Central District Board of Health Meeting | Agenda
707 N. Armstrong Pl, Boise, ID 83704
Friday, December 19, 2025 | 8:30 a.m.

The meeting will also be live on YouTube (see below) and available on our website for later viewing. Public comment will be accepted as noted on the agenda. People wishing to speak will have a maximum of three (3) minutes and must sign in before the meeting starts.

A = Board Action Required | I = Information Item

8:30	I	Call board meeting to order and roll call	Dr. Greg Ferch, Chair
8:32	A	Call for changes to the agenda; vote to approve agenda	Dr. Greg Ferch, Chair
8:34	A	Discuss and vote on October 17, 2025, Board of Health minutes	Dr. Greg Ferch, Chair
8:35	I	Public Comment. Limited to three (3) minutes. Additional time at the discretion of the chair	Dr. Greg Ferch, Chair
8:45	I	Provide and review FY-2026 financial report	Laurel Gearhart, Staff
9:00	I	Strategic Plan Review	Laurel Gearhart, Staff
9:15	I	Swimming Pool Health and Safety Proposal	Curtis Loveless Natasha Ferney, Staff
9:40	I	Update on the Communities for Youth (C4Y) initiative in Boise	Heather Allan, Staff
10:10	I	Solid Waste Legislation	Russ Duke, District Director
10:20	A	Letter to legislators serving Public Health District 4 on funding for home visiting and clarifying Idaho Code 39-3801 is still current	Russ Duke, District Director
10:35	I	Update on Family & Clinic Services Programs	Beth Bolen, Staff
10:50	A	Review CDH audit frequency schedule and vote to approve the FY-2023 and FY-2024 audit report	Laurel Gearhart, Staff
11:00	I	Discuss including a standing agenda item for future board meetings to allow time for an open discussion on topics of public health interest such as those in recent news stories	Dr. Greg Ferch, Chair
11:15	A	Discuss and vote on the CY-2026 regular business meeting schedule of the board	Dr. Greg Ferch, Chair
11:25	I	Adjournment	Dr. Greg Ferch, Chair

Next Meeting: TBD During Meeting

♦♦♦♦♦♦

Public Comments and Viewing

Submit Written Comments: If your comments are in response to an agenda item for a specific meeting date, please note that comments must be received 24-hours in advance of the applicable meeting to allow for routing and board member review. All messages will be shared with the Board and included in public record. Email: boh@cdh.idaho.gov; or Mail to: CDH Board of Health, Attn: Russ Duke, 707 N. Armstrong Place, Boise, ID 83704. *View meetings live at: https://www.youtube.com/channel/UC4LJ1BM5Jv3zczecnYkXarw/*

CENTRAL DISTRICT HEALTH BOARD OF HEALTH REGULAR MEETING | MINUTES
707 N. Armstrong Place, Boise, ID 83704 | Syringa Conference Room
Friday, October 17, 2025, 8:30 a.m.

View meetings live at youtube.com/channel/UC4LJ1BM5Jv3zczecnYkXarw/

Call board meeting to order and roll call – *Dr. Greg Ferch, Chair*

Dr. Greg Ferch, Board Chair, called the Central District Health (CDH) Board of Health meeting to order at 8:30 A.M. The board members were identified by roll call: Dr. Jane Young, Ada County; Betty Ann Nettleton, Elmore County; Dr. Greg Ferch, Ada County; Comr. Crystal Rodgers, Elmore County; Comr. Katlin Caldwell, Valley County;

Guests and Staff in attendance were Russ Duke, District Director; Cory Kennedy, Recorder; Laurel Gearhart, Support Services Division Administrator; Curtis Loveless, Community & Environmental Health Division Administrator; Beth Bolen, Family & Clinic Services Division Administrator; Stephanie Borders, Communications & Marketing Manager; Jaime Butler-Dawson, Communicable Disease Control Manager;

Call for changes to agenda; vote to approve of agenda – *Dr. Greg Ferch, Chair*

Chair Greg Ferch called for any changes to the agenda as presented; no changes were brought up, and the agenda was approved.

Discuss and vote on August 15, 2025, Board of Health minutes – *Dr. Greg Ferch, Chair*

Chair Greg Ferch called for any changes to the August 15, 2025, Board of Health minutes; no changes were brought up, and the August 15, 2025, Board of Health minutes were approved.

Public Comment – *Dr. Greg Ferch, Chair*

No public comments were brought before the Board.

Review and discuss the Central District Health Audit for FY-2023 and FY-2024 – *Jordan Zwygart, Zwygart John & Associates CPAs, PLLC*

Jordan provided the Board with the Central District Health FY-2023 and FY-2024 Audit report. The Board will vote to approve the audit and discuss Central District Health's audit frequency schedule at the December 19, 2025, Board of Health meeting.

Provide and review FY-2026 financial report – *Laurel Gearhart, Staff*

Laurel provided an overview of the current FY-2026 Budget to Actual report. We are approximately 25.00% through FY-2026. The FY-2026 Cash Balance Statement reflected a total cash balance of $12,248,693, comprised of $7,667,394 in total reserve fund designations, $4,609,370 in total restricted funds, and ($28,071) in cash balance undesignated/unrestricted.

Director's Report – *Russ Duke, District Director*

Russ provided the Board with an update on the MOU between Central District Health and the Department of Environmental Quality to remove Central District Health from the responsibility of performing regulatory oversight for non-municipal solid waste facilities, to include county-owned transfer stations. Central District Health will no longer be responsible for performing regulatory oversight for non-municipal solid waste facilities after October 20, 2025.

Open Discussion on the IADBH 2025 Annual Meeting – *Dr. Greg Ferch, Board Chair*

The Board discussed the recent Idaho Association of District Boards of Health meeting that occurred on October 15 and 16.

Vote to enter Executive Session under Idaho Code 74-206(1)(b) to consider evaluation – *Dr. Greg Ferch, Board Chair*

Motion: Commissioner Katlin Caldwell motioned to enter Executive Session under Idaho Code 74-206(1)(b) "To consider the evaluation, dismissal or disciplining of, or to hear complaints or charges brought against, a public officer, employee, staff member or individual agent, or public-school student." Seconded by Commissioner Crystal Rodgers. By roll call: Dr. Jane Young, Ada County, aye; Betty Ann Nettleton, Elmore County, aye; Commissioner Crystal Rodgers, Elmore County, aye; Dr. Greg Ferch, Ada County, aye; Commissioner Katlin Caldwell, Valley County, aye; Motion carried with unanimous approval.

The Board entered Executive Session at 9:56 A.M.

The Board resumed the regular business meeting at 10:55 A.M.

Motion: Commissioner Crystal Rodgers motioned to approve a salary increase to Russ Duke's salary in accordance with the formula used for all staff increases in FY-2025 and a retention bonus of $2,000, effective October 17, 2025, seconded by Commissioner Katlin Caldwell. The motion was put to a vote and was carried unanimously.

Adjournment – *Dr. Greg Ferch, Chair*

The next Board of Health meeting will be on Friday, December 19, 2025, starting at 8:30 a.m. at our Boise Office. The board adjourned at 10:57 A.M.

Attest:

_____ _____

Dr. Greg Ferch
Board Chair

Russell A. Duke, District Director
Secretary to the Board of Health

Date approved: _____

FY-2026 Budget to Actual Report

July 2025 - November 2025

Fiscal Year % Elapsed 41.67%

REVENUES:	FEES			CONTRACTS			OTHER			TOTAL REVENUE		% to
	Budget	Actual	%	Budget	Actual	%	Budget	Actual	%	Budget	Actual	Budget
Administration	0	0	0%	98,300	173,600	177%	0	0	0%	98,300	173,600	177%
Support Services	0	0	0%	31,000	0	0%	47,900	54,721	114%	78,900	54,721	69%
Community & Environmental Health	1,443,000	380,509	26%	3,015,800	1,441,682	48%	1,044,100	685,384	66%	5,502,900	2,507,576	46%
Family & Clinic Services	765,000	386,638	51%	2,510,600	736,741	29%	437,800	0	0%	3,713,400	1,123,379	30%
DISTRICT TOTAL	2,208,000	767,147	35%	5,655,700	2,352,023	42%	1,529,800	740,105	48%	9,393,500	3,859,275	41%
							County Contributions			5,677,200	1,880,328	33%
							Interest Revenue			475,600	166,077	35%
							Restrict/Reserve			402,000	0	0%
									REVENUE:	15,948,300	5,905,680	37%
									TOTAL FUNDING:	15,948,300	5,905,680	37%

EXPENDITURES:	PERSONNEL			OPERATING			CAPITAL			TRUSTEE & BENEFITS			TOTAL EXPENDITURES		% to
	Budget	Actual	%	Budget	Actual	%	Budget	Actual	%	Budget	Actual	%	Budget	Actual	Budget
Administration	523,000	237,186	45%	129,900	69,908	54%	0	0	0%	5,500	0	0%	658,400	307,094	47%
Support Services	1,923,500	832,709	43%	710,600	559,847	79%	25,000	67,377	270%	0	0	0%	2,659,100	1,459,933	55%
Community & Environmental Health	4,523,300	1,840,389	41%	824,700	233,048	28%	0	11,084	0%	1,395,100	334,133	24%	6,743,100	2,418,654	36%
Family & Clinic Services	5,248,600	2,077,038	40%	639,100	255,673	40%	0	0	0%	0	15,673	0%	5,887,700	2,348,384	40%
DISTRICT TOTAL	12,218,400	4,987,322	41%	2,304,300	1,118,476	49%	25,000	78,461	314%	1,400,600	349,806	25%	15,948,300	6,534,065	41%

FY-2026 Revenue & Expenditure Report

July 2025 - November 2025

Fiscal Year % Elapsed 41.67%

NOTES

REVENUES:

Fees:

	July - November		
	FY 24	FY 25	FY 26
Community & Environmental Health			
Sewage Disposal	211,694	237,973	223,287
Land Programs - Other	42,839	53,824	58,129
Food Programs *(updated)*	350,916	329,205	56,532
Child Care Licensing	15,955	16,350	18,825
Other (incl. Vital Stat's)	4,907	4,998	23,736
Subtotal:	626,311	642,350	380,509
Family & Clinic Services			
Central Care	47,836	52,802	88,106
Immunizations	26,462	29,118	32,712
Reproductive Health	61,578	48,066	41,862
Child Dental Clinic	16,720	11,928	8,096
Home Visitation	29,764	68,533	215,862
Other	-	1,112	-
Subtotal:	182,360	211,560	386,638
TOTAL FEES:	808,671	853,910	767,147

Contracts:

Administration	-	108,822	173,600
Support Services	-	1,586	-
Community & Environmental Health	2,701,022	1,387,865	1,441,682
Family & Clinic Services	664,927	1,102,379	736,741
TOTAL CONTRACTS:	3,365,949	2,600,652	2,352,023

REVENUES	Budget Total	Budget to Date	Actual to Date	% Over / -Under
Fees	2,208,000	920,000	767,147	-16.6%
Contracts	5,655,700	2,356,542	2,352,023	-0.2%

EXPENDITURES:

Personnel Costs:

Completed payperiods:	11/26	42.3%
Current spending:		40.8%

Budget Total	Budget to Date	Actual to Date	-Under / Over	% -Under / Over
12,218,400	5,169,323	4,987,322	-182,001	-3.5%

Operating Costs:

Budget Total	Budget to Date	Actual to Date	-Under / Over	% -Under / Over
2,304,300	960,125	1,118,476	158,351	16.5%

Trustee and Benefit Costs:

Budget Total	Budget to Date	Actual to Date	-Under / Over	% -Under / Over
1,400,600	583,583	349,806	-233,777	-40.1%

Capital Outlay:

Budget Total	Budget to Date	Actual to Date	-Under / Over	% -Under / Over
25,000	10,417	78,461	68,044	653.2%

FY-2026 Cash Balance Statement

For Month Ending: November 2025

Cash Balances

Fund #	Name	Location	Beginning Balance	Change	Ending Balance
N/A	Cash on Hand	CDH	2,510	-	2,510
29000	Operating	State Treasurer - General	273,489	70,786	344,275
62500	LGIP - Operating	State Treasurer - LGIP	10,162,034	(433,923)	9,728,111
62500	LGIP - Capital	State Treasurer - LGIP	1,000,000	-	1,000,000

Total Cash Balances at Month End	$ 11,074,896

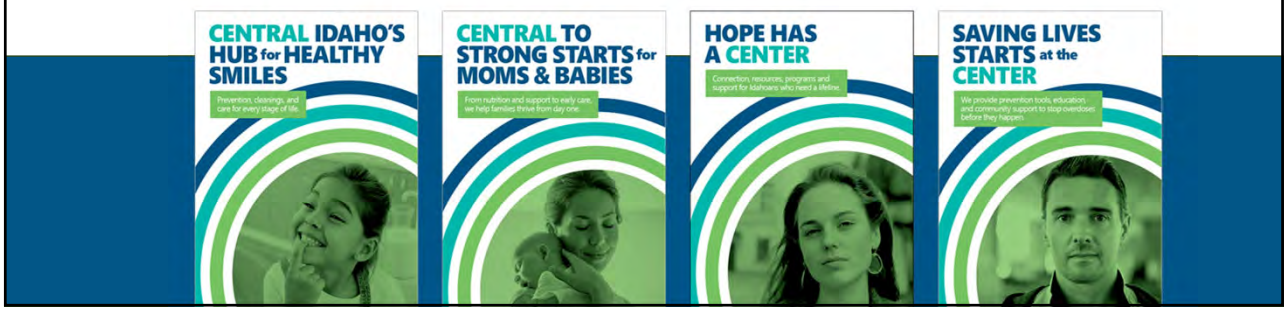
Reserve Fund Designations

Special Projects/Carryover Designation	Approved Request	Expenditure to Date	Balance
Capital Improvement-Office Expansion	$ 307,000	$ -	$ 307,000
IT Equipment Support	$ 113,000	$ -	$ 113,000
Marketing	$ 95,000	$ 3,623	$ 91,378
Program Support	$ 278,000	$ 76,654	$ 201,346
CDH Staff	$ 670,500	$ 27,005	$ 643,495
Training and Development	$ 25,000	$ 9,037	$ 15,963
Vehicles	$ 100,000	$ -	$ 100,000
Retention Incentives	$ 150,000	$ -	$ 150,000
Capital Improve-Continue (McCall Facilty & Armstrong Bathroom)	$ 345,000	$ 30,689	$ 314,311
Accela-Continuation (EHS System)	$ 140,000	$ 4,342	$ 135,658
	$ 2,223,500	$ 151,350	2,072,150

Personnel Reserve Fund 27th Pay Period	496,300	
Operational Reserve Funds		
$3,987,100 designated (3-month cash flow target = $3,987,100)	3,987,100	
Capital Reserve Fund for Building/Capital	1,000,000	
Total Reserve Fund Designations		$ 7,555,550
Total Restricted Funds		$ 4,294,749
Cash Balance Undesignated/Unrestricted		$ (775,403)

Strategic Plan 2026-2028

December 19, 2025



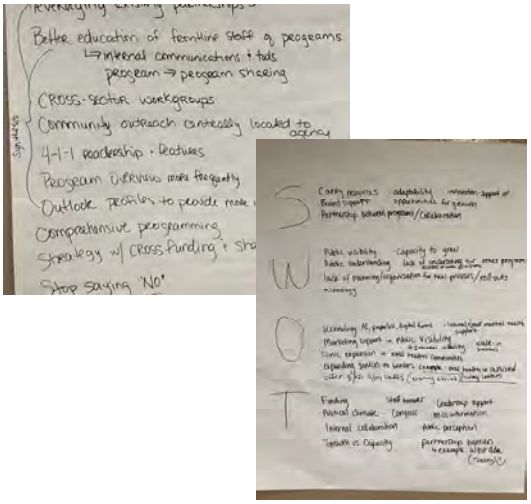
1

Contents

- Strategic Planning Overview
- Plan Contents
- Timeline and Next Steps

2

Collaborative Strategic Planning



Comprehensive Data Review

All supervisors participated in analyzing data to uncover important trends and address organizational challenges together.

Inclusive Priority Assessment

Supervisors assessed organizational priorities collectively, ensuring diverse perspectives guided the strategic planning process.

Data-Driven Strategic Alignment

The collaborative process led to a strategic plan that reflects both data insights and leadership objectives.

3

Central District Health Strategic Plan Overview (2026-2028)

Strategic Health Vision

The Central District Health Strategic Plan outlines a comprehensive vision for healthcare improvements over the 2026-2028 period.

Community Wellbeing Focus

The plan prioritizes community wellbeing, emphasizing accessible healthcare and preventive initiatives for all residents.

4

Four Strategic Goals

5

Goal 1: Advance programs and services that are community-aligned, vision-driven, and sustainably resourced

- Align all programs with the agency's strategic vision.
- Evaluate and recommend clinic and WIC hours, sites, and walk-in services based on community needs.
- Assess and plan for CHEMS expansion into Boise and Valley counties.
- Engage stakeholders for relevant, inclusive program planning.
- Explore expanding oral health services to assisted living and day care centers.
- Improve referral processes and follow-up for key programs.
- Develop new, innovative programs to address service gaps.
- Expand home visiting services across all counties.

6

Goal 2: Deliver exceptional customer service through innovative, responsive, and accessible solutions

- Implement modern service delivery platforms and reduce agency dependence on paper-based processes.
- Evaluate current Epi processes and eliminate reliance on physical and paper records.
- Develop an Oral Health app to eliminate use of paper registration forms.
- Monitor and improve customer satisfaction metrics through regular feedback loops.
- Develop and implement a training plan based on customer service best practices and cultural competencies.

7

Goal 2 (Continued): Deliver exceptional customer service through innovative, responsive, and accessible solutions

- Expand service accessibility for all customers, including underserved and hard-to-reach populations.
- Improve the percentage of patients using self-check-in.
- Develop multilingual food safety educational materials and make them accessible to the public.
- Expand access to and promotion of risk reduction resources by making them available in Barney boxes, vending machines, and on the CDH storefront.

8

Goal 3: Empower staff and enhance technology to strengthen internal capacity

- Provide tailored professional development and regular training for staff.
- Standardize onboarding and training for new staff, including program overviews and specialized topics.
- Upgrade internal systems and tools to improve workflow and collaboration.
- Implement Accela as the new EH system, with staff training and improved plan review processes.
- Develop a technology roadmap and foster innovation and continuous improvement.
- Strengthen internal collaboration across programs.

9

Goal 4: Optimize funding and operations to sustain strategic progress

- Align budget with strategic priorities.
- Recalibrate environmental health fees.
- Update opioid settlement fund plan.
- Streamline operations and digitize records.
- Strengthen budget management and reporting to maximize funding opportunities and usage.

10

Summary

- CDH will ensure our programs and program growth match our vision and our community needs.
- CDH will continue to improve and modernize our customer service across divisions.
- Staff will have access to technology, tools, and resources to do their jobs effectively.
- CDH will transparently manage funds and ensure that program priorities align with sustainable funding.

11

Next Steps

How will we know we're on track? Finalize Metrics

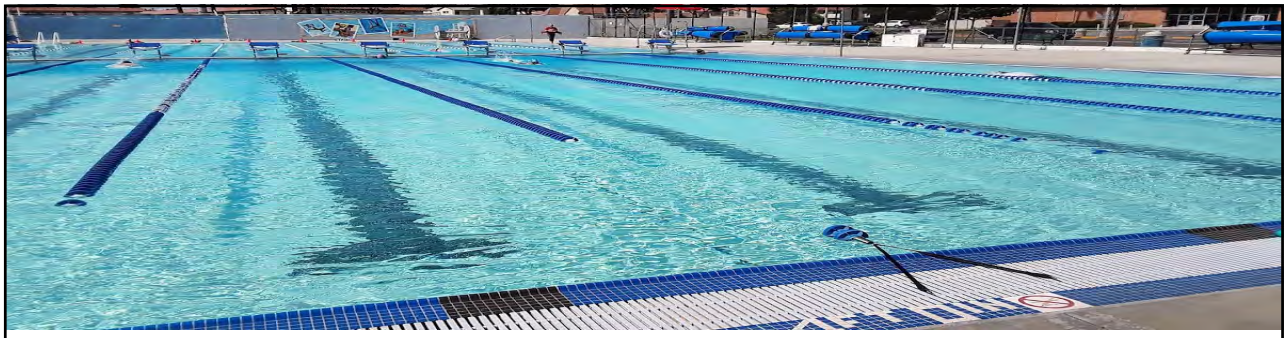
How will we show our progress? Update Dashboard

How will we communicate about challenges, successes, plan updates? Quarterly meetings with supervisors

12

Healthy. Happy. CDH.

13



Swimming Pools Program

Central District Health

Curtis Loveless and Natasha Ferney

12/19/2025

EXCELLENCE | POSITIVE IMPACT | PARTNERSHIP | INNOVATION | CREDIBILITY | HUMANITY

1

Prior to July 1, 2025

- Central District Health historically inspected 150-200 pools annually
  - Type A- Municipal/public pools
  - Type B- Semi public pools such as hotels, HOA, gyms, etc.
- Late 90s and early 2000s
  - Idaho Legislature makes changes to pool regulations
  - Type A pools and pools that volunteer to be regulated
- In the last decade
  - Central District Health permitted and inspected 36 - 38 swimming pools
  - Type A pools and pools that volunteer to be regulated

2

Licensing and Inspection Process

Emphasis - compliance with IDAPA 16.02.14 - Rules Governing Construction and Operation of Public Swimming Pools in Idaho
Goal - Prevention of illness and injuries

- Yearly licensing
  - Renewal Applications
  - Other requirements
- Plan reviews for new and remodeled facilities
  - Review of architectural plans for compliance with IDAPA
- Annual health and safety inspections
  - Unannounced on-site visit/43 items check list
  - Educational materials provided

3

Future of the program at CDH

Emphasis - Education, Technical Assistance and Consulting for Type A and Type B pools
Goal – Prevention of Illness and injuries

- Certified Pool Operator (CPO) Courses
  - Face-to-face instruction at CDH
  - Accredited through the Pool and Hot Tub Alliance (National Swimming Pool Foundation (NSPF) and the Association of Pool & Spa Professionals (APSP))
- Technical assistance program
  - Fee based tiered approach
  - Comprehensive site evaluation
  - Regular on-site visits/non-regulatory inspections
  - Educational materials

4

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(208) 327-8520
(208) 327-8526

Curtis Loveless (CEH Division Administrator)
Natasha Ferney (EH Program Manager)

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6


Upstream Prevention Initiative
Creating the Best Possible Communities for Youth
COMMUNITIES FOR YOUTH
Well-being. Together.

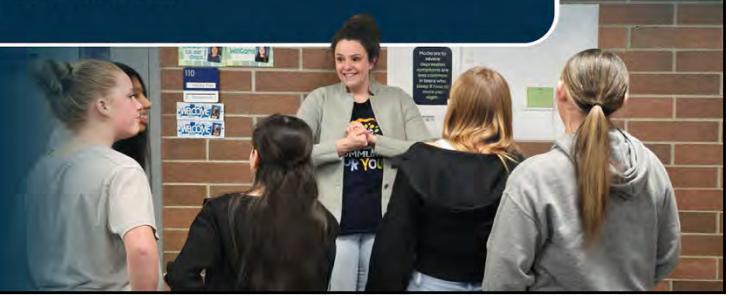
1


Who We Are
Communities for Youth is an Idaho-based initiative focused on improving youth mental health and well-being through upstream prevention.

2

What We Do

- We build community capacity to make data-driven decisions.
- Engaging youth is at the heart of our process.
- We partner with schools, parent groups, hospitals, local law enforcement, business leaders, and more.



3

CDH Partnership

Shared vision and commitment to serving youth

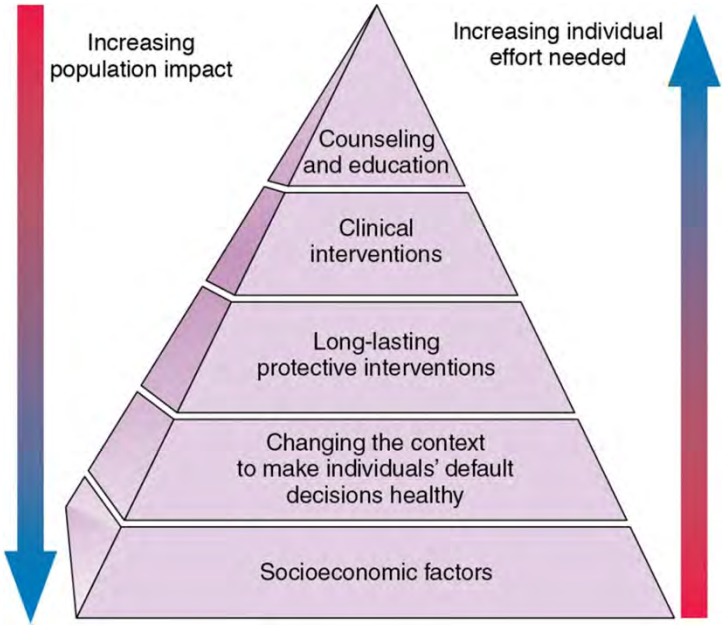
- Focused on upstream prevention strategies to support youth well-being

- Leading Boise Initiative for 2025-2026

EXCELLENCE | POSITIVE IMPACT | PARTNERSHIP | INNOVATION | CREDIBILITY | HUMANITY

4

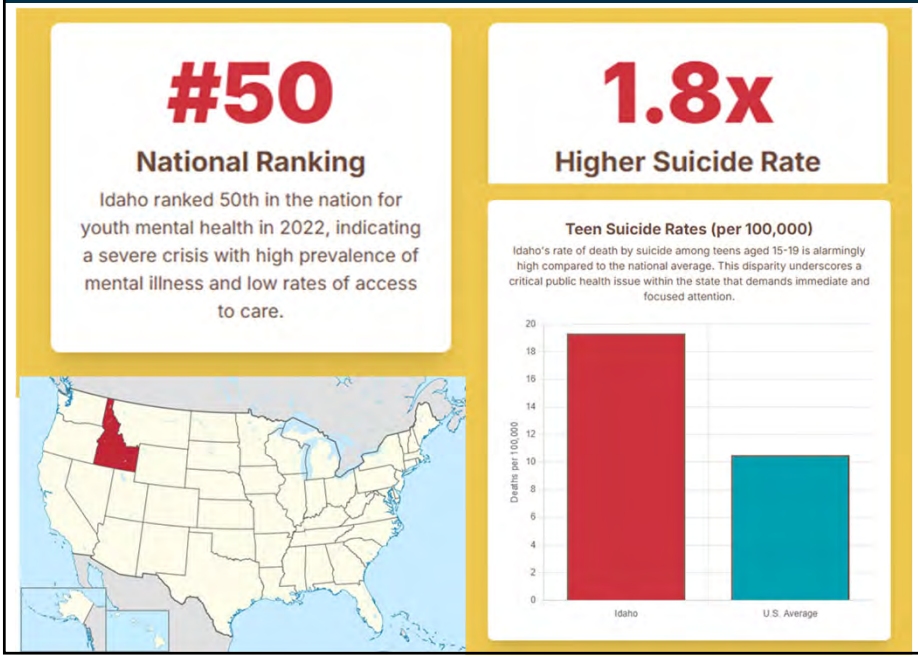
Health Impact Pyramid



Our goal is to promote the most well-being for the most people.

5

Youth Mental Health in Idaho



52.5% of youth in need of mental health services go untreated each year.

6

Youth Mental Health in Idaho

According to the Idaho Youth Well-being Survey (2025) teen depression rates range from 24%-67% across the state .

7

The Scope of the Solution…

Has to match the scope of the problem.

8

How to Transform Mental Health for All (WHO, 2025)

Three major pathways:

- deepen the value given to mental health by individuals, communities and governments, ***backed by meaningful engagement and investment across sectors***;
- **reshape environments** – in homes, schools, workplaces and communities – ***to better protect mental health and prevent mental health conditions***; and
- strengthen mental health care by building community-based networks of accessible, affordable and quality services.

9

Upstream Prevention

- **Work on root causes instead of waiting for crisis to occur.**
- **Addressing mental health and well-being takes more than clinicians, speakers, or programs.**
- **Focus on increasing *protective factors* and reducing *risk factors* at the community level.**

10

Our Process

BUILD A COMMUNITY COALITION

The first step is convening members of your community that want to help young people thrive. Coalitions can include everyone from educators and service providers to youth, parents and extended family, to policy makers, the business community and others.

CENTER THE YOUTH EXPERIENCE

The second step is collecting information from teens in your community to better understand their experiences, and the things in their lives that may be hurting or helping their health. This step is usually completed in collaboration with local schools.

KEEP THE CONVERSATION GOING

The final step is to sustain momentum for building the best possible community for young people. Regular youth data collection helps communities check their progress. Growing the coalition helps create new opportunities to support young people.

SET GOALS AND TAKE ACTION

The third step is sharing the youth data, evidence on what works, and your knowledge of your community to determine ways to address challenges or promote strengths related to youth well-being locally.

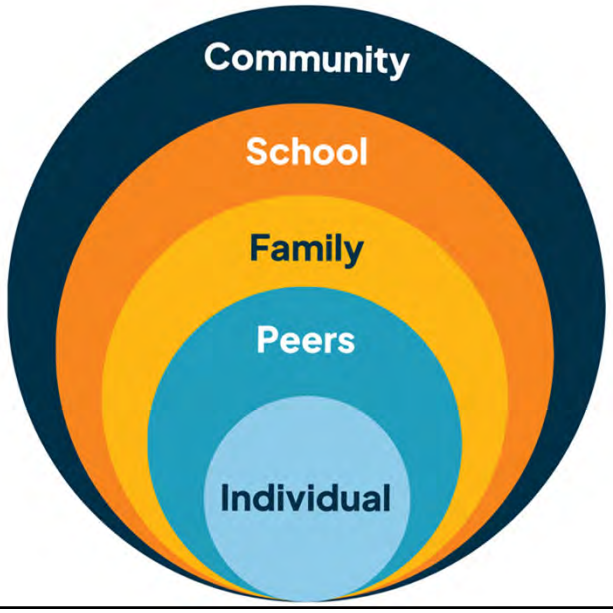
11

Why are surveys important in *Upstream Prevention*?

Evidence Based Decision Making

12

Improving the Root Causes



Communities for Youth assesses risk and protective factors across multiple domains.

13

Benefits of Upstream Prevention

The process doesn't change… it's intuitive. We can focus on what truly matters and work from our strengths.

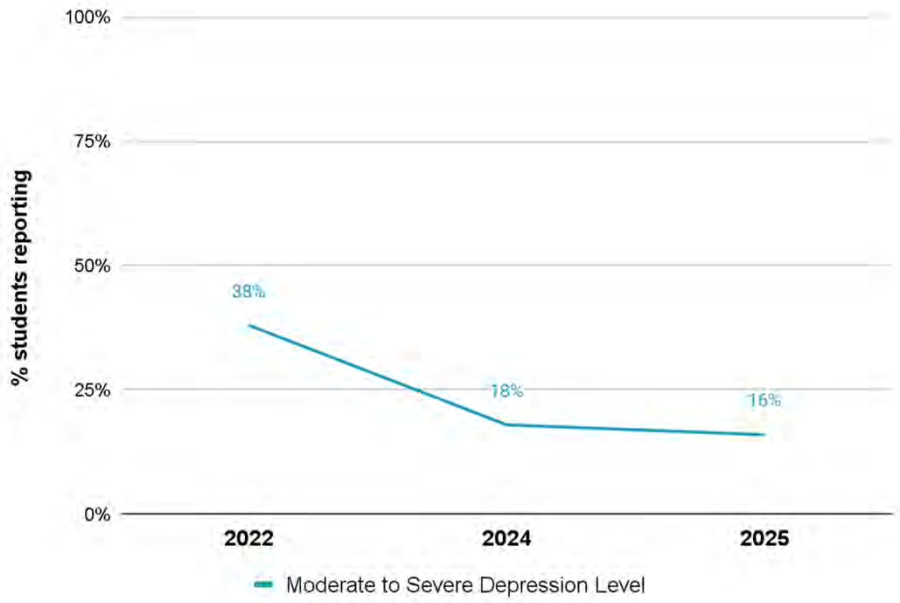
Builds capacity and **sustains attention** to create the best possible conditions for kids.

Helps everyone see the role they can play and brings communities together.

Evidence says… it works,really well!

14

Good news! Key Trends in Boise Teens Over Time



Rates of depressive symptoms have decreased!

15

Key Factors in Depression & Ideation for Boise Youth

- *Social Isolation*
- *Stress*
- *Lack of sleep*
- *Lack of family support*
- *Dating violence/coercion*
- *Discrimination*

16

Steps toward Upstream Prevention across Region 4

Boise County ● Horseshoe Bend-Upstream Prevention training with school, meeting about survey with leadership	Valley County ● McCall/Donnelly-New partnership, Full regional initiative, Year 1 ● Cascade-New partnership, Full regional initiative, Year 1
Elmore County ● Mountain Home- Initial work with schools around survey (2022) ● Close partnership with St. Luke's Community Health Manager in region ● Elmore County Teams attend Boise data walk meeting each year.	Ada County ● Boise-Full regional initiative, Year 4 ● **West Ada-** Upstream Prevention training with community; Community Listening sessions; not survey ready

17

Our children are worth running upstream for.

18

Thank you!

COMMUNITIES FOR YOUTH

Well-being. Together.

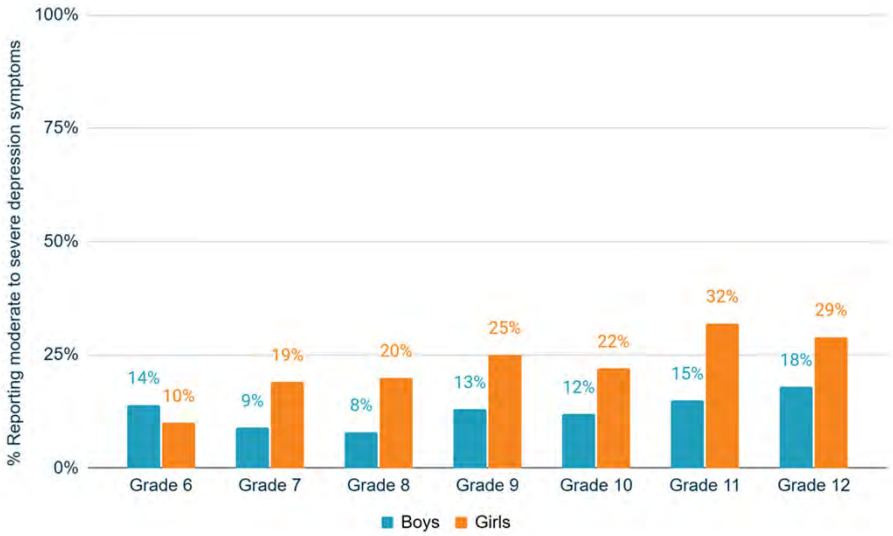
19

The 5 Guiding Principles of the Icelandic Prevention Model	
Guiding Principle 1	Apply a prevention approach that is designed to enhance the community.
Guiding Principle 2	Emphasize community action and embrace public schools as the natural hub of neighborhood/area efforts to support child and adolescent health, learning, and life success.
Guiding Principle 3	Engage and empower community members to make practical decisions using local, high-quality, accessible data and diagnostics.
Guiding Principle 4	Integrate researchers, policy-makers, practitioners, and community members into a unified team dedicated to solving complex, real-world problems.
Guiding Principle 5	Match the scope of the solution to the scope of the problem, including emphasizing long-term intervention and efforts to marshal adequate community resources.

20

Depression in Boise Students

November 2024



Across almost all grades, girls report higher rates of depression.

PHQ-9 is a clinical scale used to assess the degree of depression severity.

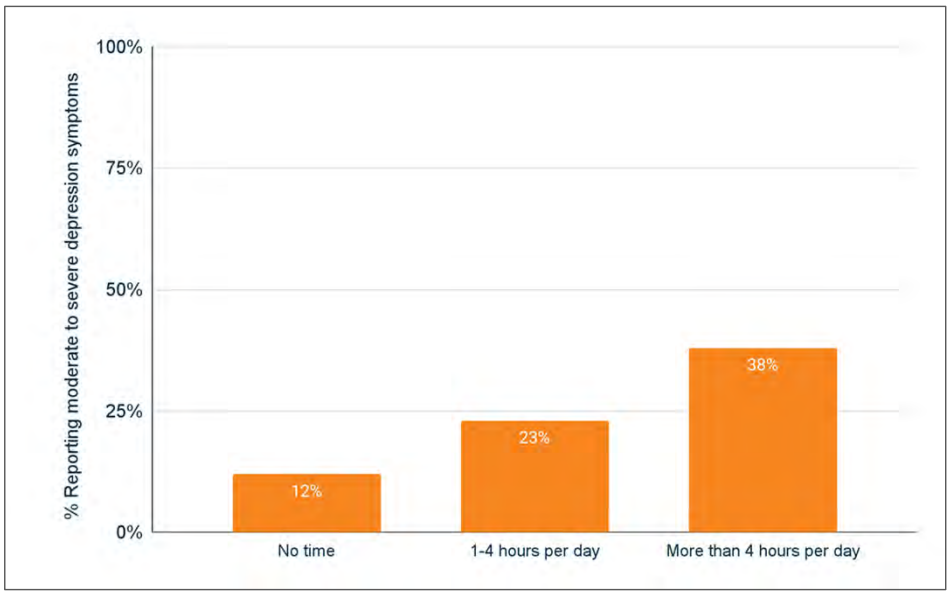
COMMUNITIES FOR YOUTH

21

Depression and Social Media Use in Boise Students

November 2024

Teens who spend less time on social media report lower rates of depression.



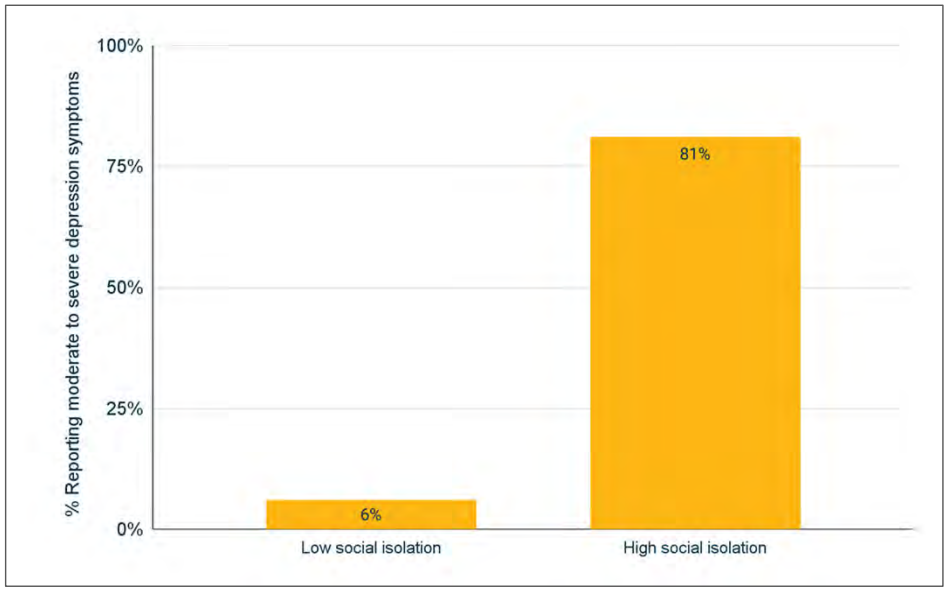
COMMUNITIES FOR YOUTH

22

Depression and Social Isolation in Boise Students

November 2024

Teens with low social isolation report lower rates of depression.



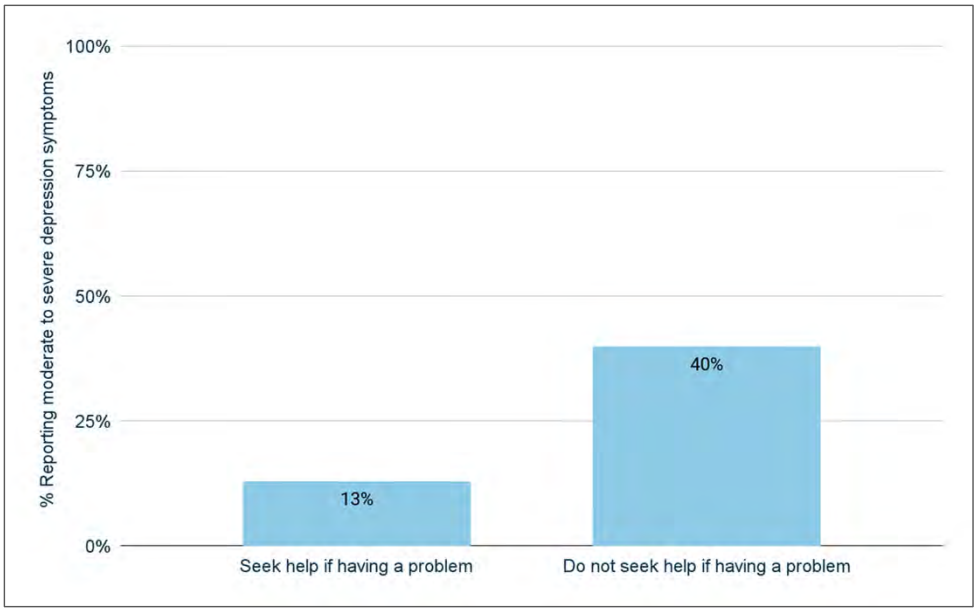
COMMUNITIES FOR YOUTH

23

Depression and Help Seeking Behavior in Boise Students

November 2024

Teens who seek help report lower rates of depression.



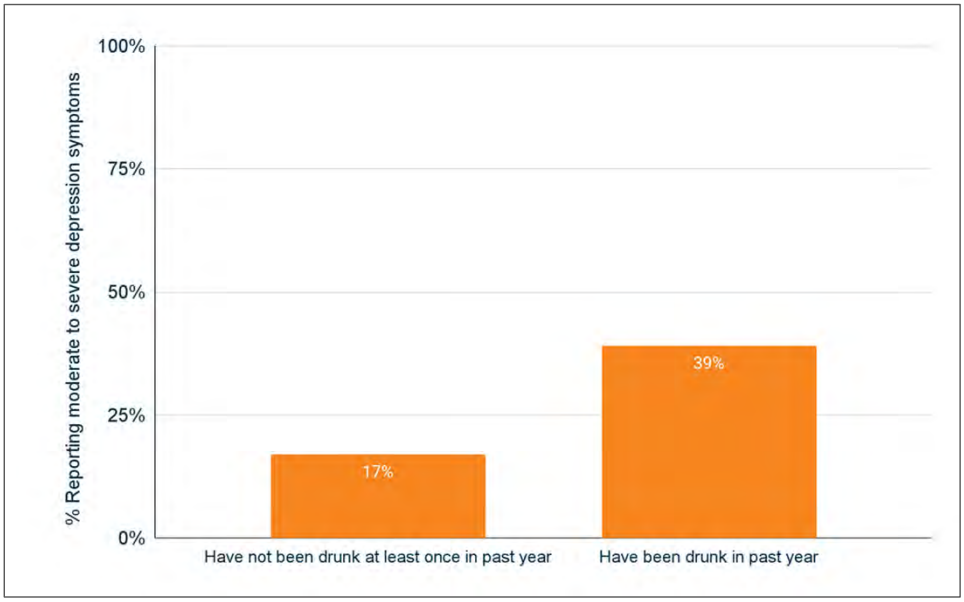
COMMUNITIES FOR YOUTH

24

Depression and Alcohol Use in Boise Students

November 2024

Teens who have not been drunk in the past 12 months at least once report lower rates of depression.

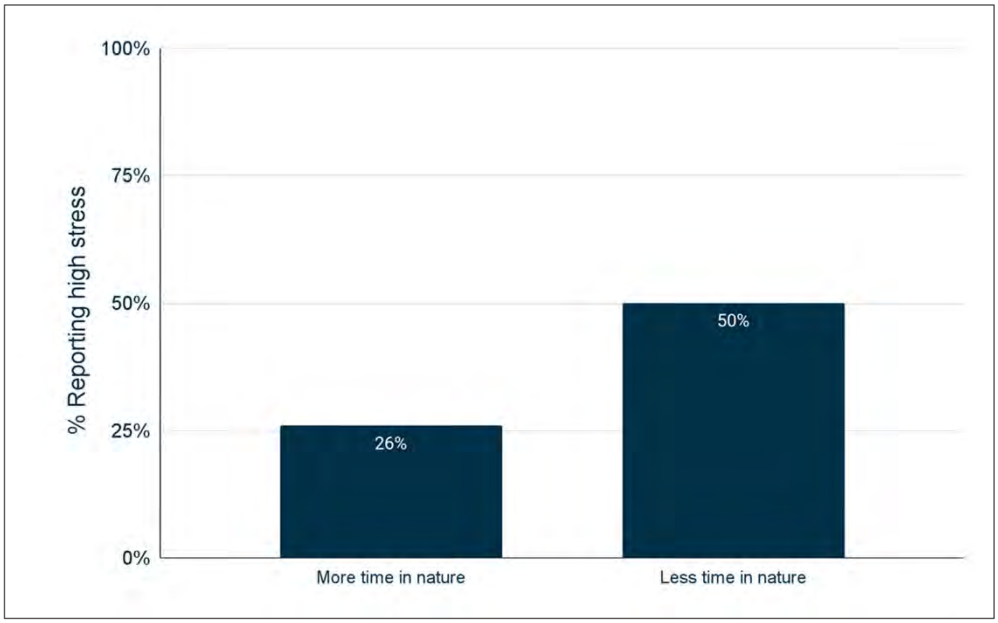


COMMUNITIES FOR YOUTH

25

Stress and Time in Nature in Boise Students

November 2024



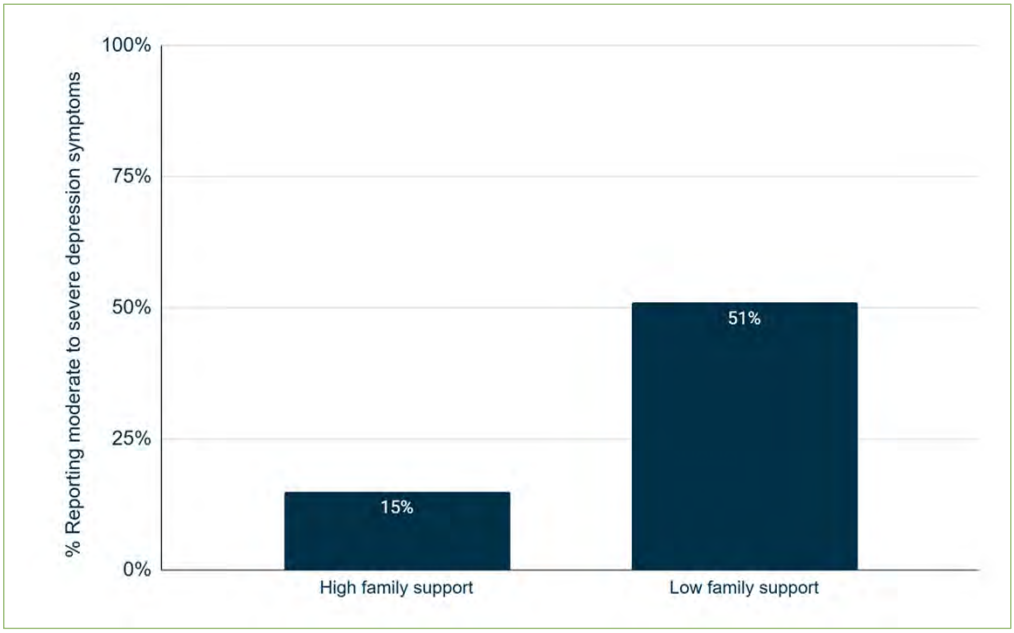
Teens who spend more time in nature report less stress.

COMMUNITIES FOR YOUTH

26

Depression and Family Support in Boise Students

November 2024



Teens who have more family support report lower rates of depression.

COMMUNITIES FOR YOUTH

27

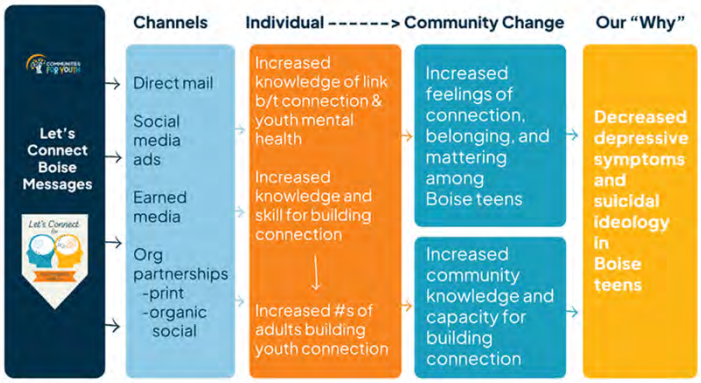
Boise Initiative: Highlights, Accomplishments & Wins!

COMMUNITIES FOR YOUTH

- **Schools!**
  - Boise School District
  - Riverstone
  - Bishop Kelly, Sage, One Stone
- **Teen Engagement**
  - Partnering with Teen Teams at One Stone around UP & MH
  - Treasure Valley Teen Action Team
  - Exciting partnership with Marie Hattaway and Boise Parks and Rec
- **Community**
  - JUMP and Teen Takeover Program
  - Ada County Paramedics & First Responders
  - Faith Communities & Andrew Kukla
  - CDH partnership and support of Boise Initiative Community Lead: Heather Allan

28

Boise: Let's Connect Campaign



- Teen Takeovers! Fun, Free, and Safe Connection
- Teen Action Team
- First Responders and other community partners providing space and connection

COMMUNITIES FOR YOUTH
Well-being. Together.

29

Three things that can promote mental health for youth in Idaho…

Increasing social connection for young people; to self, peers, and safe adults. Centering youth needs.

Taking responsibility for the environment and coming together as adults around Upstream Prevention.

Collecting community-specific data to navigate and check our work.

30

December 19, 2025

Dear Legislator,

Central District Health has two primary points of concern for the upcoming legislative session that we wanted to share with you.

First is the Department of Health and Welfare's (DHW) plan to remove $1M in JFAC appropriated state general funds from their budget that has, since its inception, been earmarked for the public health districts' home visiting programs. In our district we use these funds for our Nurse Family Partnership and Parents as Teachers programs. See attachment for more information about the impact this budget reduction will have on these evidence-based services.

We understand that state agencies are to reduce their general fund budget by 3% ongoing, and DHW is using this pass-through funding as part of their 3% budget reduction. We are also aware that DHW is looking at alternative sources of funding to try to make up for this $1M loss to the public health districts, but the funding they are considering has restrictions and will most likely result in a shortfall and reductions in services as described in the attached impact brief.

Action: We respectfully request that the legislature either fund the full amount at $1,000,000 or reduce it by 3% and appropriate $970,000 to DHW to pass through to the public health districts for FY-2027.

The second concern is related to a bill that was passed during the 2024 legislative session. The bill was S1329, which requires parent/guardian authorization before a minor can receive healthcare. This bill created Idaho code 32-1015. We support parent involvement with healthcare decisions for minors and in fact have always required parental consent for care we provide at Central District Health such as immunizations and school physicals. However, for a minor 14 and older who was seeking screening and treatment for a sexually transmitted disease, we encouraged but did not require parental consent. This followed Idaho Code 39-3801, a law that has been in place unchanged since 1971. Since July 1, 2024, we turn away minors seeking this type of care unless we receive parental consent. Attached is a resolution passed this year by the Idaho Association of Local Boards of Health on this subject. You will see in the whereas statements how the new law created by S1329 will have serious long-term health consequences for minors, who without screening most often will not know that they have a treatable infectious disease.

Action: Our request is that Idaho Code be changed to confirm that 39-3801 is still in effect.

Please reach out if you have any questions about these two requests.

Russell A. Duke, District Director
Rduke@cdh.idaho.gov (208)-921-4380

Dr. Greg Ferch, D.C., Chair
Central District Health, Board of Health

RESOLUTION 25-01, CLARIFYING IDAHO CODE 39-3801

Resolution to Support Clarifying that Idaho Code Title 39-3801 allows Idaho Medical Professionals to Test and Treat Minors 14 years of age or older for infectious, contagious or communicable diseases without requiring parental consent

WHEREAS, in 2024 the Idaho Legislature passed a new law, Idaho Code 32-1015, through S1329 called PARENTAL RIGHTS IN MEDICAL DECISION-MAKING, that prohibits health care providers from providing most types of medical care to a minor with few exceptions without first obtaining parental consent; and

WHEREAS, Idaho Code 39-3801 allows licensed Idaho medical practitioners to test and treat minors 14 years of age or older for infectious, contagious or communicable diseases without parental consent; and

WHEREAS, parent, parents, or legal guardian are not responsible for payment for any care rendered pursuant to 38-3801; and

WHEREAS, Idaho Code allows parent access to medical records of their child; and

WHEREAS, it is apparent that the 2024 legislature did not intend to repeal Title 39-3801 since nothing in the new law indicates otherwise. Only in the statement of purpose of S1329 is there any mention of the law superseding all existing laws. As clearly stated on this bill, a statement of purpose is a mere attachment to this bill and prepared by a proponent of the bill. It is neither intended as an expression of legislative intent nor intended for any use outside of the legislative process, including judicial review (Joint Rule 18); and

WHEREAS, according to 39-4503, PERSONS WHO MAY CONSENT TO THEIR OWN CARE, any person, including one who is developmentally disabled and not a respondent as defined in section 66-402, Idaho Code, who comprehends the need for, the nature of, and the significant risks ordinarily inherent in any contemplated health care services is competent to consent thereto on his or her own behalf. Any health care provider may provide such health care services in reliance upon such a consent; and

WHEREAS, according to the most recent Youth Risk Behavior Survey published in 2021 by the Idaho Department of Education, 20.4% of 9th graders reported having had sexual intercourse, by 12th grade this percentage increased to 41.7%. Of those students who reported being sexually active (sexual intercourse with at least one person during the past three months) only slightly more than half reported using a condom and for 12th graders only 42.3% reported using a condom; and

WHEREAS, not wearing a condom or using other barrier protection during sexual activity greatly increases a person’s risk for acquiring a communicable disease; and

WHEREAS, many STIs can be asymptomatic such as Chlamydia which has an asymptomatic rate of 70 percent in females and 50 percent in males and Gonorrhea which has an asymptomatic rate of 50 percent for females and 40 percent for males.

WHEREAS, communicable diseases not only harm an individual with the infectious disease, but they can also harm others without their knowledge, and without screening increase the spread and incidence of communicable disease; and

WHEREAS, untreated STIs can lead to serious complications including infertility, increased risk of certain cancers, pregnancy complications, and damage to the nervous system, heart and kidneys; increased risk for HIV and HPV infection, and drug resistance; and

WHEREAS, according to a recent report from the United States Department of Justice, child sex trafficking is a pervasive and underreported crime, and one of the most complex forms of child exploitation. Looking at federal trafficking cases prosecuted in 2020, just over half of the victims were children, with victims ranging from 4 to 17 years old when they were exploited, with an average age of 15 years old. 89% of child victims in active sex trafficking cases were between 14 and 17 years old and this is the age range for confidential STI care in Idaho Code 39-3801. Having confidential access to a provider for an STI check can be one of only a few opportunities to identify sex trafficking of minors; and

WHEREAS, to further emphasize the importance of allowing medical providers to use their professional judgement on involving a parent with STI testing and treatment of a minor between the ages of 14 and 17, the most recent comprehensive data from the Idaho Attorney General's FY2022 Child Sexual Abuse Statistics Annual Report indicates that there were 785 reported incidents of child sexual abuse in Idaho during that fiscal year. Although Idaho's official statistics do not isolate family-perpetrated abuse, national data suggests that a significant proportion of child sexual abuse is committed by family members or close acquaintances; and

WHEREAS, Idaho medical providers are mandated reporters, meaning they are legally required to report suspected child abuse and neglect. This includes sexual abuse of a minor. The law mandates reporting within 24 hours to either law enforcement or the Idaho Department of Health and Welfare; and

WHEREAS, stopping the spread of communicable diseases is a core function of public health.

THEREFORE, BE IT RESOLVED, that the Idaho Association of Local Boards of Health seeks clarification for whether or not Idaho Code, 32-1015 supersedes Idaho Code 39-3801.

IMPACT BRIEF:

FY 2027 BUDGET CUTS TO IDAHO'S HOME VISITATION PROGRAMS

OVERVIEW

The Idaho Home Visitation Program, delivered through all seven Public Health Districts, provides critical, evidence-based support to vulnerable families through Parents as Teachers (PAT) and Nurse-Family Partnership (NFP). In FY25, these programs served over 1,120 families and completed 8,709 home visits statewide.

FUNDING AT RISK

The program has historically received $1 million annually in state general funds. If this funding is not granted for FY27:

- 10 full-time home visitor positions will be eliminated.
- At least 200 families will lose access to services.
- Approximately 4,800 annual home visits will be lost for families.

IMMEDIATE IMPACTS

- Reduced Access: Fewer families will receive services, especially in rural and frontier counties.
- Increased Waitlists: Families in need will face delays or be turned away.
- Loss of Continuity: Families currently engaged will lose trusted relationships with home visitors.

DOWNSTREAM EFFECTS

- Child Health & Safety: Home visiting reduces child abuse and neglect by up to 48%. Cuts will reverse these gains.
- School Readiness: Children in home visiting programs are more likely to be ready for kindergarten. Fewer visits mean fewer children will be prepared for school success.
- Economic Consequences: $1 invested in Home Visiting Programs saves $6.40 in future costs for families and communities.
- Travel Reductions: If travel budgets are cut, home visitors will be unable to reach remote families, increasing isolation and the risk of missed developmental delays.

Home visiting programs improve the health of Idaho's children and families

ALIGNMENT WITH STATE PRIORITIES

Governor Brad Little's 2024 Executive Order on Promoting Families and Protecting Children emphasizes:

- Strengthening child welfare through early intervention.
- Supporting mothers and babies through nonprofit partnerships.
- Preventing child welfare involvement through proactive services.

Home visiting directly supports these goals and should remain a state funding priority.

SO WHAT?

- Families Left Behind: Vulnerable families will lose access to life-changing support.
- Higher Long-Term Costs: Short-term savings will be offset by increased spending in other systems.
- Widening Disparities: Cuts will disproportionately affect rural and high-need communities.

CONCLUSION

Maintaining the $1 million in funding for FY27 is essential to protect Idaho's most vulnerable families, uphold the Governor's vision, and ensure a healthier future for all Idahoans.

Panhandle Health District
Healthy People in Healthy Communities
Public Health
Prevent. Promote. Protect.
Panhandle Health District

Public Health
Idaho North Central District

SOUTHWEST
DISTRICT HEALTH

CENTRAL
DISTRICT
HEALTH

South Central
Public Health District
Prevent. Promote. Protect. phd5.idaho.gov

SIPH
Southeastern
Idaho Public Health

Eastern Idaho
Public Health
Prevent. Promote. Protect.

Erik Ketner	Kayla Sprenger	Nikole Zogg	Russ Duke	Logan Hudson	Maggie Mann	James Corbett
PHD1	PHD2	PHD3	PHD4	PHD5	PHD6	PHD7
208.415.5224	208.799.3100	208.455.5315	208.375.5211	208.737.5902	208.239.5258	206.522.0310



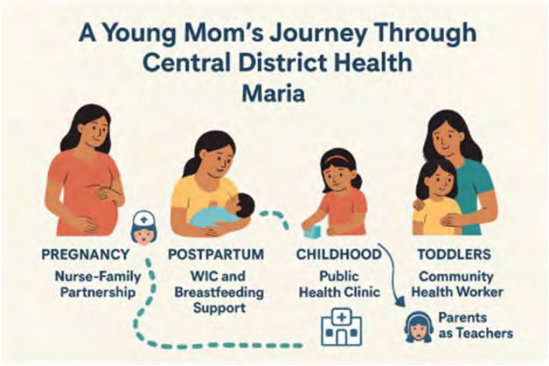

Family & Clinic Services Update

Beth Bolen, LCSW

December 19, 2025

1

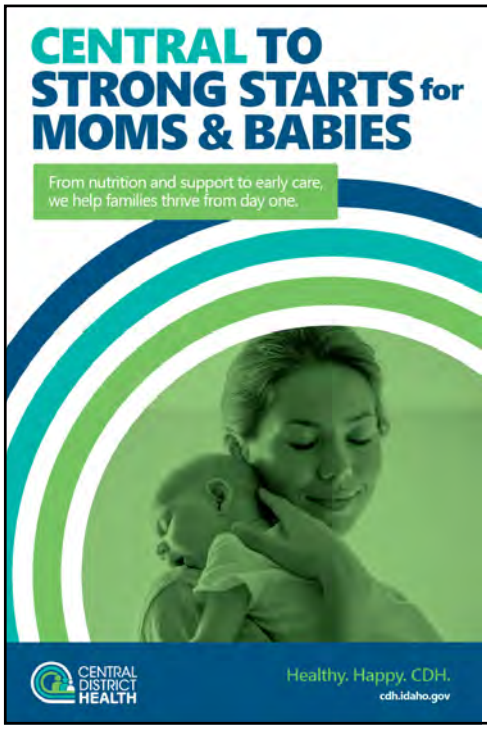
A Family's Journey Through Central District Health



- Maria is a young, first-time mom in our district
- Connected early through Nurse-Family Partnership
- Received WIC, breastfeeding support, clinic care, and developmental services
- Postpartum vaping identified and addressed through the Diaper Program for tobacco cessation
- Supported by a Community Health Worker to stabilize housing, food, and transportation

Integrated, prevention-focused public health services change the trajectory for families.

2



Nurse-Family Partnership (NFP): Successes and Risks

Successes

- NFP team now **4 nurse home visitors strong**
- Building capacity to serve **up to 100 families**
- **First full-cohort graduations** coming in May for clients who completed the full **2.5-year NFP program**

Risks

- Potential **loss of State Home Visiting funding**
  - Estimated impact of **~$170,000** to Central District Health

3

Nurse-Family Partnership: FY-2026 Goals

FY-2026 Focus Areas

- Participate in the **ENRICH national research study** to evaluate whether adding a cardiovascular health component to home visiting improves maternal and child health outcomes
- Engage in a **pilot to validate a new tool** assessing parent-child interaction and attachment
- Continue building caseloads while expanding service reach in **Ada, Elmore, and Boise counties**

Nurse-Family Partnership is growing in impact, facing funding risk, and positioning itself as a leader in innovation and evidence-based practice.

4

Women, Infants, and Children (WIC): Successes and Risks

Successes

- **Fully funded for FY-2026**, providing stability for staff and participants
- **Fully staffed with capacity for participant growth**:
  - 8 new staff hired in the last year (6 Clinical Assistants (CA), 1 CA Supervisor, 1 Registered Dietitian)
- New **staff equipment** implemented to ensure more accurate data collection and service delivery
- **Improving staff morale**, supported by increased staffing and operational stability
- Successful **data mapping collaboration with Public Health Preparedness team (PHP)** to better understand where current clients live and identify areas for expansion
- Implemented **Walk-In Wednesdays**, improving access and reducing barriers for families

Risks

- **Ongoing funding uncertainty** remains a risk to staff retention and client stability
- **Potential staff turnover** as several experienced staff approach retirement eligibility

5

Women, Infants, and Children (WIC): FY-2026 Direction

FY-2026 Focus Areas

- **SNAP–WIC data matching** to streamline enrollment and improve access for eligible families
- Exploring **flexible staff schedules**, with the potential to:
  - Expand WIC service hours
  - Improve staff retention and morale
- Implementation of **Idaho WIC food list changes beginning in April**, including:
  - Addition of tofu, corn masa flour, and tuna for all categories
  - Reduced juice allowances with substitution options for fresh fruits and vegetables
  - Reduced infant cereal
- Achieving **full compliance with WIC processing standards.** We have improved access by 50% this year

WIC is stable, growing, and modernizing—while planning strategically to improve access, staff retention, and participant choice.

6

Clinic Services - Medical: Successes

- Opened the new **Idaho City Clinic**, expanding access in a rural community
- Integrated **MOUD inductions** (previously maintenance transfers only), increasing access to evidence-based treatment
- Ongoing success reflected in **strong patient satisfaction survey results**
- Accepted the **Title V Subgrant** after the initial recipient was unable to meet requirements
- **Slow but steady growth** in the patient panel for Nurse Practitioners and Mental Health Counselor

7

Clinic Services - Oral Health: Successes

Implementation of the **cargo van** has significantly reduced staff time loading and unloading supplies

Seeing a **strong increase in participation**

Near completion of the **Oral Health app/online build**, which will:

- Reduce data entry redundancy
- Increase efficiency and allow more staff time for clinics

Expanded services to include **cleanings and silver diamine fluoride (SDF)** treatments

8

Clinic Services (Medical & Oral Health): Risks

Potential **funding losses or reductions from subgrants**

Impacts from **Senate Bill No. 1329**

9

Clinic Services (Medical & Oral Health): FY-2026 Direction

FY-2026 Focus Areas

Clinic

- Expanding **MOUD reach** through strengthened referral partnerships
- Offering **offsite "pop-up" sports physical clinics** for school districts
  - Previously offered onsite only
- Developing a strategy to increase vaccination rates

Oral Health

- Full **implementation of the Oral Health app/online platform**
- Potential **expansion into long-term care (LTC) facilities**
- Exploring partnerships for dental clinics with:
  - **Boys & Girls Club**
  - **Homeschool students and families**
- Increasing **First Teeth Matter (FTM) participation** through improved signage and visuals

10

Parents as Teachers (PAT): Successes and Risks

Successes

- Since December 2024, hired **four home visitors in Ada County** and added a **fifth home visitor** to support families in **Valley and Adams counties**
- Continued expansion of **rural outreach**, to cover our entire district
- Built strong **community partnerships**, including collaboration with the **Boise Police Department** for Back-to-School and *Shop with a Cop* events
- Established a partnership with the **local library and the Idaho Commission for Libraries**, allowing PAT to provide **free books** to families served

Risks

- Potential **reductions in Health & Welfare funding** that support home visiting programs

11

Parents as Teachers (PAT): FY-2026 Direction

FY-2026 Focus Areas

- Support each home visitor in reaching **full caseload capacity**:
  - **Ada County:** 18 families per home visitor
  - **Rural areas:** 12–15 families per home visitor
  - Serving 136 families within our district
- Continue strengthening and expanding **rural service presence** while maintaining service quality

Parents as Teachers is expanding its workforce and community reach while strengthening early childhood development support for families across urban and rural areas.

12

Outreach & Community Health Worker: Successes and Risks

Successes

- Established multiple **new community partnerships** to meet basic needs and reduce barriers
- Successfully **maintained and expanded the CDH Community Closet**, keeping pace with increased donations and demand
- Expanded partnerships supporting justice-involved and reentry populations
- Improved transportation access through partnerships with Rides 2 Wellness and Lyft
- Direct client impact:
  - Assisted families with **SSI, Disability, Medicaid, Child Support, Passport, and other benefit applications**
- Rural collaboration growth

Risks

- **Transportation access** remains a key barrier for clients across the district

13

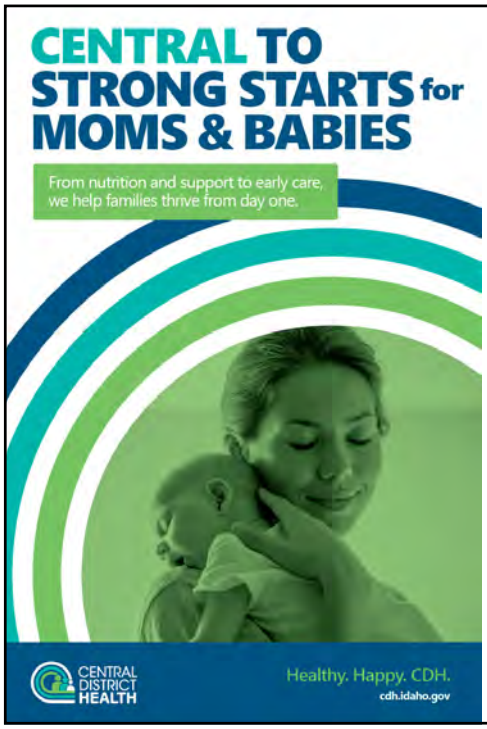
Outreach & Community Health Worker: Risks and FY-2026 Direction

FY-2026 Focus Areas

- Continue building **new partnerships and collaborations** across all counties served
- Explore opportunities for **mobile clinics** to reduce access barriers

Community Health Workers and Outreach serve as the connective tissue between CDH services and the community, addressing barriers that directly impact health outcomes.

14



Why This Integrated Approach Matters

Maria's story shows what is possible when public health works as a system.

From pregnancy through school age, Maria and her child were supported by coordinated Central District Health services.

Because services were **connected, accessible, and timely**, Maria was able to:

- Raise a healthy child
- Reduce preventable risks
- Avoid gaps in care
- Plan for her future

This is the value of integrated public health: earlier intervention, reduced barriers, better outcomes for families—and stronger returns for our community.

15

16

Central District Health Board of Health

Regular Meeting Schedule for Calendar Year 2026

For the calendar year 2026, unless otherwise noted, the Board of Health (BOH) meetings will be held in the Central District Health (CDH) Syringa Room at 707 N. Armstrong Place, Boise, ID 83704.

DATE	TIME	LOCATION	AGENDA
January	No Meeting		
February 20	8:30 a.m. – 12:30 p.m.	Boise	General Board Meeting
March 20	8:30 a.m. – 12:30 p.m.	Boise	General Board Meeting
April 10	8:30 a.m. – 12:30 p.m.	Boise	General Board Meeting
May 8	10:00 a.m – 2:30 p.m.	TBD (Boise County)	General Board Meeting
June	No Meeting		
July	No Meeting		
August 14	8:30 a.m. – 12:30 p.m.	Boise	General Board Meeting
September	No Meeting		
October 16	8:30 a.m. – 12:30 p.m.	Boise	General Board Meeting
November	No Meeting		
December 18	8:30 a.m. – 12:30 p.m.	Boise	General Board Meeting