

## Central District Board of Health Meeting | Agenda

### 707 N. Armstrong Pl, Boise, ID 83704

### Friday, April 10, 2026 | 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 March 20, 2026, 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 A Review and vote on the FY-2027 proposed budget                                               | Russ Duke, District Director |
| 9:30 I Community & Environmental Health update on septic system fees                                | Curtis Loveless, Staff       |
| 9:45 I Modernizing the customer experience at CDH                                                   | Laurel Gearhart, Staff       |
| 10:00 I Social Drivers of Health Screening and Community Health Worker support                      | Beth Bolen, Staff            |
| 10:15 I Director's Report                                                                           | Russ Duke, District Director |
| 10:30 I Public Health News Open Discussion                                                          | Dr. Greg Ferch, Chair        |
| 10:45 I Adjournment                                                                                 | Dr. Greg Ferch, Chair        |

**Next Meeting: Friday, May 8, 2026**



#### **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](mailto: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/>

#### Ada & Boise County

707 N. Armstrong Pl. Boise, ID 83704  
208-375-5211

#### Elmore County

520 E. 8<sup>th</sup> N. Mountain Home, ID 83647  
208-587-4407

#### Valley County

703 1<sup>st</sup> St. McCall, ID 83638  
208-634-7194

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**CENTRAL DISTRICT HEALTH BOARD OF HEALTH REGULAR MEETING | MINUTES**  
**707 N. Armstrong Place, Boise, ID 83704 | Syringa Conference Room**  
**Friday, March 20, 2026, 8:30 A.M.**

*View meetings live at [youtube.com/channel/UC4LJ1BM5Jv3zczecnykXarw/](https://youtube.com/channel/UC4LJ1BM5Jv3zczecnykXarw/)*

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**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; Comr. Clay Tucker, Boise County; Dr. Ryan Cole, Ada County;

Guests and Staff in attendance were Russ Duke, District Director; Cory Kennedy, Recorder; Conan Chiu, Financial Support Program Manager; Curtis Loveless, Community & Environmental Health Division Administrator; Beth Bolen, Family & Clinic Services Division Administrator; Stephanie Geanopulos, Communications & Marketing Manager; Emily Waddoups, WIC Program 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 February 27, 2026, Board of Health minutes – Dr. Greg Ferch, Chair**

Chair Greg Ferch called for any changes to the February 27, 2026, Board of Health minutes; no changes were brought up, and the February 27, 2026, Board of Health minutes were approved.

**Public Comment – Dr. Greg Ferch, Chair**

No public comments were brought before the Board.

**Provide and review FY-2026 financial report – Conan Chiu, Staff**

Conan provided an overview of the current FY-2026 Budget to Actual report. We are approximately 66.67% through FY-2026. The FY-2026 Cash Balance Statement reflected a total cash balance of \$12,561,743, comprised of \$6,930,502 in total reserve fund designations, \$3,800,413 in total restricted funds, and \$1,830,828 in cash balance undesignated/unrestricted.

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208-614-7194

**Discuss and vote on budget guidance for the FY-2027 Budget, including compensation plan for CDH staff and county funding request – Russ Duke, District Director**

Russ provided the Board with his plan to create a FY-2027 Draft Budget, which includes a request for a 3% increase in funding from the counties.

**Motion:** Commissioner Crystal Rodgers motioned to approve creating a FY-2027 Draft Budget with a 3% increase request from the counties, seconded by Dr. Ryan Cole; the motion was put to a vote and was carried unanimously.

**WIC Nutrition and Breastfeeding Update – Emily Waddoups, Staff**

Emily provided the Board with a presentation on WIC Nutrition and Breastfeeding, and how the program is navigating the recent food pyramid changes.

**WIC program operational overview and strategy to increase participation – Beth Bolen, Staff**

Beth provided the Board with an operational overview of the WIC program and the strategy that Family & Clinic Services has to increase WIC participation.

**Executive Council update on legislation of public health interest – Betty Ann Nettleton, Board Member**

Betty Ann provided updates from the Executive Council and updates from the current legislative session.

**Director's Report to include the FY-2027 Budget plan – Russ Duke, District Director**

Russ will work on the FY-2027 Draft Budget to present for approval at the Board of Health's April 10, 2026, meeting.

**Vote to enter Executive Session per Idaho Code 74-206(1)(a) – Dr. Greg Ferch, Chair**

**Motion:** Commissioner Crystal Rodgers motioned to enter Executive Session under Idaho Code 74-206(1)(a) "To consider hiring a public officer, employee, staff member or individual agent, wherein the respective qualities of individuals are to be evaluated in order to fill a particular vacancy or need." Seconded by Dr. Ryan Cole. 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; Commissioner Clay Tucker, Boise County, aye; Dr. Ryan Cole, Ada County, aye; Motion carried with unanimous approval.

**The Board entered Executive Session at 9:53 A.M.**

**The Board resumed the regular business meeting at 10:41 A.M.**

**Motion:** No action taken during Executive Session.

**Public Health News Open Discussion – Dr. Greg Ferch, Board Chair**

The Board had an open discussion on current public health news topics.

**Adjournment** – *Dr. Greg Ferch, Chair*

The next Board of Health meeting will be on Friday, April 10, 2026, starting at 8:30 A.M. at our Boise Office. The board adjourned at 10:56 A.M.

*Attest:*

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Dr. Greg Ferch  
Board Chair

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

Date approved: \_\_\_\_\_

FY-2026 Budget to Actual Report  
 July 2025 - March 2026  
 Fiscal Year % Elapsed 75.00%

| REVENUES:                        | FEES             |                  |            | CONTRACTS        |                  |            | OTHER            |                |            | TOTAL REVENUE         |                   | % to Budget       |            |
|----------------------------------|------------------|------------------|------------|------------------|------------------|------------|------------------|----------------|------------|-----------------------|-------------------|-------------------|------------|
|                                  | Budget           | Actual           | %          | Budget           | Actual           | %          | Budget           | Actual         | %          | Budget                | Actual            |                   |            |
| Administration                   | 0                | 0                | 0%         | 98,300           | 382,495          | 389%       | 0                | 0              | 0%         | 98,300                | 382,495           | 389%              |            |
| Support Services                 | 0                | 0                | 0%         | 113,600          | 0                | 0%         | 47,900           | 58,062         | 121%       | 161,500               | 58,062            | 36%               |            |
| Community & Environmental Health | 1,410,500        | 1,158,937        | 82%        | 2,983,700        | 1,970,159        | 66%        | 1,062,200        | 484,283        | 46%        | 5,456,400             | 3,613,378         | 66%               |            |
| Family & Clinic Services         | 980,500          | 619,941          | 63%        | 2,658,200        | 1,848,592        | 70%        | 416,400          | 202,542        | 49%        | 4,055,100             | 2,671,075         | 66%               |            |
| <b>DISTRICT TOTAL</b>            | <b>2,391,000</b> | <b>1,778,878</b> | <b>74%</b> | <b>5,853,800</b> | <b>4,201,245</b> | <b>72%</b> | <b>1,526,500</b> | <b>744,887</b> | <b>49%</b> | <b>9,771,300</b>      | <b>6,725,010</b>  | <b>69%</b>        |            |
|                                  |                  |                  |            |                  |                  |            |                  |                |            | County Contributions  | 5,677,200         | 5,637,835         | 99%        |
|                                  |                  |                  |            |                  |                  |            |                  |                |            | Interest Revenue      | 480,600           | 343,641           | 72%        |
|                                  |                  |                  |            |                  |                  |            |                  |                |            | Restrict/Reserve      | 590,500           | 0                 | 0%         |
|                                  |                  |                  |            |                  |                  |            |                  |                |            | <b>REVENUE:</b>       | <b>16,519,600</b> | <b>12,706,486</b> | <b>77%</b> |
|                                  |                  |                  |            |                  |                  |            |                  |                |            | <b>TOTAL FUNDING:</b> | <b>16,519,600</b> | <b>12,706,486</b> | <b>77%</b> |

| EXPENDITURES:                    | PERSONNEL         |                  |               | OPERATING        |                  |            | CAPITAL        |                |            | TRUSTEE & BENEFITS |                |            | TOTAL EXPENDITURES |                   | % to Budget |
|----------------------------------|-------------------|------------------|---------------|------------------|------------------|------------|----------------|----------------|------------|--------------------|----------------|------------|--------------------|-------------------|-------------|
|                                  | Budget            | Actual           | %             | Budget           | Actual           | %          | Budget         | Actual         | %          | Budget             | Actual         | %          | Budget             | Actual            |             |
| Administration                   | 523,000           | 436,656          | 83%           | 135,400          | 99,060           | 73%        | 0              | 0              | 0%         | 0                  | 0              | 0%         | 658,400            | 535,716           | 81%         |
| Support Services                 | 1,979,900         | 1,508,089        | 76%           | 795,600          | 708,145          | 89%        | 145,000        | 90,848         | 63%        | 0                  | 0              | 0%         | 2,920,500          | 2,307,082         | 79%         |
| Community & Environmental Health | 4,517,100         | 3,307,905        | 73%           | 980,000          | 546,489          | 56%        | 11,100         | 11,084         | 100%       | 1,341,000          | 692,831        | 52%        | 6,849,200          | 4,558,308         | 67%         |
| Family & Clinic Services         | 5,405,700         | 3,765,505        | 70%           | 685,800          | 486,491          | 71%        | 0              | 0              | 0%         | 0                  | 15,673         | 0%         | 6,091,500          | 4,267,669         | 70%         |
| <b>DISTRICT TOTAL</b>            | <b>12,425,700</b> | <b>9,018,154</b> | <b>72.58%</b> | <b>2,596,800</b> | <b>1,840,185</b> | <b>71%</b> | <b>156,100</b> | <b>101,932</b> | <b>65%</b> | <b>1,341,000</b>   | <b>708,504</b> | <b>53%</b> | <b>16,519,600</b>  | <b>11,668,775</b> | <b>71%</b>  |

# FY-2026 Revenue & Expenditure Report

July 2025 - March 2026

Fiscal Year % Elapsed      75%

**NOTES**

**REVENUES:**

| <u>Fees:</u>                     | FY-2024          | July - March<br>FY-2025 | FY-2026          |
|----------------------------------|------------------|-------------------------|------------------|
| Community & Environmental Health |                  |                         |                  |
| Sewage Disposal                  | 350,417          | 375,507                 | 376,312          |
| Land Programs - Other            | 59,689           | 67,923                  | 85,971           |
| Food Programs <i>(updated)</i>   | 635,734          | 597,544                 | 630,917          |
| Child Care Licensing             | 23,130           | 17,975                  | 42,575           |
| Other (incl. Vital Stat's)       | 15,160           | 24,693                  | 23,162           |
| Subtotal:                        | 1,084,130        | 1,083,642               | 1,158,937        |
| Family & Clinic Services         |                  |                         |                  |
| Central Care                     | 83,541           | 64,684                  | 137,219          |
| Immunizations                    | 64,095           | 39,240                  | 67,634           |
| Reproductive Health              | 110,173          | 58,018                  | 55,518           |
| Child Dental Clinic              | 35,394           | 31,743                  | 19,807           |
| Home Visitation                  | 74,786           | 92,044                  | 339,764          |
| Other                            | 854              | 1,112                   | -                |
| Subtotal:                        | 368,843          | 286,843                 | 619,941          |
| <b>TOTAL FEES:</b>               | <b>1,452,973</b> | <b>1,370,485</b>        | <b>1,778,878</b> |

**Contracts:**

|                                  |           |           |           |
|----------------------------------|-----------|-----------|-----------|
| Administration                   | 72,988    | 389,125   | 382,495   |
| Support Services                 | 13,276    | 1,586     | -         |
| Community & Environmental Health | 3,932,934 | 2,970,421 | 1,970,159 |
| Family & Clinic Services         | 1,827,166 | 2,646,808 | 1,848,592 |
| TOTAL CONTRACTS:                 | 5,846,364 | 6,007,941 | 4,201,245 |

| <b>REVENUES</b> | <b>Budget Total</b> | <b>Budget to Date</b> | <b>Actual to Date</b> | <b>% Over / -Under</b> |
|-----------------|---------------------|-----------------------|-----------------------|------------------------|
| Fees            | 2,391,000           | 1,793,250             | 1,778,878             | -0.8%                  |
| Contracts       | 5,853,800           | 4,390,350             | 4,201,245             | -4.3%                  |

**EXPENDITURES:**

**Personnel Costs:**

|                       |       |       |
|-----------------------|-------|-------|
| Completed payperiods: | 20/26 | 76.9% |
| Current spending:     |       | 72.6% |

| <b>Budget Total</b> | <b>Budget to Date</b> | <b>Actual to Date</b> | <b>-Under / Over</b> | <b>% -Under / Over</b> |
|---------------------|-----------------------|-----------------------|----------------------|------------------------|
|                     | 12,425,700            | 9,558,231             | 9,018,154            | -540,077               |

**Operating Costs:**

| <b>Budget Total</b> | <b>Budget to Date</b> | <b>Actual to Date</b> | <b>-Under / Over</b> | <b>% -Under / Over</b> |
|---------------------|-----------------------|-----------------------|----------------------|------------------------|
|                     | 2,596,800             | 1,947,600             | 1,840,185            | -107,415               |

**Trustee and Benefit Costs:**

| <b>Budget Total</b> | <b>Budget to Date</b> | <b>Actual to Date</b> | <b>-Under / Over</b> | <b>% -Under / Over</b> |
|---------------------|-----------------------|-----------------------|----------------------|------------------------|
|                     | 1,341,000             | 1,005,750             | 708,504              | -297,246               |

**Capital Outlay:**

| <b>Budget Total</b> | <b>Budget to Date</b> | <b>Actual to Date</b> | <b>-Under / Over</b> | <b>% -Under / Over</b> |
|---------------------|-----------------------|-----------------------|----------------------|------------------------|
|                     | 156,100               | 117,075               | 101,932              | -15,143                |

## FY-2026 Cash Balance Statement

For Month Ending: March 2026

### 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           | 23,311  | 296,800        |
| 62500  | LGIP - Operating | State Treasurer - LGIP    | 10,162,034        | 789,641 | 10,951,675     |
| 62500  | LGIP - Capital   | State Treasurer - LGIP    | 1,000,000         | -       | 1,000,000      |

**Total Cash Balances at Month End** **\$ 12,250,985**

### Reserve Fund Designations

| Special Projects/Carryover Designation                          | Expenditure to      |                   |                  |
|-----------------------------------------------------------------|---------------------|-------------------|------------------|
|                                                                 | Approved Request    | Date              | Balance          |
| Capital Improvement-Office Expansion                            | \$ 307,000          | \$ -              | \$ 307,000       |
| IT Equipment Support                                            | \$ 357,800          | \$ 43,672         | \$ 314,128       |
| Marketing                                                       | \$ 95,000           | \$ 12,694         | \$ 82,307        |
| Program Support                                                 | \$ 303,000          | \$ 144,333        | \$ 158,667       |
| CDH Staff                                                       | \$ 196,100          | \$ 118,673        | \$ 77,427        |
| Training and Development                                        | \$ 25,000           | \$ 19,335         | \$ 5,665         |
| Vehicles                                                        | \$ 85,700           | \$ 85,645         | \$ 55            |
| Retention Incentives                                            | \$ 150,000          | \$ 264,680        | \$ -             |
| Capital Improve-Continue (McCall Facility & Armstrong Bathroom) | \$ 345,000          | \$ 30,689         | \$ 314,311       |
| Accela-Continuation (EHS System)                                | \$ 140,000          | \$ 79,025         | \$ 60,975        |
|                                                                 | <b>\$ 2,004,600</b> | <b>\$ 798,746</b> | <b>1,320,534</b> |

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** **\$ 6,803,934**

**Total Restricted Funds** **\$ 3,625,804**

**Cash Balance Undesignated/Unrestricted** **\$ 1,821,247**

# Cut Permit Turnaround Times By 50%

Keep community development projects on time and on budget

## The Permitting Process: Traditional Versus Digital

### Traditional Process

**1** ▶ Builder drives to agency office to fill out paper application and submit plans for review during agency office hours

**2** ▶ Permit fees are calculated and, if applicable, review fees are paid, often using paper check requiring handling

**3** ▶ Application sits in a queue before being reviewed

**4** ▶ Agency employee reviews application for completeness and sends a letter or calls the builder if more information is needed. Builder may need to return to the office

**5** ▶ Once application is complete, agency employee routes paper file for review depending on permit type. This may take anywhere from one to 30 days depending on number of applications in the queue, scope and complexity of project


**6** ▶ Reviewer manually pulls confirmation of plan approval, any conditional plan approval requirements, and relevant zoning and code information attached to the building permit file


**7** ▶ Permit is issued and fees are paid, which may require the builder returning to the agency, and construction begins

**8** ▶ Inspection appointment is requested by applicant often by phone or utilizing an IVR system

### Digital Process

 Builder completes application online 24/7


 Permit fees are automatically calculated and all fees are paid online


 Application is received and plans are automatically forwarded to appropriate parties for review


#### STEPS ELIMINATED

Automated notifications are sent to contacts informing them of missing information, which can be submitted online

Application routing occurs in Step 3

 Plans are reviewed electronically. Multiple reviewers can share, mark-up and comment online and approve plans simultaneously

 Permit is automatically generated and sent to applicant

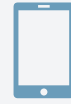
 Inspections are requested online and scheduled, assigned and routed automatically

## Traditional Process

## Digital Process

9

Inspector meets builder onsite and inspects work, bringing paper file for reference



Inspectors perform onsite inspections from their mobile devices, accessing all information electronically and empowering them to stay 100% in the field

10

If additional information is needed in field, inspector drives back to the office

### STEP ELIMINATED

Inspectors access real-time information from the agency database in the field

11

Inspection pass/fail results are delivered to builder via phone, email or mail



Inspection pass/fail results are delivered to builder via phone, email or mail

12

If revisions are requested, process starts over for each additional inspection



Additional inspections for revisions automatically routed as needed

13

Once approved, inspector provides completed form to administrative staff who keys permit information into agency system

### STEP ELIMINATED

All inspection records are stored electronically and entered at point of inspection

14

Builder advances to next stage of construction and possibly new set of permits needed for project until final inspection is complete. This may require multiple visits to the agency office and manual paper handling



Builder advances to next stage of construction and possibly new set of permits needed for project until final inspection complete. All inspection results are generated automatically online

15

Certificate of Occupancy is issued via mail or picked up at agency office

### STEP ELIMINATED

Certificate of Occupancy task is automatically generated and may be issued electronically after final inspection

 Accela

## Enabling Community Growth

Developers, contractors and project owners rely on government agencies to process applications quickly and efficiently to keep their ventures on time and on budget. Accela's Civic Application for Building helps agencies streamline and eliminate steps within their permitting process.

Ready to take the next step?  
[www.accela.com/building](http://www.accela.com/building)



# Modernizing the Customer Experience @ CDH

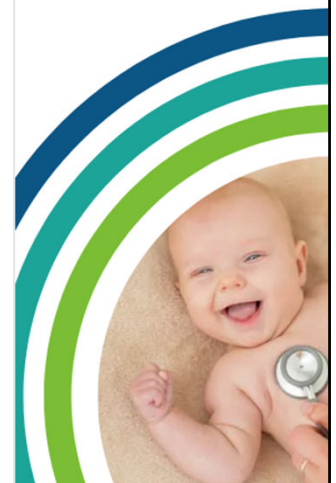
EXCELLENCE | POSITIVE IMPACT | PARTNERSHIP | INNOVATION | CREDIBILITY | HUMANITY

1

## Agenda

- Family & Clinic Services patient modernization efforts
- Community & Environmental Health modernization efforts
- Agency-wide modernization goals & Strategic Plan alignment

**HAPPY.  
HEALTHY.  
CDH.**



2

# FCS

Patient check-in moving to enhanced self check-in (ESCI)

## Features

- Digital patient forms, insurance card image capture, comprehensive health histories, screeners, easier payments and payment plans, staff-initiated check-in

## Benefits

- Enhances patient engagement
- Reduces administrative workload
- Improves data quality
- Smoother, more efficient process for both patients and staff

3

# CEH



## Current state

In-house built system with multiple break-fixes in place. Some use of digital inspection completion and much use of paper inspection forms. Customers must call for updates, account information and status updates and only some payments can be made online.

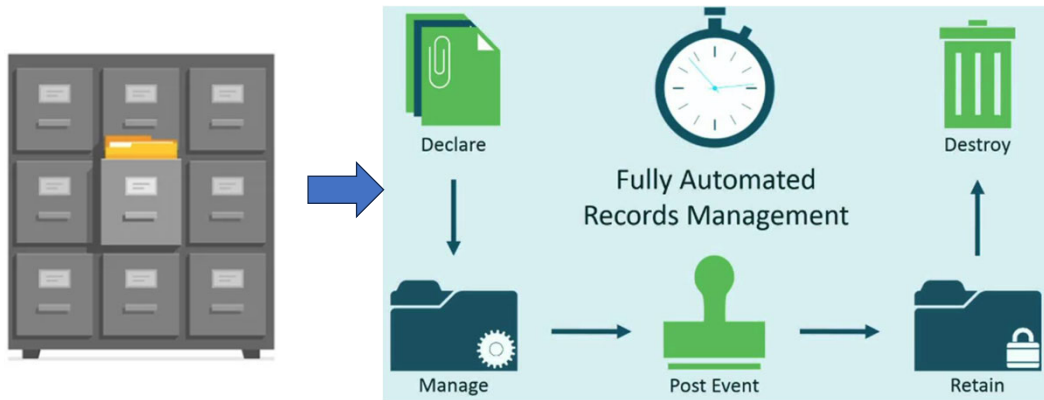


## Future state:

Citizen Web portal, mobile solution, activity reporting, document management system, automatic notifications, user community, inter-agency collaboration, streamlines services, open software architecture, SaaS and Security

4

## Agency-wide



5

## Alignment with Strategic Plan

Upgrade internal systems and tools to improve workflow and collaboration.

- Implement Accela as the new Environmental Health (EH) record system including providing training internally and providing a messaging campaign to the community.
- In alignment with Accela, develop a new plan review process that includes better staff support, targeted training, and improved procedures.

Streamline operational processes to reduce waste and improve efficiency.

- Move all files from shared drive to SharePoint utilizing newly designed SharePoint structure
- Move all paper files from Laserfiche to OnBase, and update Records Retention policy to reflect new digital storage space as retention location.



6



**Healthy. Happy. CDH.**

7



# Screening for Social Drivers of Health (SDOH)

April 10, 2026  
Beth Bolen, LCSW  
Division Administrator, Family & Clinic Services

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

1

## What Are Social Drivers of Health (SDOH)?

Social drivers of health are the **non-medical factors** that influence health and well-being.

They include the **conditions where people are born, live, work, learn, worship, and age**, as well as the broader systems that shape daily life, such as **economic stability, social policies, and community environments**.






Source: Center for Disease Control (CDC) <https://www.cdc.gov/about/priorities/why-is-addressing-sdoh-important.html>

2

# Clinic Intervention

Please review the below questions.

Check the box for any category that applies to you and you would like help or information on.

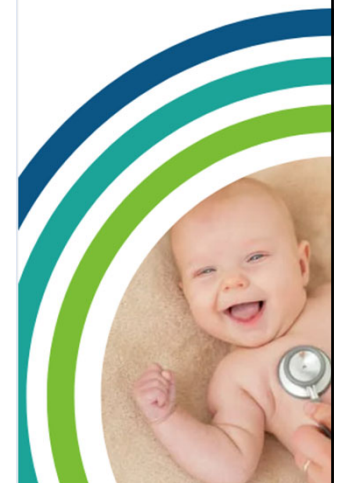
|                                                                                   |                          |                                                                                     |
|-----------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------|
|  | <input type="checkbox"/> | I do not have stable housing or access to safe living conditions                    |
|  | <input type="checkbox"/> | I am experiencing food insecurity or lack access to healthy and nutritious food     |
|  | <input type="checkbox"/> | I am not employed or I do not have a stable source of income to meet my basic needs |
|  | <input type="checkbox"/> | I do not have a support system or access to social support in times of need         |
|  | <input type="checkbox"/> | I have barriers to accessing healthcare services because of transportation or cost  |

3

## What happens after screening?

- Community Health Worker
  - Connects families to resources in the community
  - Assists with completing applications
  - Available for on-going support if needed
    - Medicaid & SNAP applications
    - Energy bill assistance
    - Resources of Intimate Partner Violence

**HAPPY.  
HEALTHY.  
CDH.**



4



5



6