

**NETWORK DEVELOPMENT PROJECTS**  
 1999, 2000 and 2001



Note: Map not to scale.

Rural Health  
**NETWORK DEVELOPMENT**  
 Grantee Directory  
 FY 2001

## PROJECTS BY STATE

### ALASKA

#### DO6RH00093

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Fiscal Year	1999	2000	2001
Funding Amount	\$196,762	\$190,398	\$186,626

During the winter months the Alaskan town of Skagway has only 800 full-time residents. But during the summer more than 800,000 visitors and 3,000 seasonal workers arrive. Because Skagway is located on a fjord, ground travel in and out is difficult. Even during the good weather of the summer months the only means of quickly reaching the nearest hospital in Juneau is by air. An estimated 25% of permanent residents are uninsured, and 80 to 90% of the seasonal workers are uninsured as well.

The Skagway Medical Network is made up of Skagway Medical Clinic, the City of Skagway, Skagway Air Services, and Bartlett Regional Hospital in Juneau. The Clinic provides primary health care and 24-hour emergency room service to the residents of Skagway. The City coordinates the volunteer ambulance service and leases space to the Clinic and other providers. During the summer months, an average of one patient a day is airlifted to Bartlett Regional Hospital. The four members of the Network work together to form a delivery system for health care in Skagway by coordinating emergency services, improving coding and billing, upgrading information systems, increasing the availability of primary and specialty health services by recruiting new providers, and researching ways to make health care affordable to both the underinsured and uninsured.

#### DO6RH00084

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Fiscal Year	1999	2000	2001
Funding Amount	\$184,745	\$177,741	\$185,066

The Matanuska-Susitna Borough (county) is a frontier area that covers more than 12,000 square miles. Sunshine Community Health Center (SCHC) is located in a central area of the borough and serves approximately 5,400 people. The Susitna Rural Health Services project extends SCHC's informal networking arrangements with Valley Hospital Association, Matanuska Health Care Associates, Providence Alaska Health Systems (PAHS), and Anchorage Neighborhood Health Center (ANHC). The people of the upper Susitna Valley are the beneficiaries of increased access to local health care options. New physician services are made available at SCHC through telemedicine connections to PAHS. ANHC integrates patient

management and billing systems, as well as allows lower costs through a group purchasing arrangement. Home health and hospice care will also become available in the future. The end product of this project will be a vertically integrated network allowing the provision of services from home health to the most advanced hospital services in Alaska.

## **ARIZONA**

### **DO6RH00094**

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Fiscal Year	1999	2000	2001
Funding Amount	\$199,990	\$200,000	\$200,000

The Southwest Navajo Nation covers more than 2,000 square miles in northern Arizona. The 14,000 members of the Nation must frequently travel to Indian Health Service (IHS) centers in Winslow, Tuba City, Chinle, or White River, Arizona, to fill their health care needs. This can mean round trips of more than 90 miles to access health care.

The Southwest Navajo Vertically Integrated Health Care Network brings services closer to the Navajo people, "rather than having the people always travel to the services." A midlevel provider will be hired to be onsite at an IHS satellite clinic under the supervision of the IHS physician in Winslow, allowing provision of primary health care locally and furthering development of other integrated services in a continuum of care. With the collaboration of Arizona Kidney Disease and Hypertension Centers, Renal Integrated Health Services Network, and Fresenius Medical Corporation the development of preventive and treatment services for kidney disease and hypertension can take place within the community. Ultimately the Network will provide preventive education, primary health care, and quality assurance-based referral decisions on tertiary and specialized medical care.

### **DO6RH00152**

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Fiscal Year	2001	2002	2003
Funding Amount	\$190,456	\$190,787	\$195,603

The Gila River Indian Community (GRIC) proposes to establish a network to link medical and administrative information systems and to encourage data sharing among health care providers both on and off the GRIC reservation. The GRIC, a 372,000-acre span of open desert in central Arizona, includes parts of Pinal and Maricopa counties.

The network will function under the auspices of the Gila River Indian Community Department of Public Health. The other partners include the Ak Chin Tribe, Pinal County Public Health, the Arizona Department of Health Services (ADHS), and the Gila River Health Care Corporation, a private, on-reservation provider of hospital and clinic services to GRIC and Ak Chin members.

The network will increase the community's capacity to design and deliver health care services according to the needs of on- and off-reservation tribal member populations. In addition, the network will improve the quality of care through accurate disease surveillance and will allow multiple agencies to coordinate care across organizational and governmental boundaries. The network will consist of "people resources" through ongoing relationships and "system resources" through an information management system, which will provide access to timely and accurate health information about Gila River Indian Community members. The network will help to overcome the following two major systemic and practical problems:

- No collaborative planning of prevention, service, and policy strategies among the Tribal entities and the off-reservation providers currently exists.
- Lack of collaboration among on-reservation health providers and off-reservation providers results in "loss through follow-up" and duplication of services.

## **ARKANSAS**

### **D06RH00148**

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Fiscal Year	2001	2002
Funding Amount	\$199,250	\$200,000

The newly constituted Arkansas River Valley Rural Health Cooperative (ARVRHC) has developed a community health plan to better serve low-income, uninsured residents of Franklin, Logan, and Scott counties in west-central Arkansas. Through these extensive planning efforts and community needs assessments, ARVRHC has designed an innovative program model, *Community HealthLink*, to maximize service utilization within its rural service area, and to partner local communities and health care providers with public and private organizations to support and oversee the program. In addition, the community needs assessments identified other areas of need that ARVRHC has factored into its overall program objectives. In response to these additional needs, *Community HealthLink* will include a hospital-based community health education and disease management program and prescription drug assistance. At this time, ARVRHC enrolled approximately 200 individuals in a *Community HealthLink* pilot study.

The program's service area is rural and sparsely populated with a total population of 48,600. Roughly 20 percent of the residents live below the Federal poverty level, and more than half live below 200-percent poverty level. Based on Federal criteria, the Arkansas Department of Health classified the entire tri-county area as a Medically Underserved Area and a Health Professional Shortage Area.

## **CALIFORNIA**

### **DO6RH00105**

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Fiscal Year	2000	2001	2002
Funding Amount	\$200,000	\$179,980	\$186,199

The Imperial Valley Community Health Organization (IVCHO) is a newly constituted corporation serving Southern California's only designated rural county, which is significantly underserved for most health care services. More than half the population is either uninsured or is covered by the Medi-Cal program. Medical management and administrative services are outsourced by county providers and businesses to entities located outside the community, representing a significant drain of local dollars and resources.

IVCHO's mission is to maximize health care opportunities for the community by providing a locally owned, collaborative, administrative services organization dedicated to improving access to health care services and to reducing the number of uninsured individuals through valleywide health administrative coordination. Networking partners in this project include representatives from local community organizations, health care facilities, a bank, physician groups, and other health-related services. Through local control and coordination of administrative and medical functions, IVCHO aims to develop local standards for medical care that are appropriate to the local provider community and that reflect local needs and values. In addition, it will further local accountability and responsibility for health care and will keep local health care dollars in the community.

### **DO6RH00119**

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Fiscal Year	2000	2001	2002
Funding Amount	\$199,935	\$199,685	\$199,771

Consumers, public agencies, and service providers in the rural mountain community of Nevada County are developing a vertically integrated health system that brings together all health and health-related services for the publicly funded, long-term care population. This integrated system has been achieved through the partnership efforts of health and human service agencies, medical associations, a hospital and a hospice, and supportive service organizations. The project intends to pool all public funding for the long-term care population, beginning with Medicaid, and to create a coordinated, countywide system of services. Problems of the current care system, such as service fragmentation, inadequate health care access, and cost-shifting incentives, will be alleviated through strategic use of the consolidated funding pool. Savings

from increased efficiencies will be invested in expanded community services that promote consumer independence and quality of care.

The 3-year integration project is using funds from the Rural Network Development Grant to support its goals to:

- Track information on long-term care consumers, services, and costs in the long-term care network
- Evaluate the existing long-term care service and financing systems
- Design alternative service delivery models and funding mechanisms
- Work with service providers and funding sources to implement the integrated long-term care system.

## **COLORADO**

### **DO6RH00110**

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Fiscal Year	2000	2001	2002
Funding Amount	\$158,802	\$197,000	\$192,000

The Grand County Healthcare Network is a rural network of four health care providers in north-central Colorado whose membership includes a public hospital district, an outpatient clinic, a medical center, and a public health care office. A preliminary assessment of health care needs in the county identified a lack of nonemergency care physicians, an uncertainty among patients about the location and scheduling of specialists, a lack of diagnostic technology, and patient distrust of local health care facilities.

Over the next 3 years, members of the Network will use funds from the Rural Network Development Grant to form a 501c3, not-for-profit organization—the Grand County Healthcare District (GCHD).

GCHD goals include:

- Offering additional services not now possible
- Effectively providing less duplicative and improved quality of care
- Reducing the subsidy now demanded to provide basic health care
- Stabilizing the now-tenuous future of local health care.

### **D06RH00129**

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SLV Rural Healthcare Network  
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Fiscal Year	2001	2002	2003
Funding Amount	\$200,000	\$200,000	\$200,000

The San Luis Valley Rural Healthcare network, which includes the Conejos County Hospital District, Rio Grande Hospital, San Luis Valley Medical Clinics, San Luis Valley Regional Medical Center, and Valley-Wide Health Services, represents the leading health organizations in its six-county service area in south-central Colorado. The network has developed a plan of action that provides patients and residents with a higher quality and greater variety of health products and services. The entire health care community also benefits from the implementation of programs focused on resolving chronic issues confronted by this economically depressed region, such as health insurance affordability and staff recruitment and retention.

The San Luis Valley has the unenviable distinction of having five medically underserved and six health professional shortage counties, which is worsened by the region's geographic "enclosure" within the surrounding mountain ranges. In addition, the network must address the health issues of the State's largest Hispanic population and a large contingency of citizens in their dependant ages. All of these factors are essential for the network to provide the products and services necessary to improve access to health care and health care delivery among local providers for the diverse, scattered communities that constitute the San Luis Valley.

## **FLORIDA**

### **DO6RH00083**

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Big Bend Rural Health Network

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Fiscal Year	1999	2000	2001
Funding Amount	\$155,672	\$200,000	\$200,000

Big Bend Rural Health Network is an existing network operating in five rural counties surrounding Tallahassee, the capital of Florida. All five counties are health professional shortage areas with high levels of uninsured individuals. The principal partners of the existing network are three rural hospitals, five rural public health departments, and physicians in two of the towns in the Network's service area.

This Network Development project allows the introduction of efficiencies in the health care system through cooperative agreements among providers, integration of business systems, and training in compliance, coding, and documentation. Quality of care is addressed through centralized quality assurance, credentialing, joint accreditation efforts, and introduction of utilization management principles. The project's objectives will be accomplished through four stages of development: (1) developing community and business coalitions emphasizing health promotion and prevention, (2) organizing Network members in joint contracting entities and creating vertical integration, (3) pursuing quality improvements and cost efficiencies through integration of clinical, business, and administrative functions, and (4) establishing a local health plan using alternative managed care strategies.

## **GEORGIA**

### **DO6RH00090**

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Fiscal Year	1999	2000	2001
Funding Amount	\$195,310	\$197,710	\$199,230

The Coastal Heart Network's mission is "to improve the quality of life and reduce the toll of illness and death due to cardiovascular disease (CVD) in Liberty, Long and McIntosh Counties by providing a full range of accessible services and programs." Long, Liberty, and McIntosh counties are all rural, distantly located from out-of-county health resources, and share a history of successful health care collaboration. The Network pursues a community-based approach to CVD prevention and treatment. The Network provides a continuum of services and programs, from pre-screening and risk factor reduction through intervention and cardiac rehabilitation services. The members of the Network include nearly all health care providers in the project area including the hospital, three county health departments, private physicians, physician extenders, and rural health clinics. Goals of the Network are:

- Creating a focus for coordination and development of cost-effective prevention and treatment services in the project area
- Ensuring a continuum of CVD services and programs
- Expanding access to CVD services and programs to all area residents
- Integrating clinical services and information systems among outpatient and inpatient providers, employers, and community agencies, while ensuring the privacy of patient records
- Involving the community in planning, implementation, evaluation, and accountability of the Network.

### **DO6RH00136**

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Fiscal Year	2001	2002	2003
Funding Amount	\$199,803	\$178,383	\$186,226

The nine geographically isolated counties in the East Georgia Health Cooperative, Inc. (EGHC) are described as the "poor belt" of east Georgia. These counties are characterized by long-term population loss, lack of employment opportunities, high levels of poverty, low levels of education, and low levels of infrastructure and government service development. In addition, a legacy of limited access to health care facilities and health care professionals results in a less healthy population (53 percent African American and 47 percent Caucasian).



To address the serious health care access issues in this 9-county region, 4 hospitals, 3 community health centers with 7 clinic sites, 3 rural health clinics, more than 60 physicians, and the District Public Health Director have joined forces to improve the access, scope, and viability of health care services. EGHC is a 501(c)(3) entity that is duly incorporated in the State of Georgia.

The project goals are (1) to establish and maintain an organizational infrastructure to address identified areas of need and (2) to establish a comprehensive network-wide mechanism for implementing and conducting outcome improvement plans that focus on identified clinical areas. To accomplish these goals, EGHC will hire a full-time executive director, establish a system-wide outcomes improvement database, implement the Diabetes Mellitus Outcome Improvement Plan, and use the knowledge and expertise gained by the diabetes plan to establish additional outcome improvement plans in other clinical areas.

## **IDAHO**

### **DO6RH00091**

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Fiscal Year	1999	2000	2001
Funding Amount	\$176,725	\$175,910	\$165,682

The Northern Rockies Network covers areas in three States: Utah, Southeast Idaho, and Wyoming. Members of the network include a regional medical center, 14 rural hospitals, and 1 long-term care center/rural health clinic. Residents of the Network's area often face barriers to access to medical care as weather conditions can close roads and prevent air travel. Member institutions face a shortage of nurses, few educational opportunities for health care personnel, and lack of a patient information base to use in planning adequate health care services and programs. Lack of insurance and significant increases in costs of available insurance products are of great concern to the Network's members. The Network Development program will address these needs through (1) creating a regional network of providers to educate, train, and coordinate shared education resources throughout the region, (2) community planning services to meet community needs, (3) a regional network of facilitators to prepare providers for managed care, and (4) a cooperative system for the management of information and services to reduce costs and increase access to healthcare for the residents of the Network's area.

## **IOWA**

### **DO6RH00101**

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 Spencer Municipal Hospital  
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Fiscal Year	2000	2001	2002
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Funding Amount	\$174,587	\$184,501	\$196,905
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This project recognizes that the current financial dilemmas being faced by farm families in Clay County, Iowa, and their exposure to hazardous farm work are leading to a greater need for preventive, mental health, and social services developed specifically for the agricultural population. The Network is responding to these needs by improving the health and safety of the farming community through the coordination of health care services offered by a local network of providers. Network members are the Mercy Family Clinic-Spencer, the Seasons Mental Health Center, Community Health Services, and the Lakes Area Decategorization/Empowerment. Steps to achieve project goals are:

- Expanding farmers' access to care
- Coordinating care services
- Restraining the cost of care for farmers
- Improving the quality of care.

Over the next 3 years, the Network will focus on completing an intensive strategic planning process, which will include mobilizing the community, collecting data, and identifying community resources, and on implementing community action plans.

**D06RH00123**

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Fiscal Year	2001	2002	2003
Funding Amount	\$200,000	\$200,000	\$200,000

The Balanced Health Project.BDF (BDF represents the three participating counties: Buchanan, Delaware, and Fayette) focuses on expanding and formalizing current efforts to increase health care access for our youngest residents in rural northeast Iowa. As in many rural counties throughout the United States, children and youth in this three-county area have limited access to sufficient health care services, and thus the area is in desperate need of a better health care service delivery system.

The Balanced Health Project.BDF has 16 network member—11 school districts, Palmer Community Health, People's Community Health, Regional Medical Center Community Health, BDF Community Empowerment Area, and the Higher Plain. This project builds on current school reform efforts in Iowa that make school districts the connecting point between every student in the district and the community health care providers. This project replicates a successful model for increasing health care access that was recently piloted in another rural Iowa community.

**D06RH00127**

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Fiscal Year	2001	2002	2003
Funding Amount	\$196,500	\$196,500	\$196,500

The Seasons Center for Community Mental Health (formerly know as Northwest Iowa Mental Health Center) is a private nonprofit agency that has provided community mental health services for 41 years to nine counties in northwest Iowa. The Seasons Center serves as the applicant agency for the Integrated Service Pathways (ISP) Network. The ISP Network project is a program uniquely designed to provide mental health and dual-diagnosis services to the mentally ill who are housed in rural county jails. Many of these inmates, due to access problems associated with obtaining health care in a mental health professional shortage area, have their first point of access for care in the county jails.

The ISP Network has three major goals: (1) to establish an integrated service network among four existing delivery systems, (2) to ensure that all inmates of county jails throughout the eight-county service area have access to comprehensive services for mental illness and dual-diagnosis, and (3) to ensure that all treatment staff and network members have proper training on dual-diagnosis. This training includes uniform record keeping, necessary consultation around treatment and behavior management, and documentation standards.

## **KANSAS**

### **D06RH00135**

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Fiscal Year	2001	2002	2003
Funding Amount	\$191,900	\$143,600	\$196,400

The FourRivers Community Health Alliance (FCHA) service area is in rural south-central Kansas, which is south of Sedgwick County and the urban area of Wichita. Initially, FCHA includes Cowley, Harper, and Sumner counties; however, additional counties may join FCHA in the future, especially Elk and Chatauqua counties (both are critically underserved areas and designated as Health Professional Shortage Areas).

The purpose of this project is to reconfigure an existing community-based organization, Sumner Community Health organization (SCHO), into FCHA and to expand current community health improvement initiatives and future strategies into Cowley and Harper counties. FCHA's mission is to build healthier communities in south-central Kansas by integrating and coordinating clinical, administrative, and economic health care decision making to optimize the scope, quality, and cost effectiveness of a locally appropriate continuum of health promotion, disease prevention, clinical health care, and related services. This mission focuses on community needs identified by SCHO and other community health assessment efforts in recent years. These needs include reducing teen pregnancy rates, reducing adverse health behaviors, improving nutrition and increasing exercise among seniors, improving access to remote areas, improving local access

through public transportation, and improving access by addressing the 9.2 percent uninsured population.

## **LOUISIANA**

### **DO6RH00085**

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Fiscal Year	1999	2000	2001
Funding Amount	\$182,200	\$193,100	\$197,100

Louisiana is one of the few States to operate a statewide system of hospitals, formerly known as the Charity Hospital System. While these hospitals provide a safety net for the large number of uninsured in the State, they have limited capacity for providing health-screening services, early intervention programs, health promotion, and disease prevention measures.

Both St. Mary and Iberia Parishes, the service areas of the Bayou Teche Community Health Network (ByNet), are primary care health professional shortage areas. ByNet is a consortium of nine health care and social service providers, including two Federally Qualified Health Centers, a rural hospital, the St. Mary Community Action Agency, and others. ByNet is an effort to develop a unified system of care for the unique needs of the local population. Cooperation among the member health care and social service providers allows clients to receive services in the location that best suits their needs. By linking social services and clinical providers, users may be exposed to a wider range of available services than they had previously received. The Network Development grant will allow development of a formal management structure and integrated information systems to improve the coordination and efficiency of health care provided by members and development of managed care products and services.

## **MAINE**

### **D06RH00125**

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Fiscal Year	2001
Funding Amount	\$86,500

County Health Link is a vertically integrated network of health care, social, and behavioral service providers serving a large, rural region in northeast Maine. The network members encompass all of Aroostook County with eight nonprofit and two for-profit providers. The network has initiated a planning process to identify the health status of each of the three subregions and the county as a whole. To accomplish this effort, the network is conducting a

community population survey and collecting data on morbidity, mortality, health care utilization, demographics, and socioeconomic information in order to obtain and examine the following three components of health status:

- Demographic changes in the population.
- The extent of risk factors for, and the presence of, chronic disease and acute health episodes in the community (e.g., smoking, obesity, cardiovascular disease, cancer, respiratory health, diabetes, infant mortality, and life expectancy).
- Characteristics of the health care delivery system for certain health-related conditions; for example, prenatal care and primary care.

From this assessment, County Health Link plans to describe the health status of county residents, identify specific high-priority health issues and gaps in service, and provide recommendations for developing and/or improving health care services available to this Federally designated Medically Underserved Area and Medically Underserved Population. The resulting Health Status Assessment and Health Status Profile reports will allow County Health Link to identify actions that communities and network members can initiate to improve the health status of residents in Aroostook County.

## **MICHIGAN**

### **DO6RH00118**

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Fiscal Year	2000	2001	2002
Funding Amount	\$168,036	\$183,500	\$200,000

The Northwest Michigan Behavioral Healthcare Network (BHN) is a group of health care organizations that provides and administers health care services. The purpose of BHN is to develop targeted initiatives that, although designed for the northwest Michigan rural service area, create a similar scope and effectiveness to those services available in urban areas. An overarching goal of the group is to develop a continuum of care that is available to clients “on the spot” in rural health care providers’ offices, clinics, organizations, and hospitals as well as to develop community-identified organizations to reach underserved populations. The Network activities are:

- Enhancing and expanding the Network by formally developing BHN
- Providing ongoing professional development for Network members
- Designing BHN products that could provide behavioral health care
- Providing Network members with expert legal and organizational advice
- Developing an integrated Network that allows consumers easy access
- Developing consultation services to provide rural Network members with an easy, inexpensive way to access expert medical and behavioral health knowledge.

Funds from the Rural Network Development Grant will allow BHN to overcome a number of barriers to service provision, including lack of transportation, limited personal resources, cultural differences, and the stigma of seeking help. The project will strengthen the behavioral health care delivery system by developing a strong provider network in collaboration with physicians' offices, community organizations, tertiary care facilities, universities, and underserved communities.

**DO6RH00115**

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Fiscal Year	2000	2001	2002
Funding Amount	\$199,690	\$165,835	\$170,116

The Upper Peninsula Health Plan is a rural network provider whose membership includes six small health care organizations, the regional referral center, and a qualified health plan. The plan's primary purpose is to continually improve the quality and appropriateness of health care for 15 rural counties in Michigan's Upper Peninsula while restraining administrative cost and duplication of effort among network partners. Specific project initiatives include:

- Focusing on specific disease states throughout the continuum of care
- Developing clinical practice guidelines
- Centralizing practitioners' credentials.

All network partners are contributing to the development of clinical practice guidelines, the design of data collection tools, data collection and interpretation, and the implementation of interventions to improve quality of care. The Upper Peninsula Health Plan will establish and maintain the centralized "credentialing" services and will provide the software for this program.

**MISSOURI**

**DO6RH00116**

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Fiscal Year	2000	2001	2002
Funding Amount	\$106,200	\$200,000	\$200,000

The Ozark Foothills Health Care Consortium is a cooperative consisting of 29 members drawn from medical, social service, educational, and governmental communities. Since its inception in 1996, the consortium has addressed the significant needs for improved medical care within the Ozark Foothills, a severely impoverished, five-county region in southeast Missouri. Its mission is to combat major health care challenges in the area, such as teenage pregnancy, tuberculosis, low infant-immunization rates, and the lack of essential medical services.

The consortium has initiated two successful single-purpose medical projects and has laid the foundation for the creation of a comprehensive, fully integrated health care network. It is preparing to undertake the areawide needs assessment, prioritization, and planning necessary to move the group forward to full Network status.

The consortium will use funding from the Rural Network Development Grant to aid the group in scheduling a series of Network development experiences and critical-issue review sessions, securing the staff support necessary to assist in drawing the network together, and improving the consortium's current direct service delivery programs.

**DO6RH00134**

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Fiscal Year	2001	2002	2003
Funding Amount	\$199,959	\$199,951	\$199,985

Key rural health stakeholders in Cooper and Howard counties in rural central Missouri organized a collaborative effort called the Boonslick Rural Network Consortium (BRNC). The vision is to develop a vertically integrated health care system in both counties to enhance coordination and continuity of care, to improve access to quality health services, and ultimately to improve the health status of residents (98 percent white and 2 percent nonwhite with a larger aging population) in the service area.

The consortium comprises six nonprofit health care/social service agencies with avid records of social and community service among the target population. BRNC will continuously seek to include new partners for health care improvement in Cooper and Howard counties as the project progresses. Ultimately, BRNC is preserving local access to primary care and providing collaboration for the recruitment and retention of health care professionals (both counties are designated as health professional shortage areas by the State).

**NEBRASKA**

**DO6RH00153**

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Fiscal Year	2001	2002	2003
Funding Amount	\$200,000	\$200,000	\$200,000

The Rural Comprehensive Care Network of Nebraska is expanding through an integration of representatives from the business community into the network's governance structure. The three partners are South East Rural Physician Alliance, Blue River Valley Health Care Network,

and Nebraska Safety Council. Butler, Saline, and Seward counties in rural southeast Nebraska will serve as the pilot sites for the development of the network's activities.

The network and its members conducted four surveys to determine the health needs of the service area. The community health survey and the inpatient and outpatient hospital data showed an out-migration of 52 to 60 percent of health services. In addition, 12.51 percent of the area's employees have reportable injuries compared with 8 percent for the State. The data indicate the network must work with local businesses to meet the needs of the community.

More than 906 businesses with approximately 14,384 employees are located within the service area. The network activities include an occupational health and safety program to reach local businesses with needed services. The Rural Occupational Health and Safety project will focus on the following six goals:

- Build a stronger network between businesses and health care providers.
- Coordinate activities for businesses to create healthier and safer working environments.
- Target health care providers by developing occupational health and safety protocols and job descriptions for local businesses.
- Target employee services that support new services in the community and lower the cost of health care.
- Develop a healthy community.

## **NEW MEXICO**

### **D06RH00120**

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Fiscal Year	2001	2002	2003
Funding Amount	\$188,078	\$199,623	\$198,548

The Hidalgo County Health Consortium (HCHC) has been collaborating for more than 4 years to develop services and programs that respond to community needs. In doing so, HCHC has developed a strategic health plan that identifies priority interventions for Hidalgo County. Based on these priorities, the network works toward improving financial and other access to existing services by vertically integrating patient enrollment and direct patient services, as well as developing and promoting a locally defined set of publicly supported community health benefits.

Hidalgo County is in southwest New Mexico with a projected population of 6,487 that is divided evenly between Hispanic and Anglo residents. The county seat, Lordsburg, is among the poorest communities in New Mexico, with a per capita income one-third that of the county as a whole. Moreover, the recent closure of the Phelps-Dodge Copper Corporation smelter will further reduce the per capita income countywide.



HCHC is developing the Hidalgo Health Plan as an integrated service model that is transferable to other communities. The goals of the plan are to encourage early access to a well designed preventive and primary medical, dental, and mental health services for people regardless of their ability to pay.

## **NEW YORK**

### **D06RH00095**

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Fiscal Year	1999	2000	2001
Funding Amount	\$199,735	\$199,590	\$199,678

North Country Behavioral Healthcare Network (NCBHN) is a network of 15 nonprofit mental health and substance abuse treatment providers. Covering a six county area in northern New York, NCBHN is establishing a regionwide system of care, accessible by a single "800" phone number and able to provide innovative treatment to local residents. The network's catchment area covers over 8,000 square miles, with several of the counties suffering from high rates of poverty and drug and alcohol abuse.

Over the course of the grant period, NCBHN will develop a vertically integrated network of behavioral health providers, develop managed care readiness for the Network and incorporate an Independent Provider Association, develop a Management Services Organization, and research and develop innovative programming and educational services for providers and the public. The network will be able to provide a full range of services, including prevention, early intervention, treatment, and follow-up.

## **NORTH CAROLINA**

### **D06RH00138**

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Fiscal Year	2001	2002	2003
Funding Amount	\$197,610	\$195,055	\$194,645

The proposed project will enable a rural North Carolina county to develop an organized network to manage chronic disease - the number one cause of death and illness in the project area, in North Carolina, and the United States. The Hertford Chronic Disease Management Network's mission is "To improve the quality of life and reduce the toll of illness and death due to chronic

disease in Hertford County by providing a full range of accessible services and programs, because the county is far from out-of-county health care resources, and Network members share a history of successful collaboration.

The Network selected a multi-level, community-based approach to chronic disease management due to the multiplicity of factors leading to high rates of diabetes, cardiovascular disease, asthma, cancer and other chronic medical conditions. Strategy includes testing initiatives new to its health system: an indigent medications program and a primary care office-based chronic disease management and health education delivery model. During the first year of project funding, the Network will focus on patients with diabetes, because the county's diabetes rate is high, because diabetes can be controlled with prescription medications, and diabetes management outcomes are measurable.

The Network is governed by a board composed of representatives of a local community hospital, a district health department, local primary care physicians, the county office of aging, and a tertiary hospital located sixty miles from the project site.

Network member commitments, one-fourth of the first year budget, include cash and in-kind contributions of medical direction, marketing, financial management expertise, furnishings and renovated facilities. The Network will pursue reimbursement strategies during the three-year project period to sustain itself after federal funding ends.

## **SOUTH CAROLINA**

### **DO6RH00103**

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Low Country Health Care Network

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Fiscal Year	2000	2001	2002
Funding Amount	\$181,850	\$162,747	\$152,916

The Low Country Health Care Network (LCHCN) serves 10 rural counties in the lower western section of South Carolina. Its service area has a long history of poor-health mortality and morbidity rates; severely depressed economic conditions; and a predominantly poor, Medicaid-eligible, or uninsured population. The Network comprises rural health clinics, private physician offices, a community health center, rural county hospitals, public health offices, community consumers, and a variety of other health-related organizations. The overall goal of LCHCN is to provide a vertically integrated health delivery system that respects member autonomy while focusing on common-ground issues that enhance health services, promote healthier communities, accommodate changing conditions throughout the service area, and reduce member operating costs.

Specific steps toward achieving this goal include:

- Increasing access to care
- Strengthening and expanding the services that the Network can offer to underserved areas
- Improving coordination of care
- Improving the cost-efficiency of providing health services

- Maximizing the quality of care.

**DO6RH00088**

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Fiscal Year	1999	2000	2001
Funding Amount	\$199,785	\$199,960	\$199,960

More than half of the elderly population in Marion County, South Carolina, lives in poverty; 30% live alone; 30% do not own a vehicle; and 16% do not have a telephone. Coordination between community agencies and local medical providers is fragmented. Marion County has one of the highest rates of heart disease, high blood pressure, stroke, and diabetes of any area in the State.

Senior Connection will develop a vertically integrated health delivery network to increase the capacity of elderly residents to maintain active and healthy lives in their communities. It will expand access and coordination of care and maximize provider funding streams. Four "One-Stop-Shop" Senior Centers will be developed. In addition to providing hot meals and recreational activities 5 days a week, these Centers will serve as a single point of access for the health delivery network. The County Council on Aging, the local public health agency, the County Department of Social Services, and the Pee Dee Regional Transportation Authority will be the primary network members. Agencies will be linked by shared computer information systems. An automated intake screening and referral system will be developed that will allow one application to trigger services from multiple agencies and funding sources.

**VERMONT**

**D06RH00117**

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Fiscal Year	2000	2001	2002
Funding Amount	\$193,883	\$151,000	\$61,556

The Connecticut Valley Health and Human Services Network (CVHHSN) represents consumers and a broad spectrum of social service and health care agencies and institutions and targets 42 contiguous eastern Vermont towns. It was formed specifically to create an interorganizational model of long-term, home- and community-based care for the rural region's frail elderly and disabled population.

The ultimate goal of CVHHSN is to enroll eligible individuals into an appropriate health care program, assume financial risk for their health care, and be recognized by Federal and State

payers as a permanent provider through a case-rates model adapted to a rural environment. These goals will be achieved through incorporating:

- Care-management teams in four regions
- Consumer and provider online access to service information and to information on how to receive assistance and care
- Provider access to appropriate online medical information
- A unified planning and governance structure.

## **VIRGINIA**

### **DO6RH00092**

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Fiscal Year	1999	2000	2001
Funding Amount	\$200,000	\$200,000	\$200,000

The Northern Neck Children's Advocacy Committee (NNCAC) was established in 1996. The Northern Neck is a peninsula in the northeastern region of Virginia consisting of four rural counties. NNCAC, along with the Chesapeake Medical Group, Rappahannock General Hospital, Three Rivers Health District, and the Northern Neck Free Clinic, is establishing a network to enhance and coordinate community services and to prevent overlap of services. The network partners will combine resources to build a blended Comprehensive Health Involvement Project (CHIP) and Healthy Families site. CHIP, with 10 sites providing a medical home for 4,200 children, coordinates the efforts of private health care providers, local health departments, and community nonprofit agencies. Healthy Families is the other major home visiting program in Virginia, with a strong emphasis on preventing child abuse and neglect. By blending CHIP and Healthy Families, NNCAC can prevent unnecessary duplication and administrative structures. The home-visiting services will strengthen the network of health care providers by adding staff who can extend the reach of the health care system. The network's goals include improving the quality of care received for low-income children receiving home-visit services, improving care for pregnant women, and expanding access to care through increased outreach and enrollment, patient education, and effective use of health resources.

## **WEST VIRGINIA**

### **D06RH00141**

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Fiscal Year	2001	2002	2003
Funding Amount	\$180,547	\$185,843	\$185,186

The McDowell County Health Advisory Council (MCHAC) was established in May 1999 to bring

cohesive and integrated services to this medically underserved area. McDowell County is the poorest county in West Virginia, which is the poorest state in the United States. Sixty three percent of the population is under 200% of poverty, and 85% of school children are eligible for the free lunch program. The September 2000 unemployment rate was 9.9% as compared to 4.1% nationwide. Further, McDowell County has the highest birthrate to unwed mothers under age 18 years in West Virginia.

MCHAC was formed to gain the maximum benefit from its limited health and social services resources. Funding from the WV Department of Public Health enabled the Council to undertake a professional needs assessment, which aided plans for development of a rural health network. The Council identified five MCHAC member agencies where a logical network connection could be developed. These included the local hospital, Community Health Center, mental health center, and County health department and school district. Cash and in-kind contributions of \$59,946 are available for this initiative.

This proposed network builds on prior Council planning to promote coordination of services, integrate programs to improve healthcare outcomes, and to expand access to care by overcoming geographic, transportation, and economic barriers. With further validation, the Council has identified the following priorities: Health promotion and education, planning and program development, resource development, health manpower recruitment, physician retention, primary care service expansion, children's health insurance enrollment, outcomes measurement, and data sharing.

The MCHAC proposes to staff the Council with a Project Director, Community Health Educator, and Research Associate to inventory community health assets, coordinate a community health awareness program, identify and target high risk groups with specific strategies and resources, investigate appropriate sources of funding, and develop grant applications that amplify the effect of integrated service delivery.

Key to sustaining the Council is cross-leveling of patient and diagnostic data that identifies County needs. This permits a greater focus on child and adolescent health problems, and enables the measurement of improved health status.

## **WISCONSIN**

### **D06RH00139**

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Fiscal Year 2001  
Funding Amount \$108,000

The overall goal of the Menominee Health Network Implementation Project is to implement a formal health network in Menominee County/Nation to address preventive health needs. The

project will focus on the need for collaboration in community building, with specific goals to build on the achievements of the current grant. Menominee County/Reservation is designated a Health Professional Shortage Area (HPSA). According to the 1998 Census Dress Rehearsal, the Menominee County population is 4779, 86% being Native American, and 40% under the age of 18. The 1997 Bureau of Indian Affairs Labor Force Report documented that 56% of the Menominee earned less than poverty level wages.

A health planning initiative was completed for the Menominee community and identified four priority areas for health planning. Addictive Behaviors, Injury, Violence, and Chronic Illness, which are also the focus of the current planning grant.

Community organizations committed to this project include Menominee Tribal Clinic, Shawano Community Hospital, Maehnowesekiyah Treatment Center, Menominee County Human Services, College of the Menominee Nation, and Menominee Indian School District. Also participating in the planning group are UWExtension, Menominee County Government, and various recreation, commercial, and social services providers.

The Menominee Health Network will implement the network design, develop a coordinated system for delivery of services, and plan for governance and assessment of the network structure and operation, and will implement the initiative related to the four health priorities.

**D06RH00142**

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Fiscal Year	2001	2002
Funding Amount	\$197,938	\$197,355

The Jackson County Community Health Network, Inc., comprised of the HoChunk Nation Department of Health, Black River Memorial Hospital, Krohn Clinic, Jackson County Health and Human Service, Western Wisconsin Technical College and the Black River Falls School District is submitting a grant application to continue the collaborative efforts initiated through the Rural Health Network Planning Grant in May 2000.

The networks goals and objectives for fiscal years 2001 to 2003 are to:

- Promote community access to health care service.
- Improve the health status of targeted groups by providing appropriate and responsive health services
- Improve the quality, cost-effectiveness, and efficient delivery of community health care services
- Identify community needs and challenges to delivery of high quality and cost-effective care, and propose solutions

To accomplish the goals and objectives, the funds will allow the Network to:

- Hire a full-time Project Coordinator
- Utilize legal counsel to develop memoranda of agreement with new network members (between 7 and 15 total members).

- Complete a feasibility study on a merger between Black River Memorial Hospital, Krohn Clinic and Ho-Chunk Health Care Center. Each has outgrown its facilities and needs to expand. The study will assess location, resources and community acceptance.
- Develop trust to promote collaboration with the Native and non-Native communities through sensitivity training.
- Complete an action plan to address the lack of work force in the health care field, as well as other priority areas identified from the needs assessment, Hometown Health, that will be completed by April 30, 2001.

Ongoing evaluation of the project and corrective actions will be accomplished with a final evaluation conducted at the end of the project. The total cost of the project for the first year is \$197,938.

## **WYOMING**

### **DO6RH00087**

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Fiscal Year	1999	2000	2001
Funding Amount	\$188,300	\$191,800	\$190,300

VHA Wyoming is a network of seven hospitals throughout Wyoming that have developed significant additional resources through collaboration. This partnership is now expanding the cooperative concept to develop a multidisciplinary organization of providers across the State.

Wyoming is the least populated of all States, with 453,000 residents spread out over 97,000 square miles. Even in the larger communities in the State there can be a lack of specialty care. In frontier areas, primary care options are very limited. The development of statewide systems can make the most of the services that are provided by coordinating resources, eliminating duplication, and where possible, taking the services to the patients.

The network will develop by (1) initiating (where not already established) community health partnerships in each VHA Wyoming community, developing a common set of programs and initiatives; (2) integrating individual programs and services statewide utilizing the local networks; and (3) facilitating opportunities for economic integration, such as managed care contracting or the establishment of a statewide PHO.