



Board of Health Meeting
 Tuesday, June 23, 2026
 13307 Miami Lane, Caldwell, ID 83607

Public comments specific to an agenda item for the June 23, 2026 Board of Health meeting can be submitted [here](#) or by mail to: SWDH Board of Health, Attn: Administration Office, 13307 Miami Lane, Caldwell, ID, 83607. The period to submit public comments will close at 10:00 a.m. on Monday, June 22, 2026. The meeting will be available through live streaming on [the SWDH You Tube channel](#).

Agenda

A = Board Action Required

G =Guidance

I = Information item

9:00	A	Call Meeting to Order	Chairman Kelly Aberasturi
9:01		Pledge of Allegiance	
9:03		Roll Call	Chairman Kelly Aberasturi
9:05	A	Call for changes to agenda; vote to approve agenda	Chairman Kelly Aberasturi
9:07		In-person public comment	
9:10	I	Introduction of new employees	Division Administrators
9:15	I	Approval of May 19, 2026 Board of Health meeting minutes	Chairman Aberasturi
9:25	I	May 2026 Monthly Expenditure and Revenue Report	Michele Hanrahan
9:35	I	Contract Services and Grant Applications	Michele Hanrahan
9:45	I	BOCC Confirmation of Term Renewals	Chairman Kelly Aberasturi
9:50	A	September 2026 Board of Health Meeting Date Revision	Chairman Kelly Aberasturi
9:55	I	High EMS Utilizers in Southwest District Health	Bozena Morawski & Jathan Nalls
10:20		Break	
10:35	G	Abatement of nuisance (§39-420 – Part 2)	Mike Kane
11:15	G	IAB Resolutions and Position Statements Input	Nikki Zogg
11:40	I	Director’s Report	
		<ul style="list-style-type: none"> • Director approved agreements, contracts, and subgrants • Rural health transformation grant update • Infectious disease threats & surveillance activities • Legal counsel update 	
11:55	I	Future agenda items	
12:00	I	Adjourn	

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



BOARD OF HEALTH MEETING MINUTES
Tuesday, May 19, 2026

BOARD MEMBERS:

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

STAFF MEMBERS:

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

Virtual: Colton Osborne

GUESTS: Jace Perry, Amanda Swails, Abbey Erquiaga

CALL THE MEETING TO ORDER

Chairman Kelly Aberasturi called the meeting to order at 9:15 a.m.

ROLL CALL

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

REQUEST FOR ADDITIONAL AGENDA ITEMS AND APPROVAL OF AGENDA

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

PUBLIC COMMENT

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

APPROVAL OF APRIL 28, 2026 BOARD OF HEALTH MEETING MINUTES

Board members reviewed meeting minutes from the April 28, 2026 Board of Health meeting.

MOTION: Commissioner Wille made a motion to approve the April 28, 2026 Board of Health meeting minutes as presented. Commissioner Riebe seconded. All in favor; motion passes.

COMMUNITIES FOR YOUTH

Kaydin Griffin, SWDH Health Education Specialist, Senior, and Megan Smith, Associate Professor, Boise State University School of Public and Population Health, presented information on the Communities for Youth program. The program allows partnership with schools, parent groups, hospitals, law enforcement, and local business leaders to help build community capacity for upstream prevention and data-driven decisions.

The program adapts to each school district's needs using survey data from students to help identify issues youth are facing. Participating school districts include Homedale, Marsing, Nampa, New Plymouth, Notus, Parma, and Wilder.

Norm Stewart, Marsing Superintendent, is a good point of contact for other school leaders with questions.

APRIL 2026 MONTHLY EXPENDITURE AND REVENUE REPORT

Michele Hanrahan shared the April 2026 monthly expenditure and revenue report. The report shows that year-to-date revenue for programs for the month of April are at about 4% below target. Michele explained we did not receive payment from Idaho Department of Health and Welfare (IDHW) for several subgrants prior to the end of April which contributes to that lower revenue.

Moving on to expenditures, Michele pointed out that overall expenditures are 77.98% of the budget, about 5% below target.

CONTRACT SERVICES AND GRANT APPLICATIONS

Don Lee, Chief Operating Officer, shared the list of the contracts and grants that SWDH is currently pursuing. These grants align with our SWDH mission and vision.

SEPTIC PERMIT AND ACCESSORY FEES

Ben Shatto, Environmental and Community Health Services (ECHS) Division Administrator, shared a revised septic permit and accessory fee schedule incorporating Board members' requests to align fees with costs when possible. Ben asked for approval of the new fees to be implemented July 1, 2026.

MOTION: Commissioner Riebe made a motion to approve the proposed Environmental Health fees as presented. Commissioner Wille seconded the motion. All in favor; motion carries.

ABATEMENT OF NUISANCE

Nikki discussed the abatement of nuisance situations continuing to evolve for the district. Considerations include code enforcement for nuisance complaints especially related to sub surface sewage. Some of the counties have asked SWDH staff to lean in with their authorities to help abate and to bring people into compliance. When SWDH encounters open sewage or illegal system complaints, staff try to encourage compliance by first issuing a notice of violation. Nikki asked board members to

what extent they support pursuing a proactive role in pursuing compliance. She also asked them to consider where SWDH authority ends and the relationships necessary for enforcement with county law enforcement and prosecuting attorneys.

Nikki explained that health districts have the responsibility to abate nuisances including eliminating filth, communicable diseases, and health hazards. Subsurface sewage issues would fall within these parameters. Board members discussed the challenges with complaint driven response systems, the number of RVs being lived in and not connected to a legal system, and enforcement.

Board members directed Nikki to talk to SWDH legal counsel to ask if nuisances have to be reported as a complaint or if staff can self-inform.

DIRECTOR'S REPORT

Director approved agreements, contracts, and subgrants

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

Director performance and compensation

The annual performance and compensation review for Nikki will be held during the June board meeting. Chairman Aberasturi shared that in the past Commissioners have not participated well in providing feedback. Last year he asked Jody to gather input from Nikki's direct reports. Board members asked Jody to initiate the process and share the input with Commissioner Aberasturi.

Clearwater Financial report – next steps

Nikki will work with the SWDH leadership team to analyze the Clearwater Financial report findings and identify next steps and action items based on the findings to bring back to the board budget workgroup to discuss. These discussions will help determine what to prioritize for funding whether that's facilities or services and how we navigate moving forward with that information.

Upcoming Board meetings – special topics

Special topics presented at upcoming board meetings include:

- June - EMS call response data utilization - Bureau of Emergency Management/EMS Services and Idaho Hospital Association trauma registry epidemiologist will present data. Nikki asked them to look at call response data across our six counties for high utilizers – to get info about what those calls were and gauge demographic data to give us an idea for what that might look like and chief reasons for calling 911 that frequently.
- July - Public Health and Safety Team (PHAST) – This team is comprised of SWDH staff, community partners, law enforcement, dispatch and the coroner's office and has some interest in expanding. The team looks at suicide and overdose fatalities and works on prevention strategies to reduce those.
- August – Policy priorities for 2027 will be discussed. Nikki has been working with SWDH staff and visiting with Commissioner Brooks and Commissioner Riebe to help identify policy priorities for the upcoming year.

Community Integrated Mobile Health/Community Paramedicine

In March, Board members heard a presentation on the Washington County Community Paramedics program that SWDH helps support. Nikki shared that SWDH is preparing to apply for the Rural Health Transformation Grant (RHTG) when that process opens up. Nikki hopes to avoid multiple competing applications for the funding through some cooperative understandings and conversations. There is a meeting next week with statewide stakeholders at Gowen to discuss how to utilize RHTG funding to address gaps.

United Health reached out to Nikki. United Health is vying for the state’s Medicaid managed care contract and has offered to give SWDH \$50,000 to help expand services to other rural counties.

Future agenda items

Future agenda items were discussed previously during the meeting.

Adjournment

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

Respectfully submitted:

Approved as written:

Nikole Zogg
Secretary to the Board

Kelly Aberasturi
Chairman

Date:



SOUTHWEST DISTRICT HEALTH

REVENUES & EXPENDITURE REPORT FOR FY2026

May-26

Modified Accrual Basis

Target **91.67%**

Fund Balances		
	FY Beginning	May 2026 Ending
General Operating Fund	\$1,355,402	\$1,289,688
LGIP Operating	\$5,650,546	\$5,915,020
LGIP Vehicle Replacement	\$113,809	\$118,141
LGIP Capital	\$1,299,174	\$1,299,174
Total	\$8,418,931	\$8,622,023

Income Statement Information		
	YTD	Month
Net Revenue:	\$13,765,542	\$954,919
Expenditures:	(\$13,929,332)	(\$1,166,631)
Net Income:	(\$163,790)	(\$211,712)

Revenue										
	County Contributions	Fees	Subgrant/Grant/ Contract Revenue	Sale of Assets	Interest	Other	Monthly Total	YTD	Total Budget	Percent Budget to Actual
Administration & BoH	-\$59,594.20		-\$41,313.16		-\$23,460.26		-\$124,367.62	-\$3,605,508.88	\$4,181,624.48	86.22%
District Operations Div			-\$46,633.36				-\$46,633.36	-\$4,035.12	\$0.00	
FCS										
Medical Clinic		-\$15,834.77					-\$15,834.77	-\$202,837.82	\$184,000.00	110.24%
Immunizations		-\$3,931.78					-\$3,931.78	-\$168,152.32	\$163,612.00	102.78%
HIV/STI/DIS Prevention			\$16,392.14				\$16,392.14	-\$69,607.39	\$118,750.00	58.62%
Women's Health Check		-\$259.57	-\$378.20				-\$637.77	-\$13,073.23	\$22,560.00	57.95%
Oral Health		-\$1,792.80					-\$1,792.80	-\$76,023.84	\$70,784.60	107.40%
Nurse Family Partnership		-\$10,805.40	\$9,697.94			-\$17,500.00	-\$18,607.46	-\$419,285.95	\$593,351.59	70.66%
Parents as Teachers			\$3,239.81			-\$17,500.00	-\$14,260.19	-\$503,605.50	\$491,970.41	102.36%
Behavioral Health Admin		-\$3,609.96					-\$3,609.96	-\$66,675.54	\$89,305.50	74.66%
WIC			-\$121,758.03				-\$121,758.03	-\$1,066,433.32	\$1,338,109.00	79.70%
Adult Crisis Center						-\$125,000.00	-\$125,000.00	-\$1,375,000.00	\$1,847,098.00	74.44%
Youth Crisis Center						-\$125,000.00	-\$125,000.00	-\$1,375,000.00	\$1,648,488.66	83.41%
YouthROC							\$0.00	-\$245,325.64	\$602,960.64	40.69%
Pre-Prosecution Diversion							\$0.00	-\$386,658.28	\$379,514.57	101.88%
Other FCS							\$0.00	-\$378,961.00	\$512,459.20	73.95%
ECHS										
Fit & Fall Proof			-\$9,153.48				-\$9,153.48	-\$86,043.72	\$99,589.96	86.40%
Prescription Drug Overdose			-\$9,719.11				-\$9,719.11	-\$117,328.40	\$112,174.31	104.59%
Suicide Prevention							\$0.00	-\$49,083.24	\$45,000.00	109.07%
Millennium-Tobacco							\$0.00	-\$350,565.79	\$377,473.21	92.87%
Partnership for Success/SAMSHA			-\$153,093.45				-\$153,093.45	-\$563,195.28	\$570,542.34	98.71%
Food Programs		-\$11,988.00					-\$11,988.00	-\$310,833.00	\$346,499.92	89.71%
Child Care Inspections		-\$2,100.00	-\$9,565.29				-\$11,665.29	-\$140,364.85	\$142,284.00	98.65%
Land Programs		-\$85,723.00	-\$12,278.18				-\$98,001.18	-\$1,194,141.57	\$1,181,780.00	101.05%
Epi Investigations			\$24,775.77				\$24,775.77	-\$240,750.34	\$226,381.00	106.35%
Public Health Preparedness			-\$39,097.39				-\$39,097.39	-\$332,057.97	\$554,339.00	59.90%
WICHC							\$0.00	-\$50,000.00	\$50,000.00	100.00%
Other ECHS			-\$1,674.23			-\$60,261.15	-\$61,935.38	-\$374,994.17	\$415,987.68	90.15%
Monthly Revenue	-\$59,594.20	-\$136,045.28	-\$390,558.22	\$0.00	-\$23,460.26	-\$345,261.15	-\$954,919.11			
							Year-to-Date Revenue	-\$13,765,542.16	\$16,366,640.07	84.11%



SOUTHWEST DISTRICT HEALTH
REVENUES & EXPENDITURE REPORT FOR FY2026

May-26

Modified Accrual Basis

Target **91.67%**

EXPENDITURES								
	Personnel	Operating	Capital	T/B	Monthly Total	YTD	Total Budget	Percent Budget to Actual
Administration & BoH	\$75,516.46	\$19,156.19	\$2,553.05		\$97,225.70	\$919,948.22	\$838,217	109.75%
District Operations Div (and blanks-identified programs)	\$100,410.66	\$37,096.53			\$137,507.19	\$1,963,430.28	\$2,619,144	74.96%
FCS								
Medical Clinic	\$42,185.35	\$5,892.03			\$48,077.38	\$618,523.05	\$787,895	78.50%
Immunizations	\$10,081.23	\$8,257.99			\$18,339.22	\$265,193.05	\$309,814	85.60%
HIV/STI/DIS Prevention	\$6,124.85	\$1,868.26			\$7,993.11	\$106,483.08	\$112,190	94.91%
Women's Health Check	\$210.78	\$276.89			\$487.67	\$7,152.13	\$21,006	34.05%
Oral Health	\$7,613.87	\$496.24			\$8,110.11	\$94,177.39	\$128,345	73.38%
Nurse Family Partnership	\$37,150.81	\$2,343.73			\$39,494.54	\$522,115.17	\$599,162	87.14%
Parents as Teachers	\$33,339.19	\$1,459.97			\$34,799.16	\$435,298.16	\$467,053	93.20%
Behavioral Health Admin	\$7,560.32	\$8,533.68			\$16,094.00	\$87,424.14	\$106,259	82.27%
WIC	\$90,031.99	\$6,903.09			\$96,935.08	\$1,257,496.35	\$1,538,331	81.74%
Adult Crisis Center	\$1,261.80	\$155,786.14			\$157,047.94	\$1,557,684.97	\$1,838,647	84.72%
Youth Crisis Center		\$133,110.00			\$133,110.00	\$1,499,557.70	\$1,653,803	90.67%
YouthROC	\$4,700.88	\$67.87		\$20,564.96	\$25,333.71	\$481,849.10	\$572,939	84.10%
Pre-Prosecution Diversion	\$11,397.75	\$404.11		\$70.95	\$11,872.81	\$192,749.68	\$306,759	62.83%
Other FCS	\$14,986.19	\$113.69		\$6,607.86	\$21,707.74	\$369,727.15	\$460,862	80.23%
ECHS								
Fit & Fall Proof	\$4,890.28	\$65.66			\$4,955.94	\$78,499.84	\$79,347	98.93%
Prescription Drug Overdose	\$6,497.75	\$113.61			\$6,611.36	\$78,591.08	\$88,659	88.64%
Suicide Prevention	\$4,857.24	\$445.61			\$5,302.85	\$64,796.59	\$90,637	71.49%
Millennium-Tobacco	\$15,963.75	\$778.25	\$2,165.37		\$18,907.37	\$261,245.52	\$293,082	89.14%
Partnership for Success	\$10,971.37	\$39,148.33		\$7,246.51	\$57,366.21	\$356,511.54	\$360,562	98.88%
Food Programs	\$51,982.89	\$2,821.03			\$54,803.92	\$637,390.18	\$670,190	95.11%
Child Care Inspections	\$7,947.52	\$360.07			\$8,307.59	\$90,766.43	\$166,169	54.62%
Land Programs	\$66,808.25	\$7,834.00			\$74,642.25	\$824,058.96	\$961,388	85.72%
Epi Investigations	\$15,974.08	\$269.75			\$16,243.83	\$232,935.60	\$245,852	94.75%
Public Health Preparedness	\$23,401.55	\$485.90			\$23,887.45	\$380,119.70	\$467,040	81.39%
WICHC	\$4,923.53	\$43.57			\$4,967.10	\$117,870.58	\$106,439	110.74%
Other ECHS	\$35,267.94	\$1,231.78			\$36,499.72	\$427,736.09	\$476,851	89.70%
Monthly Expenditures	\$692,058.28	\$435,363.97	\$4,718.42	\$34,490.28	\$1,166,630.95			
				Year-to-Date Expenditures		\$13,929,331.73	\$16,366,640.07	85.11%



As of: *May 31, 2026*

Summary of Restricted and Committed Funds - FY 2026

Restricted Funds - Cash on hand from third party restricted by contract, grant, or donation terms

Note: Restricted fund balances carry from year to year until expended or grant ends


Committed Funds - Cash on hand committed by the Board of Health for a specific purpose

Fund Balances as of last prior month reported

	Restricted Funds	Committed Funds
Fund 290000, 290001, 290002		
Citizen's Review Panel	\$16,453	
OPIOID Settlement	\$1,418,142	
Parents As Teachers	\$0	
NFP	\$0	
Tobacco Cessation - MF	\$70,640	
Social Services Block Grant (SSBG)	\$65,521	
SSBG -Ongoing & MHBG-Addtl (BC3687-01)	\$54	
Mental Health Block Grant (MHBG)	\$0	
Youth Crisis-Other-City Contributions	\$18,326	
IDJC - YROC	\$18,611	
IDJC - Crisis Center	\$0	
IDJC - Magellen & Donations	\$360,571	
Adult Crisis	\$524,414	
MRC	\$5,894	
WICHC	\$52,578	
School Health - Blue Cross	\$0	
County Offset FY27 and FY28		\$300,000
Replacement of Expiring Lease Vehicles		\$136,191
Employee Development & Engagement		\$42,520
County Collaborations		\$70,000
Sale of Land		\$284,684
27th Pay Period		\$337,600
Facility Improvements		\$1,163,804
	\$2,551,203	\$2,334,800

Total Restricted/Committed: \$4,886,003

Total Operating Cash(as of end of prior month)	\$7,204,708
3 months(Expenses/12 - Contract Revenue /12) *3	\$ (1,705,547)
Restricted/Committed	\$ (4,886,003)
Cash requiring additional commitment	<u>\$ 613,158</u>

	A	B	C	D	E	F	G	H	
1			CONTRACT SERVICES AND GRANT APPLICATIONS					Updated 6/17/2026	
2	Due Date	Program Applying	Grant	Funder	Amount Req.	Duration	Purpose	Status	
3	No new grants over								
4	6/16/2026 \$50,000								
5									
6									
7									
8									



High EMS Utilizers in Southwest Health District

Jathan Nalls, BS, NRP, Branch Chief, Emergency Care Systems Branch,
Idaho Bureau of Emergency Medical Services, Idaho Military Division

Bożena Morawski, PhD, MPH, Epidemiologist, Idaho Hospital
Association

Southwest District Health | Board of Health Meeting | June 23, 2026

High EMS Utilizers

- **In the U.S., 5% patients** account for **25% of emergency department visits**
- **These patients also call 911** for a **range of medical and non-medical needs**
- They frequently have complex health issues layered with social, mental health, and/or resource needs



High EMS Utilizers

- High EMS utilizers may be particularly challenging for rural areas
 - Fewer primary care and specialty providers
 - Services less available evenings and weekends
 - EMS agencies are staffed with volunteers
- High EMS utilizers may benefit most from care navigation and resource referrals to help stabilize their health
 - Traditional EMS providers are not well-suited to provide these services



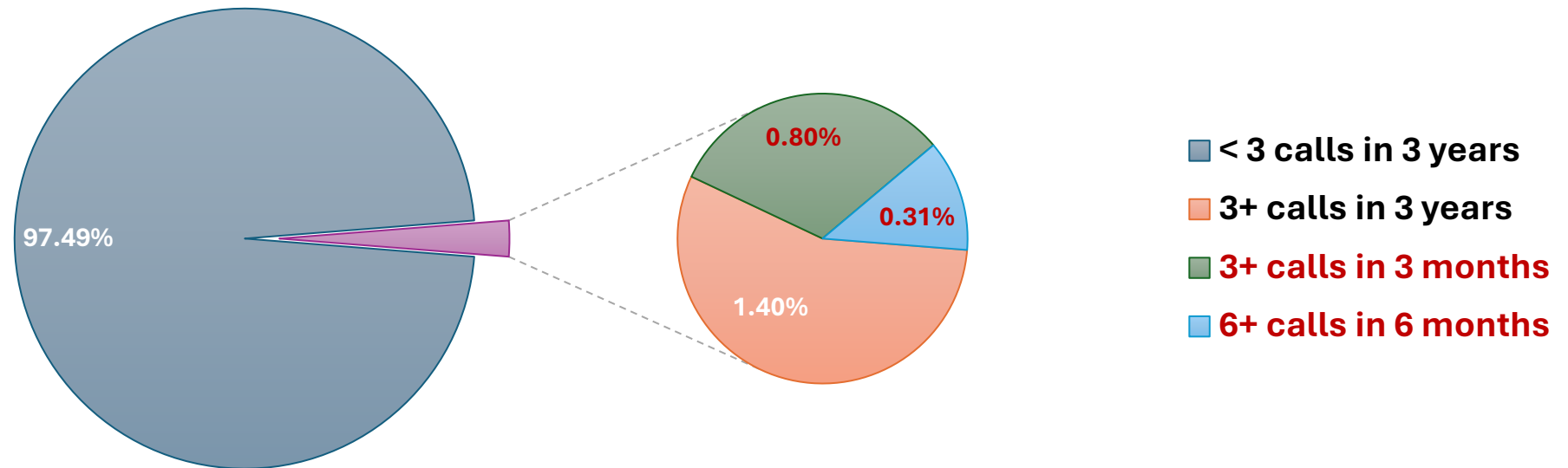


What do EMS “high utilizers” look like in Southwest Health District?

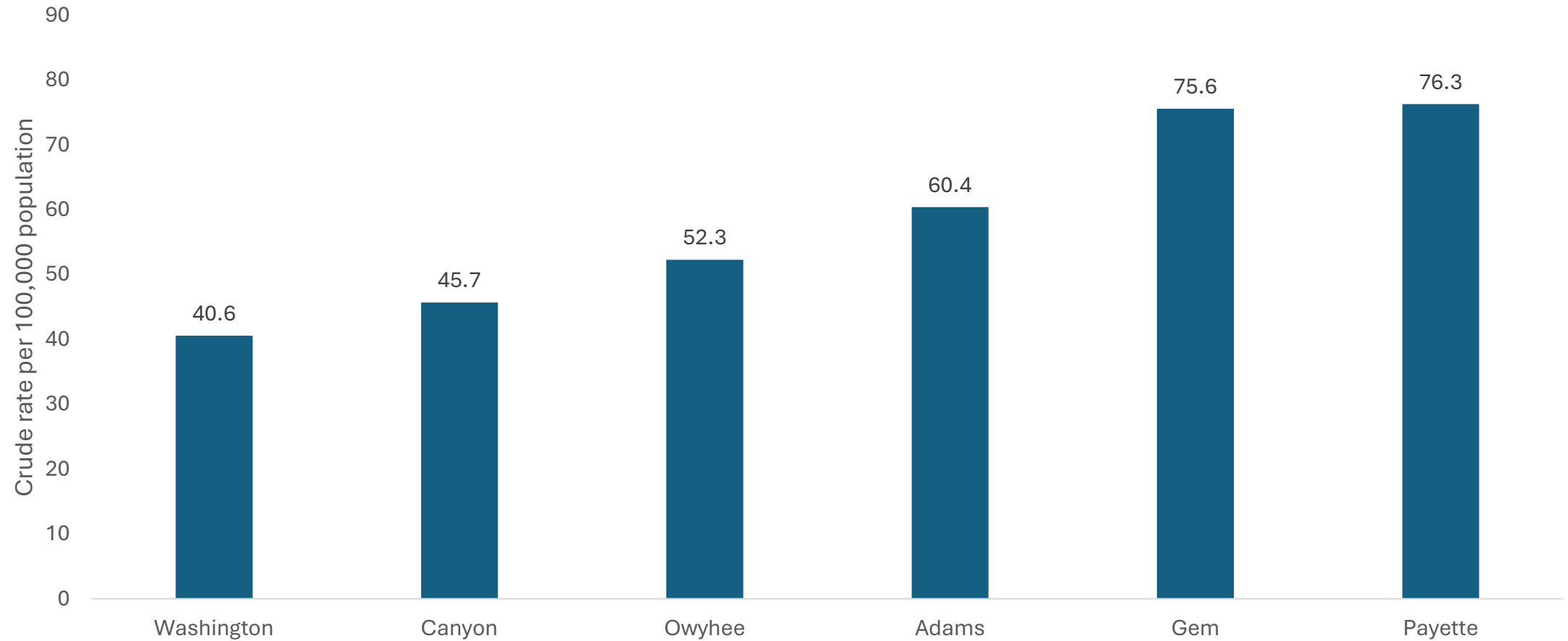
High utilizers are individuals who called 911 for EMS **at least 3 times in 3 months** and **at least 6 times in 6 months**.

High EMS utilizers in Southwest Health District during 2023–2025

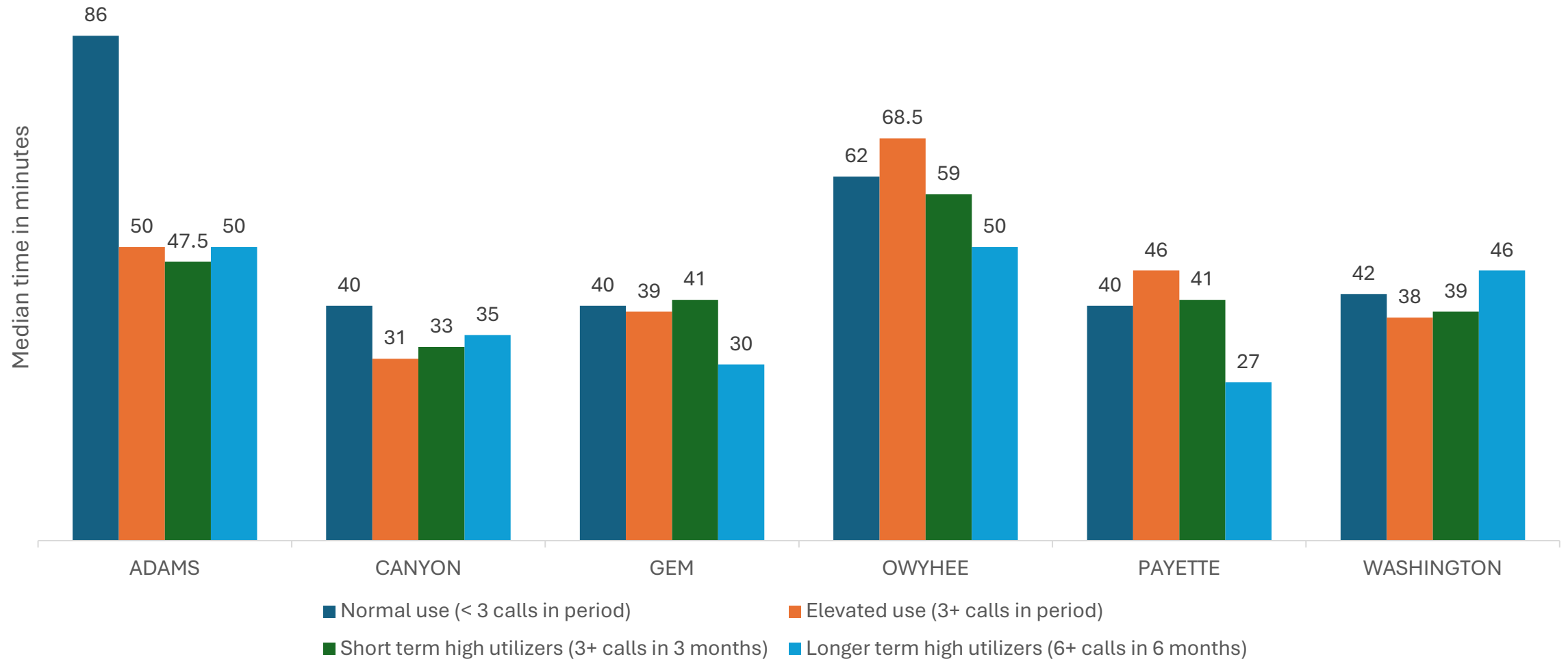
- 53,646 EMS responses to 46,562 individuals
- **1% (N = 517) of people** were “**high utilizers**” and were responsible for **9% of EMS calls (N = 4,804)**



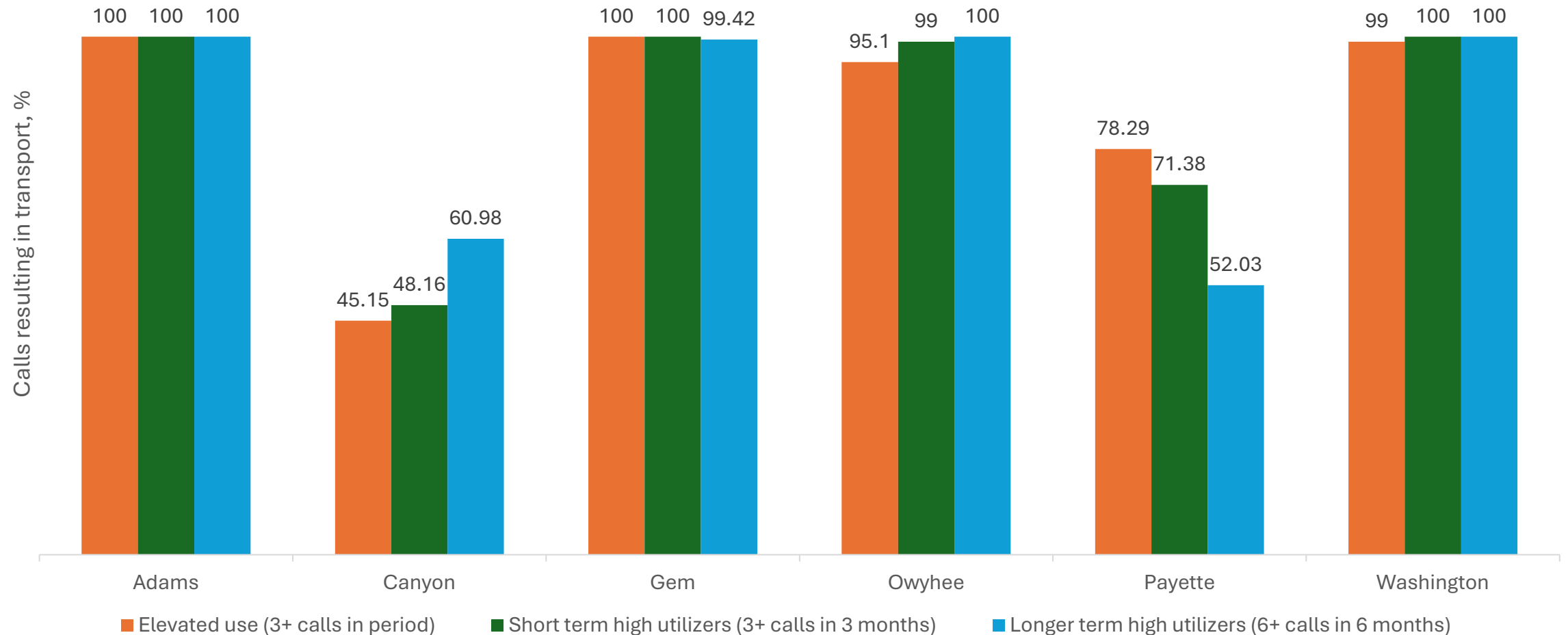
Burden of high EMS utilizers by county



Time in service by EMS user and county



EMS calls resulting in transport for high utilizers



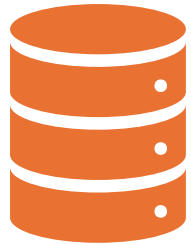
What is EMS Provider Primary Impression?

The paramedic's or EMT's working diagnosis of what is wrong with a patient – a medical “best guess” with limited diagnostic information and potentially limited information from the patient.

Key Drivers of High EMS Utilization

- **Pain management:** Most common reason among EMS high utilizers. Includes range of pain related conditions – from pain management for generalized pain to specific locations like the back, abdomen, and limbs.
- **Weakness:** Second most common reason cited although most common single code: “General-Weakness”
- **Administrative & Non-Clinical:** EMS encounters where medical intervention was minimal/not required: “Need for assistance with personal care”
- **Respiratory Issues.** Shortness of breath and dyspnea are key drivers, linked to chronic conditions like COPD.
- **Injury & Trauma.** Including falls, accidents, and other specific traumatic injuries.
- **Behavioral & Psychiatric.** Mental health-related encounters, including anxiety and suicidal ideation.

Some limitations of these data



Administrative data from EMS agencies can be incomplete



EMS provider primary impression may not match a final diagnosis **and** can lack specificity



Numbers presented here likely underestimate the problem



Thank you.

Questions?



Southwest District Health

Originator

Parties

Idaho Dept. of Health and Welfare	IDHW & Southwest District Health
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Document Type

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

Name/Title:	Public Health District No 3 Oral Health
Description (long title):	Preventive Oral Health Services HC9567
FAIN#:	B0455433
Funding Source:	Federal
SWDH Project Code:	31530
Original Effective Date:	07/01/2026
Current Expiration Date:	06/30/2027
Total [Funding Amount or Cost of Service]:	\$ 40,000.00
Allowable Indirect Rate:	33.84%
Match Required:	NO
Match Amount:	\$ 0.00
FTE Supported:	2
District Funds Budgeted in Current FY:	-\$ 40,597.68
Restrictions:	
Target Population:	School age children prekindergarten through 3rd grade
If this is an amendment, briefly describe the change.	

Contacts

Contact Name (Internal & External)	Contact [Agency, Organization, Contractor, Vendor, Partner]	Contact Email or Phone Number
Kimberly Matulonis-Edgar	IDHW	KIMBERLY.MATULONISEDGAR@DHW.IDAHO.GO
Rick Stimpson	SWDH	rick.stimpson@swdh.id.gov





Applicable Law and/or Agreement

Idaho Statutes or Rules (select up to 3)	74-106, IC	N/A	N/A
Agreement	MOU with IDHW		

Public Impact

Scope of Work Summary (3-5 bullets)	<ol style="list-style-type: none"> 1. Provide school-based dental sealants, screenings, fluoride varnish, SDF (when applicable), referrals, and retention checks in eligible K–8 schools, with a focus on grades 1–3. 2. Conduct evidence-based oral health education sessions for pregnant women, high-risk children, adolescents, and/or the providers who work with these populations, using IOHP materials and approved curricula. 3. Maintain referral lists, and complete required quarterly data and monitoring reports.
Summary Public Impact (3-5 bullets)	<ol style="list-style-type: none"> 1. Improves oral health outcomes for children 2. Expands access to care for under served populations 3. Strengthens community health infrastructure 4. Enhances preventative health literacy 5. Supports cost savings for families and the healthcare system
Summary of Evidence-based (3-5 bullets)	<ol style="list-style-type: none"> 1. Uses proven clinical interventions such as dental sealants, fluoride varnish, and silver diamine fluoride (SDF), which are supported by strong evidence for preventing cavities in children 2. Implements standardized, evidence-based curricula (e.g., Smiles for Life and other up-to-date oral health education resources) 3. Follows established public health protocols and best practices for service delivery, retention checks, infection control, referral processes, and data reporting, ensuring high-quality, consistent, and measurable outcomes.

Reviewer/Approve

	Program Manager	PM2	Division Administrator	Financial Officer	Legal*	Director
Date		06/09/2026	06/09/2026	06/10/2026		06/10/2026
Initials		 <u>Rick Stimpson</u>	 <u>EAK</u>			 <u>NZ</u>

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



Southwest District Health

Originator

Parties

Southwest District Health	Wilder School District
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Document Type

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

Name/Title:	Wilder PFS
Description (long title):	Wilder Southwest Idaho Communities for Youth
FAIN#:	H79SP083777
Funding Source:	Federal
SWDH Project Code:	95341127
Original Effective Date:	06/01/2026
Current Expiration Date:	09/30/2027
Total [Funding Amount or Cost of Service]:	35000
Allowable Indirect Rate:	10%
Match Required:	NO
Match Amount:	0
FTE Supported:	N/A
District Funds Budgeted in Current FY:	-11886
Restrictions:	N/A
Target Population:	Youth 10-19 and their families
If this is an amendment, briefly describe the change.	
n/a	

Contacts

Contact Name (Internal & External)	Contact [Agency, Organization, Contractor, Vendor, Partner]	Contact Email or Phone Number
Kaydin Griffin /Charlene Cario	SWDH,subgrant monitor /SWDH, subgran	KaydinGriffin@swdh.id.gov / Charlene.Cariou@sw
Alejandro Zamora	Wilder School District Superintendent, sub	azamora@wilderschools.org



Applicable Law and/or Agreement

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

Public Impact

Scope of Work Summary (3-5 bullets)	<ul style="list-style-type: none"> - Maintain a community-led coalition in Wilder 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. -m 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
Summary Public Impact (3-5 bullets)	<ul style="list-style-type: none"> - Coalition developed action plan will result in strategies implemented in the Wilder 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 8 coalition members meeting monthly
Summary of Evidence-based (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/Approve

	Program Manager	PM2	Division Administrator	Financial Officer	Legal*	Director
Date	06/11/2026	06/11/2026	06/11/2026	06/11/2026		06/11/2026
Initials			BS	MA		NJ

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