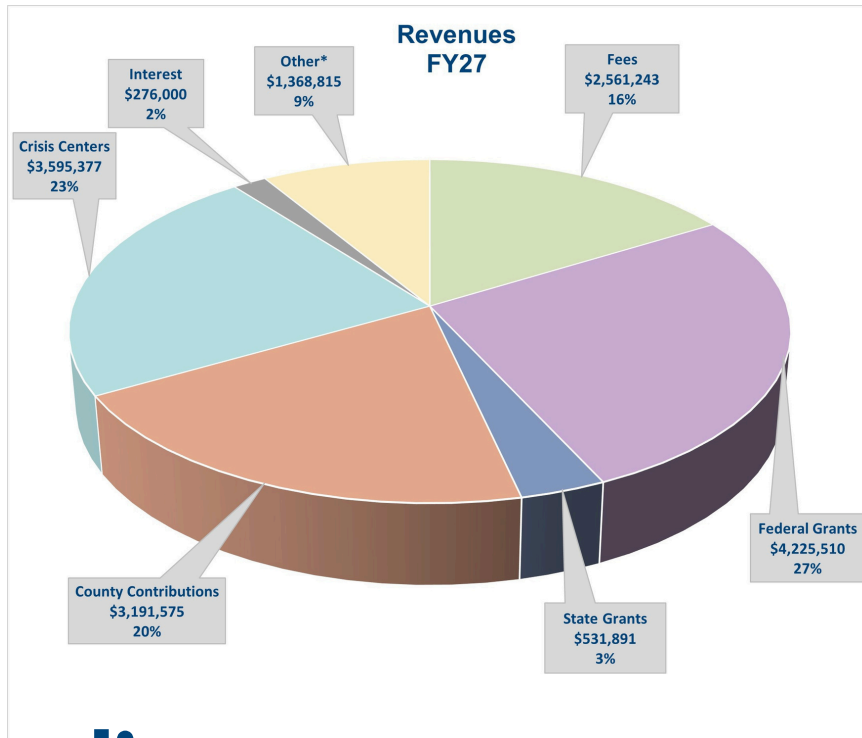
Southwest District Health

FY27 Budget

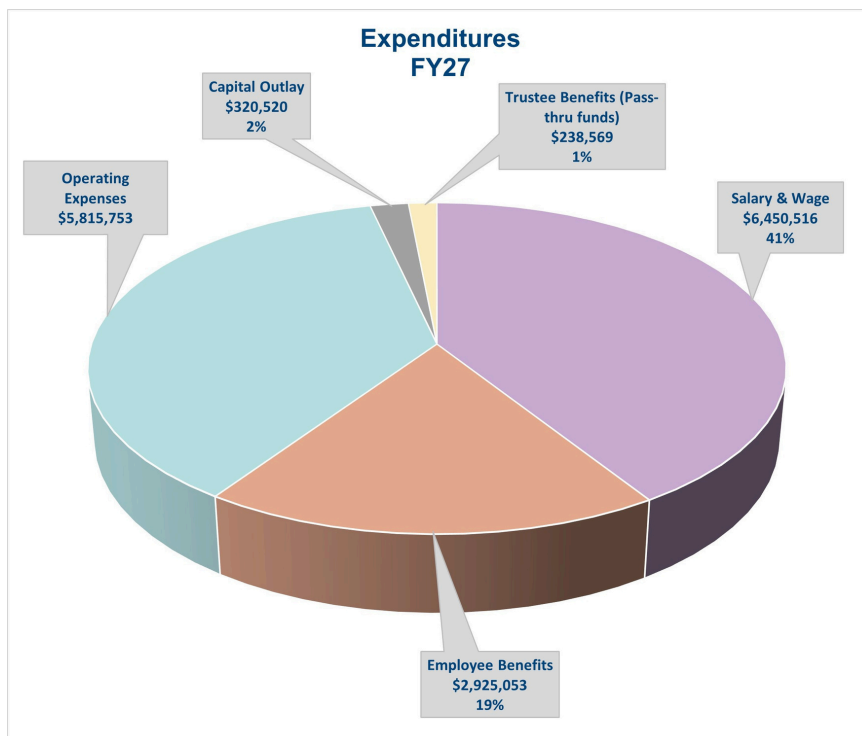
July 1, 2026 through June 30, 2027

	FY25 Budget	FY26 Budget	FY27 Request
District Summary			
GRAND TOTALS			
Revenues	\$15,792,373	\$17,033,535	\$15,750,411
Expenditures	\$15,792,373	\$17,033,535	\$15,750,411
	Employee Counts		
	FY25	FY26	FY27
	104	110.7	102

Revenues



Expenditures



County Contributions

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

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

Source: Idaho State Tax Commission

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

County	POPULATION			MARKET VALUE		
	2024	2025	% Change	2024	2025	% Change
Adams	4,998	5,013	0.30%	\$1,399,467,082	\$1,480,630,574	5.80%
Canyon	266,892	275,123	3.08%	\$37,883,599,077	\$41,562,381,404	9.71%
Gem	21,857	21,773	-0.38%	\$3,072,576,729	\$3,193,203,314	3.93%
Owyhee	12,748	12,661	-0.68%	\$1,549,383,438	\$1,665,790,611	7.51%
Payette	27,662	27,824	0.59%	\$3,720,156,753	\$3,742,931,739	0.61%
Washington	11,539	11,583	0.38%	\$1,393,698,340	\$1,478,904,321	6.11%
Total	345,696	353,977	2.40%	\$49,018,881,419	\$53,123,841,963	8.37%

Source: U.S. Census Bureau, Population Division via Department of Commerce

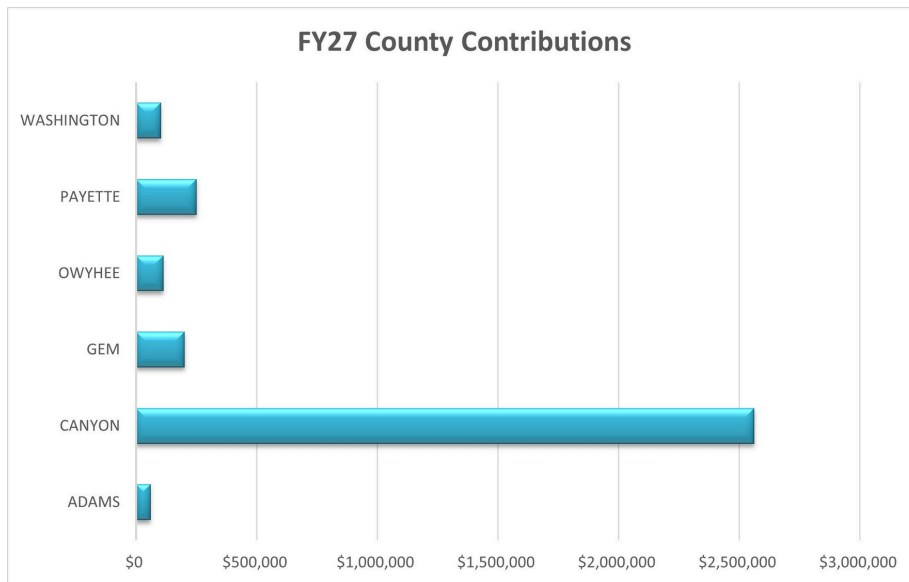
County Request - 3%

Budget Request for County FY27

Period Covered: October 2026 – September 2027

Based on Section 39-424, Idaho Code

COUNTY CONTRIBUTION REQUEST									
County Contribution = 70% Population Distribution + 30% Taxable Market Value (TMV)									
County	2025			FY27			FY27		
	Population Estimate	Population % Distribution	70% of Request Amount	2025 Property Market Values	Market value % Distribution	30% of Request Amount	County Contribution	% of County Contribution	% Change
ADAMS	5,013	1.42%	\$32,604	\$1,480,630,574	2.79%	\$27,500	\$60,104	1.83%	0.74%
CANYON	275,123	77.72%	\$1,789,366	\$41,562,381,404	78.24%	\$771,936	\$2,561,302	77.88%	3.87%
GEM	21,773	6.15%	\$141,609	\$3,193,203,314	6.01%	\$59,307	\$200,916	6.11%	-0.22%
OWYHEE	12,661	3.58%	\$82,346	\$1,665,790,611	3.14%	\$30,939	\$113,285	3.44%	0.52%
PAYETTE	27,824	7.86%	\$180,964	\$3,742,931,739	7.05%	\$69,517	\$250,481	7.62%	-0.43%
WASHINGTON	11,583	3.27%	\$75,334	\$1,478,904,321	2.78%	\$27,468	\$102,802	3.13%	0.94%
TOTAL	353,977	100.00%	\$2,302,222	\$53,123,841,963	100.00%	\$986,667	\$3,288,890	100.00%	



Contribution Changes by County

Based on the applied formula outlined in Section 39-424, Idaho Code, four of the six counties would have been asked to increase their county contributions (grey), while two would have seen a decrease (red). However, the Board of Health approved the use of board-committed reserve funds to offset county contribution increases in the proposed FY27 budget request.

County	Approved FY26 County Contributions	FY27 County Projected Request	FY27 County Actual Request	Difference in Projected and Actual Request	*Draw from Board Committed Funds
ADAMS	\$59,664	\$60,104	\$59,664	\$440	\$440
CANYON	\$2,465,967	\$2,561,302	\$2,465,967	\$95,335	\$95,335
GEM	\$201,365	\$200,916	\$200,916	-\$449	\$449
OWYHEE	\$112,703	\$113,285	\$112,703	\$582	\$582
PAYETTE	\$251,554	\$250,481	\$250,481	-\$1,073	\$1,073
WASHINGTON	\$101,843	\$102,802	\$101,843	\$959	\$959
TOTAL	\$3,193,096	\$3,288,890	\$3,191,575	\$95,794	\$98,837

*Committed Funds offset for FY27 and FY28 will be added to FY29 County Fiscal Year Request

Office of the Director

FY27 budgeted full-time positions: 4

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

Services

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

FY27: Requested Budget Highlights

Administration

- The Office of the Director provides executive leadership, strategic direction, and coordination across the district. In the upcoming fiscal year, the Director will work closely with district leadership and board members to review and prioritize recommendations from a comprehensive situational analysis completed in fiscal year 2026. This work will guide financial and operational priorities to ensure the district remains responsive, sustainable, and well positioned to meet community needs over the next 10 to 20 years.
- In addition, the Director will continue to collaborate with county officials and community leaders to identify opportunities where public health expertise and resources can be more effectively leveraged. These efforts are intended to reduce the overuse and misuse of high cost county systems—such as the justice system, jails, law enforcement, and emergency medical services—by addressing upstream public health needs and supporting more efficient, prevention focused solutions.

FY27: Requested Budget Highlights *continued*

Communications

- In the upcoming fiscal year, the communications team will increase from 1.5 to 2.0 full time equivalent positions. This additional capacity will strengthen the district's ability to engage with the community, increase awareness of available services, and deliver timely, accurate public health information using a variety of communication tools and platforms.

- Based on feedback from the community and our board, the district recognizes the need to improve transparency about its work, better inform county taxpayers who support public health services, and more clearly communicate how district services protect and improve the health and safety of the community. Expanded communications capacity will support these goals and enhance public understanding, trust, and engagement.

Administration

Description	Income	Personnel	Operating	Capital	T&B	Indirect Costs	District Support
Administration							
Administration	\$ -	\$ 292,641	\$ 13,820	\$ -	\$ -		\$ (306,461)
County, Interest & Other Revenues	\$ 3,467,575	\$ -	\$ -	\$ -	\$ -		\$ 3,467,575
Indirect Excluded Costs		\$ -	\$ 6,000	\$ -	\$ -		\$ (6,000)
Board of Health		\$ 7,657	\$ 8,160	\$ -	\$ -		\$ (15,817)
Board of Health Committed	\$ 506,887	\$ -	\$ 208,837	\$ 298,050	\$ -		\$ -
Public Information		\$ 71,970	\$ 8,966	\$ -	\$ -		\$ (80,936)
Marketing		\$ 101,674	\$ 67,415	\$ -	\$ -		\$ (169,089)
Subtotal	\$ 3,974,462	\$ 473,941	\$ 313,198	\$ 298,050	\$ -	\$ -	\$ 2,889,273

Service Highlights: We hosted the Treasure Valley Communicators group where dozens of Public Information Officers from government, medical, and community organizations learned about our services and shared updates and best practices with each other. We also fielded media inquiries and issued press releases resulting in over 50 mentions across TV, radio, print, & digital. These touchpoints enhance public trust and educate those we serve to make informed health decisions for themselves and their families.

District Operations Division

FY27 budgeted full-time positions: 14

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

Services

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

FY27: Requested Budget Highlights

- Originally planned for completion during FY26, facilities staff will be contracting for and overseeing the repairs to exterior signage and landscape following the expansion of Hwy 55 on the south side of SWDH's main facility in Caldwell. SWDH received \$128,000 from ITD for the repair and this has been budgeted for in the coming year. ITD's Hwy 55 expansion project is slightly behind schedule, therefore the SWDH repairs will follow accordingly.
- Additional efficiencies were gained in Operations through the elimination of one customer service representative in one of the outer offices. Hiring one shared Administrative Assistant position to support the needs of two divisions created additional opportunities for collaboration and cross training.
- Leasing of vehicles is on the agenda for this coming year, as is replacement of one aging van in the motor pool.

District Operations Division

continued

FY27: Requested Budget Highlights *continued*

- Multiple IT-related components will be upgraded/replaced this year to ensure firewall security, network stability and router functionality.
- Sizeable cost-savings were realized in fiscal year 2026 with a change to the courier service that we had operating daily between all of our offices and the state laboratory. This service now runs one day each week. Additional savings were realized when the district completed a migration off of the State of Idaho's network. The total savings is expected to be \$130,000 in fiscal year 2027.
- The district will be working on a website update for increased functionality and compliance with federal ADA regulation.

District Operations

Description	Income	Personnel	Operating	Capital	T&B	Indirect Costs	District Support
District Operations							
District Operations Admin	\$ -	\$ 291,151	\$ 13,700	\$ -	\$ -		\$ (304,851)
Finance	\$ -	\$ 458,522	\$ 33,060	\$ -	\$ -		\$ (491,582)
Grants and Procurements	\$ -	\$ 39,816	\$ 2,375	\$ -	\$ -		\$ (42,191)
Human Resources	\$ -	\$ 114,685	\$ 11,765	\$ -	\$ -		\$ (126,450)
Information Technology	\$ -	\$ 355,198	\$ 302,000	\$ -	\$ -		\$ (657,198)
Caldwell	\$ -	\$ 99,673	\$ 300,900	\$ -	\$ -		\$ (400,573)
Emmett	\$ -	\$ -	\$ 32,850	\$ -	\$ -		\$ (32,850)
Payette	\$ -	\$ -	\$ 46,560	\$ -	\$ -		\$ (46,560)
Weiser	\$ -	\$ -	\$ 20,300	\$ -	\$ -		\$ (20,300)
Fleet Management	\$ -	\$ -	\$ 51,757	\$ -	\$ -		\$ (51,757)
Infrastructure Grant - A1	\$ 399,000	\$ 218,271	\$ 109,903	\$ -	\$ -	\$ 73,863	\$ (3,037)
Infrastructure Grant - A2	\$ 42,787	\$ -	\$ 42,787	\$ -	\$ -		\$ (0)
Subtotal	\$ 441,787	\$ 1,577,315	\$ 967,957	\$ -	\$ -	\$ 73,863	\$(2,177,348)

Family & Clinic Services Division

FY27 budgeted full-time positions: 54

Together, empowering southwest Idaho communities to create healthier lives.

Services

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

FY27: Requested Budget Highlights

- Behavioral Health Partnership for Early Diversion** - Funded by a Substance Abuse and Mental Health Services Administration (SAMHSA) grant (2023–2028), this program strengthens community capacity to divert youth and adults with behavioral health needs away from the criminal justice system and higher levels of care. Growth continues through the Washington County Community Paramedicine program. Key outcomes include crisis intervention training for approximately 90% of their first responders, reduced involuntary holds, strong cross system collaboration, and improved connections to behavioral health and community supports. Ongoing priorities include refining referral pathways and strengthening early, upstream screening.
- Crisis Centers (Adult & Youth)** - Revenue is expected to remain stable under Magellan’s current funding and billing structure. The coming year will focus on evaluation and information gathering to inform future service delivery options, including a potential transition from our district’s backbone role to a direct service agreement between crisis center providers and Magellan.
- Family Medical Clinic** - This will be a planning and assessment year, maintaining core clinic services while evaluating long-term sustainability, staffing capacity, and community needs amid funding and policy uncertainty. Expanded hours in Caldwell will continue, with increased presence in Weiser to improve rural access. Services at other locations will be maintained as staffing allows, with coordination across local providers to support continuity of care and avoid duplication. Insights gained throughout the year will guide future program direction and resource decisions.

Family & Clinic Services

Division *continued*

FY27: Requested Budget Highlights *continued*

- **Idaho Home Visiting Program (IHVP)** - SWDH continues to provide evidence based home visiting services, including Parents as Teachers and Nurse Family Partnership, supporting healthy pregnancies, early learning, and positive child development. Beginning July 1, 2026, the elimination of state General Fund support will lead to measured program adjustments. Staffing and resources will be managed strategically to maintain services and promote long term stability.
- **Pre-Prosecution Diversion (PPD) Program** - Operating through continued collaboration with the Canyon County Prosecuting Attorney’s Office, the program diverts adults with behavioral health needs away from deeper justice system involvement. Efforts focus on strengthened referral pathways, court coordination around treatment participation, and caseload monitoring to ensure appropriate service capacity.
- **Women, Infants, and Children (WIC)** - The WIC program anticipates a nominal grant increase, reflecting continued stable operations. Participation increased approximately 5% compared to the prior year, with more than \$5.2 million in grocery benefits redeemed locally across six counties in FY25. WIC provides nutrition support, education, breastfeeding services, and referrals to community services to eligible pregnant and postpartum women and children under five, promoting healthy growth and improved early childhood outcomes.

Family Medical Clinic

Description	Income	Personnel	Operating	Capital	T&B	Indirect Costs	District Support	Significant Program Metrics
Family Medical Clinic								
Medical Clinic	\$ 226,200	\$ 670,158	\$ 177,342	\$ 8,670	\$ -	\$ 226,782	\$ (856,752)	1,380 patients seen
STD Prevention	\$ 19,500	\$ 9,418	\$ 16,064	\$ -	\$ -	\$ 3,187	\$ (9,169)	
HIV Prevention	\$ 99,250	\$ 21,264	\$ 12,116	\$ -	\$ -	\$ 7,196	\$ 58,674	
Women's Health Check	\$ 16,560	\$ 11,930	\$ 3,929	\$ -	\$ -	\$ 4,037	\$ (3,337)	
Women's Health Check - Outreach	\$ 6,000	\$ 4,254	\$ 1,375	\$ -	\$ -	\$ 1,439	\$ (1,069)	
Immunizations Clinic - District	\$ 80,000	\$ 93,603	\$ 100,498	\$ 2,000	\$ -	\$ 31,675	\$ (147,777)	1,674 immunizations
Immunization Cooperative Agreement	\$ 95,000	\$ 110,804	\$ 20,423	\$ -	\$ -	\$ 37,496	\$ (73,723)	
School Health Marsing	\$ 65,000	\$ 85,905	\$ -	\$ -	\$ -	\$ 29,070	\$ (49,975)	
Oral Health - MCH	\$ 54,003	\$ 80,563	\$ 5,636	\$ -	\$ -	\$ 27,262	\$ (59,459)	
Oral Health - District	\$ 2,000	\$ 22,294	\$ 6,881	\$ -	\$ -	\$ 7,544	\$ (34,720)	2,280 oral health screenings
Subtotal	\$ 663,513	\$ 1,110,195	\$ 344,264	\$ 10,670	\$ -	\$ 375,690	\$(1,177,306)	

Service Highlights: SWDH delivers essential clinical services that improve access to care for children, adults, and underserved residents. In the past year, the district provided more than 1,600 vaccinations through walk-in clinics and targeted outreach, helping prevent outbreaks and support school and workplace health requirements. The Family Medical Clinic extends this impact by offering comprehensive primary care—including screenings, family planning, chronic disease management, and preventive services—for uninsured and underinsured community members who face barriers accessing care elsewhere. Together, these programs reduce unmet health needs, improve continuity of care, and ensure residents have reliable access to the foundational services that protect community health.

Family & Clinic Services

Division *continued*

Idaho Home Visiting Programs

Description	Income	Personnel	Operating	Capital	T&B	Indirect Costs	District Support	Significant Program Metrics
Idaho Home Visiting Programs								
NFP - MIECHV	\$ 275,868	\$ 350,633	\$ 34,297	\$ -	\$ -	\$ 118,654	\$ (227,715)	908 NFP visits
NFP - Medicaid	\$ 291,986	\$ 184,735	\$ 21,973	\$ -	\$ -	\$ 62,514	\$ 22,764	
PAT - MIECHV	\$ 275,868	\$ 284,462	\$ 18,360	\$ -	\$ -	\$ 96,262	\$ (123,216)	823 PAT visits
PAT - Medicaid	\$ 228,594	\$ 172,565	\$ 18,361	\$ -	\$ -	\$ 58,396	\$ (20,728)	
Subtotal	\$ 1,072,316	\$ 992,394	\$ 92,991	\$ -	\$ -	\$ 335,826	\$ (348,896)	

Service Highlights: SWDH Home Visiting Programs, including Nurse-Family Partnership (NFP) and Parents as Teachers (PAT), provide evidence-based support to vulnerable families through in-home services. NFP pairs eligible, low-income first-time mothers with registered nurses to promote healthy pregnancies, positive birth outcomes, and confident parenting, while PAT supports families from pregnancy through kindergarten by strengthening early learning and child development. In FY25, these programs delivered 1,731 home visits, helping families achieve critical milestones such as leaving abusive relationships, gaining employment, and securing first jobs—advancing family stability and long-term community resilience.

Community Behavioral Health

Description	Income	Personnel	Operating	Capital	T&B	Indirect Costs	District Support	Significant Program Metrics
Community Behavioral Health								
Citizens Review Panels	\$ 6,000	\$ 8,805	\$ 3,154	\$ -	\$ -	\$ 2,980	\$ (8,939)	
FCS Opioid Settlement	\$ 247,422	\$ 177,542	\$ 9,800	\$ -	\$ -	\$ 60,080	\$ 0	
Behavioral Health Administration	\$ 81,000	\$ 125,706	\$ 9,788	\$ -	\$ -	\$ 42,539	\$ (97,033)	102 counseling sessions
Pre-Prosecution Div Grant	\$ 358,892	\$ 244,897	\$ 50,607	\$ -	\$ -	\$ 82,873	\$ (19,486)	1,550 client encounters
SAMSHA - Early Diversion of Adults	\$ 159,990	\$ 84,073	\$ 6,175	\$ -	\$ 92,069	\$ 28,450	\$ (50,778)	679 people trained on crisis system of care
Subtotal	\$ 853,303	\$ 641,023	\$ 79,524	\$ -	\$ 92,069	\$ 216,922	\$ (176,236)	

Service Highlights: In 2024, SWDH added counseling to address rising mental health needs in our region. Services were made available to families already engaged in programs such as WIC and home visiting, and demand quickly filled the provider’s schedule. One client described the impact by sharing, “Everything starts making more sense... You are safe, you have answers, and you feel valued.”

Family & Clinic Services Division *continued*

Crisis Centers (Adult & Youth)

Description	Income	Personnel	Operating	Capital	T&B	Indirect Costs	District Support	Significant Program Metrics
Crisis Centers (Adult and Youth)								
Adult Crisis Center	\$ 1,657,336	\$ 30,892	\$ 1,616,458	\$ -	\$ -	\$ 10,454	\$ (468)	1,044 adult admissions
Youth Crisis - Magellan	\$ 1,839,491	\$ 25,745	\$ 1,805,426	\$ -	\$ -	\$ 8,712	\$ (392)	205 youth admissions
Youth Crisis - Other	\$ 6,601	\$ -	\$ 6,601	\$ -	\$ -	\$ -	\$ -	
Social Services Block Grant	\$ 49,581	\$ 36,039	\$ 1,890	\$ -	\$ -	\$ 12,196	\$ (544)	
Subtotal	\$ 3,553,008	\$ 92,676	\$ 3,430,375	\$ -	\$ -	\$ 31,362	\$ (1,404)	

Service Highlights: In FY25 the Western Idaho Youth Support Center (WIYSC) moved to a new location allowing us to serve at a greater capacity. Throughout FY25, WIYSC had 237 admissions and served 167 individual youth. Because of WIYSC, over 100 youth ages 7 to 17 were diverted from ER visits, hospital admissions, law enforcement/juvenile justice involvement, self-harm, and substance use. Client disposition improved at 90% of admissions and 185 connections to aftercare were made for youth clients and their families.

Women, Infants, and Children (WIC)

Description	Income	Personnel	Operating	Capital	T&B	Indirect Costs	District Support	Significant Program Metrics
Women/Infant/Children (WIC)								
WIC - General Admin	\$ 265,764	\$ 352,140	\$ 174,424	\$ -	\$ -	\$ 119,164	\$ (379,963)	\$5M+ voucher money spent locally 6,179 WIC participants
WIC - Client Services	\$ 582,150	\$ 569,840	\$ -	\$ 5,000	\$ -	\$ 192,834	\$ (185,524)	
WIC - Breastfeeding Promotion	\$ 63,277	\$ 63,459	\$ 350	\$ -	\$ -	\$ 21,474	\$ (22,006)	337 prenatal vitamins distributed
WIC - Nutrition Education	\$ 354,352	\$ 357,729	\$ 4,500	\$ -	\$ -	\$ 121,056	\$ (128,933)	
WIC - Breastfeeding Peer Counseling	\$ 96,481	\$ 68,656	\$ 5,171	\$ 2,000	\$ -	\$ 23,233	\$ (2,580)	
Subtotal	\$ 1,362,024	\$ 1,411,824	\$ 184,445	\$ 7,000	\$ -	\$ 477,761	\$ (719,006)	
Total	\$ 15,750,411	\$ 9,375,568	\$ 5,815,753	\$ 320,520	\$ 238,569	\$ 2,552,410	\$ (2,552,410)	

Service Highlights: The SWDH WIC program strengthens the local economy by directing federal food dollars to neighborhood grocery stores and farmers while ensuring mothers and children have access to nutritious foods that prevent obesity, diabetes, and other chronic diseases. Through nutrition education and personalized breastfeeding peer counseling, WIC provides trusted, one-on-one support during a critical stage of life—helping families solve real-time feeding challenges, build confidence, and make healthy choices that last a lifetime. As one parent recently shared, “She was attentive, knowledgeable, encouraging... She genuinely cares and loves the work that she does.”

Environmental & Community Health Services Division

FY27 budgeted full-time positions: 41

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

Services

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

FY27: Requested Budget Highlights

- **Community Health** - Provides education and prevention programs addressing suicide, youth vaping, substance use, overdose prevention, physical activity, nutrition, tobacco cessation, Fit and Fall Proof, and community engagement efforts (CHATs, WICHC). CDC-funded tobacco prevention ended in FY26 due to federal changes. The team received Healthy Brain Initiative funding through mid-FY27 and incorporated Board-requested priorities into existing programs (social media use, Cooking Matters).
- **Facility-Based Programs** - Responsible for food safety licensing and inspections (~2,500 annually), investigation of foodborne illness, plan reviews for new establishments, and food safety classes. Childcare program conducts ~400 inspections per year and complaint investigations. Through an FDA grant, staff mentored two Idaho health districts on FDA Standards. Public pool regulation was eliminated statewide in July 2025; with the City of Nampa's ordinance now in effect (Jan 2026), the district regulates 38 pools within Nampa only.

Environmental & Community Health Services Division *continued*

FY27: Requested Budget Highlights *continued*

- **Environmental Health & Land Development** - Works to protect public health and natural resources by ensuring safe development, preventing groundwater contamination, and responding to environmental health concerns.
 - **Septic/Subsurface Sewage Program** - Conducts site evaluations, reviews designs, issues permits and provides guidance.
 - **Public Water Systems (PWS)** - Regulates 161 systems. Achieved 100% on the Annual Sanitary Survey Audit—the only district/Idaho Department of Environmental Quality (IDEQ) region in Idaho to do so.
 - **Land Development Program** - Reviews subdivision applications, removes sanitary restrictions, and consults on development. Received 100% on IDEQ's annual Subsurface Sewage Disposal (SSD) Program Review. Noting subdivision applications (served by wells/septics) have declined for four years.
- **Solid Waste & Environmental Response** - Responds to environmental nuisance and safety issues. Statutory authority for Municipal Solid Waste (MSW) facilities has shifted to IDEQ; Health Districts may still support community-level concerns but no longer provide regulatory oversight.
- **Public Health Emergency Preparedness & Epidemiology Response (PHEPER)** - Responds to outbreaks for all 76 Idaho reportable diseases and maintains Centers for Disease Control & Prevention (CDC) 15 Public Health Emergency Preparedness capabilities.
 - **FY26 funding changes** - A 35% reduction in the Public Health Emergency Preparedness (PHEP) grant led to the Planner position remaining unfilled after retirement; duties were absorbed by existing staff. Other grants remained mostly level with minor decreases in Communicable Disease and National Electronic Disease Surveillance System (NEDSS) funding.

Environmental & Community Health Services Division *continued*

Community Health

Description	Income	Personnel	Operating	Capital	T&B	Indirect Costs	District Support	Significant Program Metrics
Community Health								
CHAT	\$ -	\$ 100,725	\$ 12,015	\$ 2,400	\$ -	\$ 34,085	\$ (149,225)	27 health fairs & events attended
Alzheimer's Assoc-HBI	\$ 25,000	\$ 14,690	\$ 5,700	\$ -	\$ -	\$ 4,971	\$ (361)	
Fit & Fall Proof - PHHS	\$ 60,000	\$ 78,039	\$ 5,690	\$ 2,400	\$ -	\$ 26,408	\$ (52,537)	2,307 times participants attended classes
Comprehensive Cancer	\$ 19,300	\$ 22,646	\$ 2,075	\$ -	\$ -	\$ 7,663	\$ (13,085)	Distributed 200 suns safety kits to youth
Prescription Drug Overdose Prevention	\$ 100,000	\$ 21,051	\$ 2,480	\$ -	\$ -	\$ 7,124	\$ 69,346	262 participants trained in naloxone use
Opioid Settlement	\$ 76,172	\$ 6,426	\$ 9,880	\$ -	\$ 40,000	\$ 2,175	\$ 17,691	
Suicide Prevention	\$ 45,000	\$ 68,916	\$ 6,000	\$ -	\$ -	\$ 23,321	\$ (53,237)	256 suicide prevention training participants
Partnership For Success SAMSHA	\$ 392,969	\$ 140,695	\$ 110,050	\$ -	\$ 106,500	\$ 47,611	\$ (11,887)	757 participants in substance use prevention
Seatbelt Survey-ITD	\$ 5,000	\$ -	\$ 5,000	\$ -	\$ -	\$ -	\$ -	
Families Talking Together	\$ 24,340	\$ 17,978	\$ 680	\$ -	\$ -	\$ 6,084	\$ (402)	24 Guiding Good Choices parent participants
Nic-Free Baby & Me	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	142 nicotine-free test results
Millennium Fund IDHW	\$ 375,660	\$ 260,487	\$ 27,024	\$ -	\$ -	\$ 88,149	\$ 0	1,142 students attended Catch My Breath (CMB) vape prevention class 24 Guiding Good Choices parent participants 105 CMB parent participants 52 students participated in nicotine intervention classes
WICH Administration	\$ 85,000	\$ 40,275	\$ 3,418	\$ -	\$ -	\$ 13,629	\$ 27,678	
Subtotal	\$ 1,208,441	\$ 771,928	\$ 190,013	\$ 4,800	\$ 146,500	\$ 261,220	\$ (166,019)	

Service Highlights: Despite the loss of tobacco prevention funding in Spring 2025, SWDH sustained key prevention programs and community partnerships across all six counties. The first Guiding Good Choices cohort launched in the spring, strengthening familial relationships and youth decision-making skills. Fit and Fall Proof continued to operate 24 community sites, supporting injury prevention among older adults. Catch My Breath reached five counties, providing evidence-based nicotine prevention education. Each county's Community Health Action Team delivered high-impact initiatives—from the Caldwell Bike Rodeo to the Marsing Fitness Court—and were recognized nationally for the innovation and effectiveness in community-led initiatives.

Environmental & Community Health Services Division *continued*

Epidemiological Response

Description	Income	Personnel	Operating	Capital	T&B	Indirect Costs	District Support	Significant Program Metrics
Epidemiological Response								
Communicable Disease	\$ 73,506	\$ 58,406	\$ 7,357	\$ -	\$ -	\$ 19,764	\$ (12,021)	6,736 cases of reportable diseases reported
HIV Surveillance	\$ 8,915	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,915	
Active TB - FED	\$ 16,216	\$ 13,508	\$ -	\$ -	\$ -	\$ 4,571	\$ (1,863)	
Active TB - State	\$ 13,000	\$ 13,508	\$ -	\$ -	\$ -	\$ 4,571	\$ (5,079)	
Perinatal HEP B	\$ 6,000	\$ 5,333	\$ -	\$ -	\$ -	\$ 1,805	\$ (1,138)	
Viral Hep Prev & Control	\$ 10,000	\$ 10,666	\$ -	\$ -	\$ -	\$ 3,609	\$ (4,275)	
NEDSS	\$ 93,624	\$ 97,034	\$ 3,195	\$ -	\$ -	\$ 32,836	\$ (39,442)	
STD Outbreak Investigation	\$ 13,668	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 13,668	
Subtotal	\$ 234,929	\$ 198,455	\$ 10,552	\$ -	\$ -	\$ 67,157	\$ (41,236)	

Service Highlights: Our epidemiologists developed a capability for forecasting and monitoring infectious diseases. This new capability was implemented for the first time during the 2024-25 respiratory season. The accuracy of this forecasting tool for predicted versus observed results proved to be very successful. We now provide schools, long-term care facilities, healthcare organizations, and other community partners with local data that can be used to inform decisions about protective measures to reduce the disease burden in settings with vulnerable individuals.

Facility Based Programs

Description	Income	Personnel	Operating	Capital	T&B	Indirect Costs	District Support	Significant Program Metrics
Facility Based Programs								
Food Primary	\$ 250,000	\$ 462,528	\$ 60,208	\$ -	\$ -	\$ 156,520	\$ (429,256)	2,347 restaurant inspections
Requested Inspections	\$ 27,000	\$ 20,313	\$ 1,000	\$ -	\$ -	\$ 6,874	\$ (1,187)	
Food Safety Trainings	\$ 22,800	\$ 13,211	\$ 5,000	\$ -	\$ -	\$ 4,470	\$ 119	234 food manager course attendees
Food Plan Reviews	\$ 15,600	\$ 81,850	\$ 1,800	\$ -	\$ -	\$ 27,698	\$ (95,748)	205 new businesses opened
Food Secondary	\$ -	\$ 23,456	\$ -	\$ -	\$ -	\$ 7,937	\$ (31,393)	103 temporary food events
FDA Standards	\$ 22,500	\$ 20,844	\$ 4,000	\$ -	\$ -	\$ 7,054	\$ (9,398)	
FDA Standards Mentorship	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Swimming Pools Primary	\$ 13,000	\$ 11,831	\$ 300	\$ -	\$ -	\$ 4,004	\$ (3,135)	60 pool inspections
Childcare Inspections	\$ 117,934	\$ 149,749	\$ 7,100	\$ -	\$ -	\$ 50,675	\$ (89,590)	420 childcare inspections
Complaints	\$ 12,200	\$ 9,437	\$ 360	\$ -	\$ -	\$ 3,193	\$ (790)	
CC Administration	\$ 20,400	\$ 12,437	\$ -	\$ -	\$ -	\$ 4,209	\$ 3,754	
Animal Bites Rabies	\$ -	\$ 31,698	\$ 300	\$ -	\$ -	\$ 10,727	\$ (42,724)	56 investigations
Subtotal	\$ 501,434	\$ 837,355	\$ 80,068	\$ -	\$ -	\$ 283,361	\$ (699,350)	

Service Highlights: SWDH's Food Protection Program meets national standards through Food & Drug Administration (FDA) and National Environmental Health Association (NEHA) partnerships, securing funding to strengthen food safety efforts. With expanded outreach and education, including collaboration with the Idaho Hispanic Chamber of Commerce, we're protecting public health across Southwest Idaho.

Environmental & Community Health Services Division *continued*

Land Development Programs

Description	Income	Personnel	Operating	Capital	T&B	Indirect Costs	District Support	Significant Program Metrics
Land Development Programs								
Solid Waste	\$ 38,559	\$ 26,577	\$ 3,435	\$ -	\$ -	\$ 8,994	\$ (447)	835 septic permits issued
Wastewater	\$ 1,049,000	\$ 671,686	\$ 87,758	\$ -	\$ -	\$ 227,298	\$ 62,258	
Water Quality	\$ 7,700	\$ 3,730	\$ 1,115	\$ -	\$ -	\$ 1,262	\$ 1,592	
Public Water Systems	\$ 135,934	\$ 108,049	\$ 4,618	\$ -	\$ -	\$ 36,564	\$ (13,297)	
Land Development	\$ 102,000	\$ 108,257	\$ 6,390	\$ -	\$ -	\$ 36,634	\$ (49,281)	107 approved plat maps
Nuisance: Land/Sewage/Open Dump/Other	\$ -	\$ 23,780	\$ 900	\$ -	\$ -	\$ 8,047	\$ (32,727)	
Subtotal	\$ 1,333,193	\$ 942,079	\$ 104,216	\$ -	\$ -	\$ 318,800	\$ (31,901)	

Service Highlights: This program safeguards Idaho’s drinking water by regulating septic system design, installation, and setbacks for properties without municipal sewer systems under IDAPA 58.01.03. Last year, hundreds of permits and inspections supported responsible growth while preventing contamination. Rising rural development and staff turnover threaten continuity, making it critical to maintain this program to protect public health and ensure compliance.

Public Health Preparedness

Description	Income	Personnel	Operating	Capital	T&B	Indirect Costs	District Support
Public Health Preparedness							
Preparedness Assessment	\$ 410,000	\$ 221,399	\$ 15,011	\$ -	\$ -	\$ 74,921	\$ 98,669
Cities Readiness	\$ 142,000	\$ 104,984	\$ 3,141	\$ -	\$ -	\$ 35,527	\$ (1,651)
Subtotal	\$ 552,000	\$ 326,383	\$ 18,152	\$ -	\$ -	\$ 110,448	\$ 97,018

Service Highlights: The preparedness team established "Preparedness Seasons" that correspond with seasonal public health threats. We now provide our response partners with monthly incident action plans to establish a shared operating picture that can be integrated into a larger emergency response. This new approach improved communication, transparency, and opportunities for coordination with county emergency managers and health systems for a more unified response.

Budget Calendar

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

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

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

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

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

Financial Information

Basis of Accounting

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

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

Cost Accounting

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

Budget Request Summary

The Budget Request Summary section details the:

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