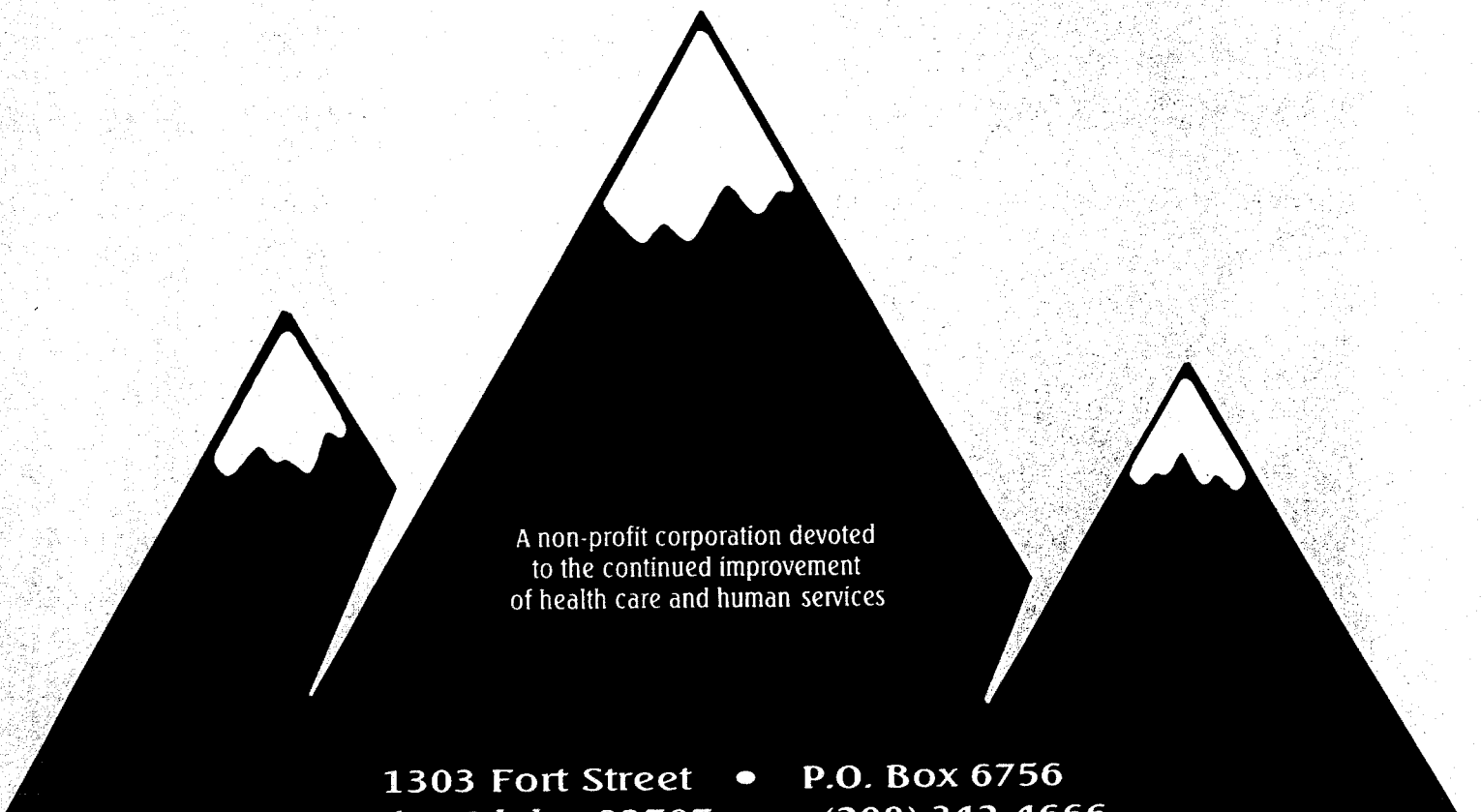




Celebrating 15 Years of Service

MOUNTAIN STATES HEALTH CORPORATION

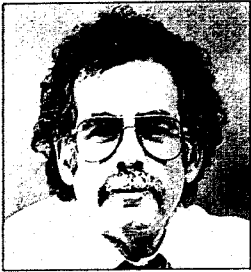


A non-profit corporation devoted
to the continued improvement
of health care and human services

1303 Fort Street • P.O. Box 6756
Boise, Idaho 83707 • (208) 342-4666

MOUNTAIN STATES HEALTH CORPORATION BOARD OF DIRECTORS 1990

The Mountain States Health Corporation's Board of Directors collectively comprise a range of professional interests and expertise in human services.



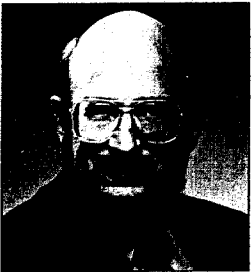
President **Benson R. Daitz, M.D.:**

Since 1979 Dr. Daitz has served as Associate Professor, Division of Family, Community and Emergency Medicine at the University of New Mexico, School of Medicine. Dr. Daitz is certified by the American Board of Family Practice and has served as Acting Director for both the Division of Family Medicine and the Family Practice Residency Program at the University of New Mexico. In addition to serving on several Governor's Task Forces involved in alcohol abuse prevention, health and physical fitness, Dr. Daitz is actively involved in the production of radio and television programs aimed at increasing consumers' awareness of health issues. In his role of writer, producer, and musical composer he has numerous health education films and videotapes — some of which aired nationally — to his credit.



Vice President **C.E. Smith, Ph.D.:**

Dr. Smith has a number of years experience in resource development and in university teaching and research. He held executive positions in a Regional Medical Program and in the Health Policy Analysis and Accountability Network, Inc. Dr. Smith serves on the Board of Directors of Health Resources Development, Inc., in New York City. At the present time, he is a real estate broker and land developer in New Mexico.



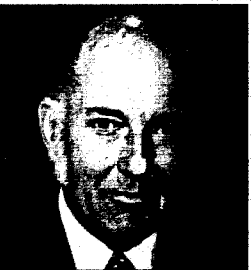
Secretary/Treasurer **Hartzell J. Cobbs, Rel.D.:**

Dr. Cobbs has had extensive experience in the ministry where he has functioned as a psychological and religious counselor as well as administrator. In the area of human services he has added the perspective of ten years experience in the field of long-term care — both as Executive Director of the Idaho Health Facilities Association and the Oregon Health Care Association. He also serves as chairman of the Data Collection Taskforce of the American Health Care Association and was president of the National Association of State Health Care Association Directors. He is currently the president of Cobb and Associates, a private consulting firm in Portland, Oregon.



Director **Louise C. Haney, R.N., N.P.:**

Ms. Haney is an active member of the nursing profession in Idaho where she has held numerous offices in the Idaho Nurses' Association and has been involved in the Association of Operating Room Nurses and the Idaho Mental Health Association. She was Nursing Service Assistant Director in charge of operating room and out-patient services for St. Luke's Regional Medical Center in Boise. She is currently director of operating services at the VA Medical Center in Boise. She serves as a national and international nurse consultant for several organizations — most notably the Joint Commission of Hospital Accreditation.



Director **Richard C. Mattson, Ed.D.:**

Dr. Mattson has served as Director of MSHC since July, 1974, including two terms as President. Prior to his retirement in 1981, he served in various positions with Flathead Valley Community College; these include Counselor, Dean of Students, and interim President. Dr. Mattson has been active in promoting programs for the rural elderly and mental health issues in Montana.

MOUNTAIN STATES HEALTH CORPORATION

poised for the future

Fifteen years ago, Mountain States Health Corporation (MSHC) began its work and its investments in improving the quality and access to health care and human services for rural citizens of the Rocky Mountain and Pacific Northwest States.

In addition to later reports of current activities, it is appropriate to reflect on a decade and a half of experience and to report some major successes and failures to our public.

This report therefore is addressed to our past, present and future funding agencies and foundations, and also to our vast network of volunteers, to our corporate and project advisors, and to the hundreds of colleagues and professionals who share with us our work and dreams for optimally effective health care and human services for citizens of the Western States.

History

In 1974, MSHC's parent organization — the Mountain States Regional Medical Program (MSRMP) — had just completed its mission in Idaho, Montana, Nevada, and Wyoming with an impressive list of successful programs. MSRMP provided funding and technical assistance for:

- The creation of Emergency Medical Systems in Idaho, Nevada, and Montana;
- A regional Neonatal Intensive Care Network;
- The creation of the Mountain States Tumor Institute in Boise, Idaho, with tumor registries in Idaho, Nevada, and Wyoming; and



Loyd Kepferle, MS: Mr Kepferle has been General Director of MSHC since 1977. He also served as the Director of the Nevada MSRMP. His experience in health and human resource development includes executive positions with the Inter-Tribal Council of Nevada, and with the Peace Corps in Liberia and The Gambia, West Africa. He is on the Board of Directors of the WAMI Rural Health Research Center, the Treasure Valley AHEC, and the University/Community Health Sciences Association at Boise State University.

- The training of pediatric and family nurse practitioners to provide needed health professional assistance to rural physicians.

In 1974, as federal funding diminished, MSRMP was phased out, and MSHC was created to maintain and develop post-MSRMP programs that were critical to the continued existence of high quality health care services in the rural areas of the Northwest.

In 1977, the board expanded the charter of the corporation to include other human services such as education and child welfare. MSHC began to address early childhood development, sexual abuse, guardianship, intergenerational education programs, and a myriad of other activities related to access, quality, and delivery of health and human services.



Corporate philosophy and operation

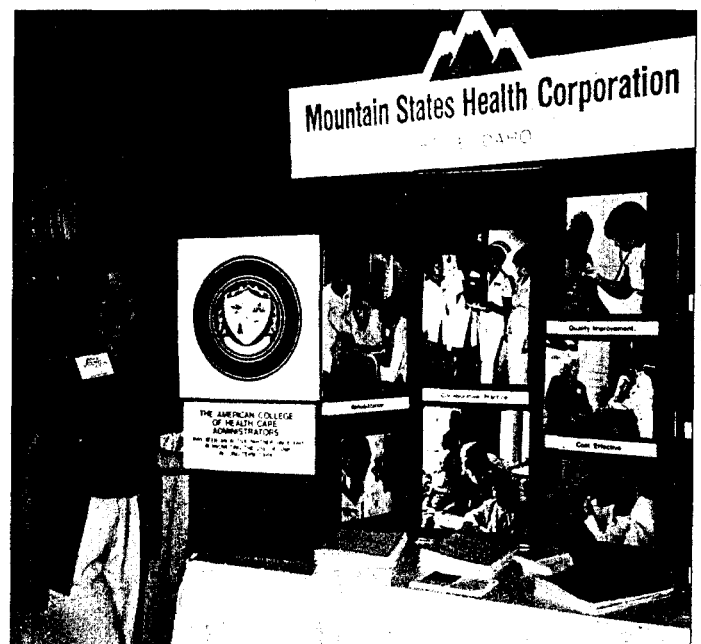
The corporation has accumulated significant expertise and credibility in its history. Areas of expertise include non-profit corporate management and the use of volunteers in community based planning, development, initial operation and ultimately institutionalizing innovations in health care and human services systems. At any given time, the corporation may be involved in staffing and managing some dozen projects while simultaneously completing responsibilities for planning, organizing or seeking funding for another dozen.

MSHC is not a foundation and therefore lacks an endowment to rely upon for staff and organizational stability. Neither is it an

agency of any government unit, and so lacks an annual appropriation to finance essential core operations necessary to plan, organize and seek development funding for continuing our mission of introducing community-based innovations into the delivery of health care and human services. Except for a few individual programs, such as Child Care Connections, MSHC does not solicit contributions.

The as yet unfulfilled hope of attracting a stable financial base to support those core functions has been a fundamental failure of the corporation in its fifteen year history. That need remains one of its primary challenges for the future.

What then accounts for the unusual success of MSHC? Among the key factors are: (1) commitment to cooperation, community involvement, and creative solutions to service delivery problems; (2) intimate knowledge of community-based development and willingness to learn further the feasibility and significance of innovations at the community level; and (3) skill in developing fundable grants and contracts for proposals supported by a well deserved reputation among granting agencies and foundations for prudent management and development of important priority innovations and improvements.



The Geriatric Nurse Practitioner Program is one such example. MSHC has received five major grants from the W.K. Kellogg Foundation to support this model development.



One hundred percent success in our mission is neither expected nor desirable. Innovations by their nature involve calculated risk taking. The corporation has had its share of projects that did not achieve their full potential for a variety of reasons, including, failure to develop sufficient resources to continue worthwhile efforts, loss of voluntary cooperation to competition between care providers, or mistiming of the successful introduction of the innovation into the community. We constantly strive to learn from these failures.

On a more specific level, however, the success of MSHC is due to committed, creative and effective people. Staff members over the years have worked extra long, arduous hours collegially without the customary constraints of excess bureaucracy. They also worked without the compensating job security and organizational stability of a bureaucracy. The cumulative sum of their individual and joint efforts, commitment and unleashed energy does credit both to the organization and to each of these past and

present individuals. Virtually all staff members have been genuinely outstanding and competent individuals — and so judged by their peers and clients.

The wellspring of Mountain States' success, however, lies in the genuine altruism, concern and commitment of hundreds of volunteers and other professionals, luminaries in their own rights. These people joined cooperatively to develop effective solutions to community problems in health care and human services. One of the best examples of volunteer activism is the Child Care Connections program. Volunteers are critical to the continued success of this program in meeting the needs of the community.



This reservoir of good will in rural citizens and practicing professionals in the West is, unfortunately, an often overlooked or ineffectively utilized resource. Not enough can be said about the fundamental importance of the strength and collective wisdom and the consequent public good that can be done in the release and fusion of the reservoir of "people power."

The fundamental corporate philosophy and modes of operation both recognize this human resource and aim to mobilize its strength in well designed, crucially needed innovations in health care and human services.



Concluding thoughts

As a private sector organization, we have no wish to commit the all too frequent government fallacy of endless solicitation of vast sums expended for the alleged benefit of citizens.

In the case of MSHC, well over \$18 million has been prudently and, we believe, wisely and effectively invested in improving quality of life through health and human services.

Total investment figures of this magnitude do give pause for reflection. And, we do agree with famous mythographer Joseph Campbell's assessment that "all money is congealed energy." A careful review of past and current efforts supports the indisputable case that MSHC has released that energy towards the specific and identifiable improvement of the health and human services "care fabric" of our Western tapestry.

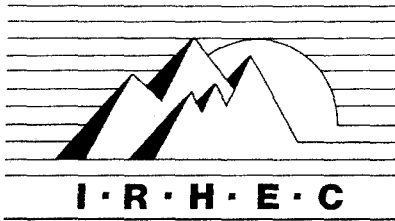
We believe further that the case also is indisputable that MSHC stands uniquely poised for the future to continue its work and to grow in its mission. For this fortunate position, we extend our gratitude and appreciation to staff, advisors, volunteers, cooperating organizations, and funding foundations and agencies. Each has played a key role in the accomplishments of the past. We also solicit from them — and from you — continued involvement, cooperation and support. Including, your direct and indirect help in assisting us meet our fundamental organizational challenge to continue as a financially viable organization making the kinds of contributions described in this report.

- **Loyd Kepferle**
General Director
- **Ben Daïtz, M.D.**
President
- **Mountain States
Health Corporation**



**MOUNTAIN STATES
HEALTH CORPORATION**

AN EQUAL OPPORTUNITY EMPLOYER



AFFILIATED PROGRAMS

IDAHO RURAL HEALTH EDUCATION CENTER

The Idaho Rural Health Education Center (RHEC) is an affiliated private, non-profit corporation dedicated to advancing the education and improving the distribution of Idaho's rural health care professionals.

Mountain States Health Corp. (MSHC) has provided contracted staff to the Idaho RHEC since the Center's inception in March 1987. MSHC's administrative oversight is underwritten by a portion of the federal funds provided to the Idaho RHEC by the University of Washington School of Medicine's Area Health Education Center Program (AHEC).

The cooperative services and programs of the Idaho RHEC facilitate and support three strategic rural health care goals:

- Enhancing the quality and efficacy of multi-regional health care educational programs, particularly in the area of primary care.
- Promoting and supporting rural Idaho health care institutions as utilitarian access centers for health care education.
- Improving the distribution and utilization of primary health care providers in rural areas.

Center Director Loyd Kepferle dedicates 75 percent of his MSHC time implementing Idaho RHEC strategies and goals. Field Director Linda Terrell is responsible for programs and services throughout Idaho assisted by Jim Przybilla, our newest staff member. Secretaries Sandy Jacques and Cyndy Fuhrman coordinate the complex communication demands of the Center.

The Idaho RHEC board of directors meets quarterly to track, evaluate, and fund specific programs and services administered by contracted MSHC staff.

The board — currently 18 members strong — functions smoothly, effectively, and creatively. A diverse but surprisingly workable mix of contrasting geographical and professional viewpoints are represented.

Two-thirds of the board members live in rural Gem State communities. One-third reside in major metropolitan centers. Twelve members of the board of directors are also health care providers. The other six member — three university administrators, a rancher, a teacher, and a student — share the perspective of informed health care service "users."

The board's standing committees include an Executive, a Nominating, a Legislative, an Education, a Program, and a Community Health Services Development Committee. Each member of the board actively contributes to the work of at least one of these advisory committees.

The Idaho RHEC is an active and effective catalyst for change. A host of innovative, on-going programs in continuing health care education, undergraduate and graduate student training, and rural community support were initiated by the Idaho RHEC staff during the first two years of the Center's existence.

Encouraged by the Idaho RHEC, higher education institutions in Boise, Lewiston, and Pocatello are now collaborating on health care education program planning across a broad front. On-going cooperative programs include:

- Nineteen continuing education programs (funded at a cost of \$148,585) that have served 3,110 participants to date.
- Four different family medicine programs targeted at students and/or residents (funded at a cost of \$78,564)
- Four undergraduate programs targeted at nursing.
- Four graduate programs targeted at pharmacists.

The Idaho RHEC has also initiated programs and activities designed to help rural communities and providers cope with the ever present problems of viability, continuity, and improved access to rural health care services:

- Some 400 concerned citizens participated in public "town hall" meetings organized in 18 Idaho communities.
- A program to recruit rural nursing students who will later return to their communities to work was developed by the Idaho RHEC and Idaho State University.
- A library of 20 informative videotapes outlining various health care careers was developed. The tapes are used by high school career counselors throughout Idaho.
- The Circuit Rider Program — a statewide, state-of-the art system of medical library support — was developed in conjunction with the State Library and regional medical centers. The program makes medical literature resource materials available to small rural hospitals with little or no funds to support a stand-alone medical library.

- The Boise Family Practice Residency Program, and the University of Washington sponsored pediatric clinical training program in Pocatello (WAMI Program Pediatric CCU) received funds for critical library and computer resources.
- A library of more than 100 educational videotapes on primary health care topics has also been developed. Continuing education credits are available through the University of Utah or the University of Washington School of Medicine.

OFFICE OF COMMUNITY HEALTH DEVELOPMENT

A model program designed to help rural hospitals develop strategic planning, financial management, and governing skills was initiated by Idaho RHEC's Office of Community Health Development. This program was implemented to respond to the crisis in rural health care. The services provided through this program include: 1) Market and utilization survey; 2) Financial analysis; 3) Management and governance analysis; and 4) Needs and issue assessment. Community market surveys have been conducted in Arco, Gooding, Montpelier, Soda Springs, and Mountain Home.

HEALTH PROFESSIONAL CLEARINGHOUSE

The Health Professional Clearinghouse (HPC) developed by the Idaho RHEC now provides recruitment services to rural Idaho communities facing serious health care manpower shortages. HPC assistance is available by contract or on a fee-for-service basis. Nine rural communities are currently enrolled in the Center's HPC program.

Staff provides technical assistance to communities in their recruitment efforts through a Recruitment Manual and on-site visits. Free advertising to all communities is provided through the quarterly newsletter, *Frontier Footnotes*. Recruitment strategies utilized include direct mail, advertising in medical journals, exhibiting at medical conferences, and residency contacts.

MINORITY MEDICAL EDUCATION PROGRAM (MMEP)

A Minority Medical Education Program (MMEP) has also been funded by the University of Washington School of Medicine's AHEC.

The MMEP provides an attractive, interlocking mix of personal, social, and academic enrichment opportunities in order to increase the number of minority students enrolled in medical school. In the program's first year, eight Idaho minority students were placed. Future Idaho RHEC plans include the development of a statewide MMEP program that will actively encourage minority students to consider health care professions during their high school and college years.

AIDS EDUCATION PROJECT

The Idaho RHEC initiated the AIDS Education Training Center to develop an Idaho AIDS network, provide and distribute AIDS educational materials and resources, recruit participants for the University of Washington based "Train-the-Trainers" program, and develop three strategically located service areas as Idaho "Centers of Competence."

The Idaho RHEC's AIDS project has actively joined forces with other community oriented AIDS-information groups and agencies: the Idaho AIDS Foundation, the Idaho Primary Care Association, the State of Idaho's AIDS Program, (Bureau of Preventative Medicine), the Ada County AIDS Task Force, the Idaho Migrant Council AIDS Education Program, and the Idaho Department of Education's AIDS Program.

Eighteen pivotally placed individuals are disseminating AIDS information provided via the "Train-the-Trainers" program. Twenty-five videotapes about AIDS prevention have been distributed to minority populations. All-in-all, some 3,200 health care professionals, 1,600 students, and 1,600 members of the general public have received some level of AIDS education thanks to the work of the AIDS Education Training Center.

The three identified "Centers of Competence" (geographic hubs to serve the rural AIDS education and information needs of tomorrow) are the Kootenai Medical Center in Idaho's panhandle, Idaho State University in south-central/east Idaho, and the Boise AIDS office in southwest Idaho. Materials currently available include audio and audiovisual tapes, publications, slide presentations, and AIDS information updates from the U.S. Centers for Disease Control and the University of Washington.

Future efforts

In order to accurately evaluate and successfully address rural Gem State health care needs now, and in the future, the Idaho RHEC continuously strives to enhance and expand the range of targeted educational programs and technical assistance services already up and running.

The Medical Library Circuit Rider Program, the Baccalaureate Nursing Outreach Program, and the Annual Nurse Educator Meeting are continuing projects. The Minority Medical Education Project and the AIDS Education and Training Project are both funded through the next program year. The Idaho RHEC will also continue to provide support services to rural hospitals through its Office of Community Health Development and its Health Professional Clearinghouse.

Several new educational projects, now in the process of implementation, have already been funded:

- A Rural Nursing "Extern" Program in conjunction with Boise State University.
- A Continuing Education for Optometrists Program, and a Clinical Pharmacy Residency Program (in Idaho Falls), both in conjunction with Idaho State University.
- A Nursing Computer Conferencing Program in conjunction with Lewis Clark State College.
- An Associate Degree Nursing Curriculum Evaluation Project in conjunction with Lewis Clark State College, Boise State University, and Idaho State University.
- A Rural Summer Opportunities for Medical Students project in conjunction with the University of Idaho WAMI Regional Medical Program.

Additional funds have also been earmarked as seed money for the development of a family practice residency program in southeastern Idaho.

RHEC BOARD MEMBERS

Consumers:

Susan Baker, Ashton
John Black, Idaho Falls
Bee Biggs, Idaho City

Nursing:

Ruby Crosby, Wendell
Gretchen Dimico, St. Maries

Family Medicine:

Bryan Pogue, Meridian
Mark D. Spencer, Wendell

Hospital Administration:

Rod Jacobson, Montpelier

Education:

Mary Anne Dolen, LCSC
Arthur A. Nelson, ISU
Eldon Edmundson, BSU
Michael Laskowski, U of I

Optometry:

Terry Sanderson, Soda Springs

Primary Care:

Dean Hungerford, Boise

Student:

Kathy Nelson, Rexburg

Minority Health:

Connie Evans, Lewiston
Camilo M. Lopez, Caldwell

Ex-officio:

Blaine Durrant, VA AHEC, Boise



FOSTER GRANDPARENT PROGRAM

The Foster Grandparent Program (FGP) is a unique coupling of generations that helps low-income senior volunteers build meaningful, interactive relationships with special-needs and disadvantaged children.

The Treasure Valley FGP is funded by ACTION (the Federal Domestic Volunteer Agency), and administered by Mountain States Health Corp.

Participating seniors must meet federally designated low-income guidelines and serve 20 volunteer hours a week in regular and special education public school classrooms, Head Start programs, State of Idaho child development centers, the Idaho State School and Hospital, or non-profit child care facilities.

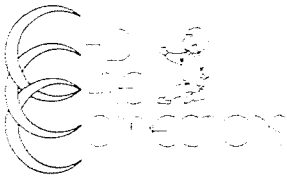
Debra Roetto is the Treasure Valley FGP project director.

More than 60 Southwest Idaho FGP volunteers, ranging in age from 60 to 86, are currently helping children at targeted sites throughout Ada County, Canyon County, Gem County, and Payette County. These low-income seniors receive a non-taxable stipend, an annual physical examination, and transportation to and from their volunteer site (or a commuting mileage allowance) for participating in the program. Monthly senior-volunteer training sessions and social events are also provided.

FGP volunteers work under the supervision of teachers and therapists to actively improve and support the self-esteem, social skills, and learning potential

of their assigned children. Participating seniors that build loving and stable role-model relationships with these special-needs and disadvantaged children, in turn, can feel useful, healthy, active, and independent.





CHILD CARE CONNECTIONS

Child Care Connections (CCC) is an affiliated private, non-profit child care resource and referral project that actively promotes the availability of affordable, quality child care for the families of Ada County, Idaho.

Grants from the Northwest Area Foundation supported CCC activities from January 1985 to December 1987. Since then, the CCC community project has been funded through United Way of Ada County, by service contracts (with 31 businesses seeking enhanced child care referrals for their employees), other fees for services, foundation grants, a Federal grant, corporate donations, and honorariums received for community organization presentations.

Child care is an important "quality of life" issue both nationally and locally. The needs of children, parents, and providers must all be met for a community to enjoy the best, most affordable child care possible.

More than 19,000 Ada County children up to nine years old need child care, according to the latest Idaho Department of Commerce figures. Some 8,647 of these children are four years old or less. Another 10,718 are school-age children five to nine years old.

"Child Care Connections provides an ambassadorship between the parents and providers of Ada County and promotes quality child care for all children," according to former CCC Administrative Council Chairperson Patricia Kempthorne (1986-1989).

Sharon Bixby is the Director of CCC. Holly Bostick was the Training and Resources Coordinator from January 1985 to August 1989. Mary Lou Kinney is the new Training and Resources Coordinator.

Myrna Ferguson is the Referral Coordinator and the CCC Administrative Assistant. Sue Moore is the Early Childhood Consultant.

Margaret Arnold (a VISTA volunteer) is the Child Development Associate Trainer for Family Day Care. Marion Lansford (also a VISTA volunteer) is the Program Coordinator for the Boise City Child Care Assistance Program. Boise State University social work intern Molly Nicely, community volunteer Referral Counselor Pat Frankle, and community volunteer Barbara Shinn, also contribute to CCC's productivity.

The CCC Administrative Council has 28 members. The council's Resource Development Committee is responsible for strategic planning. This committee also addresses the funding needs of CCC through private and public grants, annual community-support appeals, United Way contributions, business and public-service contracts, and increased volunteer development.

The council's Public Relations Committee is responsible for increasing the community-wide understanding of early childhood care and education, enhancing the public perception of the child care profession, and pinpointing and addressing specific community needs with the aid of the CCC child care data bank.

The council's Parent/Provider Services Committee, in coordination with the CCC staff, informs all child care providers about provider training opportunities offered in the community. This committee also works with staff to develop training programs for child care providers and parents.

The child care referral service for parents is a primary CCC service. In Fiscal 1989, some 1,612 families (who needed care for 2,421 children) received referral counseling, up-to-date information on 229 child care providers, and consumer education information on how to select a quality provider.

Over the same period, the CCC staff communicated with child care providers more than 11,000 times in a variety of ways: telephone and face-to-face conversations, group training sessions, CCC Toy and Resource Library checkouts, informal visits to child care providers, and mailings.

In conjunction with Boise City, CCC also administers a child care assistance program funded as part of the city's Community Development Block Grant Program. These funds promote economic self sufficiency for one and two parent low-income families by paying up to 50 percent of the cost of child care in a licensed center, family day care home, or group home. (Participating child care providers are directly reimbursed on a monthly basis.) Some 74 children from 52 low-income families received child care "scholarships" in 1989.

Additional 1989 CCC activities included:

- Consultations with three local hospitals interested in starting their own child care centers.
- Providing employer-benefit information on how to develop a company program to numerous local businesses.
- Monthly work-and-family issues Working Parents' Luncheon Seminars held in downtown Boise.
- Child care issue workshops at Statewide Private Industry Council and Workforce 2000 conferences.
- Providing CCC data bank information to community organizations, agencies, task forces, and the media.
- Providing training and technical assistance to child care resource and referral agencies throughout Idaho. (This statewide program is funded through the dependent care grants program of the Idaho Department of Health and Welfare.)

"Both the private and public sector are looking for solutions and assistance in meeting our child care needs," observes Gary Felt, the 1989-1990 CCC Administrative Council Chairperson. "Much remains to be done. With continued and growing community support, the staff and volunteer Administrative Council of Child Care Connections will be here to address those needs. Their expertise and continuous commitment have contributed greatly to the strong foundation of community service on which our bright new future will be built."

COMMUNITY DECISION MAKING IN RURAL HOSPITAL COMMUNITIES

The Community Decision Making in Rural Hospital Communities project (CDM-in-RHC, for short) encourages the citizens of rural communities to become active participants in the ongoing search for solutions to the perplexing problems that face their local health-service delivery systems.

Informed and educated citizens who understand and appreciate the role a hospital can play in local economics, future expansion and growth, and the overall health status of the community can play a very important role. Their decision-making input accelerates and simplifies the locally generated formulation and development of viable solutions to the rural health care crisis.

Citizens who take an active and decisive role in analyzing and meeting existing and future health care needs by participating in CDM-in-RHC programs and projects will also contribute to the progressive, long-term support and expansion of the community-tailored options that are ultimately selected and implemented.

The CDM-in-RHC regional demonstration grant project is funded by the Northwest Area Foundation (NWAFF) of St. Paul Minnesota. NWAFF funds are supplemented by local contributions from selected project communities.

CDM-in-RHC is actively working in five pilot-project communities: Burns, Oregon; Enterprise, Oregon; Orofino, Idaho; Pomeroy, Washington; and Dillon, Montana.

A locally employed Community Encourager facilitates CDM-in-RHC activities in each pilot project community. These CDM-in-RHC trained Community Encouragers understand economic development strategies and rural health care issues. They are assisted in their activities by locally formed, representatively structured Community Councils. Paul McGinnis, the CDM-in-RHC Project Director, and other health care professionals provide technical assistance.

Lloyd Kepferle, General Director of Mountain States Health Corp., is the CDM-in-RHC Project Administrator.

Douglas Atkinson, Brim & Associates; Marcia Shoup, Oregon Health Sciences University; Tony Wellever, Montana Hospital Association; Dorothy Eck, Montana State Senator; John Black, Idaho Rural Health Education Center; and Mahlon Heistand M.D., a rural Idaho Family Practitioner are members of the CDM-in-RHC Advisory Board.

The five Community Encouragers have received all sorts of involvement, generating "public interest" attention from local television stations, radio stations, and newspapers since the five community pilot projects were initiated in November 1988.

Highlights of the first year's accomplishments include:

- Burns, Oregon, received a \$10,000 MD-recruitment grant from the Oregon Department of Economic Development. Two doctors were recruited.

- The 6th annual Oregon Rural Health Conference was held in Burns.
- A resolution supporting rural hospitals passed the Grange Association Convention in Enterprise, OR.
- The Dillon, Montana, Community Encourager generated community support for a new primary care program and participated in meetings of the local hospital's strategic planning and building committees.
- The Community Encourager in Orofino, Idaho, was deeply involved in the development of a new rural retirement housing project.
- The Orofino CDM-in-RHC Community Council helped gather previously unavailable patient-origin information.
- The Pomeroy, Washington, Community Encourager organized an "in-service" training seminar. A team of Spokane County mental health professionals met with members of the local hospital's staff to discuss the assessment of psychiatric disorders.

"The 1990s should see an extensive replication of the basic community decision making model throughout the western states," according to CDM-in-RHC Project Director Paul McGinnis. "This model could encourage active citizen participation in other areas of public concern, including public schools, 'Main-Street' development, economic development, and recreational opportunities. Establishing a Community Encourager Training Institute would allow many more communities to participate in CDM-in-RHC projects and programs."

LIFE SERVICES PROGRAM

Life Services Program (LSP), a home-based services program affiliated with Mountain States Health Corp., was formed in January 1989.

Qualified citizens pay a one-time \$50 LSP membership fee. These members can then obtain important services at a guaranteed price through the LSP pipeline: quality home repairs and maintenance, home companionship, personal-care coordination, daily money management services, limited investment services, and guardianship and conservatorship services.

LSP coordinates money-management and personal-care services for Ada County senior citizens and disabled adults who are unable to receive the kinds of support a family normally provides. LSP is a fee-for-services agency that is financially assisted by grants from the Boise Laura Moore Cunningham Charitable Trust and the Ada County United Way.

Doug Yunker is the LSP project director.

LSP provides consumer protection, freedom of choice, and increased independence to older and disabled members of the community.

Over 40 members were using LSP services on a regular basis as of January 1990.



FISCAL REPORT

The financial component of Mountain States Health Corporation encompasses the fiscal maintenance and reporting for the programs, personnel administration and the management of fee based ancillary programs.

Jaime Moss, Fiscal Officer and Anna Fritz, Fiscal Assistant provide the oversight to MSHC financial operations.

The ancillary programs which generate funds for the administrative budget include the payroll and benefits administration for the Idaho Health Facilities Authority and the Idaho Primary Care Association. The fees from these services are intended to supplement the indirect rates charged to the projects and provide additional funding for administrative staff, overhead costs and project over-runs which are not reimbursed by the funding agency.

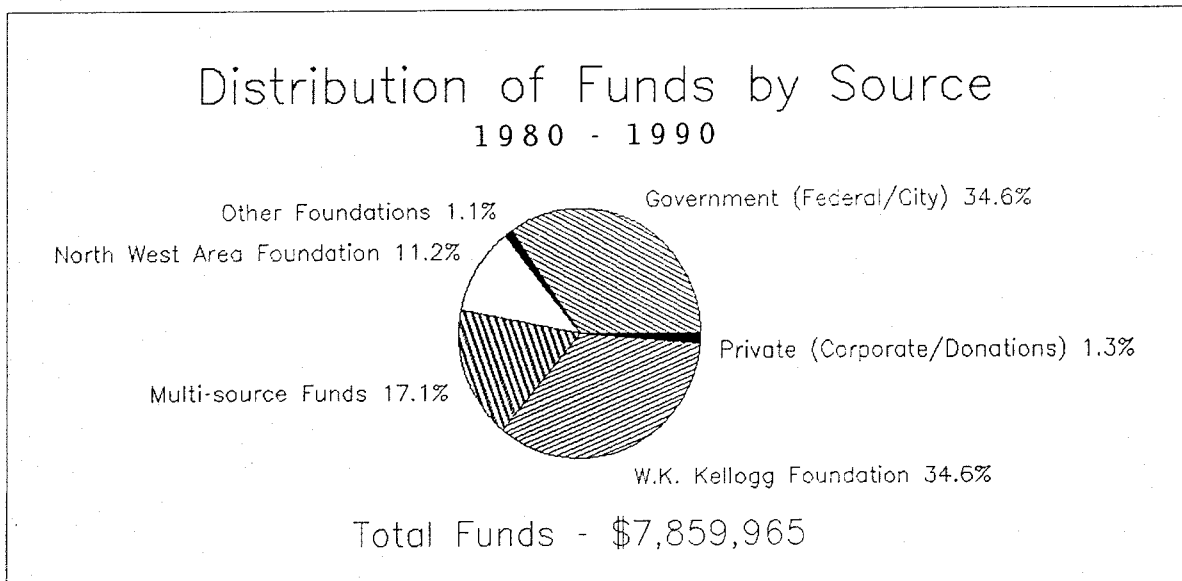
The Veteran's Fiduciary Guardian Program is also managed by MSHC as an ancillary program. MSHC manages the finances of incapacitated or incompetent veterans by providing bill payment, budget preparation, investment management, and annual reconciliation. In addition, fiscal management and accounting services are provided to the Idaho Primary Care Association using the in-house computer system to generate a full accounting system, prepare their federal and state quarterly reports and submit billing reports to the State of Idaho and the U. S. Public Health Service, Department of Health and Human Services.

As funding sources have shifted from federal to a broader, multi-source base, there has been a necessity for a more sophisticated and flexible accounting structure.

In the last several years, computerization of accounting processes and the streamlining of procedures have allowed for a healthy, creative mix of good management of available resources, and evaluation of the consequences of current issues on funding sources.

This growth in fiscal sophistication bodes well for the corporation's ability to diversify its program funding base and continue to serve the Northwest with innovative health and human services.

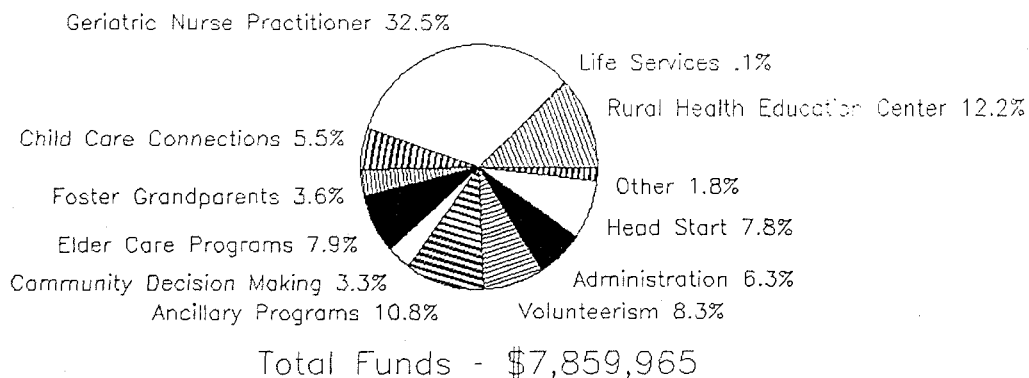
The following illustrates the diverse funding sources the corporation has had over the past ten years. The majority of our funds have come from foundation support. The W.K. Kellogg Foundation, the North West Area Foundation, the Charles Stuart Mott Foundation, the Laura Moore Cunningham Foundation, the Gannett Foundation, and the Whedon Cancer Foundation have all contributed to the development of many of our programs.



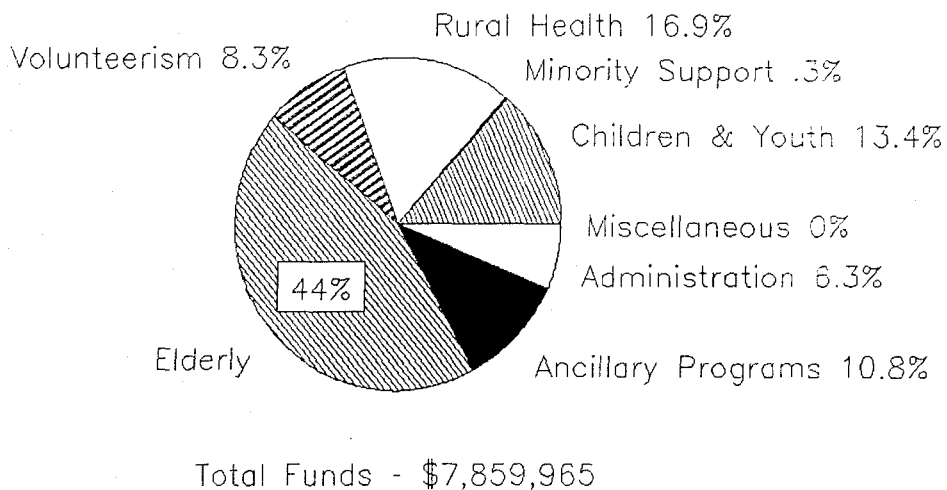
MSHC has been a catalyst in the development of numerous programs over the past fifteen years. Several projects not previously mentioned include Head Start, several volunteer projects through the Office of Volunteer Citizen Participation, and several projects dedicated to improving health and human services to the elderly, such as Patient Activated Care.

The distribution of funds by program and by type over the past ten years is displayed below. The next page is a summary of the combined balance sheet and statement of revenues, expenditures and changes in fund balances.

Distribution of Funds by Program 1980 - 1990



Distribution of Funds by Type 1980 - 1990



MOUNTAIN STATES HEALTH CORPORATION

COMBINED BALANCE SHEET ALL FUND TYPES AND ACCOUNT GROUPS SEPTEMBER 30, 1989

	FUND TYPES			ACCT GROUPS GENERAL FIXED ASSETS	TOTALS MEMORANDUM ONLY
	GOVERNMENTAL GENERAL	SPECIAL	FIDUCIARY TRUST		
ASSETS					
CASH	\$ 15,834	\$ (6,904)	\$ 7,461	\$ —	\$ 16,391
ACCTS RECEIVABLE	1,598	393,986	—	—	395,584
INVESTMENTS	8,471	13,894	73,059	—	95,424
PREPAID EXPENSES	4,655	—	—	—	4,655
GEN FIXED ASSETS	—	—	—	62,998	62,998
TOTAL ASSETS	<u>\$ 30,558</u>	<u>\$400,976</u>	<u>\$ 80,520</u>	<u>\$ 62,998</u>	<u>\$575,052</u>
LIABILITIES AND FUND EQUITY					
LIABILITIES					
ACCTS PAYABLE	\$ 28,019	\$ 75,533	\$ —	\$ —	\$103,552
ACCRUED EXPENSES	1,860	18,304	—	—	20,164
DEFERRED REVENUE	—	247,146	—	—	247,146
DUE VETERANS	—	—	80,520	—	80,520
TOTAL LIABILITIES	<u>\$ 29,879</u>	<u>\$340,983</u>	<u>\$ 80,520</u>	<u>\$ —</u>	<u>\$451,382</u>
FUND EQUITY					
INVESTMENT IN GEN FIXED ASSETS	\$ —	\$ —	\$ —	\$ 62,998	\$ 62,998
FUND BALANCE RESERVED	—	59,993	—	—	59,993
UNRESERVED	679	—	—	—	679
TOTAL EQUITY	<u>\$ 679</u>	<u>\$ 59,993</u>	<u>\$ —</u>	<u>\$ 62,998</u>	<u>\$123,670</u>
TOTAL LIABILITIES & FUND EQUITY	<u>\$ 30,558</u>	<u>\$400,976</u>	<u>\$ 80,520</u>	<u>\$ 62,998</u>	<u>\$575,052</u>

COMBINED STATEMENT OF REVENUES, EXPENDITURES AND CHANGES IN FUND BALANCES — ALL GOVERNMENTAL TYPES FOR THE YEAR ENDED SEPTEMBER 30, 1989

	GENERAL	SPECIAL REVENUE	TOTALS MEMORANDUM ONLY
REVENUES:			
ACCOUNTING	\$ 9,026	\$ 5,380	\$ 14,406
GRANTS	0	911,726	911,726
REIMBURSEMENTS	0	176,328	176,328
INDIRECT RATE	56,132	0	56,132
OTHER	10,649	71,112	81,761
INTEREST	5,996	685	6,681
IN-KIND	0	23,142	23,142
TOTAL	<u>81,803</u>	<u>1,188,373</u>	<u>1,270,176</u>
EXPENSES:			
SALARIES	\$ 30,435	\$ 465,187	\$ 495,622
BENEFITS	7,044	98,887	105,931
CONSULTING	912	21,422	22,334
CONTRACTS	0	189,184	189,184
STIPENDS	0	141,570	141,570
TRAVEL	6,182	93,255	99,437
PRINTING	0	11,345	11,345
COMMUNICATION	271	6,119	6,390
OFFICE SUPPLIES	957	4,754	5,711
OFFICE RENTAL	1,473	19,427	20,900
EQUIP. RENTAL & MAINT.	2,044	617	2,661
EQUIP. PURCHASE	0	3,729	3,729
OTHER	17,721	57,192	74,913
INDIRECT	0	56,133	56,133
IN-KIND	0	23,142	23,142
TOTAL EXPENDITURES	<u>67,039</u>	<u>1,191,963</u>	<u>1,259,002</u>
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENDITURES	14,764	(3,590)	11,174
FUND BALANCE BEGINNING OF YEAR	(14,085)	63,583	49,498
FUND BALANCE AT END OF YEAR	<u>\$ 679</u>	<u>\$ 59,993</u>	<u>\$ 60,672</u>

MOUNTAIN STATES HEALTH CORPORATION

Program Staff

1990

Child Care Connections(CCC)

Sharon Bixby
Director/Referral Coordinator

Mary Lou Kinney
Trainer/Resource Coordinator

Myrna Ferguson
Administrative Secretary

Marion Lansford
VISTA Volunteer



Community Decision Making in Rural Hospital Communities

Paul McGinnis
Project Director

Foster Grandparents Program

Deborah Roetto
Project Director



Life Services Program

Doug Yunker
Project Director



Idaho Rural Health Education Center

Loyd Kepferle
RHEC Center Director

Linda Terrell
Field Director

Doug Yunker
AIDS Project Director

Jim Przybilla
Health Development Specialist

Sandy Jacques
Receptionist/Secretary

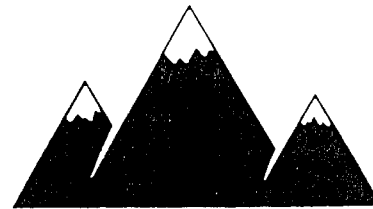
Cyndy Fuhrman
Office Assistant



Fiscal Office

Jaime Moss
Fiscal Director

Anna Fritz
Fiscal Assistant



**MOUNTAIN STATES
HEALTH CORPORATION**

AN EQUAL OPPORTUNITY EMPLOYER

This Report Is Dedicated To The Following Individuals

Alfred M. Popma, MD — first MSRMP director

John W. Gerdes, PhD — first MSHC director

Arthur Abbey — MSRMP board chairman

Richard Mattson, EdD — MSRMP & MSHC board chairman

Louise Haney, RN, NP — MSHC board chairman

Fred Gibson, Jr. — MSHC board chairman

Lorin R Gaarder, PhD — past associate director, MSHC

State Directors of MSRMP

David M. Barton, MD — Idaho

Fred Graeber, MD — Idaho

Ralph Christenson, MD — Idaho

Loren Phillips, MD — Nevada

Joseph Deisher, MD — Nevada

Loyd Kepferle, MS — Nevada

Sydney Pratt, MD — Montana

Claude Grizzle, MD — Wyoming

Don Ericson, MPH — Wyoming

Outstanding Staff Contribution

Saul Cohen, MPH — former staff

Sharon Bixby — current staff

Paul McGinnis — current staff

Myma Ferguson — current staff

Linda Terrell — current staff

Others who have provided support, advice and ideas

DeWitt "Bud" Baldwin, MD — University of Nevada Medical School
and the American Medical Association

E. E. "Gil" Gilbertson — project director of the first grant
provided through MSRMP

Mary Anne Saunders — director Region IV, Dept. of Health and Welfare
previous director Idaho Health Systems Agency