TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

SEPTEMBER 30, 2016

Prepared for	ST. LUKE'S REGIONAL MEDICAL CENTER 190 E BANNOCK BOISE, ID 83712
Prepared by	DELOITTE TAX LLP 550 S. TYRON ST, SUITE 2500 CHARLOTTE, NC 28202
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Form **8453-EO**

Department of the Treasury
Internal Revenue Service

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2015, or tax year beginning OCT 1, 2015, and ending SEPT 30, 20 15

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

OMB No. 1545-1879

2015

Name of exempt organization

St. Luke's Regional Medical Center,

Employer identification number

82-0161600

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a** below and the amount on that line of the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here ▶ ☑	b	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12) . .	1b	1,413,690,986
2a	Form 990-EZ check here ▶ ☐	b	**Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ ☐	b	**Total tax** (Form 1120-POL, line 22).	3b	
4a	Form 990-PF check here ▶ ☐	b	**Tax based on investment income** (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here ▶ ☐	b	**Balance due** (Form 8868, Part I, line 3c or Part II, line 8c) . . .	5b	

Part II Declaration of Officer

6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund.

Sign Here ▶ Peter D'Ov — Signature of officer | 8-3-17 — Date ▶ Vice President- Controller — Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only

ERO's signature ▶ Rebecca L. Lyons — Date 8/14/17 — Check if also paid preparer ☐ — Check if self-employed ☐ — ERO's SSN or PTIN P01487105

Firm's name (or yours if self-employed), address, and ZIP code ▶ Deloitte Tax LLP — EIN 86-1065772

250 East Fifth Street, Suite 1900, Cincinnati, OH 45202 — Phone no. 513-784-7100

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self- employed	PTIN
John W. Sadoff, Jr.	John W. Sadoff, Jr.	8/14/2017		P00540589
Firm's name ▶ Deloitte Tax LLP			Firm's EIN ▶	86-1065772
Firm's address ▶ 550 S. Tryon St, Suite 2500 Charlotte, NC 28202			Phone no.	704-887-1500

** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **Do not enter social security numbers on this form as it may be made public.**

▶ **Information about Form 990 and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning OCT 1, 2015 **and ending** SEP 30, 2016

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
St. Luke's Regional Medical Center

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
190 E Bannock

City or town, state or province, country, and ZIP or foreign postal code
Boise, ID 83712

F Name and address of principal officer: Kathy Moore
same as C above

D Employer identification number
82-0161600

E Telephone number
208-706-9585

G Gross receipts $ 2,850,410,850.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.stlukesonline.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1906

M State of legal domicile: ID

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Provide healthcare services to the community.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	592
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	9,879,932.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-742,058.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	8,822,852.	5,037,076.
9	Program service revenue (Part VIII, line 2g)	1,280,024,860.	1,393,990,637.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,825,881.	7,950,948.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	269,204.	6,712,325.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,293,942,797.	1,413,690,986.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,332,741.	3,218,371.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	598,127,344.	646,432,513.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	655,231,389.	730,844,181.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,255,691,474.	1,380,495,065.
19	Revenue less expenses. Subtract line 18 from line 12	38,251,323.	33,195,921.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	1,532,296,537.	1,604,897,536.
21	Total liabilities (Part X, line 26)	995,926,862.	1,034,067,629.
22	Net assets or fund balances. Subtract line 21 from line 20	536,369,675.	570,829,907.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date

▶ Peter DiDio, Vice-President,Controller
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: John W. Sadoff, Jr.	Preparer's signature: John W. Sadoff, Jr.	Date: 8/14/2017	Check ☐ if self-employed	PTIN: P00540589
Firm's name ▶ Deloitte Tax LLP			Firm's EIN ▶ 86-1065772	
Firm's address ▶ 550 S. Tyron St, Suite 2500 Charlotte, NC 28202			Phone no. 704-887-1500	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III X

1 Briefly describe the organization's mission:

Improve the health of people in the communities we serve by aligning physicians and other providers to deliver integrated,patient-centered,quality care.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses $ 1,217,447,534. including grants of $ 3,025,435.) (Revenue $ 1,301,433,615.)

Medical & Surgical:

St. Luke's Regional Medical Center is comprised of three hospital campuses(Boise,Meridian and Mountain Home),three urgent care centers(Eagle,Nampa,and Fruitland),two free-standing emergency departments(Nampa and Fruitland),and physician clinics throughout the Treasure Valley. The hospitals provide 24-hour emergency care,diagnostic procedures,a variety of inpatient and outpatient care,and maternity and pediatric care. Known for its clinical excellence,St. Luke's has been recognized for quality and patient safety,and is proud to be designated a Magnet Hospital,the gold standard for nursing care. In addition,St. Luke's has the only

4b (Code: _____) (Expenses $ 77,638,120. including grants of $ 192,936.) (Revenue $ 82,994,015.)

St. Luke's Childrens Hospital/Specialty Center:

St. Luke's Boise Medical Center is home to Idaho's only children's hospital. The Children's Hospital cares for more than 50,000 children every year,with more than 140 pediatricians and pediatric specialists working with referring physicians from around the region. Features of the Children's Hospital include Idaho's largest and most experienced Level III Newborn Intensive Care Unit,Pediatric Intensive Care Unit,and full service Pediatrics Unit. We also provide care in the state's only Pediatric Cancer Unit,Pediatric Emergency Department,and Pediatric Surgery Suites. At our Children's Hospital School,we help our young patients keep pace with their classmates. At CARES(Children at Risk

4c (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 1,295,085,654.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ OR

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

Peter DiDio Vice-President,Controller - 208-706-9585

190 E. Bannock, Boise, ID 83712

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Mr. Michael M. Mooney	2.00									
Chairman	4.00	X		X				0.	0.	0.
(2) Mr. Ron Sali	2.00									
Planning Committee Chair	4.00	X						0.	0.	0.
(3) Mr. A. J. Balukoff	2.00									
Finance Committee Chair	4.00	X						0.	0.	0.
(4) Mr. George Iliff	2.00									
QSSEC Committee Chair	4.00	X						0.	0.	0.
(5) Mr. Jim Everett	2.00									
Director	4.00	X						0.	0.	0.
(6) Ms. Kami Faylor	2.00									
Director	4.00	X						0.	0.	0.
(7) Bishop Brian Thom	2.00									
Director	4.00	X						0.	0.	0.
(8) Mr. Brad Wiskirchen	2.00									
Director	4.00	X						0.	0.	0.
(9) Mr. Dean Hovdey	2.00									
Director	4.00	X						0.	0.	0.
(10) Catherine Reynolds,M.D.	40.00									
Director	4.00	X						0.	0.	0.
(11) Ms. Joy Kealey	2.00									
Director	4.00	X						0.	0.	0.
(12) Ron Jutzy,M.D.	40.00									
Director	4.00	X						0.	553,605.	23,733.
(13) Thomas R. Huntington,M.D.	40.00									
Director	4.00	X						0.	2,750.	0.
(14) Ms. Kathy Moore	40.00									
Chief Executive Officer-St	6.00	X		X				0.	599,158.	30,594.
(15) Mr. Mark Robinson	2.00									
Director	4.00	X						0.	0.	0.
(16) Mr. Lloyd Knight	2.00									
Director	4.00	X						0.	0.	0.
(17) Bayo Crownson, M.D.	2.00									
Director	4.00	X						0.	267,311.	28,671.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Mr.Jeffrey S. Taylor	2.00									
SR VP/CFO/Treasurer	50.00			X				0.	563,576.	721,926.
(19) Ms. Christine Neuhoff	2.00									
VP/Legal Affairs/Secretary	50.00			X				0.	416,920.	32,567.
(20) Ronald M. Kristensen,M.D.	40.00									
Physician	0.00					X		0.	1,281,111.	61,674.
(21) Colin E. Poole, M.D.	40.00									
Physician	0.00					X		0.	1,151,927.	39,620.
(22) Andrew Forbes,M.D.	40.00									
Physician	0.00					X		0.	1,046,344.	81,358.
(23) Steven S. Huerd,M.D.	40.00									
Physician	0.00					X		0.	1,067,803.	60,712.
(24) Jim F. Valentine, M.D.	40.00									
Physician	0.00					X		0.	1,134,372.	32,543.
(25) Mr. Chris Roth	0.00									
Former CEO and Director	48.00						X	0.	654,179.	34,055.
(26) Mr. Gary L. Fletcher	0.00									
Former CEO and Director	22.00						X	0.	407,139.	1,265.
1b Sub-total ▶								0.	9,146,195.	1,148,718.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								0.	9,146,195.	1,148,718.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Emergency Medicine of Idaho, 13960 W. Wainwright,Suite A, Boise, ID 83713	Emergency Medicine Services	22,245,457.
Saltzer Medical Group 217 West Georgia Ste. 115, Nampa, ID 83686	Physician Services	7,000,427.
Woman's Clinic,LLP 100 E. Idaho,Ste 400, Boise, ID 83702	Physician Services	4,987,786.
Architectural Nexus 2505 Parleys Way, Salt Lake City, UT 84109	Architectural Services	4,132,006.
CH2M HILL ENGINEERS INC, 9191 South Jamaica Street, Englewood , CO 80112	Engineering Services	3,400,347.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 164

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	1,524,830.				
	e Government grants (contributions)	1e	2,521,751.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	990,495.				
	g Noncash contributions included in lines 1a-1f: $						
	h **Total.** Add lines 1a-1f			5,037,076.			
Program Service Revenue		**Business Code**					
	2a Net Patient Revenue	900099		1,331,384,347.	1,331,384,347.		
	b Outpatient Retail Rx	446110		34,417,444.	24,854,437.	9,563,007.	
	c Joint Venture Income	900099		2,192,102.	2,192,102.		
	d						
	e						
	f All other program service revenue	900099		25,996,744.	25,996,744.		
	g **Total.** Add lines 2a-2f			1,393,990,637.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			115,206.			115,206.
	4 Income from investment of tax-exempt bond proceeds			8,449,473.			8,449,473.
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents	2,419,746.					
	b Less: rental expenses	766,218.					
	c Rental income or (loss)	1,653,528.					
	d Net rental income or (loss)			1,653,528.			1,653,528.
	7a Gross amount from sales of assets other than inventory	(i) Securities 1433826478.	(ii) Other 1,513,437.				
	b Less: cost or other basis and sales expenses	1434446754.	1,506,892.				
	c Gain or (loss)	-620,276.	6,545.				
	d Net gain or (loss)			-613,731.			-613,731.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	**Business Code**					
	11a CAFETERIA/CATERING/VEN	900099		4,123,611.			4,123,611.
	b DAYCARE SERVICE	624410		561,752.			561,752.
	c LAUNDRY	812300		316,925.		316,925.	
	d All other revenue	900099		56,509.			56,509.
	e **Total.** Add lines 11a-11d			5,058,797.			
	12 **Total revenue.** See instructions.			1,413,690,986.	1,384,427,630.	9,879,932.	14,346,348.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,218,371.	3,218,371.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,514,835.		1,514,835.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	518,260,785.	483,355,505.	34,905,280.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,084,254.	8,214,261.	2,869,993.	
9 Other employee benefits	82,947,580.	66,557,120.	16,390,460.	
10 Payroll taxes	32,625,059.	29,879,589.	2,745,470.	
11 Fees for services (non-employees):				
a Management	67,121,155.	66,115,117.	1,006,038.	
b Legal	2,601,631.		2,601,631.	
c Accounting	126,773.		126,773.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	702,372.	702,372.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	19,711,572.	16,512,425.	3,199,147.	
12 Advertising and promotion	521,617.	472,205.	49,412.	
13 Office expenses	9,780,961.	9,607,640.	173,321.	
14 Information technology	75,531,264.	75,528,028.	3,236.	
15 Royalties				
16 Occupancy	18,018,946.	18,018,946.		
17 Travel	2,978,647.	2,815,665.	162,982.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	26,447,666.	26,231,704.	215,962.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	76,002,075.	74,946,077.	1,055,998.	
23 Insurance	305,236.	304,018.	1,218.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Supplies	219,170,081.	217,569,056.	1,601,025.	
b Provision for Bad Debt	64,923,755.	64,923,755.	0.	
c Contract Services	40,416,413.	38,874,840.	1,541,573.	
d Repairs	21,425,631.	9,861,963.	11,563,668.	
e All other expenses	85,058,386.	81,376,997.	3,681,389.	
25 **Total functional expenses.** Add lines 1 through 24e	1,380,495,065.	1,295,085,654.	85,409,411.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		3,583,877.	1	1,098,300.
	2	Savings and temporary cash investments		58,243,906.	2	83,907,875.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		176,240,649.	4	195,108,591.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7	Notes and loans receivable, net		337,705.	7	335,700.
	8	Inventories for sale or use		27,243,015.	8	29,945,752.
	9	Prepaid expenses and deferred charges		2,206,447.	9	2,854,864.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,041,142,044.			
	b	Less: accumulated depreciation	10b 406,617,759.	607,579,919.	10c	634,524,285.
	11	Investments - publicly traded securities		469,659,482.	11	565,491,833.
	12	Investments - other securities. See Part IV, line 11		8,459,728.	12	7,531,533.
	13	Investments - program-related. See Part IV, line 11		2,508,342.	13	796,128.
	14	Intangible assets		42,234,609.	14	39,142,518.
	15	Other assets. See Part IV, line 11		133,998,858.	15	44,160,157.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,532,296,537.	16	1,604,897,536.
Liabilities	17	Accounts payable and accrued expenses		66,800,950.	17	57,889,323.
	18	Grants payable			18	
	19	Deferred revenue		1,849,724.	19	1,925,922.
	20	Tax-exempt bond liabilities		768,938,275.	20	806,008,373.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		158,337,913.	25	168,244,011.
	26	**Total liabilities.** Add lines 17 through 25		995,926,862.	26	1,034,067,629.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		535,420,293.	27	569,864,432.
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets		949,382.	29	965,475.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		536,369,675.	33	570,829,907.
	34	Total liabilities and net assets/fund balances		1,532,296,537.	34	1,604,897,536.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,413,690,986.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,380,495,065.
3	Revenue less expenses. Subtract line 2 from line 1	3	33,195,921.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	536,369,675.
5	Net unrealized gains (losses) on investments	5	13,816,571.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-12,552,260.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	570,829,907.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII .....

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at** *www.irs.gov/form990.*

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization	**Employer identification number**
St. Luke's Regional Medical Center	82-0161600

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations .....

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2014 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2014** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No" describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea* ***(see instructions):***

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in ***Part VI*** *the role played by the organization in this regard.*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2015 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
c				
d	From 2013			
e	From 2014			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	**Excess distributions carryover to 2016.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at *www.irs.gov/form990* .

OMB No. 1545-0047

2015

Name of the organization	Employer identification number
St. Luke's Regional Medical Center	82-0161600

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... ▶ $ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
St. Luke's Regional Medical Center	82-0161600

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 1,524,830.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 1,177,816.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 187,439.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 149,596.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 101,962.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 92,379.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
St. Luke's Regional Medical Center	82-0161600

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 90,477.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 83,389.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 77,971.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 74,602.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11		$ 72,453.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12		$ 51,097.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
St. Luke's Regional Medical Center	82-0161600

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		$ 39,565.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14		$ 31,597.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15		$ 29,181.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16		$ 28,638.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17		$ 22,862.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18		$ 21,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
St. Luke's Regional Medical Center	82-0161600

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		$ 20,865.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20		$ 18,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21		$ 17,247.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22		$ 15,534.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23		$ 14,394.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24		$ 13,450.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
St. Luke's Regional Medical Center	82-0161600

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		$ 12,950.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26		$ 12,757.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27		$ 9,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28		$ 8,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
29		$ 7,700.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
30		$ 7,617.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
St. Luke's Regional Medical Center	82-0161600

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		$ 7,177.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
32		$ 6,921.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
33		$ 6,761.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
34		$ 5,232.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
St. Luke's Regional Medical Center	82-0161600

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization	Employer identification number
St. Luke's Regional Medical Center	82-0161600

Part III *Exclusively* **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this info. once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization
St. Luke's Regional Medical Center

Employer identification number
82-0161600

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	949,382.	1,064,387.	929,477.	752,623.	
b Contributions					752,623.
c Net investment earnings, gains, and losses	64,494.	-64,709.	178,882.	262,073.	
d Grants or scholarships					
e Other expenditures for facilities and programs	44,601.	43,295.	38,724.	75,872.	
f Administrative expenses	3,800.	7,001.	5,248.	9,347.	
g End of year balance	965,475.	949,382.	1,064,387.	929,477.	752,623.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ 100.00 %
c Temporarily restricted endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)	X	
(ii) related organizations	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	40,655,063.	29,421,901.		70,076,964.
b Buildings	285,000.	645,888,490.	279,979,097.	366,194,393.
c Leasehold improvements		2,084,641.	245,525.	1,839,116.
d Equipment		227,395,671.	126,393,137.	101,002,534.
e Other		95,411,278.		95,411,278.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				634,524,285.

Schedule D (Form 990) 2015

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued Interest Payable-Bonds	6,385,827.
(3) Capital Leases	53,417,177.
(4) Medicare/Medicaid	47,207,304.
(5) CAA II PLAN LIABILITY	1,415,571.
(6) Pension Liability	54,458,148.
(7) Due to related parties	5,359,984.
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	168,244,011.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4:

The Humphreys Diabetes Center Endowment Fund was established in 2000 from donations by several Idahoans for the purpose of supporting its diabetes based mission in the State of Idaho. This fund is to be used only for ongoing operating needs in service to the diabetic community and to provide assistance for Sweet Kids Camp and other priorities determined by the Board of Directors. The fund is in the possession of and administered by The Idaho Community Foundation.

Part X, Line 2:

Explanation:

Part XIII Supplemental Information *(continued)*

Footnote Disclosure-Uncertain Tax Positions Under FIN #48

(Source: Consolidated Financial Statements-St. Luke's Health System)

Income Taxes: The Health System is a not-for-profit corporation and is recognized as tax-exempt pursuant to Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. The Health System accounts for uncertain tax positions in accordance with ASC Topic 740. Income tax liabilities are recorded for the impact of positions taken on income tax returns, which management believes are not more likely than not to be sustained on tax audit. Management is not aware of any uncertain tax positions that should be recorded.

Unrelated Business Income: The Health System is subject to federal excise tax on its unrelated business taxable income(UBTI). As of September 30,2016, the company had approximately $6,810 UBTI Net Operating Losses incurred from operating losses incurred from 1997 to 2016 which expire in years 2017 to 2037. The Health System does not believe that it is more likely than not they will utilize these losses prior to their expiration and as such has provided a full valuation allowance against these losses.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990* .

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization
St. Luke's Regional Medical Center

Employer identification number
82-0161600

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b If "Yes," was it a written policy?	1b	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. [X] Applied uniformly to all hospital facilities [ ] Applied uniformly to most hospital facilities [ ] Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: [ ] 100% [ ] 150% [ ] 200% [X] Other 185 %	3a	X	
b Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: [ ] 200% [ ] 250% [ ] 300% [ ] 350% [X] 400% [ ] Other _____ %	3b	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		X
6a Did the organization prepare a community benefit report during the tax year?	6a	X	
b If "Yes," did the organization make it available to the public?	6b	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			21,650,564.		21,650,564.	1.65%
b Medicaid (from Worksheet 3, column a)			166,987,037.	116,053,680.	50,933,357.	3.87%
c Costs of other means-tested government programs (from Worksheet 3, column b)			9,951,799.	6,623,569.	3,328,230.	.25%
d **Total** Financial Assistance and Means-Tested Government Programs			198,589,400.	122,677,249.	75,912,151.	5.77%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			6,932,723.	755,418.	6,177,305.	.47%
f Health professions education (from Worksheet 5)			11,240,793.	62,632.	11,178,161.	.85%
g Subsidized health services (from Worksheet 6)			11,882,990.	4,444,842.	7,438,148.	.57%
h Research (from Worksheet 7)			5,786,344.	878,813.	4,907,531.	.37%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,356,601.	0.	1,356,601.	.10%
j **Total.** Other Benefits			37,199,451.	6,141,705.	31,057,746.	2.36%
k **Total.** Add lines 7d and 7j			235,788,851.	128,818,954.	106,969,897.	8.13%

Part II Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	Total						

Part III Bad Debt, Medicare, & Collection Practices

				Yes	No
Section A. Bad Debt Expense					
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X		
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	29,264,036.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				
Section B. Medicare					
5	Enter total revenue received from Medicare (including DSH and IME)	5	182,940,385.		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	261,480,898.		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-78,540,513.		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☐ Cost to charge ratio ☒ Other				
Section C. Collection Practices					
9a	Did the organization have a written debt collection policy during the tax year?	9a	X		
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X		

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
	MSO-Provides consulting services for			
1 Ortho Neuro Management,LLC	Ortho Neuro service lines	58.18%		41.82%

Part V Facility Information

Section A. Hospital Facilities (list in order of size, from largest to smallest) How many hospital facilities did the organization operate during the tax year? 2 — Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 St. Luke's Regional Medical Center 190 E. Bannock Boise, ID 83712 www.stlukesonline.org State of Idaho License #03	X	X	X				X			A
2 St. Luke's Elmore 895 N. 6th E. Street Mountain Home, ID 83647 www.stlukesonline.org State of Idaho License #05	X	X			X		X			A

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group Facility Reporting Group - A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1,2

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The significant health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	[ ] Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 15			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		X
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b		X
7	Did the hospital facility make its CHNA report widely available to the public?	7	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	[X] Hospital facility's website (list url): www.stlukesonline.org/about-st-lukes/supporting-the-community			
b	[ ] Other website (list url):			
c	[X] Made a paper copy available for public inspection without charge at the hospital facility			
d	[ ] Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		X
a	If "Yes," (list url):			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	X	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? **$**			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group Facility Reporting Group - A

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 185 % and FPG family income limit for eligibility for discounted care of 400 %			
b	[X] Income level other than FPG (describe in Section C)			
c	[ ] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[ ] Residency			
h	[ ] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): See Part V, Page 7			
b	[X] The FAP application form was widely available on a website (list url): See Part V, Page 7			
c	[X] A plain language summary of the FAP was widely available on a website (list url): See Part V, Page 7			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[ ] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	[ ] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] Other (describe in Section C)			

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	[ ] Reporting to credit agency(ies)			
b	[ ] Selling an individual's debt to another party			
c	[ ] Actions that require a legal or judicial process			
d	[ ] Other similar actions (describe in Section C)			
e	[X] None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group Facility Reporting Group - A

		Yes	No
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Actions that require a legal or judicial process			
d ☐ Other similar actions (describe in Section C)			

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- **a** ☒ Notified individuals of the financial assistance policy on admission
- **b** ☒ Notified individuals of the financial assistance policy prior to discharge
- **c** ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)
- **f** ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
If "No," indicate why:			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- **a** ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- **b** ☒ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- **c** ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- **d** ☐ Other (describe in Section C)

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23		X
If "Yes," explain in Section C.			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24		X
If "Yes," explain in Section C.			

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

Facility Reporting Group - A

Part V, line 16a, FAP website:

www.stlukesonline.org/resources/before-your-visit/financial-care

Facility Reporting Group - A

Part V, line 16b, FAP Application website:

www.stlukesonline.org/resources/before-your-visit/financial-care

Facility Reporting Group - A

Part V, line 16c, FAP Plain Language Summary website:

www.stlukesonline.org/resources/before-your-visit/financial-care

Schedule H, Part V, Section B. Facility Reporting Group A

Facility Reporting Group A consists of:

- Facility 1: St. Luke's Regional Medical Center

- Facility 2: St. Luke's Elmore

Group A-Facility 1 -- St. Luke's Regional Medical Center

Part V, Section B, line 5: A series of in-depth interviews with people representing the broad interests of our community were conducted in order to assist us in defining, prioritizing, and understanding our most important community health needs. Many representatives participating in our process are individuals who have devoted decades to helping others lead healthier, more independent lives. The representatives we interviewed have significant knowledge of our community. To ensure they came from distinct and varied backgrounds, we included multiple representatives from

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

each of these categories:

Category I: Persons with special knowledge of public health. This includes persons from state, local, and/or regional governmental public health departments with knowledge, information, or expertise relevant to the health needs of our community.

Category II: Individuals or organizations serving or representing the interests of the medically underserved, low-income, and minority populations in our community. Medically underserved populations include populations experiencing health disparities or at-risk populations not receiving adequate medical care as a result of being uninsured or underinsured or due to geographic, language, financial, or other barriers.

Category III: Additional people located in or serving our community including, but not limited to, health care advocates, nonprofit and community-based organizations, health care providers, community health centers, local school districts, and private businesses.

Each potential need was scored by the community representative on a scale of 1 to 10. Higher scores represent potential needs the community representatives believed were important to address with additional resources. Lower scores usually meant our leaders thought our community was healthy in that area already or we had relatively good programs addressing the potential need. These scores were incorporated directly into our health need prioritization process. In addition, we invited the leaders to suggest programs, legislation, or other measures they believed to be effective in addressing the needs.

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

The following community leaders/representatives were contacted:

(1) Idaho Central District Health, District 4

(2) Boise Rescue Mission

(3) Boise VA Medical Center

(4) Community Council of Idaho

(5) Family Medicine Residency of Idaho

(6) Genesis World Mission

(7) Southwest District Health, District 3

(8) Idaho Department of Health and Welfare

(9) Idaho Department of Labor: Provided unemployment information

(10) Learning Lab

(11) Idaho Office for Refugees

(12) Terry Reilly Health Services

(13) Treasure Valley Family YMCA

(14) United Way

(15) Canyon County Community Council

(16) IDACORP & Idaho Power

(17) Valley Regional Transit Or Compass

(18) Community Planning Association (COMPASS)

(19) Meridian School District

(20) Nampa School District

(21) City of Nampa

(22) Idaho Foodbank

(23) MWI Veterinary Supply

(24) Clickbank

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

(25) Micron Technology

(26) National Alliance on Mental Illness

(27) Women's and Children's Alliance (WCA)

(28) St. Luke's Health System

U.S. Department of Health and Human Services,Region X.

Group A-Facility 1 -- St. Luke's Regional Medical Center

Part V, Section B, line 11:

We organized all of our significant health needs into three groups:

Program Group 1:Improve the Prevention, Detection, and Treatment of

Obesity and Diabetes

-Investment in Programs Supporting the Prevention, Detection, and

Treatment of Obesity and Diabetes through St. Luke's CHI Fund

-The Hill

-Promise partnerships (Community Schools)

-YEAH! (Youth Engaged in Activities for Health)

-St. Luke's Health Coaching

-Built environment initiatives

-Cooking matters

-St. Luke's metabolic syndrome clinic

-Health habits healthy U

-The Y's healthy living center and diabetes prevention program

-Breastfeeding and childhood obesity

-FitOne

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

Program Group 2:Improve the Prevention, Detection, and Management of Mental Illness and Reduce Suicide

-Investment in Programs Supporting the Prevention, Detection, and Management of Mental Illness and Reduce Suicide through St. Luke's CHI Fund

-Financial support of allumbaugh house

-Behavioral health integration into St. Luke's clinics

-Psychiatrists recruitment and retention

-Transforming idaho with childand and adolescent training in evidence-based psychotherapies (CATIE)

-Psychiatric wellness services

-St. Luke's children center for neurobehavioral medicine

-Housing 1st single site initiative

-Region 4 mental health crisis center

-Youth substance abuse prevention

-Supportice oncology at St. Luke's Mountain States Tumor Institute (MSTI)

-Children's counseling collabrative

-Ada county psychiatric emergency team (PET)

-SHIP-community health EMS

Program Group 3:Improve Access to Affordable Health Care and Affordable Insurance

-Investment in programs supporting improvement of access to affordable health care and affordable health insurance through St. Luke's CHI fund

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

-Health window

-SHIBA-Senior health insurance benefits advisors

-Rides 2 wellness

-St. Luke's financial care program

-SHIP-Community health emergency medical services (CHEMS)

-Your health Idaho/Smart choice

Group A-Facility 1 -- St. Luke's Regional Medical Center

Part V, Section B, line 16i:

A Financial Care application is provided to the patient which contains

Patient Financial Advocate contact information.

Group A-Facility 2 -- St. Luke's Elmore

Part V, Section B, line 5: A series of in-depth interviews with people

representing the broad interests of our community were conducted in order

to assist us in defining, prioritizing, and understanding our most

important community health needs. Many representatives participating in

our process are individuals who have devoted decades to helping others

lead healthier, more independent lives. The representatives we interviewed

have significant knowledge of our community. To ensure they came from

distinct and varied backgrounds, we included multiple representatives from

each of these categories:

Category I: Persons with special knowledge of public health. This includes

persons from state, local, and/or regional governmental public health

departments with knowledge, information, or expertise relevant to the

health needs of our community.

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

Category II: Individuals or organizations serving or representing the interests of the medically underserved, low-income, and minority populations in our community. Medically underserved populations include populations experiencing health disparities or at-risk populations not receiving adequate medical care as a result of being uninsured or underinsured or due to geographic, language, financial, or other barriers.

Category III: Additional people located in or serving our community including, but not limited to, health care advocates, nonprofit and community-based organizations, health care providers, community health centers, local school districts, and private businesses.

Each potential need was scored by the community representative on a scale of 1 to 10. Higher scores represent potential needs the community representatives believed were important to address with additional resources. Lower scores usually meant our leaders thought our community was healthy in that area already or we had relatively good programs addressing the potential need. These scores were incorporated directly into our health need prioritization process. In addition, we invited the leaders to suggest programs, legislation, or other measures they believed to be effective in addressing the needs.

The following community leaders/representatives were contacted:

(1) Idaho Department of Health and Welfare

(2) VA Medical Center-Boise, Idaho

(3) Idaho Department of Labor-provided unemployment information

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

(4) Idaho Central District Health, District 4

(5) Mountain Home Senior Center

(6) Family Medicine Residency of Idaho

(7) Elmore County Drug and DUI Court

(8) Central District Health

(9) Elmore County

(10) Various Physician Clinics, St. Vincent DePaul, Idaho Foodbank

(11) The Tooth Dome

(12) Various Community Events

(13) Glenns Ferry Helath Clinic

(14) Thrift Car Rental, Mountain Home High School, Idaho Elite AAU

(15) Pine - Featherville EMS/Elmore Ambulance Service

(16) LG Davidson and Sons

(17) Glenns Ferry School District

(18) Doctors Clinic of Elmore County

(19) Idaho Department of Labor - Mountain Home

Group A-Facility 2 -- St. Luke's Elmore

Part V, Section B, line 11:

We organized our significant health needs into three groups:

Program Group 1:Improve the Prevention and Management of Obesity and

Diabetes

-Health and wellness day (Health Fair)

-St. Luke's Elmore children's health fair

-Sports physicals

-SLHS Healthy U

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

-Foot clinic

-Diabetes prevention program

-Mayor/School walk challenge

-Step it up

-First teeth matter

-Fitness RX-prescription for improved physical health

-Heighten your health

-Step it up

Program Group 2:Mental Health Programs

-Health and wellness day (Health Fair)

-Step it up

-Heighten your health

-Fitness RX-prescription for improved physical health

Program Group 3:Prevent and Reduce Tobacco Use

-Extreme challenge

-Health and wellness day (Health Fair)

-You can quit tobacco

Next we examined whether it would be effective and efficient for St. Luke's Elmore(SLE)to address each significant health need directly. To make this determination,we reviewed the resources we had available and determined whether the health need was in alignment with our mission and strengths. Where a high priority need was not in alignment with our mission and strengths,St. Lukes tried to identify a community group or organization better able to serve the need.

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

Significant community health needs not addressed by SLE are as follows:

(1) Tobacco Prevention:

Tobacco prevention/cessation is not a strength of St. Luke's Elmore and due to resource constraints SLE will support CDHDs program by recruiting tobacco users to attend their classes. Currently working with CDHD to determine advertisement and class dates and time. St Luke's will assist with disseminating the information to patients and the public.

(2) Improve Mental Health and Suicide Prevention:

Although mental health and suicide prevention programs are aligned with our mission and are ranked in the CHNAs top 10th percentile, due to resource constraints and because this need is not a strength, SLE will offer limited programs to support this need, and we will continue to collaborate with the Mountain Home Air Force Base, the Domestic Violence Council, and other local mental health providers, to see where we can further contribute or assist to help our community address this need. Programs St. Luke's directly supports are described in our Implementation Plan.

(3) Availability of Behavioral Health Services:

Although mental health programs and providers are aligned with our

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

mission and are ranked in the CHNAs top 10th percentile, due to resource

constraints and because this need is not a strength, SLE we will continue

to depend on community resources to address this need.

Group A-Facility 2 -- St. Luke's Elmore

Part V, Section B, line 16i:

A Financial Care application is provided to the patient which contains

Patient Financial Advocate contact information.

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 57

Name and address	Type of Facility (describe)
1 Children's Specialty Center 100 E. Idaho St. Boise, ID 83712	Specialty Peds Physician Clinics
2 St. Luke's Rehab/Intermountain Ortho. 600 W. Robbins Rd. Boise, ID 83702	Rehab/Orthopedics/Rheumatology Physician Clinics
3 St. Luke's Clinic-Intermountain Ortho 1109 W. Myrtle St. Boise, ID 83702	Orthopedics-Physician Clinic
4 Saltzer Rehabilitation South 290 W Georga Ave. Nampa, ID 83686	Physical Therapy Clinic
5 Saltzer Hearing and Balance 210 W. Georga Ave Suite 100 Nampa, ID 83686	Hearing and Balance Clinic
6 Portico East MOB 3277 E. Louise Dr. Meridian, ID 83642	Speciality Physician Clinics
7 Caldwell Medical Arts Bldg. 1818 S. 10th Ave.,Suite 220 Suite 120 Caldwell, ID 83605	Speciality Physician Clinics
8 Idaho Sleep Health-Saltzer 7272 Potomac Dr. Boise, ID 83704	Sleep Disorders Clinic
9 Saltzer-Idaho Pain Management 8950 W. Emerald St.,Suite 168 Boise, ID 83704	Pain Management-Physician Clinic
10 Saltzer Imaging 4403 E. Flamingo Ave. Nampa, ID 83687	Outpatient Imaging Services

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
11 St. Luke's Eagle Urgent Care 3101 E. State St. Eagle, ID 83616	Urgent Care and Specialty Physician Clinics
12 St. Luke's Imaging Center 703 S. Americana Blvd. Boise, ID 83702	Imaging Services and Specialty Physician Clinics
13 Meadowlake Village MOB 3525 E. Louise Dr. Meridian, ID 83642	Specialty Physician Clinics
14 St. Luke's Nampa 9850 W. St. Luke's Drive Nampa, ID 83687	Free Standing ED,Physician Clinics,Physical Therapy Clinic
15 St. Luke's Clinics-Park Center 701 E. Parkcenter Blvd. Boise, ID 83706	Specialty Physician Clinics
16 Anderson Plaza Medical Office Plaza 222 N. 2nd St. Boise, ID 83702	Specialty Physician Clinics
17 Idaho Professional Building 125 E. Idaho St. Boise, ID 83712	Specialty Physician Clinics
18 St. Luke's-Caldwell Urology 1620 S. Kimball Ave. Caldwell, ID 83605	Physician Clinic-Urology
19 St. Luke's Clinic-Fruitland 1210 NW 16th St. Fruitland, ID 83619	Physician Clinic-Surgery
20 St. Luke's Clinic-EOMA 3950 17th St.,Suite A Baker City, OR 97814	Family Medicine-Physician Clinic

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
21 St. Luke's Clinic-Capital City Family 1520 W. State St.,Suite 100 Boise, ID 83702	Family Medicine-Physician Clinic
22 St. Luke's Family Health 3399 E Louise Dr. Suite 100 Meridian, ID 83642	Family Medicine-Physician Clinic
23 St. Luke's Clinic-Idaho Family Phys. 130 E. Boise Ave, Boise, ID 83706	Family Medicine-Physician Clinic
24 St. Luke's Family Health 12080 W. McMillan Rd. Boise, ID 83713	Family Medicine-Physician Clinic
25 St. Luke's Mountain States Urology 510 N. 2nd St.,Suite 103 Boise, ID 83702	Physician Clinic-Urology
26 St. Luke's Idaho Cardiology Assoc. 315 E. Elm Suite 350 Boise, ID 83608	Cardiology-Physician Clinic
27 St. Luke's Medical Office Plaza 333 N. 1st Street Boise, ID 83702	Surgery Center/Specialty Physician Clinics
28 St. Luke's Clinic-Mt.View Family Med. 3301 N. Sawgrass Way Boise, ID 83704	Family Medicine-Physician Clinic
29 St. Lukes's Treasure Valley Pediatric 1620 S. Celebration Ave. Meridian, ID 83642	Pediatric Physician Clinic
30 St. Luke's Internal Medicine 4840 N. Cloverdale Rd. Boise, ID 83713	Internal Medicine-Physician Clinic

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
31 St. Luke's Clinic-Idaho Endocrinology 403 S. 11th St., Suite 100 Boise, ID 83702	Endocrinology-Physician Clinic
32 St. Luke's Family Health 2083 Hospitality Lane Boise, ID 83716	Family Medicine-Physician Clinic
33 St. Luke's Clinic-Warm Springs 100 E. Warm Springs Ave. Suite B Boise, ID 83712	Physician Clinic-Surgery
34 St. Luke's Clinic-Boise Heart 287 W. Jefferson St. Boise, ID 83702	Cardiology-Physician Clinic
35 St. Luke's Clinic-Family Medicine 3165 Greenhurst Rd. Nampa, ID 83686	Family Medicine Physician Clinic
36 St. Luke's Family Health 3140 W. Milano Dr.,Suite 150 Meridian, ID 83646	Family Medicine-Physician Clinic
37 St. Luke's Clinic-Family Medicine 824 S. Diamond St. Nampa, ID 83686	Family Medicine-Physician Clinic
38 St. Lukes Clinic-Stark Medical 932 W. Idaho Suite 100 Ontario, OR 97914	Family Medicine-Physician Clinic
39 St. Lukes's Treasure Valley Pediatric 450 W. State St. Eagle, ID 83616	Pediatric Physician Clinic
40 St. Luke's Clinic-OB/GYN 300 Main St.,Suite 100 Boise, ID 83702	Obstetrics and Gynecology-Physician Clinic

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
41 St. Luke's Clinic-Family Medicine 1107 NW 11th St. Fruitland, ID 83619	Family Medicine-Physician Clinic
42 St. Luke's Clinic-Syringa Family Med. 2347 E. Gala St.,Suite 150 Meridian, ID 83642	Specialty Physician Clinics
43 Jefferson Medical Office Plaza 300 E. Jefferson St. Boise, ID 83712	Cardiology & Internal Medicine Physician Clinics
44 St. Luke's Meridian MOB 520 S. Eagle Road Meridian, ID 83642	Specialty Physician Clinics
45 St. Luke's Idaho Pulmonary Associates 2347 E. Gala St. Meridian, ID 83642	Pulmonary Physician Clinic
46 St. Luke's Boise Orthopedic Surgery 1425 W. River Street Boise, ID 83702	Orthopedic Surgery Center
47 St. Luke's Idaho Cardiology-Saltzer 215 E. Hawaii Nampa, ID 83687	Specialty Physician Clinics
48 St. Luke's Ref. Lab & Central Laundry 3000 S. Denver Way Boise, ID 83705	Reference Lab and Central Laundry Facility
49 St. Luke's Clinic-Pain Management 2275 S. Eagle Rd. Suite 160 Meridian, ID 83642	Physician Clinic-Pain Management
50 St. Lukes Clinic-Trinity Mountain 465 McKenna Drive Mountain Home, ID 86347	Family Medicine & OB/GYN clinic

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
51 St. Luke's Fruitland 1210 NW 16th St. Fruitland, ID 83619	24-7 Emergency Department/Urgent Care/Physician Offices
52 St. Luke's Humphreys Diabetes Center 1226 River St. Boise, ID 83702	Speciality Diabetes Clinic
53 St. Luke's Surgery Center 500 S Eagle Rd. Eagle, ID 83642	Surgery Center
54 St. Luke's Children's Center 608 and 610 Hays St. Boise, ID 83702	Speciality Physician Clinics
55 St. Luke's Clinic 115 Main St. Boise, ID 83702	Physician Bariatric Clinic and General Surgery
56 St. Luke's Rehabilitation-Boise 6052 W State St. Boise, ID 83702	Speciality Rehabilitation Clinic
57 St. Luke's Children Rehabilitation 170 2nd St. S Nampa, ID 83651	Speciality Rehabilitation Clinic

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part I, Line 3c:

(A) St. Luke's does provide charity care services to patients who meet one or both of the following guidelines based on income and expenses:

1. Income. Patients whose family income is equal to or less than 400% of the then current Federal Poverty Guideline are eligible for possible fee elimination or reduction on a sliding scale.

2. Expenses. Patients may be eligible for charity care if his or her allowable medical expenses have so depleted the family's income and resources that he or she is unable to pay for eligible services. The following two qualifications must apply:

a. Expenses-The patients allowable medical expenses must be greater than 30% of the family income. Allowable medical expenses are the total of the family medical bills that, if paid,would qualify as deductible medical expenses for Federal income tax purposes without regard to whether the

Part VI Supplemental Information *(Continuation)*

expenses exceed the IRS-required threshold for taking the deduction. Paid and unpaid bills may be included.

b. Resources-The patient's excess medical expenses must be greater than available assets. Excess medical expenses are the amount by which allowable medical expenses exceed 30% of the family income. Available assets do not include the primary residence,the first motor vehicle,and a resource exclusion of the first $4,000 of other assets for an individual,or $6,000 for a family of two,and $1,500 for each additional family member.

(B) Service Exclusions:

1. Services that are not medically necessary (e.g. cosmetic surgery) are not eligible for charity care.

2. Eligibility for charity care for a patient whose need for services arose from injuries sustained in a motor vehicle accident where the patient,driver,and/or owner of the motor vehicle had a motor vehicle liability policy,and only if a claim for payment has been properly submitted to the motor vehicle liability insurer,where applicable.

(C) Eligibility Approval Process:

1. St. Luke's screens patients for other sources of coverage and eligibility in government programs. St. Luke's documents the results of each screening. If St. Luke's determines that a patient is potentially eligible for Medicaid or another government program,St. Luke's shall encourage the patient to apply for such a program and shall assist the patient in applying

Part VI Supplemental Information *(Continuation)*

for benefits under such a program.

2. The patient must complete a Financial Assistance Application and provide required supporting documentation in order to be eligible.

3. St. Luke's verifies reported family income and compares to the latest Poverty Guidelines published by the U.S. Department of Health and Human Services.

4. St. Luke's verifies reported assets.

5. St. Luke's provides a written notice of determination of eligibility to the patient or the responsible party within 10 business days of receiving a completed application and the required supporting documentation.

6. St. Luke's reserves the right to run a credit report on all patients applying for charity care services.

(D) Eligibility Period. The determination that an individual is approved for charity care will be effective for six months from the date the application is submitted,unless during that time the patient's family income or insurance status changes to such an extent that the patient becomes ineligible.

Part I, Line 6a:

St. Luke's Regional Medical Center,Ltd.(SLRMC) includes the activity of Mountain States Tumor Institute(MSTI) within its community benefit report since SLRMC is the sole member of MSTI.

Part I, Line 7:

Part VI Supplemental Information *(Continuation)*

The cost to charge ratio was used for the calculation of charity care at cost,unreimbursed Medicaid and other means-tested programs.

Part I, Line 7g:

Subsidized services represent unreimbursed costs incurred(excluding impact of unreimbursed Medicare and Medicaid) for the following services:

Home Care

Maternal Fetal Medicine

Palliative Care and Medicine

Rent Payments on behalf of the Terry Reilly Clinic

Rent Free space provided at various locations to County Emergency Medical Services.

Part I, Ln 7 Col(f):

Bad Debt is defined as expenses resulting from services provided to a patient and/or guarantor who,having the requisite financial resources to pay for health care services,has demonstrated an unwillingness to do so. The amount of bad debt expense included in Form 990,Part IX,line 25 is $64,923,755.

Part II, Community Building Activities:

The community building activities for St. Luke's Regional Medical Center, Ltd.("SLRMC") include the following:

Economic Development:

Part VI Supplemental Information *(Continuation)*

SLRMC CEO particpated in Chamber of Commerce Meetings.

Coalition Building:

Air St. Luke's program director attended monthly/quarterly EMS Council meetings throughout the region to build relationships and discuss emergency management procedures.

SLRMC research leadership and staff particpated in an annual research symposium. The research symposium brought together leading physicians, scientists,and business executives for a day of information sharing, collaboration,and innovation. Participants learned the role investment in research and development plays in long-term viability and business performance,and to consider how clinical research efforts at St. Luke's and research and development at leading regional businesses might collaborate with shared benefit to our community and those we serve. Participants learned about different types of translational research, providing an overview of biomedical research being conducted at academic centers in our region. Attendees considered how regular interchange of information between St. Luke's research investigators and academicians might best occur to increase collaboration in research.

Part III, Line 2:

The Cost to Charge ratio method was used to calculate bad debt expense at cost.

Part III, Line 3:

St. Luke's Regional Medical has a very robust financial assistance

Part VI Supplemental Information *(Continuation)*

program, therefore, no estimate is made for bad debt attributable to patients elibible under the financial assistance policy.

Part III, Line 4:

Per the audited financial statements in footnote four. St. Luke's Regional Medical Center,Ltd. grants credit without collateral to its patients,most of whom are local residents and many of whom are insured under third-party agreements. The allowance for estimated uncollectible amounts is determined by analyzing both historical information(write-offs by payor classification),as well as current economic conditions.

Part III, Line 8:

Our community benefit reports the under-reimbursed services provided to patients by Medicare. St. Luke's Regional Medical Center,Ltd. provides medical care to all patients eligble for Medicare regardless of the shortfall and thereby relieves the Federal Government of the burden for paying the full cost of Medicare.

The source of the information is the Medicare Cost Report for fiscal year 2016. The amount is calculated by comparing the total Medicare apportioned costs(allowable costs) to reimbursements received during FY'16.

It should be noted that the unreimbursed costs reported within this schedule are significantly less than the amount reported in the annual Community Benefit Report to Ada County("County"). In the report to the

Part VI Supplemental Information *(Continuation)*

County,unreimbursed costs include program costs allocated to the Medicare Advantage program,along with costs that offset the provider-based physician clinic operations;i.e. professional component billing for physician time and effort. The Medicare Cost Report does not include these components.

In addition,the report to the County includes all allocated costs to the Medicare Programs,whereas the Medicare Cost Report reports allowable costs only.

Part III, Line 9b:

All subsidiaries within the St. Luke's Health System have policies in place to provide financial assistance to those who meet established criteria and need assistance in paying for the amounts billed for their provided health care services. In addition,the collection policies and practices in place within the St. Luke's Health System provide guidance to patients on how to apply for this assistance. Collection of amounts due may be pursued in cases where the patient is unable to qualify for charity care or financial assistance and the patient has the financial resources to pay for the billed amounts.

Part VI, Line 2:

A Community Health Needs Assessment(CHNA)was conducted for fiscal year ending 9/30/2016. Information related to the 2016 CHNA is shown in the responses to questions 3 and 7 of "Part V,Section B,Facility Policies and Practices".

Part VI Supplemental Information *(Continuation)*

A complete copy of the CHNA assessments for all of the hospitals operating within the St. Luke's Health System can be found at the following website:

www.stlukesonline.org/about-st-lukes/supporting-the-community

Part VI, Line 3:

(A) St. Luke's Regional Medical Center provides notice of the availability of financial assistance via:

1. Signage
2. Patient brochure
3. Billing Statement
4. Written collection action letter
5. Online at www.stlukesonline.org/billing

(B) All notices are translated into the following language:Spanish

(C) St. Luke's provides individual notice of the availability of financial assistance to a patient expected to incur charges that may not be paid in full by third party coverage,along with an estimate of the patient's liability.

(D) For cases in which St. Luke's independently determines patient eligibility for financial assistance,St. Luke's provides written notice of determination that the patient is or is not eligible within 10 business days of receiving a completed application and the required supporting documentation.

Part VI Supplemental Information *(Continuation)*

Part VI, Line 4:

St. Luke's Regional Medical Center(SLRMC)serves Idaho's Ada and Canyon Counties,with its secondary service area covering southwest and south central Idaho and Eastern Oregon. Certain tertiary areas routinely provide care to residents from throughout Idaho and into its surrounding states.

SLRMC's primary service area includes Ada and Canyon counties and are used to define the community served. The criteria used in selecting this area was to include the entire population of the counties where greater than 70% of the inpatients reside. The residents of these counties comprise about 82% of the inpatients with approximately 62% of the inpatients living in Ada County and 20% in Canyon County. Ada and Canyon counties are part of Idaho Health Districts 3 and 4.

Both Idaho and the service territory are comprised of about 95% white population while the nation as a whole is 78% white. The Hispanic population in Idaho represents 12% of the overall population and about 13% of the defined service area. Canyon County is approximately 24% Hispanic,and Ada County is 8% Hispanic.

Idaho experienced a 25% increase in population from 2000 to 2013 ranking it is one of the fastest growing states in the country. Ada and Canyon Counties followed that trend,experiencing an even more rapid 42% increase in population within the timeframe. St. Luke's Regional Medical Center is constantly working to manage the volume and scope of its services in order to meet the needs of an increasing population.

Part VI Supplemental Information *(Continuation)*

Over the past ten years the 45 to 64 year old age group was the fastest growing segment of the community. Over the next ten years, however,the 65 years or older age group is expected to grow by over 50%, making it the fastest growing segment. Currently,about 11% of the people in the community are over the age of 65 and by 2020 about 13% of the population in the community is expected to be over the age of 65.

The official United States poverty rate increased from 12.5% in 2003 to 15.6% in 2013. Our service area poverty rate has increased more rapidly than the national average since 2003 especially in Canyon County. The poverty rate in Canyon County is currently over 20%. The poverty rate in our community for children under the age of 18 is well below the national average for Ada County and slightly above the national average for Canyon County. Although both Ada and Canyon County poverty rates have started to level out, they are still well above where they were prior to the recession in 2008.

Median income in the United States has risen by 20% since 2003. However, growth in income was slower in Idaho and in our service area during that period. Median income in Canyon County is well below the national median and lower than Idaho's median income.

Part VI Supplemental Information *(Continuation)*

Median income in Ada County is still slightly higher than the national median income.

Part VI, Line 5:

The people who serve on the various boards for subsidiaries within the St. Lukes Health System are local citizens who have a vested interest in the health of their communities. These committed leaders volunteer on our boards because they are dedicated to ensuring that the people of southern Idaho and the surrounding area have access to the most advanced,most comprehensive health care possible. St. Luke's believes that locally owned and governed hospitals can take the best measure of community health care needs. We are grateful to our board leadership for giving generously of their time and talents and bringing to the table their unique perspectives and intimate knowledge of their communities. St. Luke's would not be the organization it is today without our volunteer board members. The vision of dedicated community leaders has guided St. Luke's for many decades,and will continue to guide us well into the future.

As a not-for-profit organization,100% of St. Luke's revenue after expenses is reinvested in the organization to serve the community in the form of staff,buildings,or new technology.

Also,St. Luke's Regional Medical Center,Ltd.(SLRMC)maintains an open medical staff. Any physician can apply for practicing privileges as long as they meet the standards of SLRMC.

Part VI, Line 6:

As the only Idaho-based not-for-profit health system,St. Luke's

Part VI Supplemental Information *(Continuation)*

Health System is part of the communities we serve,with local physicians and boards who further our organization's mission "To improve the health of people in our communities." Working together,we share resources, skills,and knowledge to provide the best possible care,no matter which of our hospitals provide that care. Each St. Luke's Health System hospital is nationally recognized for excellence in patient care,with prestigious awards and designations reflecting the exceptional care that is synonymous with the St. Luke's name.

St. Luke's Health System provides facilities and services across the region,covering a 150-mile radius that encompasses southern and central Idaho,northern Nevada,and eastern Oregon-bringing care close to home and family. The following entities are part of the St. Luke's Health System:

(1) St. Luke's Regional Medical Center,Ltd. with the following locations:

--St. Luke's Boise Hospital

--St. Luke's Meridian Hospital

--St. Luke's Childrens Hospital

--St. Luke's Boise/Meridian/Nampa/Caldwell/Fruitland Physician Clinics

--St. Luke's Nampa Emergency Department/Urgent Care

--St. Luke's Eagle Urgent Care

--St. Luke's Elmore Hospital with physician clinic

--St. Luke's Fruitland Emergency Department/Urgent Care

--St. Luke's Rehabilitation

(2) St. Luke's Wood River Medical Center,Ltd. which consists of a critical access hospital located in Ketchum,Idaho as well

Part VI Supplemental Information *(Continuation)*

as various physician clinics

(3) St. Luke's Magic Valley Regional Medical Center,Ltd. which consists of the following:

--St. Luke's Magic Valley Hospital-Twin Falls,Idaho

--Various St. Luke's Physician Clinics in Twin Falls

--Canyon View-(Behavioral Health)

--St. Luke's Jerome Hospital-Jerome,Idaho

--Various Physician clinics in Jerome

(4) St. Luke's McCall,Ltd. which consists of a critical access hospital located in McCall,Idaho as well as various physician clinics.

(5) Mountain States Tumor Institute(MSTI)is the region's largest provider of cancer services and a nationally recognized leader in cancer research. MSTI provides advanced care to thousands of cancer patients each year at clinics in Boise,Fruitland,Meridian,Nampa, and Twin Falls,Idaho. MSTI is home to Idaho's only cancer treatment center for children,only federally sponsored center for hemophilia,and only blood and marrow transplant program.

MSTI's services and therapies include breast care services,blood and marrow transplant,chemotherapy,genetic counseling,hematology, hemophilia treatment,hospice,integrative medicine,marrow donor center,mobile mammography,mole mapping,nutritional counseling, PET/CT scanning,patient/family support,pediatric oncology, radiation therapy,rehabilitation,research and clinical trials,

Part VI Supplemental Information *(Continuation)*

Schwartz Center Rounds for Caregivers,spiritual care,support groups/classes,tumor boards,and Wound Ostomy,and Continence Nursing.

MSTI is expanding as rapidly as today's cancer treatment. Patients can now visit a MSTI clinic or Breast Cancer detection center at 13 different locations in southwest Idaho and Eastern Oregon. Locations include Boise,Meridian,Nampa,Twin Falls,and Fruitland.

St. Luke's physician clinics and services are provided in partnership with area physicians and other health care professionals. These include: Cardiovascular;Child Abuse and Neglect Evaluation;Endocrinology;Ear, Nose,and Throat;Family Medicine;Gastroenterology;General Surgery;Hypertensive Disease;Internal Medicine;Maternal/Fetal Medicine;Medical Imaging;Metabolic and Bariatric Surgery;Nephrology; Neurology;Neurosurgery;Obstetrics/Gynecology;Occupational Medicine; Orthopedics;Outpatient Rehabilitation;Plastic Surgery;Psychiatry and Addiction;Pulmonary Medicine;Sleep Disorders;and Urology.

In addition,St. Luke's works with other regional facilities through management service contracts. These facilities include:

(1) Challis Area Health Center

(2) North Canyon Medical Center

(3) Salmon River Clinic

(4) Weiser Memorial Hospital

Part VI, Line 7, List of States Receiving Community Benefit Report:

ID

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization
St. Luke's Regional Medical Center

Employer identification number
82-0161600

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St. Luke's Health Foundation,Ltd. 190 East Bannock Street Boise, ID 83712	81-0600973	501(c)(3)	1,459,705.	0.			Provide support for overall operational needs of St. Luke's Health Foundation, Inc.
City of Boise Planning PO Box 500 Boise, ID 83701	82-6000165	115	165,726.	0.			Donations represent rent paid on behalf of the Allumbaugh House (operated by Terry
Boise State University 1910 University Drive Boise, ID 83725	82-6010706	501(c)(3)	100,000.	0.			Provide financial support for nursing building
Idaho State University Foundation,Inc. - 921 South 8th Avenue Stop 8050 - Pocatello, ID 83209	82-6013543	501(c)(3)	50,000.	0.			Support Treasure Valley Anatomy and Physiology Laboratory at ISU - Meridian Health Science
Women's and Children's Alliance 720 West Washington Street Boise, ID 83702	82-0204464	501(c)(3)	40,500.	0.			Support Sue B. Memorial Walk, Financial Literacy Tools, Facility expansion of Serena's House
Treasure Valley Family YMCA 1050 West State Street Boise, ID 83702	82-0200908	501(c)(3)	30,500.	0.			Support Healthy Living Financial Assistance, Cancer Fitness Fundamentals, Moving for

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 19.

3 Enter total number of other organizations listed in the line 1 table ..... ▶ 0.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) (2015)**

See Part IV for Column (h) descriptions

532101
10-28-15

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boise Metro Chamber of Commerce P.O. Box 2368 Boise, ID 83701	82-0100595	501[c](6)	30,000.	0.			Support of regional economic development
Family Advocacy Center and Education Services - 417 S 6th Street - Boise, ID 83702	20-4883532	501(c)(3)	30,000.	0.			Support mission of reducing victimization
The Salvation Army 180 E Ocean Boulevard 9th Floor Long Beach, CA 90802	94-1156347	501(c)(3)	30,000.	0.			Support new facility construction for the school and community center
Boys and Girls Club of Ada County 610 East 42nd Street Boise, ID 83714	82-0481687	501(c)(3)	25,000.	0.			Support Triple Play and new facility
The Momentum Group DBA Create Common Good - 2513 South Federal Way No. 104 - Boise, ID 83705	93-1277434	501(c)(3)	15,000.	0.			Support the Healthy Feeding Program
Genesis World Mission,Inc. 215 West 35th Street Garden City, ID 83714	82-0505074	501(c)(3)	10,750.	0.			Support Garden City Community Clinic
Snake River Stampede for the Cure Foundation - 16114 Idaho Center Blvd STE 4 - Nampa, ID 83687	46-4244298	501(c)(3)	10,000.	0.			Support Stampede for the Cure
Jannus,Inc. 1607 West Jefferson Street Boise, ID 83702	81-6035382	501(c)(3)	8,000.	0.			Support of Caregiver Conference and Legacy Corps Caregiver Support
Community Health Clinics Inc. DBA Terry Reilly Health Services - 211 16th Ave North PO Box 9 - Nampa, ID 83653	82-0300537	501(c)(3)	7,500.	0.			Support SANE Solutions and Annual Gala

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Children's Home Society 740 Warm Springs Avenue Boise, ID 83712	82-0201128	501(c)(3)	6,250.	0.			Support Community Support Program and the World Tour Annual Gala
Big Brothers Big Sisters of SW ID Inc. - 110 N 27th Street - bOISE, ID 83705	82-0349401	501(c)(3)	6,000.	0.			Support Mentoring Matters
The Learning Lab Inc. 308 East 36th Street Garden City, ID 83714	82-0461933	501(c)(3)	6,000.	0.			Support Healthy Families literacy program and Lunch for Literacy
Hands of Hope Northwest,Inc. 1201 Powerline Road Nampa, ID 83686	84-1398889	501(c)(3)	0.	554,630.	FMV	Medical equipment and supplies	Provide durable medical equipment and medical supplies to people in need in the Treasure

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part I, Line 2:

The organization endeavors to monitor its grants to ensure that such grants are used for proper purposes and not otherwise diverted from their intended use. This is accomplished by requesting recipient organizations to affirm that funds must be used solely in accordance with the grant request and budget on which the grant was based and that funds not expended for the stated purpose are to be returned to the organization. Reports are requested from time to time as deemed appropriate.

Part IV Supplemental Information

Part II, line 1, Column (h):

Name of Organization or Government: City of Boise Planning

(h) Purpose of Grant or Assistance: Donations represent rent paid on behalf of the Allumbaugh House (operated by Terry Reilly)

Name of Organization or Government:

Idaho State University Foundation,Inc.

(h) Purpose of Grant or Assistance: Support Treasure Valley Anatomy and Physiology Laboratory at ISU - Meridian Health Science Center

Name of Organization or Government: Treasure Valley Family YMCA

(h) Purpose of Grant or Assistance: Support Healthy Living Financial Assistance, Cancer Fitness Fundamentals, Moving for Better Balance, Enhance Fitness and the YMCA Diabetes Prevention Program

Name of Organization or Government: Hands of Hope Northwest,Inc.

(h) Purpose of Grant or Assistance: Provide durable medical equipment and medical supplies to people in need in the Treasure Valley

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

St. Luke's Regional Medical Center

Employer identification number

82-0161600

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III	**7**		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Ron Jutzy,M.D.	(i)	0.	0.	0.	0.	0.	0.	0.
Director	(ii)	546,559.	0.	7,046.	8,230.	15,503.	577,338.	0.
(2) Ms. Kathy Moore	(i)	0.	0.	0.	0.	0.	0.	0.
Chief Executive Officer-St	(ii)	553,445.	0.	45,713.	12,065.	18,529.	629,752.	0.
(3) Bayo Crownson, M.D.	(i)	0.	0.	0.	0.	0.	0.	0.
Director	(ii)	252,535.	0.	14,776.	10,865.	17,806.	295,982.	0.
(4) Mr.Jeffrey S. Taylor	(i)	0.	0.	0.	0.	0.	0.	0.
SR VP/CFO/Treasurer	(ii)	517,797.	0.	45,779.	705,980.	15,946.	1,285,502.	0.
(5) Ms. Christine Neuhoff	(i)	0.	0.	0.	0.	0.	0.	0.
VP/Legal Affairs/Secretary	(ii)	397,661.	0.	19,259.	16,180.	16,387.	449,487.	0.
(6) Ronald M. Kristensen,M.D.	(i)	0.	0.	0.	0.	0.	0.	0.
Physician	(ii)	940,107.	275,156.	65,848.	42,518.	19,156.	1,342,785.	22,534.
(7) Colin E. Poole, M.D.	(i)	0.	0.	0.	0.	0.	0.	0.
Physician	(ii)	896,959.	211,692.	43,276.	24,410.	15,210.	1,191,547.	0.
(8) Andrew Forbes,M.D.	(i)	0.	0.	0.	0.	0.	0.	0.
Physician	(ii)	887,765.	75,166.	83,413.	64,410.	16,948.	1,127,702.	40,008.
(9) Steven S. Huerd,M.D.	(i)	0.	0.	0.	0.	0.	0.	0.
Physician	(ii)	908,835.	70,306.	88,662.	60,295.	417.	1,128,515.	51,775.
(10) Jim F. Valentine, M.D.	(i)	0.	0.	0.	0.	0.	0.	0.
Physician	(ii)	660,320.	431,757.	42,295.	16,180.	16,363.	1,166,915.	0.
(11) Mr. Chris Roth	(i)	0.	0.	0.	0.	0.	0.	0.
Former CEO and Director	(ii)	634,949.	0.	19,230.	16,180.	17,875.	688,234.	0.
(12) Mr. Gary L. Fletcher	(i)	0.	0.	0.	0.	0.	0.	0.
Former CEO and Director	(ii)	162,531.	0.	244,608.	880.	385.	408,404.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 3:

Compensation for the organization's CEO is determined by St. Luke's Health System,Ltd.(System),sole member of St. Luke's Regional Medical Center,Ltd.(SLRMC). The System board approves the compensation amount per the recommendation of its compensation committee,and the decision is then reviewed and ratified by the board of directors for SLRMC.

In determining compensation for the CEO,the System board utilizes the following criteria:

Compensation Committee

Independent compensation consultant

Compensation survey or study

Approval by the board or compensation committee

Part I, Line 4b:

During CY'15, Jeffrey S. Taylor was a participant in the supplemental non-qualified executive retirement plan. There were no additional benefits

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

were accrued during CY'15 on behalf of the participant.

Part II-Column (f)

Reportable compensation is based on the total amount paid during calendar year 2015, including current year payments of amounts reported in prior years as contributions to employee benefit plans and deferred compensation, together with investment earnings from those prior year contributions. As a result, certain amounts have been reported twice, both in prior years when earned or accrued, and again in the current year when paid.

Part II-Column (c)

During CY'15 the following individual participated in the basic pension plan. Due to enhanced benefits adopted in 2015 and changes in actuarial assumptions this individual experienced a increase in the vested balance of the plan.

Jeffrey Taylor $681,570

SCHEDULE K (Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ Information about Schedule K (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
2015
Open to Public Inspection

Name of the organization
St. Luke's Regional Medical Center

Employer identification number
82-0161600

Part I Bond Issues

See Part VI for Column (f) Continuations

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	Idaho Health Facilities Authority	82-6051863	451295TW9	12/04/08	126,435,101.	Capital Projects for Health Care Facilities		X		X		X
B	Idaho Health Facilities Authority	82-6051863	451295VK2	09/09/10	210,427,891.	Current Refunding of Bonds Issued 7/20/2000 an		X		X		X
C	Idaho Health Facilities Authority	82-6051863	451295VN6	07/11/12	75,896,250.	Capital Projects for Health Care Facilities		X		X		X
D	Idaho Health Facilities Authority	82-6051863	000000000	07/31/12	75,000,000.	Capital Projects for Health Care Facilities		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	9,155,000.	35,955,000.		10,465,000.
2	Amount of bonds legally defeased				
3	Total proceeds of issue	126,443,653.	210,427,891.	76,185,123.	75,000,000.
4	Gross proceeds in reserve funds	16,961,139.	3,658,672.	41.	
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,410,199.		946,613.	
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	112,389,945.		75,238,511.	75,000,000.
11	Other spent proceeds		210,427,891.		
12	Other unspent proceeds				
13	Year of substantial completion	2009		2013	2013

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X			X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

SCHEDULE K (Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ Information about Schedule K (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
2015
Open to Public Inspection

Name of the organization
St. Luke's Regional Medical Center

Employer identification number
82-0161600

Part I Bond Issues

See Part VI for Column (f) Continuations

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	Idaho Health Facilities Authority	82-6051863	451295VP1	10/24/12	150,000,000.	Current Refunding of Bonds issued 3/4/2009		X		X		X
B	Idaho Health Facilities Authority	82-6051863	451295WC9	08/20/14	176,779,592.	Capital Projects for Health Care Facilities		X		X		X
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		170,000.		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	150,000,000.	178,073,958.		
4	Gross proceeds in reserve funds	179,986.			
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds		1,798,967.		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		87,277,712.		
11	Other spent proceeds	150,000,000.			
12	Other unspent proceeds		88,997,278.		
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X			X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		.00 %		.00 %		.00 %		.00 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		.00 %		.00 %		.00 %		.00 %
6	Total of lines 4 and 5		.00 %		.00 %		.00 %		.00 %
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X	X		X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X			X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X	X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part III Private Business Use *(Continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	.00 %		.00 %		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	.00 %		.00 %		%		%	
6 Total of lines 4 and 5	.00 %		.00 %		%		%	
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X					
b Exception to rebate?		X		X				
c No rebate due?		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X			X				
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Part IV Arbitrage *(Continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule K, Part I, Bond Issues:

(a) Issuer Name: Idaho Health Facilities Authority
(f) Description of Purpose:
Current Refunding of Bonds Issued 7/20/2000 and 5/26/2005

Schedule K, Part IV, Arbitrage, Line 2c:
(a) Issuer Name: Idaho Health Facilities Authority
Date the Rebate Computation was Performed: 01/14/2014

(a) Issuer Name: Idaho Health Facilities Authority
Date the Rebate Computation was Performed: 11/24/2015

Schedule K, Supplemental Information: Differences between the issue price(Part I)and total proceeds(Part II, line 3)are due to investment earnings or losses.

Part II, Line 4,Column A,(Entity 1 page): 2008A Bonds
Amounts presented consist of Debt Reserve Fund deposits of $13,746,470 and Debt Service Fund Deposits of $3,214,669.

Part II, Line 4,Column B,(Entity 1 Page): 2010 Bonds
Amounts presented consist of Debt Service Fund Deposits of $3,658,672.

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

Part II, Line 4,Column A,(Entity 2 page): 2012 C,D Bonds

Amounts presented consist of Debt Service Fund Deposits of $179,986.31

Schedule K, Part IV, Arbitrage, Line 2c:

(B) Issuer Name: Idaho Health Facilities Authority

Date the Rebate Computation was Performed: 11/24/2015

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2015

Open To Public Inspection

Name of the organization: St. Luke's Regional Medical Center

Employer identification number: 82-0161600

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) No	(h) Approved by board or committee? Yes	(h) No	(i) Written agreement? Yes	(i) No
Total ▶ $												

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Syringa Family Medicine, P	Board Member is a m	201,395.	Catherine R		X
Colliers Paragon dba Colli	Board Member is own	686,189.	Colliers Pa		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Syringa Family Medicine, P.A.

(b) Relationship Between Interested Person and Organization:

Board Member is a member of Syringa Family Medicine, P.A.

(d) Description of Transaction: Catherine Reynolds, M.D., is a member of

Syringa Family Medicine, P.A. Compensation for Dr. Reynolds was paid to

Syringa Family Medicine under a Professional Service Agreement.

(a) Name of Person: Colliers Paragon dba Colliers International

(b) Relationship Between Interested Person and Organization:

Board Member is owner of Colliers Paragon

(d) Description of Transaction: Colliers Paragon dba Colliers

International provides property management services for St. Luke's

Regional Medical Center,Ltd.

Form 990, Part III, Line 4a, Program Service Accomplishments:

children's hospital in the state of Idaho.

During FY'16,St. Luke's Hospital locations in the Treasure Valley provided inpatient care for 37,595 admissions,covering 143,463 patient days. Also,the hospitals provided patient care associated with 377,049 outpatient visits. In addition to hospital patient care,the various physician clinics located in the Treasure Valley provided patient care asociated with 1,063,997 visits.

St. Luke's provides more heart procedures than any other hospital in Idaho, providing cardiac care for heart patients throughout Idaho,and into parts of Oregon,Nevada,and Utah. St. Luke's supports the region through partnerships with physicians,hospitals,and regional clinics where patients are cared for in their own communities. Classes and screenings are offered to promote heart and vascular health and support those living with cardiovascular disease. In addition,St. Luke's has provided hundreds of automated external defibrillators(AEDs)to local schools,civic organizations and businesses,and has worked with area hospitals to achieve standardized clinical protocols for heart attack patients.

Integral to the Heart & Vascular line is St. Luke's Cardiology Associates(SLICA),a 18-physician cardiology practice servicing Boise and the surrounding communities within Idaho. SLICA specializes in the treatment of diseases and disorders that affect the heart and its associated blood vessels. In-office diagnostic services include

Name of the organization: St. Luke's Regional Medical Center

Employer identification number: 82-0161600

treadmill stress testing,echocardiography,heart rhythm monitoring,heart catheterization and nuclear cardiology. Also included in the practice are special clinics designed to manage irregular heart beats(arrhythmias)pacemakers and defibrillators,blood thinning medications,congestive heart failure,and lipds.

Form 990, Part III, Line 4b, Program Service Accomplishments:

Evaluation Services),medical evaluation,treatment,and documentation in cases of alleged abuse are provided.

During FY'16 the Children's Hospital experienced the following patient volumes:

Pediatrics:

Admissions 2,264

Patient Days 7,533

Pediatric Intensive Care Unit:

Admissions 160

Patient Days 1,826

Form 990, Part VI, Section A, line 6:

St. Luke's Health System,Ltd. is the sole member of St. Luke's Regional Medical Center,Ltd.

Form 990, Part VI, Section A, line 7a:

Name of the organization: St. Luke's Regional Medical Center

Employer identification number: 82-0161600

St. Luke's Health System,Ltd.(Member)and St. Luke's Regional Medical Center,Ltd.(Corporation)cooperatively select and employ the CEO of the Corporation. St. Luke's Health System, Ltd.,is the sole member of the Corporation.

Form 990, Part VI, Section A, line 7b:

St. Luke's Health System,Ltd.(Member)maintains approval and implementation authority over St. Luke's Regional Medical Center,Ltd.(Corporation).

Actions requiring approval authority may be initiated by either the Corporation or its Member,but must be approved by both the Corporation (by action of its Board of Directors) and the Member. Actions requiring approval authority of the Member include:

(a) Amendment to the Articles of Incorporation;

(b) Amendment to the Bylaws of the Corporation;

(c) Appointment of members of the Corporation's Board of Directors,other than ex officio directors;

(d) Removal of an individual from the Corporation's Board of Directors if and when removal is requested by the Corporation's Board of Directors, which request may only be made if the Director is failing to meet the reasonable expectations for service on the Corporation's Board of Directors that are established by the Member and are uniform for the Corporation and for all of the other hospitals for which the Member

Name of the organization: St. Luke's Regional Medical Center
Employer identification number: 82-0161600

then serves as the sole corporate member.

(e) Approval of operating and capital budgets of the Corporation,and deviations to an approved budget over the amounts established from time to time by the Member;and

(f) Approval of the strategic/tactical plans and goals and objectives of the Corporation.

Implementation Authority means those actions which the Member may take without the approval or recommendation of the Corporation. This authority will not be utilized until there has been appropriate communication between the Member and the Corporation's Board of Directors and its Chief Executive Officer. Actions requiring implementation authority include:

(a) Changes to the Statements of mission,philosophy,and values of the Corporation;

(b) Removal of an individual from the Corporation's Board of Directors if and when the Member determines in good faith that the Director is failing to meet the Approved Board Member Expectations. This authority to remove Directors shall not be used merely because there is a difference in business judgment between the Director and the Corporation or the Member,and shall never be used to remove one or more Directors from the Corporation's Board of Directors in order to change a decision made by the Corporation's Board of Directors;

(c) Employment and termination of the Chief Executive Officer of the

Name of the organization: St. Luke's Regional Medical Center
Employer identification number: 82-0161600

Corporation;

(d) Appointment of the auditor for the Corporation and the coordination of the Corporation's annual audit;

(e) Sales,lease,exchange,mortgage,pledge,creation of a security interest in or other disposition of real property of the Corporation if such property has a fair market value in excess of a limit set from time to time by the Member that is not otherwise contained in an Approved Budget;

(f) Sale,merger,consolidation,change of membership,sale of all or substantially all of the assets of the corporation,or closure of any facility operated by the Corporation;

(g) The dissolution of the Corporation;

(h) Incurrence of debt by or for the Corporation in accordance with requirements established from time to time by the Member and that is not otherwise contained in an Approved Budget;and

(i) Authority to establish policies to promote and develop an integrated, cohesive health care delivery system across all corporations for which the Member serves as the corporate member.

Form 990, Part VI, Section B, line 11:

The Form 990(Form)is reviewed by an independent public accounting firm

Name of the organization: St. Luke's Regional Medical Center
Employer identification number: 82-0161600

based on audited financial statements and with the assistance of the organization's finance and accounting staff. A complete copy of the Form 990 is made available to the Board of Directors prior to filing.

Form 990, Part VI, Section B, Line 12c:

The organization annually reviews the conflict of interest policy with each board member and also with new board members. Persons covered under the policy include officers,directors,senior executives,non-director members of Board committees and others as identified by a senior executive. At all levels the board is responsible for assessing,reviewing,and resolving any conflicts of interest that have been disclosed by a covered person,or a conflict of interest disclosed by a covered person with respect to a covered person other than himself/herself. Where a conflict exists,the affected parties must recuse themselves from participating in any discussion related to the conflict.

Form 990, Part VI, Section B, Line 15:

Executive compensation is set by St. Luke's boards of directors and is reviewed annually. Compensation levels are based on an independent analysis of comparable pay packages offered at similar institutions across the country, with the goal of placing executives in the 50th percentile of those surveyed. These surveys are usually done every two years,with the most recent compensation survey completed during calendar year 2016.

St. Luke's Health System is committed to providing the highest quality medical care to all people regardless of their ability to pay.

Name of the organization: St. Luke's Regional Medical Center

Employer identification number: 82-0161600

To keep that commitment,St. Luke's puts a great deal of time and effort into recruiting and retaining the top physicians in a variety of medical fields. Our relationships with physicians range from having privileges at the hospital to full employment.

For those physicians who choose to be employed,St. Luke's must offer competitive pay and benefits.

Physician compensation is based on a range of criteria and can be influenced by a number of variables including:

-Community need for medical specialty

-Experience

-Productivity

-Geography

-National surveys adjusted for local conditions

-Willingness to serve regardless of patients' ability to pay

-Duration of relationship and contractual terms

-Performance on quality metrics

To ensure physician compensation and benefits remain within industry standards and legal requirements for not-for-profit institutions, St. Luke's has a Physician Arrangements policy that specifies circumstances requiring a third-party valuation and also periodically uses third-party consulting firms to review St. Luke's physician compensation arrangements.

Given the growing national shortage of physicians,recruiting and retaining physicians is more critical than ever to guarantee that people seeking care

Name of the organization: St. Luke's Regional Medical Center

Employer identification number: 82-0161600

at St. Luke's will continue to have access to the physicians and specialists they need regardless of their insurance status or insurance provider.

Form 990, Part VI, Section C, Line 19:

The organization's governing documents,conflict of interest policy,and financial statements are not available to the public. Form 990,which contains financial information,is available for public inspection.

Form 990, Part XI, line 9, Changes in Net Assets:

Change in Minimum Liability-Defined Benefit Plan	-15,552,260.
Southern Idaho Health Partners Investment	3,000,000.
Total to Form 990, Part XI, Line 9	-12,552,260.

Form 990 Part VII Section A

The total hours worked and compensation reported for the following individuals represent services rendered to organizations within the St. Luke's Health System:

Kathy Moore:

St. Luke's Regional Medical Center,Ltd.

Mountain States Tumor Institure,Inc.

St. Luke's McCall,Ltd.

St. Luke's Clinic Coordinate Care,Ltd.

Chris Roth:

St. Luke's Health System,Ltd.

Name of the organization: St. Luke's Regional Medical Center
Employer identification number: 82-0161600

St. Luke's Health Foundation,Ltd.

St. Luke's Magic Valley Regional Medical Center,Ltd.

St. Luke's Wood River Medical Center,Ltd.

St. Luke's Clinic Coordinate Care,Ltd.

Jeff Taylor:

St. Luke's Health System,Ltd.

St. Luke's Regional Medical Center,Ltd.

Mountain States Tumor Institute,Inc.

St. Luke's McCall,Ltd.

St. Luke's Magic Valley Regional Medical Center,Ltd.

St. Luke's Wood River Medical Center,Ltd.

St. Luke's Clinic Coordinated Care,Ltd.

Christine Neuhoff:

St. Luke's Health System,Ltd.

St. Luke's Regional Medical Center,Ltd.

Mountain States Tumor Institute,Inc.

St. Luke's McCall,Ltd.

St. Luke's Magic Valley Regional Medical Center,Ltd.

St. Luke's Wood River Medical Center,Ltd.

St. Luke's Clinic Coordinated Care,Ltd.

Bayo Crownson, M.D.

St. Luke's Regional Medical Center,Ltd.

Mountain States Tumor Institute,Inc.

St. Luke's McCall,Ltd.

Name of the organization: St. Luke's Regional Medical Center

Employer identification number: 82-0161600

Ron Jutzy, M.D.

St. Luke's Regional Medical Center,Ltd.

Mountain States Tumor Institute,Inc.

St. Luke's McCall,Ltd.

Thomas Huntington, M.D.

St. Luke's Regional Medical Center,Ltd.

Mountain States Tumor Institute,Inc.

St. Luke's McCall,Ltd.

Catherine Reynolds, M.D.

St. Luke's Regional Medical Center,Ltd.

Mountain States Tumor Institute,Inc.

St. Luke's McCall,Ltd.

In addition,Catherine Reynolds, M.D. is a member of Syringa Family Medicine, P.A., (Syringa) a physician practice that has a professional service agreement with St. Luke's Regional Medical Center, Ltd. (SLRMC). Dr. Reynolds works at least 40 hours per week on behalf of this practice for SLRMC. During CY'15, SLRMC paid Syringa $201,731 for services rendered to St. Luke's patients.

Also, it should be noted that the hours reported for the directors (employed by St. Luke's) officers, key employees, and highest-paid employees are based on a minimum 40 hour work week. However,due to the demands of their roles within the St. Luke's Health System, the hours worked by these individuals often exceed the minimum required 40 hours.

Name of the organization	**Employer identification number**
St. Luke's Regional Medical Center	82-0161600

Form 990 Part V, Line 1&2

During tax reporting year 2016 accounts payable and payroll process

were consolidated to the supporting organization level (St. Luke's

Health System, Ltd). Therefore, corresponding reporting for 1099's and

W-2's occurs at that level.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization: St. Luke's Regional Medical Center

Employer identification number: 82-0161600

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
St. Luke's Clinic-Treasure Valley,LLC - 45-2716222, 190 E. Bannock, Boise, ID 83712	Physician Clinic Services	Idaho	157,952,743.	-424,681,365.	St. Luke's Regional Medical Center,Ltd.
Southern Idaho Health Partners,LLC - 47-1589095, 190 E. Bannock, Boise, ID 83712	Physician Clinic Services	Idaho	24,223,577.	5,319,998.	St. Luke's Regional Medical Center,Ltd.

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
St. Luke's Health System,Ltd. - 56-2570681 190 E. Bannock Boise, ID 83712	Supporting Organization	Idaho	501(c)(3)	11-3	N/A		X
Mountain States Tumor Institute,Inc. - 82-0295026, 100 E. Idaho, Boise, ID 83712	Healthcare Services	Idaho	501(c)(3)	3	St. Luke's Regional Medical Center,LTd.	X	
St. Luke's Wood River Medical Center,Ltd. - 84-1421665, 190 E. Bannock, Boise, ID 83712	Healthcare Services	Idaho	501(c)(3)	3	St. Luke's Health System,Ltd.		X
St. Luke's Health Foundation,Ltd. - 81-0600973, 190 E. Bannock, Boise, ID 83712	Fundraising	Idaho	501(c)(3)	7	St. Luke's Health System,Ltd.		X

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) Section 512(b)(13) controlled organization? No
St. Luke's Magic Valley Regional Medical Center,Ltd. - 56-2570686, 801 Pole Line Road, Twin Falls, ID 83301	Healthcare Services	Idaho	501(c)(3)	3	St. Luke's Health System,Ltd.		X
St. Luke's McCall,Ltd. - 27-3311774 190 E. Bannock Boise, ID 83712	Healthcare Services	Idaho	501(c)(3)	3	St. Luke's Health System,Ltd.		X
St. Luke's Clinic Coordinated Care,Ltd. - 45-5195864, 190 E. Bannock, Boise, ID 83712	Accountable Care Organization	Idaho	501(c)(3)	9	St. Luke's Health System,Ltd.		X

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
SL Phys Realty-Louise,LLC - 26-3731325, 190 E. Bannock, Boise, ID 83712	Real Estate Lease	ID	N/A	Related	1,157,025.	2,037,018.	X		N/A	X		87.00%
1500 Shoreline,LLC - 27-0681501, 190 E. Bannock, Boise, ID 83712	Real Estate Lease	ID	N/A	Related	447,054.	1,267,018.	X		N/A	X		55.00%
3399 East Louise MOB,LLC - 27-0848198, 190 E. Bannock, Boise, ID 83712	Real Estate Lease	ID	N/A	Related	772,947.	1,906,128.	X		N/A	X		67.00%
Ortho-Neuro Management,LLC - 26-4483076, 190 E. Bannock, Boise, ID 83712	Mgmt. Consulting	ID	N/A	Related	331,803.	1,618,409.	X		N/A	X		58.00%

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
Anderson Plaza Medical Building, Inc. - 82-0448741, 190 E Bannock St, Boise, ID 83702	Medical Offices	ID							X
St. Luke's Office Plaza - 82-0389626 190 E Bannock St Boise, ID 83702	Medical Offices	ID							X
St. Luke's Elmore Medical Building, Inc. - 81-3992116, 190 E Bannock St, Boise, ID 83702	Medical Offices	ID							X

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p	X	
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r	X	
s Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	St. Luke's Health Foundation,Ltd.	B	1,459,795.	Operating Loss Subsidy
(2)	St. Luke's Health Foundation,Ltd.	C	1,524,830.	Donations specified for SLRMC
(3)	Ortho Neuro Management Services,LLC	P	2,346,100.	Per Mgmt. Agreement
(4)	SL Phys Realty-Louise,LLC	K	1,968,860.	Per Master Lease Agreement
(5)	1500 Shoreline,LLC	K	1,200,033.	Per Master Lease Agreement
(6)	3399 East Louise,MOB-LLC	K	1,751,762.	Per Master Lease Agreement

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) NO	(k) Percentage ownership

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

St. Luke's Health System, Ltd. and Subsidiaries

Consolidated Financial Statements as of and for the Years Ended September 30, 2016 and 2015, and Consolidating Supplemental Schedules as of and for the Year Ended September 30, 2016, and Independent Auditors' Report

ST. LUKE'S HEALTH SYSTEM, LTD. AND SUBSIDIARIES

TABLE OF CONTENTS

Deloitte.

Deloitte & Touche LLP
800 West Main Street
Suite 1400
Boise, ID 83702-7734
USA

Tel: +1 208 342 9361
www.deloitte.com

INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
St. Luke's Health System, Ltd.
Boise, Idaho

We have audited the accompanying consolidated financial statements of St. Luke's Health System, Ltd. and its subsidiaries (the "Health System"), which comprise the consolidated balance sheets as of September 30, 2016 and 2015, and the related consolidated statements of operations and changes in net assets, and of cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Health System's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health System's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of St. Luke's Health System, Ltd. and its subsidiaries as of September 30, 2016 and 2015, and the results of their operations and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Disclaimer of Opinion on Charity Care Schedule

The charity care schedule summarized in Note 1, which is the responsibility of the Health System's management, is not a required part of the basic financial statements, and we did not audit or apply limited procedures to such information and we do not express any assurances on such information.

Report on Supplementary Schedules

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplementary schedules listed in the table of contents on page 41–42 are presented for the purpose of additional analysis and are not a required part of the consolidated financial statements. These schedules are the responsibility of the Health System's management and were derived from and relate directly to the underlying accounting and other records used to prepare the financial statements. Such schedules have been subjected to the auditing procedures applied in our audits of the financial statements and certain additional procedures, including comparing and reconciling such schedules directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, such schedules are fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Deloitte & Touche LLP

December 16, 2016

ST. LUKE'S HEALTH SYSTEM, LTD. AND SUBSIDIARIES

CONSOLIDATED BALANCE SHEETS
AS OF SEPTEMBER 30, 2016 AND 2015
(In thousands)

	2016	2015
ASSETS		
CURRENT ASSETS:		
Cash and cash equivalents	$ 76,162	$ 234,903
Receivables—net	311,130	271,665
Inventories	29,151	30,677
Prepaid expenses	24,757	15,580
Assets held for sale	5,320	4,703
Current portion of assets whose use is limited	56,292	47,908
Total current assets	502,812	605,436
ASSETS WHOSE USE IS LIMITED:		
Board designated funds	475,321	336,586
Restricted funds	138,211	179,256
Permanent endowment funds	12,220	12,129
Donor restricted plant replacement and expansion funds and other specific purpose funds	31,591	27,705
Total assets whose use is limited	657,343	555,676
PROPERTY, PLANT, AND EQUIPMENT—Net	1,143,352	996,255
GOODWILL	37,393	37,393
OTHER ASSETS:		
Land and buildings held for investment or future expansion—at cost	46,254	45,921
Other	8,560	15,346
Deferred financing cost—net	8,087	8,523
Total other assets	62,901	69,790
NONCURRENT ASSETS HELD FOR SALE	-	2,302
TOTAL	$ 2,403,801	$ 2,266,852

See notes to consolidated financial statements.

LIABILITIES AND NET ASSETS	2016	2015
CURRENT LIABILITIES:		
Accounts payable and accrued liabilities	$ 136,292	$ 126,013
Accrued salaries and related liabilities	50,859	39,949
Employee benefit liabilities	114,245	101,298
Estimated payable to Medicare and Medicaid programs	70,142	91,095
Liabilities held for sale	5,335	2,147
Current portion of long-term debt and capital leases	26,412	20,432
Total current liabilities	403,285	380,934
NONCURRENT LIABILITIES:		
Long-term debt and capital leases	896,181	848,413
Liability for pension benefits	91,394	71,888
Other liabilities	1,720	2,416
Total noncurrent liabilities	989,295	922,717
NET ASSETS:		
Unrestricted:		
The Health System	967,932	924,004
Noncontrolling interests	(205)	1,251
Total unrestricted net assets	967,727	925,255
Temporarily restricted	31,274	25,817
Permanently restricted	12,220	12,129
Total net assets	1,011,221	963,201
TOTAL	$ 2,403,801	$ 2,266,852

ST. LUKE'S HEALTH SYSTEM, LTD. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS
FOR THE YEARS ENDED SEPTEMBER 30, 2016 AND 2015
(In thousands)

	2016	2015
UNRESTRICTED REVENUES, GAINS, AND OTHER SUPPORT:		
Patient service revenue (net of contractual allowances and discounts)	$1,996,412	$1,838,569
Less provision for bad debts	(98,909)	(82,782)
Net patient service revenue (net of bad debts)	1,897,503	1,755,787
Other revenue (including rental income)	40,625	47,427
Net assets released from restrictions—operating	(1,201)	(2,139)
Income on equity interest in joint ventures—net	288	295
Total unrestricted revenues, gains, and other support	1,937,215	1,801,370
EXPENSES:		
Salaries and benefits	1,073,602	964,966
Supplies and drugs	332,649	301,910
Depreciation and amortization	107,682	101,686
Contract services	180,220	174,699
Purchased services	121,579	118,865
Interest expense	31,238	32,803
Other expenses	47,235	43,111
Total expenses	1,894,205	1,738,040
INCOME FROM OPERATIONS	43,010	63,330
INVESTMENT INCOME	9,086	6,164
REVENUE IN EXCESS OF EXPENSES FROM CONTINUING OPERATIONS	52,096	69,494
ADJUSTMENT FOR INCOME ATTRIBUTABLE TO NONCONTROLLING INTERESTS	260	(403)
REVENUE IN EXCESS OF EXPENSES FROM CONTINUING OPERATIONS, NET OF NONCONTROLLING INTEREST	52,356	69,091
LOSS FROM DISCONTINUED OPERATIONS	(7,205)	(3,633)
REVENUE IN EXCESS OF EXPENSES ATTRIBUTABLE TO THE HEALTH SYSTEM	$ 45,151	$ 65,458

See notes to consolidated financial statements.

	2016	2015
UNRESTRICTED NET ASSETS:		
Revenue in excess of expenses	$ 52,096	$ 69,494
Change in noncontrolling interests	(1,196)	(1,510)
Change in net unrealized gain (loss) on investments	15,528	(6,079)
Net assets released from restrictions—capital acquisitions	3,850	807
Change in funded status of pension plan	(20,601)	(29,610)
Increase in unrestricted net assets before discontinued operations	49,677	33,102
Loss from discontinued operations	(7,205)	(3,633)
Increase in unrestricted net assets	42,472	29,469
TEMPORARILY RESTRICTED NET ASSETS:		
Contributions	9,466	5,166
Investment income	576	875
Change in net unrealized loss (gain) on investments	195	(1,095)
Net assets released from restrictions	(4,780)	(2,946)
Increase in temporarily restricted net assets	5,457	2,000
PERMANENTLY RESTRICTED NET ASSETS:		
Contributions	362	961
Net assets released from restrictions	(271)	-
Increase in permanently restricted net assets	91	961
INCREASE IN NET ASSETS	48,020	32,430
NET ASSETS—Beginning of year	963,201	930,771
NET ASSETS—End of year	$1,011,221	$963,201

ST. LUKE'S HEALTH SYSTEM, LTD. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CASH FLOWS
AS OF SEPTEMBER 30, 2016 AND 2015
(In thousands)

	2016	2015
CASH FLOWS FROM OPERATING ACTIVITIES		
OF CONTINUING OPERATIONS:		
Increase in net assets	$ 55,225	$ 36,063
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation and amortization	107,682	101,686
Net realized loss on investments	624	2,213
Unrealized (loss) gain on investments	(15,723)	7,174
Amortization of deferred financing fees	649	648
Restricted contributions received	(9,828)	(6,127)
Loss on disposition of equipment and other assets	1,981	318
Loss on equity interest in joint ventures	-	(295)
Change in funded status of pension plans	20,601	29,610
Changes in assets and liabilities:		
Net change in receivables	(37,743)	(30,236)
Net change in inventories	1,525	(3,066)
Net change in prepaid expenses and other current assets	(8,460)	(4,619)
Net change in other assets	(6,549)	(7,418)
Net change in accounts payable and accrued liabilities	5,816	24,280
Net change in accrued salaries and related liabilities	11,170	7,930
Net change in employee benefit liabilities	12,947	14,090
Net change in payable to Medicare and Medicaid programs	(22,678)	(6,223)
Net change in other liabilities	(1,628)	(4,133)
Net cash provided by operating activities of continuing operations	115,611	161,895

See notes to consolidated financial statements.

	2016	2015
CASH FLOWS FROM INVESTING ACTIVITIES		
OF CONTINUING OPERATIONS:		
Acquisitions of property, plant, and equipment and land	$ (230,775)	$ (123,045)
Proceeds from disposition of equipment and other assets	1,170	576
Purchase of investments (includes purchases with restricted funds)	(1,599,116)	(1,588,853)
Change in restricted funds	80,424	3,695
Proceeds from sales of investments	1,432,347	1,520,148
Cash received from acquisition transactions	-	242
Net cash used in investing activities of continuing operations	(315,950)	(187,237)
CASH FLOWS FROM FINANCING ACTIVITIES		
OF CONTINUING OPERATIONS:		
Repayment of long-term debt	(12,930)	(11,220)
Advances on lines of credit	61,326	54,074
Repayments on lines of credit	(62,027)	(52,719)
Proceeds from contributions for temporarily restricted net assets	9,466	5,166
Proceeds from contributions for endowment funds	362	961
Proceeds from long term debt issuance	50,000	-
Cost of fees from debt issuance	(213)	-
Payments on notes payable	(2,527)	(2,337)
Net cash provided by financing activities of continuing operations	43,457	(6,075)
CASH FLOWS FROM DISCONTINUED OPERATIONS:		
Operating activities of discontinued operations	(1,183)	808
Investing activities of discontinued operations	(676)	(535)
Net cash (used in) provided by discontinued operations	(1,859)	273
NET DECREASE IN CASH	(158,741)	(31,144)
CASH—Beginning of year	234,903	266,047
CASH—End of year	$ 76,162	$ 234,903
SUPPLEMENTAL CASH FLOW INFORMATION:		
Non-cash increase in capital lease obligations	$ 19,907	$ 51,734
Purchases of property, plant and equipment in accounts payable and accrued liabilities	11,796	5,992

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization—St. Luke's Health System, Ltd. and subsidiaries (the "Health System") is an Idaho-based not-for-profit organization providing a comprehensive integrated network of health services, including inpatient and outpatient services, physician services, and rehabilitation services to the communities it serves. The Health System's general offices are located in Boise, Idaho. The Health System is governed by volunteer boards made up of local citizens.

The Health System's primary hospitals and service areas are located within the State of Idaho in Boise, Meridian, Nampa, Twin Falls, Mountain Home, McCall, Jerome, and Ketchum and have other facilities and operations throughout Southern Idaho and Eastern Oregon.

Basis of Presentation—The consolidated financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America. Intercompany transactions have been eliminated.

Use of Estimates—The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates, assumptions and judgements that affect the amounts reported in the consolidated financial statements. The Health System considers critical accounting estimates to be those that require more significant judgements and estimates in the preparation of its consolidated financial statements, including the following: contractual allowances on receivables, provisions for bad debt, and charity care; useful lives of depreciable assets; liabilities associated with employee benefit programs; self-insured professional liability risks not covered by insurance; and potential settlements with the Medicare and Medicaid programs. In addition, valuation reserve estimates are made regarding the collectability of outstanding patient and other receivables.

Changes in estimates are included in results of operations in the period when such amounts are determined and actual amounts could differ from such estimates.

Statements of Operations—Transactions deemed by management to be ongoing, major, or central to the provision of health care services are reported as unrestricted revenues, gains and other support and expenses.

Discontinued Operations—The Health System reports financial results for discontinued operations separately from continuing operations to distinguish the financial impact of disposal transactions from ongoing operations. During the year ended September 30, 2016 the Health System began the process of divesting a certain medical practice. Accordingly, the assets and liabilities, operating results and operating and investing cash flows for the medical practice are presented as discontinued operations separate from the Health System's continuing operations and the results for all periods presented in these consolidated financial statements and the notes to the consolidated financial statements, unless otherwise noted. Refer to Note 2 for further information regarding the Health System's discontinued operations.

Temporarily and Permanently Restricted Net Assets—Temporarily restricted net assets are those whose use by the Health System is limited by donor-imposed stipulations that either expire by passage of time or can be fulfilled and removed by actions of the Health System pursuant to those stipulations. Permanently restricted net assets are assets whose use by the Health System is limited by donor-imposed stipulations that neither expire by passage of time nor can be fulfilled or otherwise removed.

Donor Restricted Gifts—Unconditional promises to give cash, pledges receivable and other assets are recorded at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of operations and changes in net assets as net assets released from restrictions. Total pledges receivable, net of allowances, as of September 30 are as follows:

	2016	2015
Less than one year	$2,526	$2,723
One to five years	863	817
More than five years	35	264
	3,424	3,804
Less allowance for estimated uncollectible accounts	115	201
Total pledges receivable	$3,309	$3,603

Cash and Cash Equivalents—Cash and cash equivalents represents cash on hand and cash in banks, excluding amounts whose use is limited and consists primarily of cash and highly liquid investments with original maturities of three months or less. As of September 30, 2016 and 2015, the Health System had book overdrafts of $11,785 and $12,726, respectively, at multiple institutions that is included in accounts payable and accrued liabilities.

Inventories—Inventories consist primarily of medical and surgical supplies and are stated at the lower of cost (on a moving-average basis) or market.

Assets Whose Use is Limited—Assets whose use is limited include assets set aside by the Board of Directors for future capital purposes over which the Board retains control and may, at its discretion, subsequently be used for debt retirement or other purposes. It also includes assets held by trustee under indenture agreements, assets restricted by donors for specific purposes and permanent endowment funds.

The Health System's long-term and short term investment portfolios are managed according to investment policies adopted by the Health System and based on overall investment objectives. Board designated funds are investments established by the Board for strategic future capital or operating expenditures intended to expand or preserve services provided to the communities it serves. All investments are recorded using settlement date accounting. Investment income and gains (losses) on investments whose

use has not been restricted by the donor, including unrestricted income from endowment funds, are reported as part of investment income. Investment income and gains (losses) on investments whose income has been restricted by the donor are recorded as increases (decreases) to temporarily or permanently restricted net assets.

The Health System's investments primarily include mutual funds and debt securities that are carried at fair value. The Health System evaluates whether securities are other-than-temporarily impaired (OTTI) based on criteria that include the extent to which cost exceeds market value, the intent to sell, the duration of the market decline, the credit rating of the issuer or security, the failure of the issuer to make scheduled principal or interest payments and the financial health and prospects of the issuer or security. Any declines in the value of investment securities determined to be OTTI are recognized in earnings and reported as OTTI losses. The Health System determined that no securities were OTTI as of September 30, 2016 and 2015.

Property, Plant, and Equipment—Property, plant, and equipment, including internal use software, are recorded at cost with the exception of donated assets, which are recorded at fair value at the date of donation. Property and equipment donated for Health System operations are recorded as additions to property, plant, and equipment when the assets are placed in service. Depreciation is computed using the straight-line method over the estimated useful lives of the depreciable assets with depreciation taken in both the year placed in service and the year of disposition.

The estimated useful lives of each asset ranges are as follows:

Buildings	15–40 years
Fixed and major movable equipment	2–20 years
Leasehold improvements	5–15 years
Information technology	3–7 years

Expenditures for maintenance and repairs are charged to expense as incurred and expenditures for renewals and betterments are capitalized. Upon sale or retirement of depreciable assets, the related cost and accumulated depreciation are removed from the records and any gain or loss is reflected in the statement of operations. Periodically, the Health System evaluates the carrying value of property, plant, and equipment for impairment based on undiscounted operating cash flows whenever events or changes occur which might impact recovery of recorded assets.

Goodwill—Goodwill represents the future economic benefits arising from other assets acquired in a business combination that are not individually identified and separately recognized. Goodwill is not amortized but is subject to annual impairment testing at the reporting unit level. A reporting unit is defined as a component of an organization that engages in business activities from which it may earn revenues and incur expenses, whose operating results are regularly reviewed for decision making purposes and for which discrete financial information is available.

The quantitative impairment testing for goodwill includes a two-step process consisting of identifying a potential impairment loss by comparing the fair value of the reporting unit to its carrying amount, including goodwill and then measuring the impairment loss by comparing the implied fair value of the goodwill for a reporting unit to its carrying value. The fair value is estimated based upon internal evaluations of the related long-lived assets for each reporting unit and can include comparable market prices, quantitative analyses of revenues and estimated future net cash flows. If the fair value of the reporting unit assets is less than their carrying value including goodwill, an impairment loss is recognized.

Our annual impairment test was performed as of June 30, 2016. In addition, impairment reviews are performed whenever circumstances indicate a possible impairment may exist.

Meaningful Use—Electronic Health Records (EHR) incentive earnings are recognized in other revenue following the grant accounting model. This model recognizes income ratably over the applicable reporting period as management becomes reasonably assured of meeting the required criteria. Amounts recognized represent management's best estimates for payments ultimately expected to be received. The demonstration of meaningful use is based on meeting a series of objectives and varies among hospitals and physician practices, between the Medicare and Medicaid programs and within the Medicaid program from state to state. Additionally, meeting the series of objectives in order to demonstrate meaningful use becomes progressively more stringent as its implementation is phased in through stages as outlined by the Centers for Medicare and Medicaid Services.

For the years ended September 30, 2016 and 2015, the Health System recognized meaningful use incentive revenue of $1,806 and $4,447, respectively, related to the Medicare and Medicaid programs.

Land and Buildings Held for Future Investment or Future Expansion—Land and buildings held for investment or future expansion represents land and buildings purchased or donated to the Health System for future operations and are not included in the Health System operations.

Costs of Borrowing—Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets. Financing costs are deferred and amortized over the life of the debt.

Net Patient Service Revenue—Net patient service revenue before provision for bad debts is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Charity Care—The Health System provides services to all patients regardless of their ability to pay in accordance with its charity care policy. The estimated cost of providing these services was $34,891 and $29,811 in 2016 and 2015, respectively, calculated by multiplying the ratio of cost to gross charges for the Health System by the gross compensated charges associated with providing care to charity patients.

In addition to charity care services, the Health System provides services to patients who are deemed indigent under state Medicaid and county indigency program guidelines. In most cases, the cost of services provided to these patients exceeds the amounts received as compensation from the respective programs. In addition, in response to broader community needs, the Health System also provides many programs such as health screening, patient and health education programs, clinical and biomedical services to outlying hospitals, and serves as a clinical teaching site for higher education programs of health professionals. The following unaudited schedule summarizes the charges forgone in accordance with the Health System's charity care policy, the unpaid costs associated with services provided under Medicare, Medicaid, and county indigency programs, and the benefit of services provided to support broader community needs:

	Unaudited	
	2016	**2015**
Estimated unpaid costs of services provided under Medicare, Medicaid, and county indigency programs	$315,243	$278,557
Estimated benefit of services to support broader community needs	41,180	32,678

Income Taxes—The Health System is a not-for-profit corporation and is recognized as tax-exempt pursuant to Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. The Health System accounts for uncertain tax positions in accordance with ASC Topic 740. Income tax liabilities are recorded for the impact of positions taken on income tax returns, which management believes are not more likely than not to be sustained on tax audit. Management is not aware of any uncertain tax positions that should be recorded.

Unrelated Business Income—The Health System is subject to federal excise tax on its unrelated business taxable income (UBTI). As of September 30, 2016, the Health System had approximately $6,810 of UBTI Net Operating Losses from operating losses incurred from 1997 to 2016, which expire in years 2017 to 2037. The Health System does not believe that it is more likely than not they will utilize these losses prior to their expiration and as such has provided a full valuation allowance against these losses.

Adopted Accounting Pronouncements—On October 1, 2015, the Health System adopted Accounting Standards Update ("ASU") No. 2014-08, "*Reporting Discontinued Operations and Disclosures of Disposals of Components of an Entity*." This guidance amends the definition of a discontinued operation and requires additional disclosures about discontinued operations as well as disposal transactions that do not meet the discontinued operations criteria on a prospective basis. This guidance was incorporated into our analysis of discontinued operations in the current year.

Forthcoming Accounting Pronouncements—In May 2016, the Financial Accounting Standards Board ("FASB") issued ASU No. 2016-12, "*Revenue From Contracts with Customers: Narrow-Scope Improvements and Practical Expedients*," which amends certain aspects of the FASB'S revenue standard ASU 2014-09, "*Revenue From Contracts with Customers*." In March 2016, the FASB issued ASU No. 2016-08, "*Revenue From Contracts with Customers: Principal Versus Agent Considerations (Reporting Revenue Gross Versus Net)*." This guidance amends the principal versus agent implementation guidance and illustrations in the FASB's revenue standard, ASU No. 2014-09. In July 2015, the FASB issued ASU No. 2015-14, "*Revenue From Contracts with Customers (Topic 606): Deferral of the Effective Date*," which defers the effective date of the FASB's revenue standard,

ASU 2014-09, by one year for all entities and permits early adoption on a limited basis. In May 2014, the FASB issued ASU No. 2014-09. This guidance outlines a single comprehensive model for entities to use in accounting for revenue arising from contracts with customers. After the deferral of the effective date, this guidance is effective for the Health System beginning October 1, 2018. The Health System is still evaluating the impact this guidance may have on its consolidated financial statements.

In April 2015, the FASB issued ASU 2015-03, "*Simplifying the Presentation of Debt Issuance Costs*", which requires entities to present debt issuance costs related to a recognized debt liability as a direct deduction from the carrying amount of that debt liability. The provisions of ASU 2015-03 are applicable to the Health System for the fiscal year beginning October 1, 2016. The adoption of this guidance will result in $8,087 of deferred financing costs on the consolidated balance sheets being reclassified to offset long-term debt.

In May 2015, the FASB issued ASU No. 2015-07, "*Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities that Calculate Net Asset Value per Share (or Its Equivalent)*". This ASU removes the requirement to categorize the investments for which fair value is measured using net asset value per share within the fair value hierarchy. The provisions of ASU 2015-07 are effective for reporting periods beginning after December 15, 2015 and are to be applied retrospectively; early adoption is permitted. The Health System is currently evaluating the effect that this ASU will have on its consolidated financial statements.

In January 2016, the FASB issued ASU No. 2016-01, "*Recognition and Measurement of Financial Assets and Financial Liabilities.*" This guidance revises accounting related to (1) the classification and measurement of investments in equity securities and (2) the presentation and certain fair value changes for financial liabilities measured at fair value. It also amends certain disclosure requirements associated with the fair value of financial instruments. This guidance is effective for the Health System beginning October 1, 2019. The Health System is still evaluating the impact this guidance may have on its consolidated financial statements.

In February 2016, the FASB issued ASU No. 2016-02, "*Leases.*" This guidance introduces a lessee model that brings substantially all leases on the consolidated balance sheet. This guidance is effective for the Health System beginning October 1, 2019. Retrospective application is required. The Health System is still evaluating the impact this guidance may have on its consolidated financial statements.

In March 2016, the FASB issued ASU No. 2016-07, "*Investments—Equity Method and Joint Ventures: Simplifying the Transition to the Equity Method of Accounting*." This guidance eliminates the requirement to retrospectively apply the equity method to an investment that subsequently qualifies for such accounting as a result of an increase in the level of ownership interest or degree of influence. This guidance is effective for the Health System beginning October 1, 2018. The Health System does not expect this guidance to have a material impact on the financial statements.

In August 2016, the FASB issued ASU No. 2016-14, "*Presentation of Financial Statements of Not-For-Profit Entities*." This guidance simplifies and improves how not-for profit entities classify net assets as well as the information presented in the financial statements and notes about liquidity, financial performance and cash flows. This guidance is effective for the Health System beginning October 1, 2018. The Health System is still evaluating the impact this guidance may have on its consolidated financial statements.

In August 2016, the Financial Accounting Standards Board ("FASB") issued ASU No. 2016-15, "*Classification of Certain Cash Receipts and Cash Payments*." This guidance adds or clarifies guidance on the classification of certain cash receipts and payments in the consolidated statements of cash flows. This guidance is effective for the Health System beginning October 1, 2019. The Health System is still evaluating the impact this guidance may have on its consolidated financial statements.

2. BUSINESS TRANSACTIONS AND DISCONTINUED OPERATIONS

Discontinued Operations—On November 12, 2012, private plaintiffs filed a complaint against the Health System in Idaho Federal District Court (the "Court") asserting that a planned business transaction between the Health System and an independent medical practice violated state and federal antitrust law. The suit sought money damages, attorney fees, and a preliminary and permanent injunction against the transaction. The court denied the request for a preliminary injunction, allowing the transaction to close in December of 2012, but set a trial on plaintiffs' request for an order unwinding the transaction. On March 26, 2013, the Federal Trade Commission and the State of Idaho filed a complaint for a permanent injunction requiring the Health System to unwind the transaction and for attorney fees incurred by the Office of the Idaho Attorney General.

On February 28, 2014, the Court Entered a Judgment Permanently Enjoining the Transaction and Ordering the Health System to Unwind the Transaction.

on December 10, 2015, the Court Entered an Order Setting out the Process to Divest the Medical Practice from the Health System and Appointing a Monitor and a Trustee to Oversee the Process. Based on the Nature of the Ruling Associated with this Medical Practice, and Due to the Fact That the Divestiture of the Medical Practice Is Expected to Occur Within the next Twelve Months, the Health System Has Determined to Treat the Operations Related to the Medical Practice as Discontinued Operations in the Financial Statements.

the Major Components of Discontinued Operations Presented in the Consolidated Statement of Operations and Changes in Net Assets Include the following:

	2016	2015
Net patient service revenue (net of contractual allowances and discounts)	$24,302	$28,152
Less provision for bad debts	104	1,221
Net patient service revenue	24,198	26,931
Other revenue	74	221
Total unrestricted revenues, gains, and other support	24,272	27,152
Operating expenses	31,477	30,785
Net loss from discontinued operations	$ (7,205)	$ (3,633)

Assets and liabilities held for sale presented in the consolidated balance sheets as of September 30 are as follows:

	2016	2015
ASSETS:		
Cash and cash equivalents	$1,097	$1,814
Receivables—net	1,641	2,685
Inventories	116	162
Prepaid expenses	175	42
Property, plant and equipment—net	2,291	-
Current assets of discontinued operations	5,320	4,703
Property, plant and equipment—net	-	2,302
Non-current assets of discontinued operations	$ -	$2,302
LIABILITIES:		
Accounts payable and accrued liabilities	$5,335	$2,147
Current liabilities of discontinued operations	$5,335	$2,147

Acquisitions—Effective October 1, 2014, the Health System entered into a definitive agreement with Idaho Elks Rehabilitation Hospital (Elks). The dual purpose of the agreement was to dissolve the existing joint ventures (JV's) that St. Luke's and Elks had in place prior to the agreement, and in turn for the Health System to purchase the assets associated with those JV's, along with other assets owned directly by Elks, at their appraised fair market value. Consideration given by the Health System for the transaction totaled $7,629, net of cash received, and consisted of an elimination of net receivables due to the Health System from Elks prior to the transaction, along with the Health System giving up their portion of ownership in the joint ventures that were dissolved to Elks. As a result of the transaction, the Health System expanded its rehabilitation services including operation of an inpatient rehabilitation hospital located in Boise, Idaho.

The determination of the estimated fair market value of the assets obtained and liabilities assumed required management to make certain estimates and assumptions. The transaction with Elks resulted in the assets obtained and liabilities assumed being recorded on their estimated fair values on the transaction date. The transaction with Elks resulted in $104 gain, which was recorded in the consolidated statement of operations and changes in net assets representing the excess of the fair value of assets obtained over liabilities assumed and financial consideration given.

The results of operations are included in the Health System's consolidated financial statements beginning October 1, 2014. The following table presents the allocation of consideration given for the assets obtained and liabilities assumed:

	2015
Cash	$ 242
Inventory	421
Prepaid expenses	128
Covenants not to compete	319
Property	7,459
Total assets obtained	8,569
Employee benefit liability assumed	(594)
Total liabilities assumed	(594)
Total assets and liabilities assumed	7,975
Total consideration given	7,871
Excess of assets obtained over liabilities assumed in transaction	$ 104

3. NET PATIENT SERVICE REVENUE

The Health System has agreements with third-party payors that provide for payments to the Health System at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

Medicare—Inpatient acute and certain outpatient care services rendered to Medicare program beneficiaries are paid at prospectively determined rates based upon the service provided. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Inpatient nonacute services, certain other outpatient services, and defined capital and medical education costs related to Medicare beneficiaries are paid based on a cost reimbursement methodology.

The Health System is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Health System and audits thereof by the Medicare fiscal intermediary. The Health System's classification of patients under the Medicare program and the appropriateness of their admission are subject to a review by a peer review organization under contract with the fiscal intermediary.

Medicaid—Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology. The Health System is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Health System and audits thereof by the Medicaid fiscal intermediary.

Changes in estimates are included in results of operations in the period when such amounts are determined. The Health System has an opportunity to amend previously settled cost reports. With regard to the amended cost reports, the Health System accrues settlements when amounts are probable and estimable.

Changes in prior year estimates for Medicare and Medicaid decreased net patient service revenue by $1,841 for fiscal year ended September 30, 2016 and decreased net patient service revenue by $10,405 for fiscal year ended September 30, 2015.

Other—The Health System has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Health System under these agreements includes prospectively determined rates per patient day, per discharge and discounts from established charges.

The System records a provision for bad debts related to uninsured accounts to record the net self-pay accounts receivable at the estimated amounts the System expects to collect.

Patient service revenue (including patient co-pays and deductibles), net of contractual allowances and discounts (but before provision for uncollectible accounts) by primary payor source, for the year ended September 30 are as follows:

	2016	2015
Commercial payors, patients, and other	$1,182,181	$1,080,857
Medicare program	618,214	590,547
Medicaid program	196,017	167,165
	1,996,412	1,838,569
Less total provision for uncollectible accounts	98,909	82,782
	$1,897,503	$1,755,787

4. ACCOUNTS RECEIVABLE AND CONCENTRATION OF CREDIT RISK

The Health System grants credit without collateral to its patients, most of whom are local residents and many of whom are insured under third-party payor agreements. Accounts receivable, reflected net of any contractual arrangements, as of September 30 are as follows:

	2016	2015
Commercial payors, patients, and other	$287,762	$249,501
Medicare program	55,286	57,662
Medicaid program	21,752	18,764
Non-patient	18,283	12,982
	383,083	338,909
Less total allowance	71,953	67,244
	$311,130	$271,665

The allowance for estimated uncollectible accounts is determined by analyzing both historical information (write-offs by payor classification), as well as current economic conditions.

5. PROPERTY, PLANT, AND EQUIPMENT

Property, plant, and equipment as of September 30 are as follows:

	2016	2015
Land	$ 53,296	$ 49,770
Buildings, land improvements, and fixed equipment	1,042,455	966,929
Major movable equipment and information technology	627,791	545,807
	1,723,542	1,562,506
Less accumulated depreciation:		
Buildings, land improvements, and fixed equipment	360,441	322,212
Major movable equipment and information technology	408,032	350,752
	768,473	672,964
	955,069	889,542
Construction in process	188,283	106,713
	$1,143,352	$ 996,255

Depreciation expense was $105,676 and $95,825 for the years ended September 30, 2016 and 2015, respectively.

6. ASSETS WHOSE USE IS LIMITED

Assets whose use is limited that will be used for obligations classified as current liabilities and the current portion of pledges receivable are reported in current assets. Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value, based on quoted market prices of identical or similar assets. The majority of the Health System's investments are managed by independent investment managers. The following table sets forth the composition of assets whose use is limited as of September 30:

	2016	2015
Board designated funds:		
Cash and cash equivalents	$ 5,721	$ 4,376
Mutual funds	151,133	85,472
Corporate bonds, notes, mortgages and asset-backed securities	272,761	217,126
Government and agency securities	140,962	112,482
Interest receivable	1,539	1,269
Due to donor restricted and permanent endowment funds	(40,503)	(36,231)
	531,613	384,494
Less amounts classified as current assets	(56,292)	(47,908)
	$475,321	$336,586
Restricted funds:		
Cash and cash equivalents	$ 38,169	$ 10,729
Certificates of deposit, commercial paper and other equities	43,443	45,127
Corporate bonds, notes, mortgages and asset-backed securities	16,149	61,943
Government and agency securities	40,450	61,457
	$138,211	$179,256
Permanent endowment funds—due from board designated funds	$ 12,220	$ 12,129
Donor restricted plant replacement and expansion funds and other specific purpose funds:		
Due from board designated funds	$ 28,282	$ 24,102
Pledges receivable	3,309	3,603
	$ 31,591	$ 27,705

Investment income for assets limited as to use, cash equivalents, and other investments for the years ended September 30 are comprised of the following:

	2016	2015
Investment income:		
Interest income	$ 9,710	$ 8,377
Realized loss on sales of securities	(624)	(2,213)
	$ 9,086	$ 6,164
Change in net unrealized gain (loss) on investments	$15,528	$(6,079)

In connection with the issuance of the certain bond obligations, the Health System is required to maintain a debt reserve fund. The debt reserve fund is to be used for the payment of principal and interest at maturity. The amount held in the debt reserve fund as of September 30, 2016, related to the Series 2008A Bonds, is $16,897 (which includes $3,215 to be paid over the next 12 months). This amount is included in restricted funds. Amounts held in custody, to be paid over the next 12 months, for the Series 2005 and 2012CD Bonds is $1,945 and $180, respectively. These amounts are also included in restricted funds.

Proceeds received from the Series 2014A Bonds are restricted to qualified expenditures related to a facility project of the Health System and are held by the Series 2014A Bond Trustee in a Construction Fund. Initial deposits into the Construction Fund were $174,947 and the remaining balance as of September 30, 2016 was $88,997.

Proceeds from the Bank of America Public Capital Corp financing are restricted to qualified expenditures related to an Electronic Medical Records System (EPIC) and are held in escrow by Zions Bank, NA. Initial deposits into escrow were $50,000 and the remaining balance as of September 30, 2016 was $24,006.

7. TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS

Restricted net assets as of September 30 consist of donor restricted contributions and grants, which are to be used as follows:

	2016	2015
Equipment and expansion	$16,179	$15,376
Research and education	4,020	2,847
Charity and other	11,075	7,594
Total temporarily restricted net assets	31,274	25,817
Permanently restricted net assets	12,220	12,129
Total restricted net assets	$43,494	$37,946

The composition of endowment net assets by type of fund as of September 30 is as follows:

	September 30, 2016		
	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment net assets	$ -	$12,220	$12,220
Board-designated endowment net assets	2,538	-	2,538
Total endowment net assets	$2,538	$12,220	$14,758

	September 30, 2015		
	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment net assets	$ -	$12,129	$12,129
Board-designated endowment net assets	510	-	510
Total endowment net assets	$ 510	$12,129	$12,639

Changes in endowment net assets during 2016 and 2015 are as follows:

	September 30, 2016		
	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets—beginning of period	$ 510	$12,129	$12,639
Investment returns	1,023	-	1,023
Unrealized gains	209	-	209
Contributions	13	362	375
Appropriation of endowment net assets for expenditure	-	(16)	(16)
Transfers to remove or add to board-designated endowment funds	783	(255)	528
Endowment net asset—end of period	$2,538	$12,220	$14,758

	September 30, 2015		
	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets—beginning of period	$1,104	$11,168	$12,272
Contributions	2	342	344
Transfers to remove or add to board-designated endowment funds	(596)	619	23
Endowment net assets—end of period	$ 510	$12,129	$12,639

8. DEBT

Long-term debt as of September 30 consists of the following:

	2016	2015
Obligations to Idaho Health Facilities Authority—Series 2014A Fixed Rate Bonds	$165,965	$166,135
Obligations to Idaho Health Facilities Authority—Series 2014A Fixed Rate Bond Premium	9,864	10,225
Obligations to Idaho Health Facilities Authority—Series 2012A Fixed Rate Bonds	75,000	75,000
Obligations to Idaho Health Facilities Authority—Series 2012A Fixed Rate Bond Premium	703	749
Obligations to Idaho Health Facilities Authority—Series 2012B Variable Rate Direct Purchase	64,535	67,595
Obligations to Idaho Health Facilities Authority—Series 2012CD Variable Rate Revenue Bonds	150,000	150,000
Obligations to Idaho Health Facilities Authority—Series 2008A Fixed Rate Bonds	120,845	122,360
Obligations to Idaho Health Facilities Authority—Series 2008A Fixed Rate Bond Discount	(2,912)	(3,016)
Obligations to Idaho Health Facilities Authority—Series 2005 Fixed Rate Bonds	100,085	103,105
Obligations to Idaho Health Facilities Authority—Series 2000 Fixed Rate Bonds	69,000	72,500
Obligations to Idaho Health Facilities Authority—Series 2000 and Series 2005 Fixed Rate Bond Premium	4,068	4,286
Banc of America Public Capital Corp Equipment Financing	48,854	-
Capital leases	75,567	57,464
Notes payable	35,544	36,266
Line of credit	5,475	6,176
Total debt	922,593	868,845
Less current portion	26,412	20,432
Total long-term debt	$896,181	$848,413

As of September 30, 2016, the maturity schedule of long-term debt is as follows:

Years Ending September 30	Long-Term Debt	Capital Lease	Total
2017	$ 23,155	$ 6,221	$ 29,376
2018	18,275	6,302	24,577
2019	18,912	6,085	24,997
2020	19,574	5,841	25,415
2021	20,284	5,946	26,230
Thereafter	746,826	79,630	826,456
	$847,026	110,025	957,051
Less amount representing interest		(34,458)	(34,458)
		$ 75,567	$922,593

Obligations to Idaho Health Facility Authority

Series 2000—Represents Fixed Rate Revenue Bonds, payable in annual payments ranging from $2,800 to $29,700, beginning July 2011 through July 2030. The Series 2000 bonds bear interest at a fixed rate ranging from 2.00% to 5.00% per annum calculated on the basis of a 360 day year comprised on 12 30-day months and are payable on July 1 and January 1 of each year. The average interest rate (which includes amortization of costs of issuance) during 2016 was 4.89%.

The Series 2000 bonds maturing on or after July 1, 2021, are subject to redemption prior to maturity at the option of the Health System.

The Series 2000 Bonds are secured with a mortgage on the Health System's hospital located in Boise, Idaho.

Series 2005—Represents Fixed Rate Revenue Bonds, payable in annual payments ranging from $2,690 to $51,710, beginning July 2011 through July 2035. The Series 2005 bonds bear interest at a fixed rate ranging from 2.00% to 5.00% per annum calculated on the basis of a 360 day year comprised on 12 30-day months and are payable on July 1 and January 1 of each year. The average interest rate (which includes amortization of costs of issuance) during 2016 was 4.70%.

The Series 2005 bonds maturing on or after July 1, 2021, are subject to redemption prior to maturity at the option of the Health System. In addition, Series 2005 bonds maturing on or after July 1, 2025, are subject to redemption prior to maturity at the option of the Health System on or after July 1, 2015.

The Series 2005 Bonds are secured with a mortgage on the Health System's hospital located in Boise, Idaho.

Series 2008A—Represents Fixed Rate Revenue Bonds, payable in annual payments ranging from $1,130 to $21,655 beginning November 2009 through 2037. The Series 2008A bonds bear interest at a fixed rate ranging from 4.00% to 6.75% per annum calculated on the basis of a 360 day year comprised of 12 30-day months and are payable on May 1 and November 1 of each year. The average interest rate (which includes amortization of costs of issuance) during 2016 was 6.81%.

The Series 2008A bonds maturing on or after November 1, 2019, are subject to redemption prior to maturity at the option of the Health System, on or after November 1, 2018.

Series 2012A—Represents Fixed Rate Revenue Bonds payable in annual payments ranging from $23,780 to $26,220, beginning March 2045 through March 2047. The Series 2012A Bonds bear interest at a fixed rate ranging from 4.50% to 5.00% per annum calculated based on a 360 day calendar year comprised of 12 30-day months and are payable on March 1 and September 1 of each year. The average interest rate (which includes amortization of costs of issuance) during 2016 was 4.84%.

The Series 2012A bonds are subject to redemption prior to maturity at the option of the Health System, on or after March 1, 2022.

Series 2012B—Represents Variable Rate Direct Purchases with Union Bank, N.A. in a privately placed transaction. The principal of the Series 2012B Bonds is payable in annual installments ranging from $1,700 to $5,160 between March 2013 and March 2032. The interest on the Series 2012B Bonds is currently payable monthly, as the Series 2012B Bonds are currently held in the Index Rate Mode (and the Health System has currently elected to use the one-month LIBOR Index Interest Period in connection with such Index Rate Mode). At the conclusion of the initial Index Rate Mode (i.e. July 30, 2019), and at the option of the Health System, the Series 2012B Bonds may be converted to the Daily Mode, the Weekly Mode, the Adjustable Long Mode, the Commercial Paper Mode, another Index Rate Mode, or the Fixed Mode upon compliance with certain conditions set forth in the bond documents. The interest payment dates, interest calculation methods, and terms, if any, upon which each Series 2012B Bond may or must be tendered for purchase in each Mode, are more fully set forth in the bond documents. The average interest rate (which includes amortization of costs of issuance) during 2016 was 1.48%.

The Series 2012B Bonds are subject to redemption prior to maturity at the option of the Health System in accordance with the terms set forth in the bond documents. During the initial Index Rate Mode, the Series 2012B Bonds are subject to optional redemption by the Health System on any business day upon payment of all fees required by the Index Rate Agreement.

Series 2012C—Represents Variable Rate Direct Purchases with Wells Fargo, N.A. in a privately placed transaction. The Series 2012C Bonds principal is payable in annual payments ranging from $11,820 to $13,195, beginning November 2038 through November 2043. The Series 2012C Bonds interest is payable monthly, as the Series 2012C Bonds are currently held in the Index Rate Mode (with interest being calculated using the SIFMA Index Rate). At the conclusion of the initial Index Rate Mode (i.e. October 1, 2018), and at the option of the Health System, the Series 2012C Bonds may be converted to the Daily Mode, the Weekly Mode, the Adjustable Long Mode, the Commercial Paper Mode, another Index Rate Mode, or the Fixed Mode upon compliance with certain conditions set forth in the bond documents. The interest payments, interest calculations methods, and terms, if any, upon which each Series 2012C Bond may or must be tendered for purchase in each Mode are more fully set forth in the bond documents. The average interest rate (which includes amortization of costs of issuance) during 2016 was .92%.

The Series 2012C Bonds are subject to redemption prior to maturity at the option of the Health System in accordance with the terms set forth in the bond documents. During the initial Index Rate Mode, the Series 2012C Bonds are subject to optional redemption on any business day upon payment of the principle amount thereof, accrued interest thereon, and all fees required by the Index Rate Agreement.

Series 2012D—Represents Variable Rate Direct Purchases with Wells Fargo Municipal Capital Strategies, LLC in a privately placed transaction. The Series 2012D Bonds principal is payable in annual payments ranging from $11,810 to $13,220, beginning November 2038 through November 2043. The Series 2012D Bonds interest is payable monthly, as the Series 2012D Bonds are currently held in the Index Rate Mode (with interest being calculated using the LIBOR Index Rate). At the conclusion of the initial Index Rate Mode (i.e. October 24, 2017), and at the option of the Health System, the Series 2012D Bonds may be converted to the Daily Mode, the Weekly Mode, the Adjustable Long Mode, the Commercial Paper Mode, another Index Rate Mode, or the Fixed Mode upon compliance with certain conditions set forth in the bond documents. The interest payments, interest calculations methods, and terms, if any, upon which each Series 2012D Bond may or must be tendered for purchase in each Mode are more fully set forth in the bond documents. The average interest rate (which includes amortization of costs of issuance) during 2016 was 1.25%.

The Series 2012D Bonds are subject to redemption prior to maturity at the option of the Health System in accordance with the terms set forth in the bond documents. During the initial Index Rate Mode, the Series 2012D Bonds are subject to optional redemption on any business day upon payment of the principle amount thereof, accrued interest thereon, and all fees required by the Index Rate Agreement.

Series 2014A—Represents Fixed Rate Revenue Bonds, payable in annual installments ranging from $170 to $16,080 beginning March 2016 through March 2044. The Series 2014A bonds bear interest at a fixed rate ranging from 2.00% to 5.00% per annum calculated on the basis of a 360 day year comprised of 12 30-day months and are payable on March 1 and September 1 of each year. The average interest rate (which includes amortization of costs of issuance) during 2016 was 4.66%.

The Series 2014A bonds maturing on or after March 1, 2034 are subject to redemption prior to maturity at the option of the Health System.

The Series 2000, Series 2005, Series 2008A, Series 2012A, Series 2012B, Series 2012CD and Series 2014A bonds provide, among other things, restrictions on annual debt additions that the Health System may incur. The agreements also require that sufficient fees and rates be charged so as to provide net income available for debt service, as defined, in an amount not less than 125% of the annual principal and interest due on the Bonds. For the years ended September 30, 2016 and 2015, net income available for debt service, as defined, exceeded the minimum coverage required.

Banc of America Public Capital Corp—Represents ten-year debt financing, payable in quarterly installments, which include principal and interest of $1,360 beginning August 2016 through May 2026. The Banc of America Public Capital Corp debt is secured by the Health System's EHR system and bears interest at a fixed rate of 1.756% per annum payable quarterly on February 18th, May 18th, August 18th, and November 18th.

Notes Payable—These notes are secured by medical office buildings and guaranteed by a third party. Principal and interest are payable on a monthly basis. Per the agreements, the notes mature in 2023. Interest is fixed at 4.25%.

Line of Credit—In September 2011, the Health System entered into an unsecured credit agreement with Key Bank, N.A. The agreement allows for borrowings up to $60,000 and has a maturity date of September 15, 2018. In the event that principal amounts are outstanding, interest is incurred at a rate that is variable at the Prime Rate. The line of

credit, among other things, contains an annual commitment fee of $30 as well as a non-usage fee on the actual daily unborrowed portion of the principal amount available at the rate of one-fifth of 1% per annum. As of September 30, 2016, there was no outstanding balance on the line of credit.

In January 2010, the Health System entered into an unsecured credit agreement with Wells Fargo Bank, N.A. The agreement allows for borrowings up to $8,000 and has a maturity date of August 1, 2017. The line of credit is to be utilized for working capital payments related to a cash payment program the Health System operates in connection with payments to vendors. In the event that principal is outstanding in excess of 30 days, interest is variable at daily three month LIBOR plus 1.75%. The outstanding balance as of September 30, 2016 and 2015 was $5,474 and $6,176, respectively. Principal amounts are advanced as vendor payments are made, and are required to be repaid on a monthly basis. As principal is paid in full on a monthly basis, no interest costs have been incurred.

Interest Costs—During the years ended September 30, 2016 and 2015 the Health System incurred total interest costs of $34,924 and $34,717, respectively. During 2016 and 2015, $3,685 and $1,914, respectively, has been capitalized and is reflected as a component of property, plant, and equipment. During the years ended September 30, 2016 and 2015, the Health System made cash payments for interest of $34,760 and $34,928, respectively, and cash payments for bond fees of $400 and $379, respectively.

9. NONCONTROLLING INTEREST

The following table shows the allocation of controlling and noncontrolling interest within net assets as of September 30:

	Total Net Assets	Controlling Interest	Noncontrolling Interest
Net assets—September 30, 2014	$ 930,771	$ 928,413	$ 2,358
Unrestricted net assets:			
Revenue in excess of expenses	69,494	69,091	403
Change in noncontrolling interests	(1,510)	-	(1,510)
Change in net unrealized loss on investments	(6,079)	(6,079)	-
Net assets released from restrictions—capital acquisitions	807	807	-
Change in funded status of pension plans	(29,610)	(29,610)	-
Increase in unrestricted net assets from continuing operations	33,102	34,209	(1,107)
Loss from discontinued operations	(3,633)	(3,633)	-
Increase in unrestricted net assets	29,469	30,576	(1,107)
Increase in temporarily restricted net assets	2,000	2,000	-
Increase in permanently restricted net assets	961	961	-
Increase in net assets	32,430	33,537	(1,107)
Net assets—September 30, 2015	963,201	961,950	1,251
Unrestricted net assets:			
Revenue in excess of expenses	52,096	52,356	(260)
Change in noncontrolling interests	(1,196)	-	(1,196)
Change in net unrealized gain on investments	15,528	15,528	-
Net assets released from restrictions—capital acquisitions	3,850	3,850	-
Change in funded status of pension plans	(20,601)	(20,601)	-
Increase in unrestricted net assets from continuing operations	49,677	51,133	(1,456)
Loss from discontinued operations	(7,205)	(7,205)	-
Increase in unrestricted net assets	42,472	43,928	(1,456)
Increase in temporarily restricted net assets	5,457	5,457	-
Increase in permanently restricted net assets	91	91	-
Increase in net assets	48,020	49,476	(1,456)
Net assets—September 30, 2016	$1,011,221	$1,011,426	$ (205)

10. EMPLOYEE RETIREMENT PLANS

Defined Benefit Plans—The St. Luke's Regional Medical, Ltd. Basic Pension Plan (the "SLRMC Plan") covers substantially all eligible employees employed by the Health System (with the exception of St. Luke's Magic Valley, Ltd. employees) on or before December 31, 1994. The SLRMC Plan was amended and restated effective January 1, 1995, to exclude employees hired on or after that date from participation in the SLRMC Plan; however, the SLRMC Plan remains in effect for those participants who qualify and were hired prior to January 1, 1995. Employees eligible for the SLRMC Plan with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65), or after obtaining age 62 with 25 years of service, equal to a percentage of their highest five-year average annual compensation, not to exceed a certain maximum. The Health System makes annual contributions to the SLRMC Plan as necessary.

The St. Luke's Magic Valley Regional Medical Center, Ltd. Plan (the "SLMVRMC Plan") covers substantially all eligible St. Luke's Magic Valley Regional Medical Center, Ltd. (SLMVRMC) employees employed by SLMVRMC on or before April 1, 2005. The SLMVRMC Plan was amended and restated effective April 1, 2005, to exclude employees hired on or after that date from participation in the SLMVRMC Plan; however, the SLMVRMC Plan remains in effect for those participants whose sum of their age plus years of credited service exceed 65 or who exceeded 10 years of service as of April 1, 2005. Participants are entitled to annual pension benefits beginning at normal retirement age (65), or after obtaining age 60 with 30 years of service, equal to a calculation based on either average annual compensation or credited service.

The Health System makes annual contributions to the SLMVRMC Plan as necessary. Effective October 1, 2014, the mortality tables were updated in order to more accurately reflect the generational projection of mortality improvement. These changes contributed to an increase in the projected benefit obligation in the amount of $11,700 for the SRLMC Plan and $3,100 for the SLMVRMC Plan for fiscal year ending September 30, 2015.

The following table sets forth the SLRMC Plan and the SLMVRMC Plan (collectively the "Plans") funded status, amounts recognized in the Health System's consolidated financial statements and other related financial information:

	SLRMC	SLMVRMC	Total 2016	Total 2015
Projected benefit obligation for service rendered to date	$178,336	$ 54,059	$232,395	$204,651
Plan assets—at fair value	123,878	38,455	162,333	151,672
Funded status	$ (54,458)	$(15,604)	$ (70,062)	$ (52,979)
Employer contributions	$ 8,000	$ 2,000	$ 10,000	$ 8,700
Accrued pension liability (all noncurrent)	54,458	15,604	70,062	52,979
Change in funded status	(14,688)	(2,396)	(17,084)	(24,988)
Amortization of prior service cost	3	-	3	13
Amortization of net loss	4,409	565	4,974	1,404
Net periodic benefit cost	7,135	311	7,446	3,141
Benefits paid	10,796	2,867	13,663	14,715
Accumulated benefit obligation	161,510	54,059	215,569	191,110

Amounts recognized in unrestricted net assets related to the Plans at September 30, consist of:

	SLRMC	SLMVRMC	Total 2016	Total 2015
Prior service cost	$ 511	$ -	$ 511	$ 3
Net actuarial loss	(61,009)	(24,232)	(85,241)	(66,115)

The measurement date used to determine pension benefits is September 30. Contributions to the Plans for the year ending September 30, 2017, are expected to be approximately $10,000.

The overall investment strategy and policy has been developed based on the need to satisfy the long-term liabilities of the Plans. Risk management is accomplished through diversification across asset classes, multiple investment manager portfolios, and both general and portfolio-specific investment guidelines. The asset allocation guidelines for the Plans are as follows:

	Target SLRMC	Target SLMVRMC
Investments:		
Large-cap funds	20 %	20 %
Mid-cap funds	10	10
Small-cap funds	10	10
Non-U.S. funds	20	20
Fixed income	29	39
Other	11	1

Managers are expected to generate a total return consistent with their philosophy and outperform both their respective peer group medians and an appropriate benchmark, net of expenses, over a one-, three-, and five-year period. The investment guidelines contain categorical restrictions such as no commodities, short-sales and margin purchases; and asset class restrictions that address such things as single security or sector concentration, capitalization limits and minimum quality standards.

Expected long-term returns on the Plans' assets are estimated by asset classes, and are generally based on historical returns, volatilities and risk premiums. Based upon the Plans' asset allocation, composite return percentiles are developed upon which the Plans' expected long-term return is determined. As of September 30, 2016, the amounts and percentages of the fair value of Plans' assets are as follows:

	SLRMC		SLMVRMC	
Domestic equity	$ 42,783	35 %	$15,942	41 %
International equity	31,705	26	8,149	21
Fixed income	36,323	29	14,193	37
Other	13,067	10	171	1
Total	$123,878	100 %	$38,455	100 %

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid from the Plans:

	SLRMC	SLMVRMC	Total
2017	$ 12,697	$ 2,606	$ 15,303
2018	12,979	2,744	15,723
2019	13,093	2,881	15,974
2020	13,342	3,068	16,410
2021	13,287	3,163	16,450
2022–2026	62,508	16,039	78,547
	$127,906	$30,501	$158,407

Assumptions used in determining the actuarial present value of net periodic benefit cost of the Plans were as follows:

SLRMC	**2016**	**2015**
Spot discount rates	3.15-3.88%	4.35 %
Rate of increase in future compensation levels	2.50-4.00	2.5–4.00
Expected long-term rate of return on assets	7.00	7.00
SLMVRMC		
Spot discount rates	2.94-3.63%	4.25 %
Expected long-term rate of return on assets	7.00	7.00

Assumptions used in determining the actuarial present value of projected benefit obligation of the Plans were as follows:

SLRMC	**2016**	**2015**
Weighted average discount rate	3.73 %	4.49 %
Rate of increase in future compensation levels	2.50–4.00	4.00
SLMVRMC		
Weighted average discount rate	3.63 %	4.38 %

The principal cause of the change in the unfunded pension liability is related to a change in the discount and interest rates at September 30, 2016 and the use of new mortality tables at September 30, 2015.

Supplemental Retirement Plan for Executives—The Supplemental Retirement Plan for Executives (SERP) is an unfunded retirement plan for certain executives of the Health System. The following table sets forth the funded status, amounts recognized in the Health System's consolidated financial statements, and other SERP financial information:

	2016	**2015**
Projected benefit obligation for service rendered to date	$ 22,311	$ 19,729
Plan assets—at fair value	-	-
Funded status	$(22,311)	$(19,729)
Employer paid benefits	$ 851	$ 679
Accrued pension liability (noncurrent)	22,311	18,909
Accrued pension liability (current)	979	820
Change in funded status	(2,582)	923
Amortization of net loss	790	840
Net periodic benefit cost	2,471	2,529
Accumulated benefit obligation	21,514	18,006

The measurement dates used to determine pension benefits is September 30. Expected contributions to the Plan for the year ending September 30, 2017, are expected to be approximately $980. Effective October 1, 2014, the mortality tables were updated in order to more accurately reflect the generational projection of mortality improvement. These changes contributed to an increase in the projected benefit obligation in the amount of $1,100 for the SERP Plan for fiscal year ending September 30, 2015.

Amounts recognized in unrestricted net assets related to the SERP at September 30, consist of:

	2016	**2015**
Prior service cost	$ -	$ -
Net actuarial loss	(7,643)	(6,681)

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid from the SERP:

	Benefit Payments
2017	$ 979
2018	974
2019	969
2020	1,356
2021	1,478
2022–2026	7,734
	$13,490

As of September 30, 2016 and 2015, the accrued pension liability is included in benefit plan liabilities.

Assumptions used in determining the actuarial present value of net periodic benefit cost were as follows:

	2016	2015
Spot discount rates	2.97–3.76%	4.25 %
Rate of increase in future compensation levels	4.00	4.00

Assumptions used in determining the actuarial present value of projected benefit obligation were as follows:

	2016	2015
Weighted average discount rate	3.64 %	4.42 %
Rate of increase in future compensation levels	4.00	4.00

Defined Contribution Plan—The Health System sponsors two defined contribution plans (the "contribution plans") that cover substantially all of its employees. The Health System's contributions to these contribution plans are at the discretion of the Health System's Board of Directors. Amounts contributed are allocated to participants based on individual compensation amounts, years of service, and the participant's level of participation in tax deferred annuity programs. During 2016 and 2015, contributions to these plans were $29,519 and $28,695, respectively.

11. FAIR VALUE OF FINANCIAL INSTRUMENTS

The following disclosure of the estimated fair value of financial instruments is made in accordance with the requirements of ASC 825, *Financial Instruments*. The Health System accounts for certain assets and liabilities at fair value or on a basis that is approximate to fair value. The estimated fair value amounts have been determined by the Health System using available market information and appropriate valuation methodologies. However, considerable judgment is required in interpreting market data to develop the estimates of fair value. Accordingly, the estimates presented herein are not necessarily indicative of the amounts that the Health System could realize in a current market exchange.

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fair value should be based on the assumptions that the market participants would use, including a consideration of nonperformance risk.

The Health System assesses the inputs used to measure fair value using a three-level hierarchy based on the extent to which inputs used in measuring fair value are observable in the market. The fair value hierarchy is as follows:

Level 1—Quoted (unadjusted) prices for identical assets or liabilities in active markets that the Health System has the ability to access.

Level 2—Other observable inputs, either directly or indirectly, including: Quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified or contractual term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3—Unobservable inputs for the asset or liability. The determination to measure the asset or liability as a level 3 depends on the significance of the input to the fair value measurement.

The asset or liabilities fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. In instances where the inputs used to measure fair value fall into different levels of the hierarchy, the fair value measurement has been determined based on the lowest-level input that is significant to the fair value measurement in its entirety. The System's assessment of the significance of a particular item to the fair value measurement in its entirety requires judgement, including the consideration of inputs specific to the asset. Valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs. There were no transfers of assets between any levels during the fiscal year.

Following is a description of the valuation methodologies used for the Health System's assets or liabilities measured at fair value.

Cash and Cash Equivalents—The carrying amounts reported in the balance sheet approximate their fair value.

Accounts Receivables, Accounts Payable, Accrued Liabilities, and Estimated Payable to Medicare and Medicaid Programs—The carrying amounts reported in the balance sheet approximate their fair value.

Assets Whose Use is Limited—These assets consist primarily of cash and cash equivalents, mutual funds, debt and equity securities, and pledges receivable. For cash and cash equivalents, pledges receivable and interest receivable, the carrying amount reported in the balance sheet approximates fair value.

For mutual funds the fair value is based on the value of the daily closing price as reported by the fund. Mutual funds held by the System are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the System are deemed to be actively traded.

For equities (common stock), the fair value is based on the value of the closing price reported on the active market on which the individual securities are traded.

For government obligations, the fair value is measured using pricing models maximizing the use of observable inputs for similar securities.

For commercial paper, the fair value is based on amortized cost with observable inputs, including security cost, maturity, and credit rating.

The following tables set forth by level within the fair value hierarchy a summary of the Health System's investments measured at fair value on a recurring basis as of September 30:

	Fair Value Measurements as of September 30, 2016, Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	**Significant Other Observable Inputs (Level 2)**	**Significant Unobservable Inputs (Level 3)**	**Total**
Investments:				
Cash and cash equivalents	$ 43,890	$ -	$ -	$ 43,890
Certificates of deposit and commercial paper	-	43,443	-	43,443
Mutual funds	45,135	105,998	-	151,133
Government and agency securities	77,678	103,734	-	181,412
Corporate bonds, notes, mortgages and asset-backed securities	-	288,910	-	288,910
Total	$166,703	$542,085	$ -	$708,788

	Fair Value Measurements as of September 30, 2015, Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Investments:				
Cash and cash equivalents	$ 15,105	$ -	$ -	$ 15,105
Certificates of deposit and commercial paper	-	45,127	-	45,127
Mutual funds	70,667	14,805	-	85,472
Government and agency securities	76,178	97,761	-	173,939
Corporate bonds, notes, mortgages and asset-backed securities	-	279,069	-	279,069
Total	$161,950	$436,762	$ -	$598,712

Fair Value of Pension Plan Assets—In addition to the types of assets listed above as held by the Health System, the pension plans also hold assets within limited partnerships, limited liability companies, and common collective trusts.

Limited partnerships and limited liability companies are valued at fair value based on the audited financial statements of the partnerships and the percentage ownership in the partnership. This method is an accepted practical expedient that is considered equivalent to NAV. The assets held were further considered for level of inputs used. When quoted prices are not available for identical or similar assets, real estate assets are valued under a discounted cash flow or lender survey approach that maximizes observable inputs, but includes adjustments for certain risks that may not be observable, such as such as cap & discount rates, maturities and loan to value ratios.

Common collective trusts are valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following table sets forth by level, based on the hierarchy requirements for fair value guidance outlined previously, a summary of the assets of the Health System's Plans measured at fair value on a recurring basis as of September 30:

	Fair Value Measurements as of September 30, 2016, Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Pension assets:				
Cash and cash equivalents	$ 663	$ 170	$ -	$ 833
Domestic mutual funds	74,655	-	-	74,655
International mutual funds	46,172	-	-	46,172
Government and agency securities	-	11,737	-	11,737
Common collective trusts	6,277	10,255	-	16,532
Limited partnerships and liability companies	-	4,867	7,537	12,404
Total	$127,767	$27,029	$7,537	$162,333

	Fair Value Measurements as of September 30, 2015, Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Pension assets:				
Cash and cash equivalents	$ 2,108	$ -	$ -	$ 2,108
Domestic mutual funds	80,082	-	-	80,082
International mutual funds	25,316	-	-	25,316
Government and agency securities	-	17,737	-	17,737
Common collective trusts	5,808	8,774	-	14,582
Limited partnerships and liability companies	-	4,858	6,989	11,847
Total	$113,314	$31,369	$6,989	$151,672

The Health System's use of Level 3 unobservable inputs account for 4.64% and 4.61%, respectively, of the total fair value of Pension Assets as of September 30, 2016 and 2015. The following table summarizes the changes in Level 3 assets measured at fair value as of September 30:

Beginning balance—September 30, 2014	$6,237
Allocation of net capital gain	99
Miscellaneous fees	(70)
Interest received	294
Change in net unrealized gains	429
Ending balance—September 30, 2015	6,989
Allocation of net capital gain	75
Miscellaneous fees	(81)
Interest received	304
Change in net unrealized gains	250
Ending balance—September 30, 2016	$7,537

The unrealized gains and losses on investment accounts at September 30, 2016 were determined to be temporary in nature as the change in market value for these assets was the result of fluctuating interest rates and market activity rather than the deterioration of the credit worthiness of the issuers. In the event that the Health System disposes of these securities before maturity, it is expected that the realized gains or losses, if any, will be immaterial both quantitatively and qualitatively to the statement of operations and financial position as of the Health System's fiscal year end.

The following tables show our investments' fair values and gross unrealized losses for individual securities that have been in a continuous loss position for 12 months or more as of September 30, 2016 and those that have been in a loss position for 12 months or more as of September 30, 2016. These investments are interest-yielding debt securities of varying maturities. We have determined that the unrealized loss position for these securities is primarily due to market volatility. Generally, in a rising interest rate environment, the estimated fair value of fixed income securities would be expected to decrease; conversely, in a decreasing interest rate environment, the estimated fair value of fixed income securities would be expected to increase. These securities may also be negatively impacted by illiquidity in the market.

	In a Continuous Loss Position for Less than 12 Months		
	Estimated Fair Value	Unrealized Losses	Total Number of Positions
Corporate bonds, notes, mortgages and asset-backed securities	$35,000	$(131)	98
Mutual funds	2,674	(107)	6
Government & agency securities	27,213	(41)	37
Total	$64,887	$(279)	141

	In a Continuous Loss Position for more than 12 Months		
	Estimated Fair Value	Unrealized Losses	Total Number of Positions
Corporate bonds, notes, mortgages and asset-backed securities	$ 24,921	$ (477)	84
Mutual funds	66,767	(3,105)	41
Government & agency securities	18,400	(498)	22
Total	$110,088	$(4,080)	147

Fair Value of Debt—The interest rate on the Health System's Variable Rate Revenue Bonds is reset daily to reflect current market rates. Consequently, the carrying value approximates fair value. The carrying amount reported in the balance sheet for capital leased assets approximates its fair value.

The estimated fair value of the Fixed Rate Bonds as of September 30, 2016 and 2015 was $590,391 and $585,664, respectively, and are based on Level 2 inputs within the fair value hierarchy. The fair value was estimated by discounting the future cash flows using rates currently available for debt of similar terms and maturity.

The estimated fair value of the notes payable as of September 30, 2016 and 2015, was $44,167 and $41,468, respectively. The fair value is based on Level 2 inputs within the fair value hierarchy and was estimated by discounting the future cash flows using rates currently available for debt of similar terms and maturity.

The fair value estimates presented herein are based on pertinent information available to management as of September 30, 2016. Although management is not aware of any factors that would significantly affect the estimated fair value amounts, such amounts have not been comprehensively revalued for purposes of these financial statements since that date, and current estimates of fair value may differ significantly from the amounts presented herein.

12. COMMITMENTS AND CONTINGENCIES

The Health System leases office space under operating leases, some of which contain renewal options. Rental expense on the operating leases during 2016 and 2015 were $17,380 and $16,056, respectively. The Health System also leases out space in medical office buildings under non-cancelable operating leases. Rental income on these leases during 2016 and 2015 were $2,525 and $1,656, respectively.

As of September 30, 2016, future minimum rental income and payments on operating leases are as follows:

Years Ending September 30	Minimum Rental Revenue	Minimum Rental Payments
2017	$ 2,395	$11,118
2018	2,923	5,637
2019	2,987	3,420
2020	2,928	2,501
2021	2,993	1,525
Thereafter	400	5,078
	$14,626	$29,279

As of September 30, 2016 and 2015, the Health System had commitments on construction contracts and equipment purchases totaling $70,877 and $15,013, respectively.

The Health System maintains professional liability coverage through a "claims made" insurance policy. The policy provides coverage for claims filed within the period of the policy term. The current policy period ends September 30, 2016, and includes provisions for purchase of tail coverage in the event a new carrier is selected. The Health System also maintains reserves based on actuarial estimates provided by an independent third party for the portion of its professional liability risks, including incurred but not reported claims, for which it does not have insurance coverage. Reserves for losses and related expenses are estimated using expected loss reporting patterns and are discounted to their present value using a discount rate of 3.0%. There can be no assurance that the ultimate liability will not exceed such estimates. Adjustments to the reserves are included in results of operations in the periods when such amounts are determined. As of September 30, 2016 and 2015, the Health System had professional liability recorded in accounts payable and accrued liabilities in the amounts of $9,829 and $10,361, respectively.

In connection with the divestiture of the medical practice described in footnote 2, on December 10, 2015, the Court entered an order setting out the process to divest the practice from the Health System and appointing a monitor and a trustee to oversee the process. The private plaintiffs and the State of Idaho sought recovery of their attorney fees, and a final judgment awarding fees has been issued by the Court. The Health System plans to appeal the judgment awarding fees to the private plaintiffs. As of the date the financial statements were available to be issued, this matter has not been monetarily resolved and the Health System maintains an accrued liability in the financial statements for its exposure to the fees owed—an amount that is not material to the financial statements as a whole for the years ended September 30, 2016 and 2015.

The Health System has antitrust insurance with coverage for defense costs, costs on appeal, and an award of attorney fees. After receipt of a letter from its insurer invoking an exclusionary clause to deny coverage in the antitrust litigation, the Health System filed a lawsuit on November 4, 2014 in the Court alleging breach of the insurance contract and requesting a declaratory judgment that the insurance policy covers the antitrust litigation. The insurer asserted counterclaims for recoupment of defense costs already reimbursed in the antitrust litigation. On September 4, 2015, the Court decided in the Health System's favor and that decision is currently on appeal with the Ninth Circuit Court of Appeals.

The Health System is routinely involved in other litigation matters and regulatory investigations arising in the normal course of business. After consultation with legal counsel, management estimates that these matters will be resolved without material effect on the Health System's future financial position, results of operations, or cash flows.

13. FUNCTIONAL EXPENSES

The Health System provides medical and healthcare services to residents within its geographic location. Expenses from continuing operations related to providing these services for the years ended September 30 are allocated as follows:

	2016	2015
Professional, nursing, and other patient care services	$1,538,165	$1,418,019
Fiscal and administrative support services	356,040	320,021
	$1,894,205	$1,738,040

14. GOODWILL AND OTHER INTANGIBLES

The Health System considered various events and circumstances when it evaluated whether it's reporting unit fair values were less than their carrying value. Based on the Health System's assessment of relevant events and circumstances, the Health System has concluded that there was no impairment of goodwill for the fiscal years ended September 30, 2016 and 2015.

Other intangible assets of the Health System include covenants not to compete related to the acquisition of medical practices and are amortized over their useful lives, which typically range from five to seven years. Other intangible assets as of September 30 consist of:

	2016	2015
Covenants not to compete	$ 46,849	$ 46,849
Less accumulated amortization	(44,845)	(41,688)
Total other intangible assets	$ 2,004	$ 5,161

The Health System recorded amortization expense of $3,157 and $6,877 for the years ending September 30, 2016 and 2015, respectively. Expected future amortization expense related to intangible assets as of September 30 is as follows:

Years Ending September 30	Amount
2017	$1,633
2018	370
2019	1
	$2,004

15. SUBSEQUENT EVENTS

The Health System has evaluated subsequent events through December 16, 2016. This is the date the financial statements were available to be issued.

Effective January 1, 2017, St. Luke's Health Partners, a wholly owned subsidiary of St. Luke's Health System, will assume financial and clinical accountability in multiple value-based arrangements. These contracts are expected to include approximately 150,000 lives enrolled with various governmental and commercial payors, as well as self-funded employers. Under these agreements, St. Luke's Health Partners will be financially responsible for services provided to these enrollees by other institutional health care providers. St. Luke's Health Partners is a clinically-integrated network that allows independent physicians and facilities to partner with St. Luke's Health System in these arrangements.

* * * * * *

CONSOLIDATING SUPPLEMENTAL SCHEDULES

ST. LUKE'S HEALTH SYSTEM, LTD. AND SUBSIDIARIES

CONSOLIDATING BALANCE SHEET
AS OF SEPTEMBER 30, 2016
(In thousands)

	Obligated Group [1]	Non-Obligated Group	Eliminating Entries	Consolidated
ASSETS				
CURRENT ASSETS:				
Cash and cash equivalents	$ 70,082	$ 6,080	$ -	$ 76,162
Receivables—net	281,255	43,766	(13,891)	311,130
Inventories	26,214	2,937	-	29,151
Prepaid expenses	24,189	972	(404)	24,757
Assets held for sale	5,320	-	-	5,320
Current portion of assets whose use is limited	56,292	-	-	56,292
Total current assets	463,352	53,755	(14,295)	502,812
ASSETS WHOSE USE IS LIMITED:				
Board designated funds	471,058	4,263	-	475,321
Restricted funds	138,211	-	-	138,211
Permanent endowment funds	-	12,220	-	12,220
Donor restricted plant replacement and expansion funds and other specific purpose funds	-	-	-	-
	-	31,591	-	31,591
Total assets whose use is limited	609,269	48,074	-	657,343
PROPERTY, PLANT, AND EQUIPMENT—Net	1,056,221	87,450	(319)	1,143,352
GOODWILL	37,232	161	-	37,393
OTHER ASSETS:				
Land and buildings held for investment or future expansion—at cost	45,783	471	-	46,254
Other	23,617	554	(15,611)	8,560
Deferred financing costs—net	8,087	-	-	8,087
Total other assets	77,487	1,025	(15,611)	62,901
TOTAL	$2,243,561	$190,465	$(30,225)	$2,403,801

[1] Includes St. Luke's Health System, Ltd., St. Luke's Regional Medical Center, Ltd., St. Luke's Magic Valley Medical Center, Ltd., and Mountain States Tumor Institute, Inc.

LIABILITIES AND NET ASSETS	Obligated Group [1]	Non-Obligated Group	Eliminating Entries	Consolidated
CURRENT LIABILITIES:				
Accounts payable and accrued liabilities	$ 127,198	$ 23,640	$(14,546)	$ 136,292
Accrued salaries and related liabilities	50,477	382	-	50,859
Employee benefit liabilities	114,245	-	-	114,245
Estimated payable to Medicare and Medicaid programs	67,942	2,200	-	70,142
Liabilities held for sale	5,335	-	-	5,335
Current portion of long-term debt and capital leases	25,659	753	-	26,412
Total current liabilities	390,856	26,975	(14,546)	403,285
NONCURRENT LIABILITIES:				
Long-term debt and capital leases	861,390	34,791	-	896,181
Liability for pension benefits	91,394	-	-	91,394
Other liabilities	2,026	-	(306)	1,720
Total noncurrent liabilities	954,810	34,791	(306)	989,295
NET ASSETS:				
Unrestricted net assets:				
The Health System	897,895	85,205	(15,168)	967,932
Noncontrolling interests	-	-	(205)	(205)
Total unrestricted net assets	897,895	85,205	(15,373)	967,727
Temporarily restricted	-	31,274	-	31,274
Permanently restricted	-	12,220	-	12,220
Total net assets	897,895	128,699	(15,373)	1,011,221
TOTAL	$2,243,561	$190,465	$(30,225)	$2,403,801

ST. LUKE'S HEALTH SYSTEM, LTD. AND SUBSIDIARIES

CONSOLIDATING STATEMENT OF OPERATIONS AND CHANGES IN UNRESTRICTED NET
FOR THE YEAR ENDED SEPTEMBER 30, 2016
(In thousands)

	Obligated Group [1]	Non-Obligated Group	Eliminating Entries	Consolidated
UNRESTRICTED REVENUES, GAINS, AND OTHER SUPPORT:				
Net patient service revenue (net of contractual allowances and discounts	$1,881,326	$115,086	$ -	$1,996,412
Less provision for bad debts	(94,226)	(4,683)	-	(98,909)
Net patient service revenue (net of bad debts)	1,787,100	110,403	-	1,897,503
Other revenue (including rental income)	52,755	13,796	(25,926)	40,625
Net assets released from restrictions—operating	(1,201)	-	-	(1,201)
Income on equity interest in joint ventures	288	-	-	288
Total unrestricted revenues, gains, and other support	1,838,942	124,199	(25,926)	1,937,215
EXPENSES:				
Salaries and benefits	1,011,958	59,596	2,048	1,073,602
Supplies and drugs	318,865	13,784	-	332,649
Depreciation	101,321	6,361	-	107,682
Contract services	191,292	14,801	(25,873)	180,220
Purchased services	118,261	3,501	(183)	121,579
Interest expense	29,634	1,604	-	31,238
Other expenses	33,345	8,519	5,371	47,235
Total expenses	1,804,676	108,166	(18,637)	1,894,205
INCOME FROM OPERATIONS	34,266	16,033	(7,289)	43,010
INVESTMENT INCOME	9,033	53	-	9,086
REVENUE IN EXCESS OF EXPENSES FROM CONTINUING OPERATIONS	43,299	16,086	(7,289)	52,096
CHANGE IN NONCONTROLLING INTERESTS FROM SUBSIDIARIES	(1,196)	-	-	(1,196)
CHANGE IN NET UNREALIZED GAINS ON INVESTMENTS	15,528	-	-	15,528
NET ASSETS RELEASED FROM RESTRICTION— Capital acquisitions	3,850	-	-	3,850
CHANGE IN FUNDED STATUS OF PENSION PLAN	(20,601)	-	-	(20,601)
INCREASE IN UNRESTRICTED NET ASSETS BEFORE DISCONTINUED OPERATIONS	40,880	16,086	(7,289)	49,677
LOSS FROM DISCONTINUED OPERATIONS	(7,205)	-	-	(7,205)
INCREASE IN UNRESTRICTED NET ASSETS	$ 33,675	$ 16,086	$ (7,289)	$ 42,472

[1] Includes St. Luke's Health System, Ltd., St. Luke's Regional Medical Center, Ltd., St. Luke's Magic Valley Medical Center, Ltd., and Mountain States Tumor Institute, Inc.

St. Luke's Boise/Meridian

Community Health Needs Assessment

Implementation Plan

FY 2017

Table of Contents

Introduction

The St. Luke's Boise/Meridian FY 2017 Community Health Needs Assessment Implementation Plan describes the programs and resources St. Luke's and other community groups plan to employ to address the most important health needs identified in our 2016 Community Health Needs Assessment (CHNA). The implementation plan is divided into two main sections. The first section contains a list of the significant health needs identified in our CHNA and describes what St. Luke's intends to do to address these needs. The second section of the implementation plan defines the specific programs and services St. Luke's plans to implement to address the significant health needs. For each program, there is a description of its objective, tactics, expected impact, and partnerships.

Stakeholder involvement in determining and addressing community health needs is vital to this process. We thank, and will continue to collaborate with, all the dedicated individuals and organizations working with us to make our community a healthier place to live.

**St. Luke's Boise/Meridian Medical Centers are licensed as St. Luke's Regional Medical Center.*

Executive Summary

The St. Luke's Boise/Meridian 2016 Community Health Needs Assessment (CHNA) provides a comprehensive analysis of our community's most important health needs. Addressing our health needs is an essential opportunity to achieve improved population health, better patient care, and lower overall health care costs.

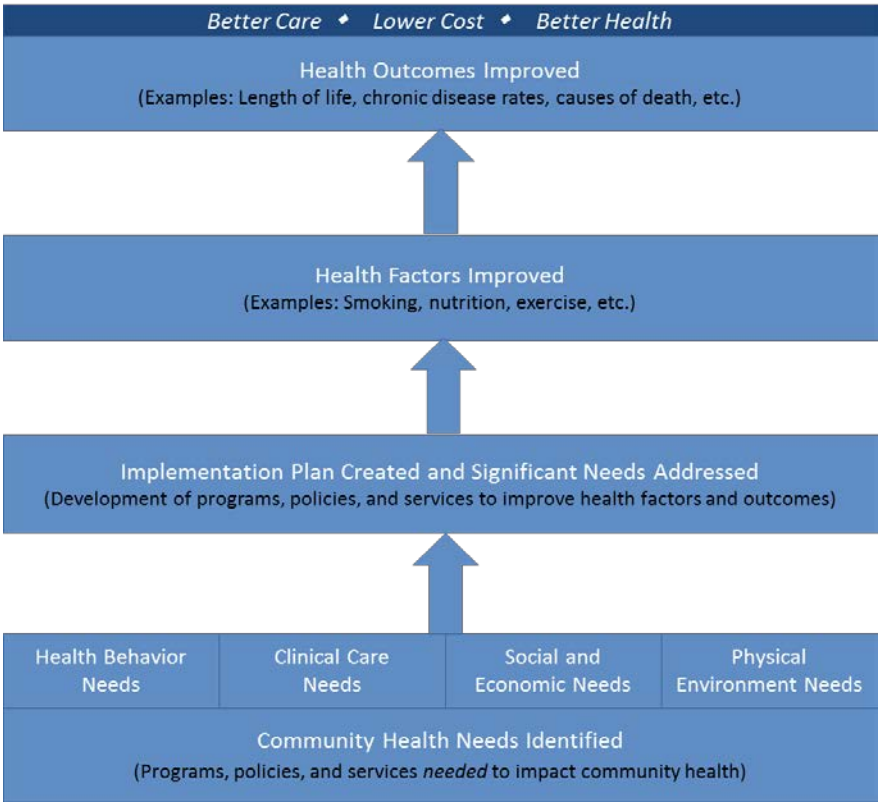
In our CHNA, we divide our health needs into four distinct categories: 1) health behaviors; 2) clinical care; 3) social and economic factors; and 4) physical environment. Each identified health need is included in one of these categories.

We employ a rigorous prioritization system designed to rank the health needs based on their potential to improve community health. Our health needs are identified and measured through the study of a broad range of data, including:

- In-depth interviews with a diverse group of dedicated community representatives
- An extensive set of national, state, and local health indicators collected from governmental and other authoritative sources

The chart, below, provides a graphical summary of the approach used to develop our CHNA.

St. Luke's Approach to Improving Community Health



Significant Community Health Needs

Health needs with the highest potential to improve community health are those ranking in the top 10th percentile of our prioritization system. After identifying the top ranking health needs, we organize them into groups that will benefit by being addressed together as shown below:

Group #1: Improve the Prevention, Detection, and Treatment of Obesity and Diabetes
Group #2: Improve the Prevention, Detection, and Management of Mental Illness and Reduce Suicide
Group #3: Improve Access to Affordable Health Care and Affordable Health Insurance

We call these high ranking groups of needs our “significant health needs” and provide a summary of each of them next.

Methodology

The St. Luke's Boise/Meridian 2016 CHNA was designed to better understand the most significant health challenges facing the individuals and families in our service area. To accomplish this goal, St. Luke's collaborated with representatives from our community to help identify and prioritize our most important health needs. Each identified health need was included in one of these four categories: 1) health behavior needs; 2) clinical care needs; 3) social and economic needs; and 4) physical environment needs.

These health needs were ranked using a numerical prioritization system. Points were allocated to each need based on scores provided by our community representatives as well as scores for related health factors. The more points the health need and factor received, the higher the priority and the higher the potential to positively impact community health. Health needs and factors with scores in the top 10th percentile were highlighted in dark orange and were considered to be our community's most significant health needs.

To complete the CHNA Implementation Plan, St. Luke's consulted and collaborated with community representatives, addressing the most significant health needs using the following decision criteria:

1. Health needs ranked in the top 10th percentile in the CHNA were considered to be our significant health needs. In order to focus limited resources on the health needs having the greatest potential to improve community health (the most significant needs), implementation plan programs were not developed for health needs scoring below the top 10th percentile.

2. Next St. Luke's examined whether it was more effective to directly address a high priority health need or whether another community organization was better positioned to address the need. To make this determination, we focused on whether the health need was in alignment with St. Luke's mission and strengths. Where a high priority need was substantially in alignment with both our mission and strengths, St. Luke's provided at least one program to address that need. Where a high priority need was not in alignment with our mission and strengths, St. Luke's tried to identify or partner with a community group or organization better able to serve the high priority need.

3. A single health improvement program can often support the success of multiple related health needs. For example, obesity programs also support and strengthen diabetes programs. Therefore, to better understand the total impact our programs are having on a health need, St. Luke's arranged the significant health needs into groups that will benefit by being addressed together.

List of Health Needs and Recommended Actions

Health Behavior Category

Our community's high priority needs in the health behavior category are wellness and prevention programs for obesity, diabetes, mental illness, and suicide. Diabetes and obesity rank as high priority needs because both are trending higher and are contributing factors to a number of other health concerns. Mental illness ranks high because Idaho has one of the highest percentages of any mental illness (AMI) in the nation. Our community representatives provided relatively high scores for these needs as well.

Table Color Key
Dark Orange = Significant Community Health Need (Total score in the top 10th percentile)

Identified Community Need	Related Health Outcome or Factor	Total CHNA Score	Alignment with Mission and Strengths: High, Med, low	Non-St. Luke's Community Resources Available to Address Need	Recommended Action and Justification
Weight management programs	Obese/Over-weight Adults	20.9	Mission: High Strength: Medium	Department of Health and Welfare Idaho Physical Activity and Nutrition (IPAN) Program; CDC online weight management information; Idaho Medicaid has a Preventive Health Assistance Benefit weight management program. There are	St. Luke's will directly support adult weight management programs because this need is aligned with our mission and strengths and although there are other programs available in our community the need is still ranked in our CHNA's top 10th percentile. The programs St. Luke's directly provides are described in the following section of this Implementation Plan.

				also a number of fee based weight management programs available in our community.	
	Obese/Over-weight Teens	19.9	Mission: High Strength: Medium	Department of Health and Welfare Idaho Physical Activity and Nutrition (IPAN) Program, the CDC online weight management information, and Idaho Medicaid has a Preventive Health Assistance Benefit weight management program.	St. Luke's will directly support a teen weight management program because this need is aligned with our mission and strengths, there are not many teen weight management programs available in our community, and the need is ranked in our CHNA's top 10th percentile. The programs St. Luke's directly provides are described in the following section of this Implementation Plan.
Wellness and prevention programs	Obesity	21	Mission: High Strength: Medium	Resources include the State of Idaho's Healthy Eating Active Living program, youth-based nutrition and physical activity programs and many adult-focused weight loss and physical activity programs.	St. Luke's will directly support obesity prevention and wellness programs because this need is highly aligned with our mission and strengths and the need is ranked in the top 10th percentile. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
	Diabetes	19.6	Mission: High	Pre-diabetes, and	St. Luke's will directly support diabetes

			Strength: Medium	diabetes prevention and awareness programs are offered by community partners including the YMCA.	prevention and wellness programs because this need is highly aligned with our mission and strengths and the need is ranked in our CHNA's top 10th percentile. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
	Mental illness	20	Mission: High Strength: Medium	St. Luke's will continue to partner with valued community organizations, state agencies and health care providers to seek long term solutions to increase care providers and increase access to care.	St. Luke's has established a division focused on Behavioral Health. Several programs have been established to address mental illness and behavioral health concerns. The programs that St. Luke's directly supports are described in the following section of this implementation plan. Additionally, St. Luke's is establishing a partial hospitalization clinic for children.
	Suicide	20	Mission: High Strength: Low	Idaho Suicide Prevention Hotline	St. Luke's will partner with and, when possible, provide funding to support education, training and implementation of suicide awareness and prevention programs. These partnerships are described/summarized in the following section of the Implementation Plan.

Clinical Care Category

High priority clinical care needs include: Affordable care for low income individuals; affordable health insurance; increased availability of behavioral health services; and chronic disease management for diabetes. Affordable care, affordable health insurance, and the availability of behavioral health services scored as top health needs by our community health representatives. In addition, affordable health insurance ranks as a top priority need because our service area has a high percentage of people who are uninsured. Availability of behavioral health services also ranked as a top priority because Idaho has a shortage of behavioral health professionals. Diabetes chronic disease management ranks high because the percentage of people with diabetes is trending higher, and it is a contributing factor to a number of other health concerns.

As shown in the table below, high priority clinical care needs are often experienced most by people with lower incomes and those who have not attended college. In addition, a number of our community leaders expressed concern about people just above the poverty level who are left without health insurance because they don't qualify for Medicaid.

Identified Community Need	Related Health Outcome or Factor	Total CHNA Score	Alignment with Mission and Strengths: High, Med, low	Non-St. Luke's Community Resources Available to Address Need	Recommended Action and Justification
Affordable care for low-income individuals	Low Income Individuals	20.1	Mission: High Strength: Medium	The Boise/Meridian areas has several no-income and low-income clinics, including Family Medicine Residency of Idaho, Terry Reilly Health Services, Garden City Community Clinic.	St. Luke's will directly support programs designed to help provide affordable health care for low income individuals because this need is aligned with our mission and although there are other programs available in our community the need is still ranked in our CHNA's top 10th percentile. Affordable health care is a national priority that St. Luke's cannot address on its own. St. Luke's will continue to rely on community and national programs and resources to help us address this need. The programs St. Luke's directly supports are described in the following section of this

					Implementation Plan.
Affordable health insurance	Uninsured adults	21	Mission: High Strength: Medium	The Affordable Care Act, Medicaid, Medicare, Idaho State Department of Health and Welfare	St. Luke's will directly support programs designed to help provide affordable health insurance because this need is aligned with our mission and although there are other programs available in our community the need is still ranked in our CHNA's top 10th percentile. Affordable health insurance is a national priority that St. Luke's cannot address on its own. St. Luke's will continue to rely on community and national programs and resources to help us address this need. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
Availability of behavioral health services (providers, suicide hotline, etc.)	Mental health service providers	21.1	Mission: High Strength: Medium	There are a large number of independent behavioral health providers able to treat mild to moderate outpatient behavioral health issues. There is a shortage of psychiatrists in our community.	St. Luke's will directly support increasing psychiatric services, programs, and the number of psychiatrists in our community because this need is aligned with our mission and although there are other programs available in our community the need is still ranked in our CHNA's top 10th percentile. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
Chronic disease management programs	Diabetes	20.6	Mission: High Strength: High	Mountain States Friends In Action Group runs a	St. Luke's will directly support diabetes chronic disease management programs because this need is highly aligned with our mission and

				program called "Living Well in Idaho" that supports persons with all chronic diseases that St. Luke's supports with meeting space; Saint Alphonsus Regional Medical Center.	strengths and the need is ranked in our CHNA's top 10th percentile. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.

Social and Economic Category Summary

In the Social and Economic category, there were no needs that ranked in the 10th percentile.

Physical Environment Category Summary

In the physical environment category, there were no needs that ranked in the 10th percentile.

St. Luke's CHNA Implementation Programs

This section of the Implementation Plan provides a list and description of the health improvement programs St. Luke's is executing to address the significant health needs ranked in the top 10th percentile. Sometimes a single health improvement program supports the success of multiple related health needs. For example, obesity programs also support and strengthen diabetes programs. Therefore, to better understand the total impact our programs are having on a health need, we arranged programs that reinforce one another into the groups defined below.

Significant Health Need Groups

Group #1: Improve the Prevention, Detection, and Treatment of Obesity and Diabetes

Group #2: Improve the Prevention, Detection, and Management of Mental Illness and Reduce Suicide

Group #3: Improve Access to Affordable Health Care and Affordable Health Insurance

Program Group 1: Improve the Prevention, Detection, and Treatment of Obesity and Diabetes

Our CHNA prioritization process identified obesity and diabetes as two of our community's most significant health needs. About 30% of the adults in our community and one in ten children in our state are obese. According to the Centers for Disease Control (CDC): "Obesity is a national epidemic and a major contributor to some of the leading causes of death in the United States." Obesity costs the United States about $150 billion a year, or 10 percent of the national medical budget.[1] Diabetes is also a serious health issue that can contribute to heart, kidney and many other diseases and can even result in death.[2] Direct medical costs for type 2 diabetes accounts for nearly $1 of every $10 spent on medical care in the U.S.[3]

Impact on Community

Reducing obesity and diabetes will dramatically impact community health by providing an immediate and positive effect on many conditions including mental health; heart disease; some types of cancer; high blood pressure; dyslipidemia; kidney, liver and gallbladder disease; sleep apnea and respiratory problems; osteoarthritis; and gynecological problems (infertility and abnormal menses).

How to Address the Need

Obesity and diabetes can be prevented and managed by engaging our community in developing services and policies designed to encourage proper nutrition and healthy exercise habits. These needs can also be improved through evidence-based clinical programs.[4]

Extremely promising outcomes are now being reported in some communities. Remarkably, from 2011 through 2014, Lee County, Florida, reduced adult obesity levels from 29.3% to 24.8% and childhood obesity dropped from 31.6% to 20.7%. These results were accomplished through extensive community leadership and involvement. A Lee Memorial Hospital representative commented: "We believe these improvements can be sustained and improved further."[5] Echoing this approach, the CDC states that "we need to change our communities into places that strongly support healthy eating and active living." [6]

Affected Populations

Some populations are more affected by these health needs than others. For example, low income individuals and those without college degrees have significantly higher rates of obesity and diabetes.

---

[1] http://www.cdc.gov/cdctv/diseaseandconditions/lifestyle/obesity-epidemic.html
[2] Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System
[3] America's Health Rankings 2015, www.americashealthrankings.org
[4] America's Health Rankings 2015, www.americashealthrankings.org
[5] http://www.naplesnews.com/community/bonita-banner/lee-memorial-healthy-lee-earns-prestigious-national-award_58687398
[6] http://www.cdc.gov/cdctv/diseaseandconditions/lifestyle/obesity-epidemic.html

1. Program Name: Investment in Programs Supporting the Prevention, Detection, and Treatment of Obesity and Diabetes through St. Luke's CHI Fund

Community Need Addressed:
Improve the prevention, detection and treatment of obesity and diabetes

Target Population:
All

Description and Tactics (How):
Through St. Luke's Community Health Improvement Fund (CHIF), St Luke's provides financial and in-kind support to community based non-profits facilitating prevention, detection and treatment of obesity and diabetes. St. Luke's provides funding to nonprofit organizations through a competitive grant process. All of the organizations awarded grants are required to submit an Activation Report at the end of the program year, documenting the success of their program by number of participants and outcomes.

Resources (budget):
Funds for community-based programs are provided through the St. Luke's Community Health Improvement Fund (CHIF). The amount of funding for these programs in FY17 is approximately $220,000. It is expected this level of funding will be awarded in FY18 and FY19.

Expected Program Impact on Health Need:
In order to receive a St. Luke's grant, organizations must demonstrate program success in addressing one or more of the CHNA significant needs. Additionally, each organization receiving St. Luke's funding must report qualitative and quantitative outcomes in the form of activation reports. The measurements include participation and completion rates, demonstrated behavior changes and improvements in health knowledge and status. These activation reports will be analyzed to assist in determining future investments.

Partnerships/Collaboration:
Through the Community Health Improvement Fund, over 30 organizations are partnering with St. Luke's toward shared goals of prevention, detection and treatment of obesity and diabetes. Organizations include Boys and Girls Clubs, Girl Scouts, the Idaho Foodbank, Create Common Good, Girls on the Run, Giraffe Laugh Early Learning Centers and the Idaho Walk Bike Alliance.

2. Program Name: The Hill

This partnership is under development in FY17

Community Needs Addressed:
Improve the prevention, detection, and treatment of obesity and diabetes
Improve the prevention, detection and management of mental illness and reduce suicide
Improve the access to affordable health care and affordable health insurance

Program Description
Responding to barriers to access of affordable health care, limited transportation and limited community resources for physical activity and active living, The Hill, a physical complex including a Y, health clinic, school, library and possibly aquatics facility, will be constructed and operated through a unique partnership between the City of Meridian, Meridian Library, West Ada School District, West Ada Recreation District and St. Luke's.

Target Population:
School children, faculty, staff, and parents
Community members in south Meridian

Description and Tactics (How):

Resources (budget):

Expected Program Impact on Health Need:

FY 2017 Goal:

Partnerships/Collaboration:
West Ada School District, Treasure Valley YMCA, City of Meridian and West Ada Recreation District.

3. Program Name: Promise Partnerships (Community Schools)

This partnership is under development in FY17

Community Needs Addressed:
Improve the prevention, detection, and treatment of obesity and diabetes
Improve the prevention, detection, and management of mental illness and reduce suicide
Improve the access to affordable health care and affordable health insurance

Target Population:
Faculty, staff, students, families and neighbors in Boise and Garden City.

Description and Tactics (How):
Promise Partnerships are aspirational neighborhoods committed to the success of children from cradle to career. Partners align their work in neighborhoods of greatest need to address challenges and develop lasting solutions. Each neighborhood strives to mobilize its unique assets such as people, businesses, programs, services, resources and public policy to improve the lives of those living and learning in the community.

A community school is one strategy of Promise Partnerships. Community schools leverage local partnerships and resource to provide comprehensive supports for children, their families, and neighbors at schools. They are not only a place, but a way of doing business through community outreach, programming, and data sharing between the school and community partners. Services are tailored to meet the needs of the local community as well as being aligned to support academic outcomes.

The United Way of Treasure Valley (UWTV) is leading the Promise Partnerships work across the Treasure Valley with an emphasis on Boise, Garden City, Nampa, and Caldwell. In 2013, UWTV began taking teams of community leaders from across the Treasure Valley to observe the Promise model in action in Salt Lake City, Utah. After much discussion and agreement that the model was appealing for a pilot in the Treasure Valley, UWTV secured three years of funding for Promise efforts in 2015 from St. Luke's, Saint Alphonsus, Zion's Bank, Gardner Company, Albertsons, and Wells Fargo. Additionally, in 2016 Trinity Health System awarded Saint Alphonsus, with UWTV as the implementation agency, with a Transforming Communities Initiative grant that provides additional funds and support for the Promise Partnerships work.

- **Boise and Garden City**: The Boise School District is the project lead for developing community schools as a strategy of Promise Partnerships. They selected Whitney, Morley Nelson, Garfield and Whittier elementary schools as their pilot schools. In August, a Community Schools Coordinator was hired for each school. In October, Stacey Roth attended the Community Schools Fundamentals conference in NYC. Linda Rodenbaugh and Stacey are the leads for community schools within the

district. United Way is currently assisting them with gathering basic needs items to stock teacher pantries and identifying other ways they can partner.

Resources (budget):

2016-17 resources:

Expected Program Impact on Health Need:

FY 2017 Goals:

Partnerships/Collaboration:
United Way of Treasure Valley
Boise School District
City of Boise
City of Garden City

4. Program Name: YEAH! (Youth Engaged in Activities for Health)

Community Needs Addressed:
Improve the prevention, detection, and treatment of obesity and diabetes

Target Population:
Overweight and/or obese children between the ages of 6 and 16 with a body mass index of 85 percent or greater (CDC standard). The program requires parental or guardian participation, so it does have a crossover impact on the family. Participants are referred from across the Treasure Valley and programing is offered in Boise and Nampa. Dependent upon the severity of risk and the need for multi-disciplinary support, participants will be part of a 12-week clinical program, or a community-based program 8 weeks in length. There is a charge for the program; however, it is covered by Medicaid and some private insurers, and opportunities for scholarships are made available to those in need.

Description and Tactics (How):
Kids and families can join St. Luke's Children's YEAH! program to learn about healthy eating, physical activity, and positive behavior changes. Children or teens that qualify (BMI of 85 percent or greater) can participate in the 12-week or 8-week program, or both, depending on their needs.

Tactics:

- Monthly clinic appointments with a clinical team (12-week program)
- Goal setting with the professional team around nutrition and fitness changes
- Use evidence-informed obesity tools such as 'Choose My Plate', 'Let's Go 5-2-1-0' and other nationally recognized health messages
- Motivational interviewing strategies to promote sustainable behavior changes
- Behavioral parent coaching with a child psychologist
- Education about food groups, portions, and labels
- Cooking of healthy meals and snacks
- Use culinary skills in the YEAH! Iron Chef contest
- Experience creative ways to utilize any given space for activity to decrease sedentary behavior and increase active behavior
- Education regarding how and why movement improves the body

Resources (budget):

Expenses

Staff salary cost	$ 83,977
Cost of supplies	$ 69,434.29
Physical space	$ 0
Cost of equipment used	$ 0
Other	$ 14,686

Total Expense $168,097.29

Expected Program Impact on Health Need:

Expected outcomes: Anthropometric and functional status measures are gathered pre and post-program including: body mass index (BMI), abdominal circumference, resting blood pressure, and a six-minute walking test. We hope to see improvements in all areas, while stabilizing BMI. We also use a Pediatric Quality of Life Survey that indicates participant and parents perceptions of social, emotional and physical status. The additional expected outcome is that participating children improve their feelings of self-value, they learn why healthy lifestyle choices are important to their overall health and they develop lasting social support while in the program, and beyond. Additionally, the program's child psychologist addresses psychosocial challenges and emotional drivers with both the children and family participants.

In addition, the long-term goal is to decrease health risks associated with overweight and obesity such as diabetes, asthma, cardiovascular disease, depression and anxiety, sleep apnea, joint injury and gastrointestinal diseases. If we are able to mitigate some of these risks while the child is young, the impact on cost of care is likely reduced as they get older. A co-benefit of YEAH! is the requirement of family participation. This creates an education opportunity for the entire family to learn and adopt healthier lifestyle behaviors.

2017 Goal:

Reach:

- 278 children annually, and at least one parent per participating child, per program acceptance requirement

Impact:

- Stabilization or reduction of BMI
- Demonstrated healthy lifestyle changes that translates to reduced disease states
- Demonstrated improvement on the Pediatric Quality of Life survey that measures participant and parent assessment of psychosocial health
- Demonstrated longitudinal maintenance of the physical and psychosocial changes
- Implement a consult clinic for children identified as at risk, but who may not be ready for the comprehensive program or need more intensive intervention
- Develop a registry to better understand the areas of most significant need based upon age, gender, zip code, socioeconomic risk

Partnerships/Collaboration:

YMCA, Boise Parks and Recreation, Nampa Recreation Center, FitOne, Boise Urban Garden School, Albertsons, Winco, Blimpie, Bogus Basin, Shu's Idaho Running Company

5. Program Name: St. Luke's Health Coaching

Community Needs Addressed:
Improve the prevention, detection, and treatment of obesity and diabetes
Adult hypertension management
Tobacco cessation
Healthy pregnancy

Target Population:
St. Luke's employees and their spouses in the Treasure Valley

Description and Tactics (How):
Healthy U is a wellness initiative that engages, educates and empowers consumers to achieve optimal health. As part of the Healthy U initiative, we offer health coaching to St. Luke's employees and spouses.

Health Coaching is an evidence-based approach to engaging individuals around optimizing well-being and management of chronic medical conditions. The goal of the Health Coaching program is to support the individual using motivational interviewing and appreciative inquiry to build self-efficacy to manage health. Beginning in 2017, additional investment is being made in Health Coaching. Healthy U (HU) will be utilizing the Twine Health platform in the health coaching model. Twine Health is a collaborative tool that empowers clients to achieve maximum self-efficacy in their health through deep, continuous, collaboration with their health coach.

HU has decided to support this program by modifying our leadership model so that there is a more focused effort to increase visibility, collaboration with primary care and other internal resources, and competency of health coaches. Health Coaches are both subject matter experts in their field of study and have undergone additional training to be certified as a Health Coach. This year, each health coach received 8 hours of initial training as well and will have ongoing support to use the Twine Health tool to increase reach and impact.

Individuals are identified either through annual Know Your Numbers screenings or through pilot clinics where primary care providers refer individuals to St. Luke's Health Coaching. The Twine Health platform tracks adherence to action plans and outcome measurements.

Resources (budget):
Director, Wellness Manager, Nurse and Dietitian Health Coaches, Certified Diabetic Educators, Certified Tobacco Cessation specialists, administrative support, as well as office space, technology, educational materials, etc. These resources are present throughout the St. Luke's region.

The Twine Health platform is a contractual agreement with Twine Health and St. Luke's Health Partners for a set number of licenses.

Expected Program Impact on Health Need:

Expected impact is to improve health behaviors such as nutrition, fitness, tobacco use, and achievement/maintenance of a healthy weight, blood pressure and blood glucose/A1c. Measurable, objective goals: Reduction in tobacco use, decrease in pre-hypertension and hypertension, decrease in pre-diabetes as evidence by healthier fasting glucose levels and diabetes as evidenced by an A1c <8, and reduction in consumers with a BMI >30 or waist circumference >35 for women and >40 for men. Specific Healthy U targets are set annually and evaluated through an online health assessment and Know Your Numbers biometric screening. The annual screenings identify several uncontrolled, or new, cases of hypertension and pre-diabetes or diabetes. These employees or spouses are either referred to health coaching at the screenings or to their primary care provider for follow-up. Recheck clinics are offered at 6 months to monitor changes in weight, blood pressure and blood glucose. In addition, with Twine Health, we can assess ongoing outcome metrics as all health coaching plans are tracked and updated within this application.

- **Reach:** Engagement is high; over 90 percent of benefits-eligible employees and over 70 percent of spouses enrolled in St. Luke's health plan.
- **Impact:** Expected increase in the number of employees who were NOT "on target" at the beginning of the program and were in compliance at the end of the plan year.

FY 2017 Goals:

1. Pilot health coaching for St. Luke's population using defined engagement strategies:
    a. Know Your Numbers Screenings
    b. Pilot Clinics
    c. New Employee Health Screenings
2. Use Twine Health to be extensions of the individual's health team
3. Evaluate effectiveness of tool and model

Target	TV Population	Participation Goals	Outcome Metrics
Pre-Diabetes BG > 99	348	10% (35)	A1C<8 BG<99
Diabetes A1c > 7.9	54	75% (41)	A1C<8
Pre-HTN BP 135-139 or 85-89	1243	10% (124)	<140/90 3 mos
Hypertension BP > 139 or > 89	330	40% (132)	<140/90 3 mos
Tobacco Use current user	415	30% (125)	Days to Quit Status
Obese ALL BMI 30+	2373	5% (119)	2.5% reduction at 6 mos 5% at year

Partnerships/Collaboration:
St. Luke's Health Partners
St. Luke's Health Plan
St. Luke's Tobacco Cessation Clinic
St. Luke's Humphreys Diabetes Center
Select Health

Comments:

6. Program Name: Built Environment Initiatives

Community Needs Addressed:
Improve the prevention, detection, and treatment of obesity and diabetes
Improve the prevention, detection and management of mental illness and reduce suicide

Target Population:
Community

Description and Tactics (How):
Boise Green Bike: Provide 50% sponsorship funds for Boise Green Bike, a community bike sharing program designed to encourage community members to ride bikes, rather than drive cars, for errands, meetings and engagements. Additionally, St. Luke's has installed bike stations to increase the access for its employees and visitors.
Pop-Up Produce Stands: From June – October, weekly produce stands on St. Luke's Boise, Shoreline and Meridian campuses, sell fresh produce to employees and visitors.
Transportation Improvements for Pedestrians and Cyclists: Infrastructure improvements in and near the St. Luke's Downtown Boise Campus.

Resources (budget):
St. Luke's is contributing approximately $64,000 (Boise Green Bike)
Budget to be determined in FY17 (Downtown Campus Bike and Pedestrian Mobility Infrastructure)

Expected Program Impact on Health Need:
Increase physical activity, reducing negative impact of sedentary life style (obesity, diabetes, mental illness) and reducing emissions.

Boise Green Bike FY 2017 Goal:
- **St. Luke's Employee Reach:** 400 members; additional station at URS (Boise Green Bike)
- **St. Luke's Employee Impact:** 400 activated; two thousand miles ridden (Boise Green Bike)
- **Community Reach:** Increase membership from 7,500 to 10,000
- **Community Impact**: Increase trips from 25,960 to 30,000

Boise Downtown Campus FY 2017 Goal:
Design and begin 18-month construction project, spring 2017.

Partnerships/Collaboration:
Select Health, Valley Regional Transit

)

7. Program Name: Cooking Matters

Community Needs Addressed:
Improve the prevention, detection, and treatment of obesity and diabetes

Target Population:
Patients attending cardiac and pulmonary rehabilitation who have low skills with menu planning, food preparation and healthy eating habits who are food insecure.

Description and Tactics (How):

Six-week class taught four times per year by dietitians at St. Luke's Cardiac Rehab.

Resources (budget):
Patients are provided with groceries to perform return demonstration at home following live cooking demonstrations. Cost of groceries for the classes and to provide to the patients averages $950 per class. Plus staffing costs of 12 hours at an average hourly rate of $25/hour plus benefits. Total cost per year: $4,900.

Expected Program Impact on Health Need:
Approximately 20 patients and family members attend each class, for a total number of impacted persons per year of 160.

Partnerships/Collaboration:
Program is done in partnership with the Idaho Foodbank.

Comments:

FY 2017 Goals:
Deliver four classes to 160 persons, all of whom have been identified as "food insecure."

8. Program Name: St. Luke's Metabolic Syndrome Clinic

Community Needs Addressed:
Improve the prevention, detection, and treatment of obesity and diabetes

Target Population:
Persons who have been identified as having metabolic syndrome. Metabolic syndrome afflicts 20-30 percent of American adults. The metabolic syndrome is associated with a 5-fold increase in the development of diabetes, a 2-fold increase in development of coronary artery disease and all causes of mortality, as well as gallstones, asthma, sleep disordered breathing and some forms of cancer.

A person must possess at least three of the following per NCEP/ATP3 (Grundy, SM, Cleeman JI, Daniels SR, et al. Diagnosis and management of the metabolic syndrome: an American Heart Association/National Heart, Lung, and Blood Institute Scientific Statement. Circulation 2005:112:2735):

1. Central obesity with waist measured at the top of the right iliac crest with a tape measure parallel to the floor: men ≥ 40 in, women ≥ 35 in, Asian Americans men ≥ 35 in, women ≥31in
2. Fasting triglycerides ≥150 mg/dl; (patients on drug treatment with fibrates or nicotinic acid should be presumed to have triglycerides ≥150 mg/dl and low high density lipoprotein-cholesterol)
3. Low high density lipoprotein-cholesterol; men <40 mg/dl, women <50 mg/dl
4. Blood pressure ≥130mm Hg systolic or diastolic ≥85 mm Hg, or any drug treatment for hypertension
5. Fasting glucose ≥100mg/dl or diabetes

Description and Tactics (How):
- Identify appropriate candidates; invite enough participants to enroll 30 employees in 12-week pilot program
- Physician referral
- Symptom Limited Graded Exercise Stress Test (GXT) prior to beginning program; if significantly abnormal, refer to Cardiology for further evaluation
- Pre-program "Readiness to Change" screening
- Pre-program evaluation with each of the following disciplines: MD, LCSW, RD and EP
- Behavioral Contract prior to beginning program—mandatory
- Food and Activity Log – 80 percent completion rate to be refunded "at risk" monies
- $200 out-of-pocket fee from participant money is "at-risk" and can be refunded upon meeting some or all targets

- Twice weekly group supervised group exercise program—80 percent completion rate to be refunded "at risk" monies
- Access to exercise facility during 12-week course and for approximately 4 weeks post program to facilitate transition to community exercise facility or home activity program
- Once weekly education—mandatory 80 percent completion rate to be refunded "at risk" monies
- Once weekly facilitated support group
- Weekly diet/activity log review with Health Coach; planning to make a web-based option available

Educational Curriculum:

- Hypertension
- Blood Lipids — What are my numbers and where should they be?
- Metabolic Syndrome — What is it and why should I care?
- Metabolic Response to Caloric Restriction
- Diabetes and Pre-Diabetes
- Mediterranean Diet
- Emotional Eating
- General Exercise Guidelines
- Importance of Strength Training in Maintaining a Healthy Weight
- Barriers to Exercise
- Meal Planning/Preparation
- Grocery Store/Menu Planning
- Fats: The Good, the Bad, the Ugly
- Sodium is Not Your Friend
- Carbs – How Much Do I Really Need?
- Fiber – A Dietitian's Best Friend
- Stress Management
- Choosing an Exercise Facility; Working Activity into Your Life
- Depression
- Self-Esteem
- Mindfulness
- Sleep Disorders
- Ad hoc referrals for smoking cessation, sleep lab, etc.

Resources (budget):

Expense Item	**Unit Cost**	**Units**	**Extended Cost**	**Benefits**
Exercise Physiologist Salary (hourly)	**18**	**210**	**3780**	**1134**

Registered Dietitian Salary (hourly)	**24**	**150**	**3600**	**1080**
LCSW Salary (hourly)	**24**	**75**	**1800**	**540**
Physician Salary (hourly)	**105**	**60**	**6300**	**1890**
			15480	**4644**
Assume 30 participants				
Per participant cost			**670.8**	

Expected Program Impact on Health Need:

Approximately 30 patients per cohort taught 4 times per year or 120 total person impacted.

FY 2017 Goals:

- >5% weight reduction in 75% of participants
- Significant reduction in waist circumference, body fat, systolic and diastolic blood pressure
- Significant reduction in triglycerides
- Decreased incidence of depression

At completion of the program, 20 percent of participants would no longer meet criteria for Metabolic Syndrome defined as having 3+/5 criteria and 42 percent of participants should lose at least one criteria.

Partnerships/Collaboration:

Comments:

9. Program Name: Healthy Habits Healthy U (HHHU)

Community Needs Addressed:
Improve the prevention, detection, and treatment of obesity and diabetes

Target Population:
The HHHU program targets students in the 4th and 8th grades as part of their health/health science curriculum. These age groups were identified based on the HHHU curriculum support of the established non-communicable disease unit and published obesity/cancer related data. Based on results of the 2011/12 Idaho 3rd Grade BMI Assessment and the 2011 Idaho Youth Risk Behavior Survey, there are an estimated 6,200 (29%) overweight or obese 3rd grade students and 17,700 (23%) overweight or obese high school students (grades 9 through 12) in Idaho.

Overweight individuals suffer more health problems than those who maintain normal weight. The rise in obesity rates is a cause of great concern because of the many adverse health conditions and chronic diseases it contributes to, including cancer. The American Institute of Cancer Research (2015) states that lifestyle choices can reduce cancer risk and about 50 percent of the most common cancers could be prevented. Of lifestyle choices in Idaho, 33.9 percent of adolescents consume fruit less than one time per day and 32.2 percent consume vegetables less than one time per day (CDC, 2015).

Description and Tactics (How):
The HHHU program is a collaborative effort among Boise State University, St. Luke's Mountain States Tumor Institute, and the Boise School District designed to teach and reinforce positive health habits in students, and help reduce the obesity and cancer risks.

The HHHU curriculum targets 4th and 8th grade students and offers a unique classroom curriculum approach. HHHU highlights the relationships among nutrition, physical activity, sugar-sweetened beverages, and cancer risks through 2-day lesson plan involving class discussion, video presentation, group activities and a variety of educational materials for students and parents. HHHU is also innovative in its use of preserved human cancerous and noncancerous organ tissue in vacuum-sealed bags for students to view. Through this activity, students are encouraged to critically think and make the connection between their health habits and the risk of cancer.

Resources (budget):
Staffing includes partial FTE from:
- Community cancer education and outreach staff
- Pathology lab staff

Classroom supplies
Mileage

Expected Program Impact on Health Need:
It is expected that participating students will improve knowledge about the health habits that increase or decrease the risk of developing cancer. This includes students' knowledge of the relationship between: 1) proper nutrition and cancer; 2) physical activity and cancer; and 3) the consumption of sugar-sweetened beverages and cancer. Through the completion of pre- and post-surveys, it is expected that students will reduce negative health habits and increase positive health habits, and as a result, reduce their future risk of developing obesity and cancer.

Partnerships/Collaboration:
Boise State University
Boise School District

Comments:
HHHU is innovative in its community-based collaboration and use of human tissue specimens to educate students on the impact poor nutrition and sedentary lifestyle can have on their health. Since it was first established four years ago, the program has been shared through poster presentations at several national public health conferences. HHHU is currently presented in the Boise School District, with long-term goals of expanding across the St. Luke's MSTI service area.

FY 2017 Goals:
It is expected that over 1,500 4th and 8th grade students in the Boise School District will participate in the HHHU program. Through a pre- and post-survey, the goal is to have over 60% of the participating students demonstrate increased knowledge in identifying unhealthy as well as healthy replacement habits. This knowledge includes understanding of:

- Nutrition, including:
    - eating fast food/processed food and increasing the risk of cancer; and
    - eating fruits and vegetables decreased risk of developing cancer
    - physical activity, including:
        - sedentary behaviors and the increased risk of cancer; and
        - physical activity and the decreased risk of developing cancer
- The consumption of sugar-sweetened beverages and the increased risk of cancer

10. Program Name: The Y's Healthy Living Center and Diabetes Prevention Program

Community Needs Addressed:
Improve the prevention, detection, and treatment of obesity and diabetes

Target Population:
Adults with chronic and disabling conditions

Description and Tactics (How):
The Healthy Living Center focuses on promoting wellbeing, reducing the risk of disease and reclaiming health by changing the behavior of individuals, families, organizations and communities. Participants adopt healthier lifestyles to make significant and positive impact on individual quality of life while reducing incidence of chronic disease and the cost of health care. Programs include Livestrong, Enhance Fitness, Wellcoaches, Delay the Disease and Active Life Bariatric Weight Loss Program.

The Diabetes Prevention Program works to create an awareness of prediabetes (via detection) and prevention (or delay) of the onset of type 2 diabetes by intervention with evidence-based tools (lifestyle modification including losing weight, increasing physical activity and making dietary changes).

Resources (budget):
Total FY17 budget: $158,607
St. Luke's FY17 Community Health Improvement Fund grant $30,000
(Discussing a multi-year award for FY17-FY19)

Expected Program Impact on Health Need:
Healthy Living Center: Success is measured by program intake, six nationally-recognized fitness assessments; pre- and post-tests, PROMIS 29 Quality of Life Assessment; weekly goal setting and measurement of success; tracking strength/endurance progress where appropriate; measurements of HbA1c pre/post 12-week program; pre- and post-functional assessment data; attendance; weight pre- and post participation; and participation evaluation.
Diabetes Prevention Program (DPP): The Department of Health and Human Services announced the Y's DPP program has shown to produce cost savings and lower incidence of type 2 diabetes. The Y Healthy Living Center is the only provider of the CDC DDP. St. Luke's support has allowed the expansion to four additional locations around the state (Treasure Valley, Wood River, Mountain Home, McCall and Twin Falls). This program is now offered in the St. Luke's Employee Health Benefits package and is a resource for those who are going to have bariatric surgery.

Partnerships/Collaboration:
Local physicians and clinics, Idaho Department of Health and Wellness, Terry Reilly Health Clinic, Saint Alphonsus, American Cancer Society, Select Health, Cancer Connection of Idaho.

11. Program Name: Breastfeeding and Childhood Obesity

Community Needs Addressed:
Improve the prevention, detection, and treatment of obesity and diabetes

Target Population:
Pregnant and new-delivered women.

Description and Tactics (How):
Provide education and support to expectant women and their families regarding breastfeeding and the benefits for mothers and babies. After delivery, assist mothers with support and continue that support in the postpartum period, focusing on continuation of breastfeeding.

Resources (budget):
In-house lactation nurses, total 5FTEs between St. Luke's Boise and Meridian; instruction for classes, .01 FTE.

Expected Program Impact on Health Need:
Evidence-based research shows that infants that are exclusively breastfed for six months and then up through one year have a reduced risk of childhood obesity. Support throughout the breastfeeding period increases mothers' success rates and feelings of positive impact for their babies and themselves.

FY 2017 Goals:
1. Hold weekly breastfeeding support groups in Boise and Meridian; target 700 mothers
2. Provide lactation support on Mother/Baby floors in Boise and Meridian; target 3,000 mothers
3. Hold monthly breastfeeding classes in Boise and Meridian; target 200 mothers prenatally

Partnerships/Collaboration:
Healthcare providers for both mothers and babies
Most of the payers that now provide breast pumps for lactating mothers
WIC – provide support in their clinics and with breast pumps for their clients
St. Luke's Healthy Moms, Healthy Babies (program for St. Luke's pregnant employees)

Comments:
The program demonstrates a real continuum of care from the OB office through delivery and the first year of a child's life.

12. Program Name: FitOne

Community Needs Addressed:
Improve the prevention of obesity

Target Population:
Men, women and children

Description and Tactics (How):
FitOne 5K, 10K and Half Marathon Run/Walk and a two-day **FitOne Healthy Living Expo** that offers a series of free health screenings, along with over 40 vendor/partner booths that provide educational information relative to health and fitness (e.g. nutrition, exercise, physical therapy, etc.).

St. Luke's Fit for the Road Reunion – Free, invitation-only walk for patients who have undergone or may be continuing treatment through St. Luke's Heart, Joint Replacement, St. Luke's Bariatric Clinics and/or MSTI. This event emphasizes the importance of physical activity and healthy nutrition no matter where you are on your back-to-health, recovery or health journey.

FitOne Kids – A pop-up educational activity designed to engage and educate kids and families about healthy habits (5-2-1-0) at an early age. Through fun, active engagement, children learn about nutrition, fitness and healthy lifestyles in a kid-friendly way.

The objective of all FitOne programs and events is to engage members of our communities in the discussion of health and provide specific opportunities to learn and take steps to engaging in a healthier lifestyle – ultimately building healthier communities.

Resources (budget):
Budget includes:

- Four FTEs (director, two senior coordinators and one coordinator position)
- Event operational costs (marketing, equipment, supplies, promotional materials, etc.)

Expected Program Impact on Health Need:
FitOne programs and events directly touched over 25,000 people across our communities in 2016. The two-day FitOne Healthy Living Expo welcomed just over 10,000 attendees. An estimated 1,066 health screening measures were obtained, an additional 415 functional movement screenings were performed, and an estimated 35 individuals met with a health coach. The 2016 FitOne 5K/10K/Half Marathon run/walk event welcomed nearly 10,000 participants, with an estimated 2,400 ages 12 and younger. The participation demographic in the run/walk is 70% female and 30% male.

FY 2017 Goals:

1. Enhance participant experience at all FitOne and ancillary events:
    a. Measured by survey and consumer feedback.
2. Grow collaboration with city agencies, key community partners, and volunteers:
    a. Measured in additional sponsorship participation and additional agency partners from previous years.
3. Foster a sense of community pride, shared interest, and inclusion of FitOne as a key St. Luke's initiative.
4. Grow race participation by 10% for the 2017 race:
    a. Measured by comparison to 2016 total registrations.
5. Improve youth fitness and engagement program:
    a. Participate in one additional youth fitness and activity program (examples such as Let's Move Just for Kids, and Famous Idaho Potato Bowl FitOne Field Day).

Partnerships/Collaboration:

St. Luke's: Marketing/Communications; Heart; MSTI; Healthy U; Sports Medicine; Dietitians; Children's; Bariatric and Orthopedics

Community: FitOne Sponsors – KTVB, Townsquare Media, Idaho Statesman, Albertsons, SelectHealth, KeyBank, Idaho Dairy Council, Axiom Fitness, Franz Bakery, Greenlayer Sports, Peterson Auto Group, RC Willey, Shu's Running Company

Comments:

FitOne makes an annual donation to the St. Luke's Children's CHOICE fund. The funds support community programs and initiatives determined by the St. Luke's Childhood Obesity Initiative Council for Excellence (CHOICE); all working to improve physical activity, nutrition and education for children.

Program Group 2: Improve the Prevention, Detection, and Management of Mental Illness and Reduce Suicide

Prevention and management of mental illness and suicide rank among our most significant health needs. This is because our community representatives scored mental health and the availability of behavioral health providers as some of our most significant health needs. In addition, Idaho has one of the highest percentages (22.5%) of any mental illness (AMI) in the nation, shortages of mental health professionals in all counties across the state, and suicide rates that are consistently higher than the national average. Depression is the most common type of mental illness, affecting more than 26% of the U.S. adult population. It has been estimated that by the year 2020, depression will be the second leading cause of disability throughout the world.

Impact on Community

Good mental health is "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." It is estimated that only about 17% of U.S. adults are considered to be in a state of optimal mental health.[7]

How to Address the Need

The majority of adults who live with a mental health disorder do not get corresponding treatment. Furthermore, less than one-third of adults get minimally adequate care.[8] Stigma surrounding the receipt of mental health care is among the many barriers that discourage people from seeking treatment.[9] In addition, increasing physical activity and reducing obesity are also known to improve mental health.[10]

Therefore, our aim is to work with our community to reduce the stigma around seeking mental health treatment, to improve access to mental health services, increase physical activity, and reduce obesity especially for our most affected populations**.**

Affected Populations

Data shows that people with lower incomes are about three and a half times more likely to have depressive disorders.[11]

[7] http://www.cdc.gov/mentalhealth/basics.htm

[8]Substance Abuse and Mental Health Services Administration, Behavioral Health Report, United States, 2012 pages 29 - 30

[9] Idaho Suicide Prevention Plan: An Action Guide, 2011, Page 9

[10] http://www.cdc.gov/healthyplaces/healthtopics/physactivity.htm, http://www.cdc.gov/obesity/adult/causes.html

[11] Idaho 2011 - 2013 Behavioral Risk Factor Surveillance System

13. Program Name: Investment in Programs Supporting the Prevention, Detection, and Management of Mental Illness and Reduce Suicide through St. Luke's CHI Fund

Community Need Addressed:
Improve the prevention, detection and management of mental illness and reduce suicide

Target Population:
All

Description and Tactics (How):
Through St. Luke's Community Health Improvement Fund (CHIF), St Luke's provides financial and in-kind support to community based non-profits facilitating prevention, detection and management of mental illness and reduce suicide. St. Luke's provides funding to nonprofit organizations through a competitive grant process. All of the organizations awarded grants are required to submit an Activation Report at the end of the program year, documenting the success of their program by number of participants and outcomes.

Resources (budget):
Funds for community-based programs are provided through the St. Luke's Community Health Improvement Fund (CHIF). The awarded amount of funding for these programs in FY17 is approximately $113,000. It is expected this level of funding will be awarded in FY18 and FY19.

Expected Program Impact on Health Need:
In order to receive a St. Luke's grant, organizations must demonstrate program success in addressing one or more of the CHNA significant needs. Additionally, each organization receiving St. Luke's funding must report qualitative and quantitative outcomes in the form of activation reports. The measurements include participation and completion rates, demonstrated behavior changes and improvements in health knowledge and status. These activation reports will be analyzed to assist in determining future investments.

Partnerships/Collaboration:
Through the Community Health Improvement Fund, over 10 organizations are partnering with St. Luke's toward shared goals of prevention, detection and management of mental illness and reduce suicide. Organizations include Ada County Paramedics, the Children's Home Society, the Women and Children's Alliance, Terry Reilly Health Services, Central District Health and the Idaho Children's Trust Fund.

14. Program Name: Financial Support of Allumbaugh House

Community Need Addressed:
Improve the prevention, detection and management of mental illness and reduce suicide
Improve the access to affordable health care and affordable health insurance

Target Population:
Low income

Description and Tactics (How):
Allumbaugh House is a regional facility that offers detoxification, and crisis mental health services to all qualified residents. Clients must be 18 years or older. They must reside within Region IV (Ada, Boise, Elmore, and Valley Counties) and show potential for benefit from short-term stabilization. Priority will be given to clients with low income and/or lack of health insurance coverage.

Resources (budget):
St. Luke's plans to donate approximately $165,000 to the Allumbaugh House to support its operations, annually.

Expected Program Impact on Health Need:
Provides free detoxification and crisis mental health services.

FY 2017 Goals:

- Provide medically-monitored detoxification and residential mental health crisis services for residents of Ada County. We will continue to improve access to substance abuse treatment by offering scheduled SUD assessments twice daily for voluntary, self-referred members of the community. This availability reduces the number of ED visits or potential legal intervention by encouraging patients to self-refer. In addition, our multi-disciplinary assessment team focuses on treatment engagement with both the patient and their families.
- Prevent unnecessary utilization of Emergency Department services. We will continue to develop positive working relationships with the Emergency Department at St Luke's Meridian. There has been an increase in the volume of referrals from the Meridian location and we will strive to support an effective and streamlined process consistent with St Luke's Boise Emergency Department.
- Increase emphasis on outcome measurement by using SOCRATES (a screening tool that measures motivation to change). Data collection measures will be reviewed to provide more outcome-based information as well as the demographic information provided.
- Provide financial support in the amount of $165,000**.**

15. Program Name: Behavioral Health Integration into St. Luke's Clinics

Community Needs Addressed:
Improve the prevention, detection and management of mental illness and reduce suicide

Target Population:
Patients with one or more chronic medical conditions commonly have comorbid behavioral health conditions (depression, anxiety, substance-use disorders, etc.) that complicate care and significantly increase the cost of care by 50-100%. Our current approach to treating this patient population is not sustainable in a value-based world.

Description and Tactics (How):
As an Accountable Care Organization (ACO), St. Luke's Clinic (SLC) is beginning its transition from a volume-based model of care to a value-based model of care, with the goal of improving care for at-risk populations and improving the patient-caregiver experience. SLC's success in this endeavor will greatly depend on our ability to become experts in managing populations of patients with one or more chronic disease conditions, who are the greatest utilizers of care.

Navigating the transition from a volume- to value-based model of care will require SLC to transform our current clinic healthcare delivery model in order to successfully manage our at-risk populations. After researching and visiting with different programs that have demonstrated proven success transitioning to value-based healthcare delivery models, our team is proposing to partner with the University of Washington AIMS Center and adapt their team-based Collaborative Care Model to a healthcare-delivery model compatible with SLC.

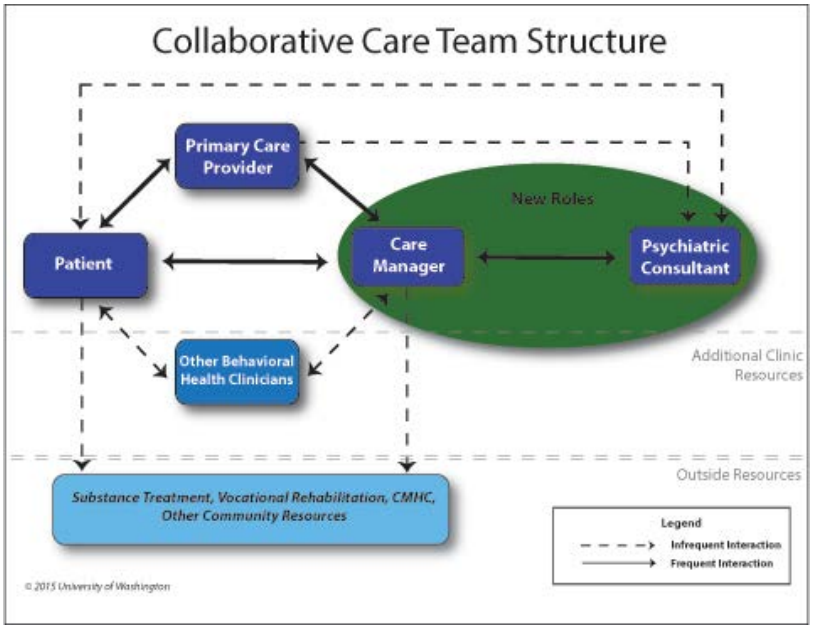
Over 20 years of research, and multiple large-scale implementations of Collaborative Care derivatives using heterogeneous reimbursement approaches have consistently and overwhelmingly demonstrated the success of this model. Regardless of how the Collaborative Care model is tailored to fit a program's specific needs, five core principles are critical for successful implementation:

a) patient-centered team care
b) population-based care
c) measurement-based treatment to target
d) evidence-based care
e) accountable care

Implementing and operationalizing Collaborative Care into the SLC clinics is a significant undertaking and will require these steps:

1) Become expert in collaborative care and ensure that key stakeholders and leadership understand how this model will fundamentally change our practice.
2) Develop a plan for clinical practice transformation and culture change. Ensure team is ready to use evidence-based interventions.

3) Ensure that each team member understands his/her role, that team members have the knowledge, skills, and aptitude to fulfill those roles, and ensure that clinic structure, workflows, billing, and compensation models are set up to facilitate team-based care.
4) Determine method of data-capture through a registry.
5) Sustained success will require "constant gardening" through ongoing education and accountability.



As outlined in the drafted contract, the UW AIMS Center provides consultation of the development and implementation of Collaborative Care in our practice environment, including in-person coaching programs to help facilitate the implementation of team-based care into SLC.

REACH Training

An innovative part of our strategy to prepare St. Luke's Health System clinics for successful transformation to collaborative, team-based care is to have their providers (physicians, PAs and NPs) go through a REACH training. The REsource for Advancing Children's Health (REACH) Institute is a not-for-profit organization based out of New York City founded by Dr. Peter Jensen in 2006. REACH provides training platforms for providers and therapists to work with patients and their families struggling with mental illness. Originally designed to train pediatric providers, REACH has recently expanded to begin working with adult providers as well.

St. Luke's has been working with the REACH Institute for the past two years under the direction of Dr. Sam Pullen, who trained under Dr. Jensen while both were at Mayo Clinic. Over 70 pediatric providers have gone through the 6-month training program with excellent results. The REACH adult training program would provide an excellent platform for helping to transform culture and practice behaviors as these clinics begin their journey toward integrated care.

Resources (budget):

The cost of this initial pilot project will encompass any facility costs such as space for the Behavioral Health Care Manager (a new role, not to be confused with an RN Care Manager associated with the PCMH model) and equipment costs to set up telebehavioral health services if desired in the future. Video-teleconferencing would be used to facilitate collaboration between the Psychiatric Consultant and the rest of the team, and also for patient contact if necessary. The BH Care Manager is a new FTE position, as is the Psychiatric Consultant role. The BH Care Manager position for these initial pilot sites were budgeted and approved in the 2017 budget.

Additionally, the Psychiatric Consultant compensation model would need to be revised from a traditional volume-based model to conform to a team-based care approach. Proformas for the behavioral health care manager role (but not the psychiatric consultant role) at Greenhurst and Cloverdale clinics have been completed, and are attached for reference. In a traditional fee-for-service model, these roles do not generate enough revenue to cover staff expense. However, as previously described, as more of the organization's business moves into taking on "at risk" contracts, the cost savings to the health system approach an ROI of 6:1. Conversely, one must consider the cost of not deploying an evidence-based integrated care model in an increasingly value-based model.

We are proposing that all providers in the three clinics (physicians and APCs) complete an adult REACH course to facilitate culture change and help providers become more comfortable with evidence-based care of patients with mental health conditions. The cost of a 6-month REACH training program for up to 25 providers is approximately $58,500. The cost covers the REACH faculty time and travel, REACH resources, materials, and support. This does not include logistical costs of a vendor, and travel for providers attending the training.

We are proposing that we build our registry into *my*StLuke's (Epic EHR), which will require resource allocation for the build.

The cost of a consultation/collaboration contract with University of Washington AIMS team is estimated at $130,000 for up to 18 months. Additional unbudgeted costs for initial program development include the psychiatric consultant, and *my*StLuke's build resources to include registry development and clinical template development. We would also include a "train the trainer" option, which is a new feature of their coaching program.

Anticipated Costs

NEED/Entity	Internal/External	Budget Status	COST
University of Wash	External	No allocation	$130,844
Psych Consultant	Internal	No allocation	TBD*

Behavioral Health Care Manager	Internal	FY17 PCMH Budget, Approved	$75,000/ clinic
REACH Training	External	No allocation	$58,500
EPIC build	Internal	No allocation	TBD
		Total	$264,344
	*Revenue Opportunity		

Expected Program Impact on Health Need: The Collaborative Care model has emerged as a proven, time-tested strategy that is particularly effective in a population health, value-based model for lowering costs while improving clinical outcomes and patient satisfaction – meeting the Triple Aim. Research and real world settings where Collaborative Care models have been implemented with fidelity have demonstrated that for every $1 spent on investing in Collaborative Care up to $6 are saved in healthcare costs with an ROI of 6:1. Cost savings come from improved medical and mental health outcomes, reduced ER and hospital visits, and more appropriate utilization of resources. This is achieved through systematic tracking of clinical outcomes at individual and population levels, which supports accountable care and maximizes the value of services provided.

The Collaborative Care model leverages limited specialty capacity (psychiatry and psychology) by supporting a team-based care approach for common behavioral health conditions in a primary care setting. A few specialists can support a number of clinics, and still be available to care for more complex cases in specialty clinics. Face to face psychiatric encounters are reserved for patients who are not improving as expected. Systematic treatment to target reduces clinical inertia and helps reduce costs associated with well-intended treatments that are not achieving anticipated results. This helps reduce unnecessary duplication of services, emergency department or hospital visits, medications, and other ineffective or more costly treatments. This is important, as 50-70% of psychiatric patients will need at least one change in their treatment plan over time; a well understood axiom in mental health circles, but probably less well known in primary care settings. As few as 20% of patients started on antidepressant therapy in traditional primary care clinic settings show substantial clinical improvement, further underscoring the importance of tracking and routine follow up through a team-based care approach.

Since 2007, REACH training pre- and post-measures consistently show improved provider comfort level caring for patients with mental health conditions. Providers learn basic skills including appropriate assessment, and management of patients with mental health conditions. Referrals to specialists decrease, and are more appropriate – effectively increasing your work force. Although the course does not specifically teach providers about the collaborative care model; the course was developed with an eye toward integrated care models and would serve as a primary method for provider education as clinics transform their model of care from a traditional or co-located practice to team-based integrated care.

Partnerships/Collaboration: Our proposed project will involve collaboration with the University of Washington AIMS Center and the REACH Institute.

FY 2017 Goals:
We propose to begin this work by partnering with five St. Luke's Primary Care clinics. In the West Region, Nampa Greenhurst (PCMH), Fruitland, and Internal Medicine Cloverdale (PCMH), and in the East Region, Internal Medicine Clinic on Addison Avenue and the Pediatric and Family Medicine Clinic located at the Physician Center on the main hospital campus on Pole Line Road. Future staging and implementation will be guided by the organization's population health landscape (number and percentage of lives in accountable care contracts), and stakeholder input.

Comments:

1. Data used to support this project summary is found at the University of Washington AIMS Center website: www.aims.uw.edu
2. See Daniel's story for an overview of the Collaborative Care Model: https://aims.uw.edu/daniels-story-introduction-collaborative-care
3. Additional information about the REACH Institute can be found on their website: www.thereachinstitute.org

16. Program Name: Psychiatrists Recruitment and Retention

Community Needs Addressed:
Improve the prevention, detection, and management of mental illness and reduce suicide

Target Population: All persons with or at risk for mental health conditions across the age spectrum.

Description and Tactics (How):
Data and information for this section was obtained from the Workforce Overview of Idaho Primary Care Physicians – Department of Labor; the Idaho Board of Medicine licensure database (physicians with specialties in psychiatry, child and adolescent psychiatry, addiction psychiatry and geriatric psychiatry were counted as psychiatrists); and from the Idaho Medical Association database (physicians with specialties in psychiatry, including addiction psychiatry, child and adolescent psychiatry and forensic psychiatry were counted).

The primary distinction between the two databases is that the Board of Medicine includes nearly 60 psychiatrists who were licensed to practice in Idaho but do not report an Idaho address. Looking only at the Idaho psychiatrists, the numbers between the two databases were similar.

Number of Psychiatrists by Region	Idaho Board of Medicine	Idaho Medical Association*
Total Counts	162	103
Total Active	160	100**
Total Active in Idaho	104	99
Northern	16	15
North Central	5	7
Southwestern	50	48
South Central	11	8
Southeastern	12	12
Southern	10	9

Psychiatrists Idaho Board of Medicine, February 2012.
Idaho Medical Association, May 2012.
*Includes as Primary Specialties: Addiction Psychiatry, Child and Adolescent Psychiatry, Forensic Psychiatry and Psychiatry.
**Includes residents and part-time practitioners.

The Board of Medicine's out-of-state psychiatrists come from a number of states. Of the 56 out-of-state psychiatrists, 25 percent were from Washington.

The Idaho Medical Association's database of actively practicing members was used to calculate a ratio of psychiatrists to the population. There were 6.4 psychiatrists for every 100,000 residents

or **one practitioner for every 15,676 Idaho residents**. Eastern and south central Idaho have the smallest numbers of practitioners and ratios at 4.3 per 100,000 each.

From the rankings developed using the Kaiser Family Foundation number of physicians by state and the District of Columbia, **Idaho ranked last in the number of psychiatrists per 100,000 population at 6.3.** This ratio was less than half the national ratio of 15.2 per 100,000. Most of Idaho's neighboring states except for Oregon and Washington also ranked in the bottom third.

The average age of psychiatrists in Idaho was nearly 56. South central Idaho had the highest average age at 61.5 while the southeastern region had the lowest at 52.3. The distribution of psychiatrists by age found no psychiatrists under the age of 35 in the Board of Medicine database.

No one state or medical school supplies a plurality of psychiatrists to Idaho. The largest number – 9%– came from California.

The University of Washington Psychiatry Residency Program is a four-year residency program that offers an Advanced Clinician Psychiatry Track for residents to spend their third and fourth years in Boise. The Idaho Advanced Clinician Track started in 2007-2008 and is its own separate residency program with its own curriculum and separate match number. The program emphasizes training psychiatrists in a variety of medical and community settings.

The program has a capacity for 11 residents. The resident group is extremely small, accepting two or three residents per year. However, there are plans to add four more seats within the next five years.

The program has successfully retained psychiatrists who practice in Idaho after completing their residency. Of the eight psychiatrists who completed the fourth year of the program, four have remained in Idaho.

According to many sources, **Idaho ranked last among the 50 states for the number of psychiatrists per capita.**

The entire state of Idaho is designated a mental health geographic professional shortage area by the Health Resources and Services Administration. That means **there are an inadequate number of psychiatrists for the population**. **The adequate number would be one per 10,000**.

Multiple reasons likely exist for the shortage of psychiatrists in Idaho. Nationwide there is a shortage and maldistribution of psychiatrists, particularly in subspecialty fields – child and geriatric. Salary, preferred area of practice (urban vs. rural), preference for outpatient vs. inpatient work, competition with larger health systems in our geographic region, and desire for variety of work models are some of the variables that likely factor into Idaho-specific workforce shortages.

We will continue to work with our internal recruitment team at St. Luke's to actively recruit psychiatrists and advance practice clinicians with psychiatric training. St. Luke's may need to consider expanding its recruiter workforce to allow for a more robust recruitment effort.

We have experimented with contracting with recruitment agencies. This strategy has not been particularly successful to date. Many outside agencies have failed to understand the difficulties of psychiatric recruitment and retention in Idaho.

Additionally, we will seek to partner with regional academic organizations such as the University of Washington and University of Utah, which have well-established psychiatry residency programs. Along these lines we will look to grow St. Luke's presence as a psychiatry residency training site, particularly for University of Washington, which would provide reciprocal benefits.

Current outstanding needs throughout St. Luke's Health System are for a geriatric psychiatrist in the Treasure Valley, a psychiatric medical director for Psychiatric Wellness Services, a child and adult psychiatrist for Magic Valley, and for a psychiatrist that could be used in an integrated care model.

As we develop our St. Luke's behavioral health service line program, our strategy must assume that we will likely not be able reach an adequate psychiatrist to Idaho resident ratio; and, even if that were possible, St. Luke's would likely not be able to financially support that many psychiatrists. Therefore, our strategy must seek to use psychiatrists in part to support our colleagues in other disciplines who treat patients with mental health or substance use disorders (i.e. primary care providers, specialty medical providers, etc.) in an integrated, team-based care approach rather than solely relying on psychiatrists in specialty mental health centers and attempting to maximize their patient volumes. This will require changes to our clinical, financial, and cultural model within mental health and throughout the health system.

Resources (budget):
FTE allocations for psychiatrists across St. Luke's Health System as stated in FY 2017 goals, FTE allocation for an additional St. Luke's recruiter, and resource allocation for technology tools such as video-teleconferencing.

Expected Program Impact on Health Need:
Successful recruitment of psychiatrists, and ability to use such providers to maximize their effectiveness, will greatly improve our ability to provide access to mental health services within our respective communities, and play a significant role in better positioning St. Luke's to be successful in value-based care.

FY 2017 Goals:
1. Recruit a geriatric psychiatrist to serve the Treasure Valley
2. Recruit a medical director for Psychiatric Wellness Services
3. Recruit a child and adult psychiatrist for Magic Valley
4. Recruit a psychiatrist with interest in integrated care

5. Continue development of a behavioral health model that maximizes use of existing mental health resources, including psychiatrists

Partnerships/Collaboration:
University of Washington, other programs as identified.

Comments:
The introduction of telepsychiatry in smaller communities will also positively impact the number of patients who can receive care from a psychiatrist. Telepsychiatry uses video-conferencing technology to connect psychiatrists with patients for medical care.

17. Program Name: Transforming Idaho with Child and Adolescent Training in Evidence-Based Psychotherapies (CATIE)

Community Needs Addressed:
Improve the prevention, detection, and management of mental illness and reduce suicide

Target Population:
The Transforming Idaho with CATIE program will focus on Idaho children and adolescents ages 5-17 diagnosed with a disruptive behavior disorder, and their corresponding families/caregivers who are cared for by a mental health therapist/clinician who successfully completes and implements the CATIE Disruptive Behavior Disorder training intervention. This clinical population was selected because disruptive behavior disorders are among the easiest conditions to identify and represent one of the most common and challenging reasons for a child's mental health referral. The potential impact is great, as there are an estimated 3,600 youth treated for disruptive, impulse-control, and conduct disorders in Idaho.

Of the Serious Emotional Disturbances (SED) described above, disruptive behavior disorders are among the easiest conditions to identify and represent one of the most common and challenging reasons for a children's mental health referral. Disruptive behavior disorders involve behaviors that are readily observed by parents, teachers, and other caregivers such as temper tantrums, physical aggression including attacking other children, excessive argumentativeness, stealing, and other forms of defiance or resistance to authority. Such symptoms are often referred to as "externalizing symptoms" and resemble or are commonly associated with symptoms of attention deficit hyperactivity disorder (ADHD). Thus ADHD and disruptive behavior disorders tend to be included together when discussing externalizing behavior disorders. These disorders, which also include oppositional defiant disorder (ODD) and conduct disorder (CD), often first attract notice when they interfere with school performance, family, and peer relationships, and can worsen over time without appropriate intervention.

As a group, disruptive behavior disorders are significant risk factors for the development of comorbid substance use, anxiety, and depressive disorders, along with involvement in the legal system, and increased risk for suicide. Disruptive behavior disorders are associated with poorer school performance in up to 90 percent of identified individuals; 35 percent never finish high school – compared to 11 percent of adolescents without a diagnosis of disruptive behavior disorder, and fewer individuals with disruptive behavior disorders go on to enter college compared to individuals without these disorders (22 percent vs. 77 percent) [10]. Over 50 percent have a history of drug or alcohol abuse and, children with these disorders are almost two times as likely to be arrested compared to children without a disruptive behavior disorder [10]. The average cost to the judicial system is almost $9,000 per child with ADHD vs. $340 per child without ADHD [10]. Without effective treatment, adolescents and young adults with disruptive behavior disorder have a greater likelihood of unemployment by age 21 (22 percent vs. 7 percent of age/gender matched controls), are at increased risk for frequency and severity of motor vehicle accidents (2-3 increase in number of accidents and up to $5,000 vs up to $2,200 in vehicle damage compared with controls), have more lifetime sexual partners, greater risk for teen pregnancy, and higher risk for sexually

transmitted diseases [10]. The individual health, public health, and socioeconomic consequences of untreated disruptive behavior disorders as a group are significant and often persist into adulthood.

Early identification and intervention involving the child, family, school system, and community is one of the most effective strategies for treating this group of disorders. Conversely, undiagnosed and/or poorly managed disruptive behavior disorders often drive up the cost of care in multiple healthcare settings – ambulatory, ER, hospital settings and frequently leads to overuse of psychiatric medication [11, 12, and 13].

This project proposal seeks to implement a training platform to teach and empower mental health clinicians to use patient/family-centered, evidence-based interventions developed by national experts to more effectively treat children and families affected by disruptive behavior disorders. Key strengths of this project are its measurability, scalability, and sustainability based on a proven, ongoing collaboration model between St. Luke's Health System (https://www.stlukesonline.org/) and the REsource for Advancing Children's Health (REACH) Institute (http://www.thereachinstitute.org/).

Description and Tactics (How):

Serious emotional disturbances (SED) such as disruptive behavior disorders, substance use disorders, depression, and anxiety disorders are among the most common reasons for which youth and their families seek care from a mental health specialist. Although there are a number of first-line, highly effective, and evidence-based therapy treatment interventions that can significantly improve long-term developmental and societal outcomes in children who have SED, access to appropriate care remains a significant challenge. Nationally, pediatric patients presenting with SED often experience significant difficulties accessing evidence-based and appropriate mental health services – if they are able to access them at all – leading to a detrimental impact on individual prognosis, familial, societal, and economic burden of care.

Inability to access care is greatly magnified in a large, rural state such as Idaho where lack of resources, limited availability of evidence-based care, fragmentation of care, stigma of mental illness, and a relatively poor and under-educated population present significant barriers to delivery of care. Idaho ranks last or near last in many important metrics pertaining to mental health, and consistently spends the least per capita on mental health care (FY 2010 - $36.64; FY 2013 - $32.77), despite the staggering need for improved mental health services [1,2,3]. According to the 2015 Mental Health in America – Parity vs. Disparity Report, Idaho also ranks toward the bottom half of the country (#41/51) when considering overall youth prevalence rates of mental illness concomitant with ability to access appropriate mental health care [4].

Statistics show that the need for improved child and adolescent behavioral and mental health care in Idaho is critical. Nearly 18,000 children in Idaho suffer from SED with accompanying significant functional impairment and increased risk for suicide [5]. Suicide was the second leading cause of death in Idaho for people between the ages of 10-34 from 2005-2007 [6], and suicide rates in Idaho continue to be significantly higher than national rates particularly among young people with SED [3, 7]. In 2013, reports showed that approximately 15 percent of high school students seriously considered suicide in the previous year, 13 percent made a plan for how they would attempt

suicide, and approximately 7 percent of youths in Idaho reported that they had made a significant suicide attempt [7].

In 2015, nearly 9.5 percent of youths (ages 12-17) in Idaho identified themselves as having at least one major depressive episode in that same year, a statistic that also places Idaho near last in the country (#43/51) [4]. According to the 2014 Behavioral Health Barometer report published by SAMHSA, this data has been consistent each year since 2009, hovering around 10 percent of young people reporting at least one major depressive episode within the year they were surveyed, demonstrating a consistent and concerning trend [8]. Also noted in the same SAMHSA report were 7.5 percent of individuals aged 12 or older who reported that they were dependent on or abused alcohol within the year prior to being surveyed from 2009-2013. About 2.5 percent of individuals 12 or older reported that they were dependent on or abused illicit drugs within the year prior to being surveyed from 2009-2013 [8]. Given the lack of mental health resources coupled with stigma of SED affecting youths and their families, these statistics are likely an underestimate of the true prevalence of these conditions.

Every county in Idaho is considered a geographic Health Professional Shortage Area, with the shortages of mental healthcare providers being particularly high [9]. Furthermore, there is considerable heterogeneity among mental health clinicians in terms of their knowledge and use of evidence-based treatments for children with SED and their families. Approximately 5,000 behavioral health clinicians in 640 locations treat Idaho Medicaid patients. Many of these clinicians practice independently or in small agencies, and vary considerably in their professional background, scope of training, extent of licensure, and understanding of evidence-based practice. Although children and their families affected by SED can and should be effectively treated using evidence-based therapy modalities, such treatments are often only available in large urban or academic settings.

CATIE utilizes a robust national network established by the REACH Institute and leading clinicians and treatment researchers to provide therapists training in evidence-based psychotherapy treatments. Each training intervention covers one common disorder area (disruptive behavior disorders, anxiety disorders, depressive disorders, and trauma-related disorders), which for the purposes of this project proposal will be disruptive behavior disorders, and utilizes proven, evidence-based treatment methods (i.e., CBT, family therapy, parent training, and behavior therapy). Training includes a 2-day workshop for each intervention area followed by 12 group consultation calls.

St. Luke's will monitor and evaluate the success of the Transforming Idaho with CATIE program, which will assess the program's impact relative to our program goals.

Prior to starting the program, all participating mental health clinicians will be asked to complete a questionnaire obtaining demographics and background information about their practice. At a minimum, 25 participating mental health clinicians will be contacted at 3-month intervals during year 2 of the grant program to report on the number of Idaho Medicaid clients receiving the intervention. We will establish benchmarks for behavioral and mental health screenings for child and adolescent patient pre-, mid-, and post-therapy intervention to measure clinical treatment outcomes. We will gather pre-, mid-, and post-intervention data using standardized rating scales

[Vanderbilt ADHD rating scale, modified overt aggression scale (MOAS), screen for child-related anxiety disorders (SCARED), patient health questionnaire modified for adolescents (PHQ-9), CRAFFT adolescent alcohol and substance use questionnaire, and the Columbia suicide severity rating scale – all of which are free on public domain], which will allow us to quantify the impact of the CATIE program on Medicaid youth benefiting from this intervention. Mental health clinicians participating in the CATIE training program will be asked to report on how frequently they use treatment modalities taught in the course, evolving comfort level with using the evidence-based therapies taught in the course, as well as de-identified patient outcomes. All patient information is de-identified and HIPAA guidelines are strictly adhered to per St. Luke's and REACH policy.

We will also establish benchmarks for patient/parent satisfaction. Participating mental health clinicians will be asked to record and report on the overall patient and parent satisfaction of their behavioral and mental health treatment and care.

Outcome metrics and questionnaires assessing clinical impact, ease of use, and satisfaction will be built into the web-based program to collect data and feedback from those who use this resource.

A written report of provider and patient-level findings will be provided to the Idaho Department of Health and Welfare and Optum Idaho at the end of the two-year grant period.

Innovation

In collaboration with Integrated Performance Solutions (IPS), the REACH Institute will coordinate with St. Luke's to develop an online course for the treatment of disruptive behavior disorders in children. The course will provide clinicians who are not able to attend the live workshops with an introduction to the effective treatment of disruptive behavior disorders. It will also serve as a resource for clinicians who attended the live training and want to review some of its content.

IPS is an e-learning design and development company with extensive experience in developing effective web-based training solutions for higher educational institutions and business organizations. The IPS approach to learning and skills mastery is grounded in adult learning theory and an appropriate blend of behavioral and cognitive methods of instruction.

The Disruptive Behavior Course will incorporate these essential learning and behavioral change elements:

- **Excite** (prepare for learning/motivation)
- **Inform** (presentation of new information/content)
- **Show** (demonstration/modeling)
- **Challenge** (practice with guidance, coaching, and feedback)
- **Assess** (practice with feedback; the final challenge is usually cumulative over a specified portion of the learning program)
- **Coach** (support transfer of learning)

Excite helps to prepare the student to learn by engaging them immediately and emphasizing the value of the training. Inform gives the student an overview of the concepts, principles,

processes and procedures. Show demonstrates (role-models) the application of knowledge and desired performance. Challenge gives the student the opportunity to practice his/her skills interactively with coaching hints/tips as needed. Challenge further validates the learning with self-testing, feedback, and remedial loops where needed. Finally, Coach provides guidance for the transfer of learning to new situations and offers supporting strategies, resources, and tools.

Resources (budget):

BUDGET QUALIFICATIONS

A. Personnel:

Position	Name	Annual	Level of Effort	Cost
Administrative Assistant	TBD	$36,248/yr.	1.0 FTE	$72,496
			Total	**$72,496**

Narrative Justification: Dr. Pullen is the System Medical Director for the Department of Psychiatry and Behavioral Health at St. Luke's Health System (SLHS), and presently is one of only two board-certified child psychiatrists within the health system. His passion and enthusiasm for improving access to evidence-based children's mental health care throughout the state of Idaho is the impetus for initiating the Transforming Idaho with CATIE project. Dr. Pullen will facilitate collaboration between the St. Luke's and REACH teams, and provide oversight of the project vision and implementation plan. Dr. Pullen will also provide oversight for monitoring project outcomes and data collection. Dr. Pullen and his project coordinators will synthesize results of this project and submit project reports to Optum at specified intervals. This project falls within the scope of Dr. Pullen's current job description, and thus his FTE allocation will be compensated through SLHS as an in-kind match.

Operationally, SLHS is divided into East and West Regions to allow for more nimble and flexible functioning as SLHS responds to diverse healthcare needs across a large geographic area of Idaho. The practice managers for St. Luke's Behavioral Health Clinic in Twin Falls (East Region), and St. Luke's Children's Center for Neurobehavioral Medicine (West Region) will serve as the East and West Region project coordinators for the REACH CATIE program respectively. Given the scope of this project along with their other respective duties as practice managers both persons will direct efforts in marketing the program, contacting mental health clinicians about the CATIE program, assist with data collection, program evaluation, and co-coordinate education and outreach activities with the help of an administrative assistant, and oversight by Dr. Pullen. This project falls within the scope of the practice manager job description and thus the FTE allocation will be compensated through SLHS as an in-kind match.

The administrative assistant will be responsible for assisting the project coordinators in contacting mental health clinicians, collaborating with St. Luke's and REACH, along with any other additional operations and logistical tasks pertinent to this project. The administrative assistant will report directly to the East and West Region project coordinators, and will be in charge of collecting and recording ongoing program evaluation data from mental health clinicians.

B. Fringe Benefits:

Component	Rate	Wage	Cost
FICA	7.65%	$72,496	$5,546
Workers Compensation	2.5%	$72,496	$1,812
Insurance	19.85%	$72,496	$14,390
		Total	**$21,748**

Narrative Justification: Fringe benefits are calculated in proportion to the amount of time and effort an employee will devote to this project and are costs incurred under formally established and consistently applied policies of St. Luke's. Insurance benefits include: Life Insurance, Health Insurance, Pension, Paid Leave/Absences (Vacation, Holiday, Sick, etc.), Tuition Reimbursement, and other St. Luke's-approved benefits (Disability, FSA, EAP, etc.).

C. Travel:

Purpose of Travel	Location	Item	Rate	Cost
Conference/Presentation of Data	TBD	Airfare, hotel, ground transportation, and meals	Estimated: Airfare $750/ticket Hotel $200/night x 4 nights Ground Transportation $20/day x 4 days Meals per diem $65/day x 4 days	$750 $800 $80

				$260
			Total	**$1,890**

Narrative Justification: At the conclusion of this two-year project, we would like to send our local Idaho CATIE trainers to present on data and their experiences at a national conference (TBD). The purpose of this would be to give visibility to the important work being done here in Idaho to improve the quality of mental health services for children and their families, and serve as a model for other under-resourced regions and states throughout the country.

*SLHS would cover the cost for three of the four trainers (Dr. Edwards, Trevor Crapo, and Beth Bolen) to attend and present at a conference. The cost for SLHS clinicians would come from their continuing medical education allowance stipulated in their respective contractual agreement with SLHS. The cost of the fourth trainer would come from Optum grant funds.

D. Supplies:

Item	**Rate**	**Cost**
CATIE Brochures	$0.75/brochure x 5,000	$3,750
Promotional Items – Logoed flash drives with preloaded information about course content, and refrigerator magnets	$3.15/flash drive x 750 $0.30/magnet x 750	$2,363 $225
Food for CATIE Attendees	$15/person x 2 days – Year 1 – 80 attendees; Year 2 Train the trainer - 80 attendees.	$4,800
Supplemental Program Materials	$190 per copy set of 8 workbooks x 50 sets	$9,500
	Total	**$20,638**

Narrative Justification: CATIE brochures will be distributed to mental health clinicians, school districts, and other child-serving organizations. Promotional items will be distributed to children and parents who come to any of the community health fairs within Idaho sponsored by SLHS. Promotional items will also be distributed to pediatric clinics within SLHS, and to other healthcare agencies with their permission. The primary purpose of these promotional items is to start educating persons about this program, and children's mental health in general. Light snacks, drinks, and lunches will be provided for persons attending the CATIE training program. Supplemental program materials in the form of patient and parent workbooks for the CATIE training program will be made available to clinicians who agree to measure outcomes for evaluation purposes.

E. Contract: Proposed service agreement between SLHS and REACH

Name	Service	Rate	Other	Cost
Year 1: CATIE Disruptive Behavior Disorder Training	Training Workshop (Honorarium for 2-day workshop) Consultation Calls (2 call groups, 10 providers/group) Materials and Shipping Travel for trainer and REACH staff REACH Personnel and Administrative Costs	$24,685.75/ training	4 trainings offered in Year 1	$98,743
Year 2: CATIE Disruptive Behavior Disorder Train the Trainer program	1st training – Local trainers co-teach with REACH faculty 2nd training – REACH faculty observes local trainers 3rd and 4th training: local trainers do independently Includes cost of materials for all trainings (20 participants, 2 trainers per training).	$28,685.00 – first two trainings	$3,883.00 REACH administrative fee for train the trainer program	$32,568
Year 2: CATIE Disruptive Behavior Disorder Web-Based Program Development	One, 60-minute interactive online course on Disruptive Behavior Disorders	$29,200.00 – subcontract with Integrated Performance Solutions + REACH staff time		$29,200
Year 2: CATIE Disruptive Behavior Disorder Web-Based Hosting	Subcontracted with Integrated Performance Solutions for development and maintenance of LMS for 1 year	$12,000/yr.	Will pilot during second year	$12,000

and Administration				
			Total	**$172,511**

Narrative Justification: The CATIE program is a partnership between REACH and leading clinicians and treatment researchers to provide therapists training in evidence-based psychotherapy treatments. There are several different CATIE training modules that cover one common disorder area utilizing proven, evidence-based treatment methods (i.e. CBT, behavior therapy, family therapy, etc.). For purposes of this project, we are focusing on Disruptive Behavior Disorders. Training includes a 2-day workshop, followed by 12 group consultation calls.

The REACH Institute will provide the following services to SLHS: In year 1, REACH will deliver four, live, two-day CATIE trainings followed by 12 consultation calls for disruptive behavior disorders. Each training will be for a maximum of 20 participants. REACH will help organize training logistics in collaboration with SLHS, prepare materials for training, and collect pre- and post-training evaluation data working with SLHS project coordinators and their administrative assistant. REACH will help coordinate group consultation calls following each two-day training workshop. There will be two call groups/training, and a total of 12 calls every other week for each call group. REACH will also help prepare and distribute call summaries after each call.

During year 2, REACH will conduct a one-day train-the-trainer session with identified SLHS/community local trainers. REACH will deliver one, live, two-day CATIE training for disruptive behavior disorders in collaboration with identified local trainers followed by the 12 group calls. REACH and SLHS will organize training logistics, prepare materials for training, and collect pre- and post-training evaluation data. REACH faculty will next observe local trainers delivering one, live, two-day CATIE training for disruptive behavior disorders followed by 12 group calls.

In anticipation of future trainings beyond the two-year grant period, REACH will also help prepare materials for two, live, two-day CATIE trainings for disruptive behavior disorders followed by 12 group calls each, to be delivered independently by local trainers whenever it is feasible for the local team to do so.

REACH will also coordinate with SLHS to develop one, 60-minute, web-based program on the treatment of disruptive behavior disorders in collaboration with Integrated Performance Solutions, with whom REACH has an ongoing relationship. Hosting and administration of the web-based program will be provided by Integrated Performance Solutions. The web-based program will be piloted during the second year of the grant, and will be assessed for effectiveness in supporting/reinforcing the live trainings, as well as an additional platform to reach out to more remote areas of Idaho.

D. Other:

Item	Rate	Cost
Local Trainer Licensing Fee	$5,000/year x 1 year	$5,000
CATIE Clinician CEU Fee	$135/training x 6 trainings	$810
Media Advertisement	$4,500 – for initial media announcement of award advertising the project's existence	$4,500
	Total	**$10,310**

Narrative Justification: REACH charges an annual local trainer licensing fee to use their materials and brand. This cost will be incurred in year 2. Any additional trainings beyond the time period of the grant will need to be factored into subsequent costs of training. Group clinician continuing education units (CEU) fees for a total of six trainings (four in the first year, two in the second year) will be included in the budget. Lastly, a media-sponsored announcement will be made to advertise the existence of the CATIE program upon successfully obtaining the grant award.

F. **Medicaid Network Provider Reimbursement**

Item	Name	Rate	Level of Effort	Cost
Local CATIE Trainer Reimbursement – 1 child psychologist and 3 LCSW providers.	Chris Edwards PhD Trevor Crapo LCSW Beth Bolen LCSW TBD LCSW	$7,300 * 3 LCSWs = $21,900/yr. $22,000 * 1 PhD child psychologist = $22,000/yr.	0.1 FTE – each	$87,800
Provider Honorarium	25 Medicaid Network Providers	$1,280 per clinician		$32,000
			Total	**$119,800**

Narrative Justification: Four mental health clinicians who actively see Idaho Medicaid patients full-time will be selected to be trained as local REACH CATIE trainers in order to provide sustainability for the project, and maximize impact of the program throughout the state of Idaho. All providers are in-network Medicaid and will complete a CATIE training as trainees in year 1 and will be trained as trainers in year 2. In keeping with the successful model derived from the REACH PPP program, three mental health clinicians will be pre-selected from SLHS – Dr. Chris Edwards PhD, Trevor Crapo LCSW, and Beth Bolen LCSW. A fourth mental health clinician will be selected from course participants and is "to be determined" at the time of project proposal submission. Dr. Edwards, Trevor, and Beth Bolen represent key clinical leadership roles for children's mental health within SLHS representing both the East and West Regions. Their collective experience, passion, and

breadth of knowledge pertaining to children's mental health issues, resources, and connections specific to the state of Idaho makes them ideally suited to take on the role of clinician educators and leaders of this project. All four mental health clinicians will participate in the CATIE program as trainees in year 1. They will then participate in a second CATIE program in year 1 as observers in preparation for their role as future trainers. All four mental health clinicians will participate in two additional CATIE trainings in year 2. The local CATIE trainers will teach a course with REACH faculty observing, and will then teach a CATIE course independently before being certified to deliver the course content with fidelity.

Twenty-five Medicaid network providers enrolled in the CATIE program will receive an honorarium as incentive to collect and provide data pertaining to their ten program participants. This honorarium will be administered on a first come, first serve basis to voluntary participants who agree to collect screening forms and questionnaires on their patients for evaluation purposes. These funds will serve as compensation for clinician's lost-revenue time.

G. **Budget Summary**

Category	**Grant Request**
Personnel	$72,496
Fringe	$21,748
Travel	$1,890
Supplies	$20,638
Contract	$172,511
Other	$10,310
Total Direct Project Costs	**$299,593**
Medicaid Network Provider Reimbursement	**$119,800**
Total Project Costs	**$419,393**

Expected Program Impact on Health Need:

Many of the more than 500 named therapies used to treat children and adolescents with emotional and behavioural challenges lack supporting research. REACH uses and teaches only evidence-based psychotherapies – treatments that work – derived from rigorous scientific evaluations of efficacy and outcomes.

To address the challenges described, our project proposal would take advantage of the established infrastructure, data analytics, combined resources, and demonstrated ability to deliver upon and exceed target goals using a proven partnership between SLHS and the REACH Institute to bring the Child and Adolescent Training in Evidence-Based Psychotherapies (CATIE) Program to Idaho. A similar state-wide program incorporating both the REACH PPP and CATIE training programs was successfully implemented in Colorado.

Collaboration between the respective physician leaders for SLHS Behavioral Health and the REACH Institute began years earlier. Dr. Samuel J Pullen, System Medical Director for Department of Psychiatry and Behavioral Health at SLHS and Dr. Peter Jensen, founder and

CEO of the REACH Institute first met while both were serving at the Mayo Clinic in Rochester, Minnesota. Dr. Jensen and Dr. Pullen are both passionate advocates for child and adolescent behavioral and mental health and have collaborated on other projects serving Idaho such as the Children's Health Improvement Collaborative – Adolescent Depression Screening Collaborative, and the integrating Children's mental Health Into Primary care (i-CHIP) project through the REACH pediatric psychopharmacology (PPP) program. The Idaho REACH PPP program has been particularly effective in driving positive change in the area of children's mental health.

The Idaho REACH PPP training programs have been very successful, with trainees reporting significant improvements in their comfort level and ability to provide evidence-based care to children and families affected by mental illness using a patient/family centered approach. To date we have hosted four trainings in Twin Falls and Boise, ID, and we will have trained 69 primary care providers from all areas of Idaho (75 total including other states) – and counting (our last training started in May 2016); exceeding our initial target goal for the grant of 50 providers trained in a two year timeline. Here are what some of the participants of said about their experience going through this program:

"The skills I learned helped me feel confident to "begin the conversation" around these difficult topics with my families." – Dr. Angie Beauchaine, Pediatrician – Primary Health, Boise ID

"The expertise of the presenters was beyond any other CME activity I have participated in." – Dr. Brian Birch, Pediatrician – St. Luke's Magic Valley, Twin Falls ID

"I am now much better informed of screening and rating tools and much more comfortable with psychotherapy in kids." – Dr. Justin Smith, Family Medicine – St. Luke's Magic Valley, Jerome ID

"Honestly - I needed a place to start and to use a safe understandable process to help my patients and their families - THIS IS IT - ? Logical, useable - what more could I ask!" – Dr. Cole Johnson, Family Medicine – Private Practice, Twin Falls ID

"Interactive Learning with a large dose of passionate, experienced providers giving rise to amazing education." – Christina Scanlan, Physician Assistant – St. Luke's Behavioral Health Clinic, Twin Falls ID.

"One of the best CME's I've attended. It addresses a critical area of care we are missing in primary care." – Dr. Michael Thwing, Pediatrician – SW Vermont Pediatrics

"There was [an] excellent presentation of evidence-based treatment recommendations for children's most common mental health problems. The various screening tools presented will really help make accurate diagnosis of children's mental health problems more accurate. There was much valuable information from others in practice. The patient simulations made many aspects of diagnosis more memorable and tangible - the patient interviewing techniques demonstrated were very different than I am used to and very helpful." – Dr. Betty Sugden, Family Medicine – St. Luke's Magic Valley, Jerome ID

"Likely the most clinically relevant meeting of 20 clinical years of meetings - Everyone in primary care needs this!" – Dr. Tom Patterson, St. Luke's Boise Family Medicine - Boise ID

"Having a focused education around Diagnosis & medications was very valuable, we rarely get such focused & expert education." – Dr. Josh Kern, Family Medicine – St. Luke's Magic Valley, Jerome, ID

"It is hard to identify just one valuable thing as there are numerous changes I am going to make in my practice to improve mental health care for patients. I feel the assessment tools I can access due to this course will improve my ability to properly diagnose and treat patients." – Katie Copeland, Boise ID

"The 6-month follow-up phone calls and goal planning @ [at] the end of CME make it so I feel empowered to actually make changes to my practice." – Erin Coppin PA-C, Boise, ID

We anticipate similar outcomes by implementing the REACH CATIE program throughout Idaho.

FY 2017 Goals:
Anticipated Outcomes and Deliverables

Goal 1: Increase the number of mental healthcare clinicians and child-serving institutions in Idaho that are trained in the screening, diagnosis, and care of children and families affected by disruptive behavior disorders.

Objective 1: SLHS will provide the Transforming Idaho with CATIE program to a minimum of 80 mental health clinicians (target goal of 60 clinicians in year 1 and 20 additional clinicians in year 2) by October 9, 2018.

Objective 2: SLHS and REACH will identify and train at least one local team of four mental health clinicians as trainers by November 10, 2017.

Objective 3: SLHS and REACH will develop and pilot a web-based version of this training program by October 10, 2017.

Goal 2: Increase our population's access to and overall satisfaction of affordable, high-quality, child and adolescent behavioral and mental health care, specifically targeting children and families affected by disruptive behavior disorders.

Objective 1: Each clinician trained in the Transforming Idaho with CATIE program will treat a minimum of 10 Medicaid child and adolescent participants by October 9, 2018.

Objective 2: By October 9, 2018, participating clinicians will administer patient satisfaction surveys which will indicate an increase in overall satisfaction from parents and patients with their behavioral and mental health screening, diagnosis and treatment.

Goal 3: Increase community awareness of the importance and availability of child and adolescent screening, diagnosis, and treatment of behavioral and mental health issues.

> *Objective 1:* The Transforming Idaho with CATIE program Administrative Assistant will distribute 5,000 brochures to community organizations throughout Idaho by October 9, 2018
>
> *Objective 2:* The Transforming Idaho with CATIE program Administrative Assistant will attend at least one informational health fair to provide education and visibility for the program by October 9, 2018

In addition to the aforementioned goals and objectives, an added benefit of the Transforming Idaho with CATIE program is that it will facilitate effective connectivity and collaboration between mental health clinicians, schools, and primary care providers across Idaho, particularly in more remote areas of the state. As part of the program, SLHS will build virtual mental health teams and decrease fragmentation of care, building on our work with the previous REACH PPP program.

Year 1

The Transforming Idaho with CATIE program will be hosted in four sites: Boise, McCall, Twin Falls, and Sun Valley – where SLHS sites will serve as the setting for each of the trainings. The training program will be marketed to all Idaho Medicaid mental health clinicians who serve children and families affected by disruptive behavior disorders regardless of agency or hospital affiliation. The Transforming Idaho with CATIE program will also be marketed to appropriate school personnel, such as school counselors, and administrators who desire to implement school-based elements of the program into their respective organization. The Transforming Idaho with CATIE program begins with a two-day intensive workshop followed by 12 group consultation calls comprised of 10 participants each (or evenly distributed if group size is greater than or less than 20) spanning a six month time period. Two programs at a time will be run simultaneously in parallel.

The Transforming Idaho with CATIE program will be marketed to all regions of Idaho. A database of mental health agencies and clinics throughout Idaho constructed from our previous experience with the Idaho REACH PPP program, as well as agencies with whom SLHS refers patients to in the various communities, will be used to begin assisting in this effort. We will also expand our search through SLHS's marketing department and resources to cast as wide of a net as possible. In addition, we will coordinate with OPTUM of Idaho to use their database to maximize our REACH.

During the first year of the Transforming Idaho with CATIE program, SLHS and REACH will offer a total of four CATIE Disruptive Behavior Disorders training interventions to a target goal of 20 providers per training intervention. Even though we will be able to accommodate up to 80 providers in the series of trainings for year one, we are conservatively setting a goal of training at least 60 providers to allow for the possibility that we might not fill all of our trainings to maximum capacity. Therefore, at least 60 Idaho Medicaid mental health practitioners (appropriately licensed psychologists, therapists, and counselors in community, school, hospital,

and private practice settings), identified as caring for children and families with primary Idaho Medicaid health insurance, will complete the Transforming Idaho with CATIE program, which will be tracked by registration and completion forms, recorded by REACH Institute personnel, and sent to the Transforming Idaho with CATIE project director.

Three SLHS child/adolescent mental health clinicians (Chris Edwards, Trevor Crapo, and Beth Bolen) and one community-based child/adolescent mental health clinician (TBD) will be identified as local REACH Trainers for the Transforming Idaho with CATIE program. Two additional training sessions will be completed in year two where trainers will be certified to provide such trainings with fidelity to the model. Identified trainers will be selected by REACH Institute personnel and sent to the Transforming Idaho with CATIE project director.

Using the knowledge gained from the CATIE program, clinicians will select and recruit patients based on identified traits they possess that are best suited for this intervention. Clinicians who agree to implement the training will be responsible for attaining patient and parent consent within their respective practices

We anticipate increased provider self-efficacy in their assessment and ability to treat disruptive behavior disorders after completing the CATIE training program. After the six-month training is complete, REACH will collect evaluations of training impact on participating mental health therapists and clinicians. These measures include the care provider's self-efficacy in specific procedures such as their assessment and treatment skills for each of the disorders covered in the training. Results will be collected by REACH and reported to the Transforming Idaho with CATIE project director.

Year 2

During the second year of the Transforming Idaho with CATIE program, four mental health clinicians who were identified in the first year will be selected for the "train the trainer" program in order to sustain the impact of this program beyond initial grant funding. Once certified, this group will have the capacity to work in concert with Optum of Idaho, as well as other appropriate entities, to identify areas of Idaho with the greatest need to continue the CATIE training program.

The four identified trainers will co-teach one additional Disruptive Behavior Disorder Training program hosted at one of the four sites (Boise, McCall, Twin Falls, or Sun Valley) with REACH faculty, and REACH faculty will observe and critique a second additional training at one of the four training sites taught by the local trainers. We are conservatively setting a target goal of 20 additional clinicians trained with the two additional trainings.

SLHS and REACH will also develop an interactive web-based model for the Transforming Idaho with CATIE program to reinforce skills that providers have learned, train new providers who are on-boarding to their colleague's respective clinic or agency in order to maintain fidelity of care, and reach out to more remote areas of Idaho to target clinicians who are not able to participate in the live training programs.

REACH will subcontract Integrated Performance Solutions, Inc. (http://www.ipsteam.com/), with whom they have an established working relationship, to provide the IT platform for the development of our interactive web-based program. After initial start-up costs, there will be an annual development and maintenance fee. Our grant proposal will include the cost of start-up and the cost of development and maintenance for a one-year time period to pilot the effectiveness of this portion of the training program. The web-based server will be available to any clinician, agency, or school with access to a computer and the internet for a total of three years, and does not require additional IT resources from SLHS or REACH.

Continuing from year one, this program will increase the amount of children and adolescents assessed and treated for behavioral and mental health issues using evidence-based care — participating clinicians will track the number of children and adolescents they treat using principles taught in this course in their practices and report these numbers to the Transforming Idaho with CATIE Administrative assistant.

Based on our conservative goals of training at least 60 mental health clinicians during the first year of the grant, the Transforming Idaho with CATIE program will meet and likely far surpass the minimum goal of positively impacting at least 10 Medicaid youth participants per clinician in the program.

Throughout the course of the Transforming Idaho with CATIE program, we will work to overcome the aforementioned barriers to clinician adoption and implementation of the training intervention. By providing multiple trainings in varying locations (typically on Fridays and Saturdays) and incorporating a web-based program, we anticipate that we will be able to overcome the barrier of providing training to clinicians in remote locations without interfering with their typical workflow. In addition, we anticipate using the $120,000 allocated grant funds to reimburse providers for participating in this initiative so that they will be compensated for time spent in training, patient recruitment, and collection of patient outcome data.

As described previously, Idaho is a significantly underserved area for behavioral health services. Existing clinicians clearly recognize this shortfall and have been increasingly critical of this significant gap. The Transforming Idaho with CATIE program fulfills this important need which will be a key draw for many clinicians, particularly as this program will be marketed on the potential to improve quality of care and patient experience.

Partnerships/Collaboration:
This 2-year project includes a partnership with Optum of Idaho and the REACH Institute.

Comments:

REFERENCES

[1] http://kff.org/other/state-indicator/smha-expenditures-per-capita/

[2] http://www.governing.com/gov-data/health/mental-health-spending-by-state.html

[3] http://www.boiseweekly.com/boise/far-and-away-idaho-is-rural-and-underfunded-with-a-high-incidence-of-mental-illness/Content?oid=3108521

[4] Parity or Disparity: The State of Mental Health in America 2015. Mental Health America. http://www.mentalhealthamerica.net/mwg-internal/de5fs23hu73ds/progress?id=6JZdCnLrhG6zJp5QrcabLOowyZdHlSByQAWhmNqGnSU

[5] National Alliance on Mental Illness (NAMI) State Advocacy Report 2010. https://www2.nami.org/ContentManagement/ContentDisplay.cfm?ContentFileID=93490

[6] Idaho Department of Health and Welfare: Suicide in Idaho Report 2005-2007. http://www.healthandwelfare.idaho.gov/Portals/0/Health/Statistics/2005%20Reports/Suicide%20Fact%20Sheet%202005-2007.pdf

[7] Idaho Department of Education: 2013 Idaho Youth Risk Behavior Survey – A Healthy Look at Idaho Youth. http://www.spanidaho.org/mwg-internal/de5fs23hu73ds/progress?id=fAmvDjjtiP9K2LuHokM0WdelCPZG1AILkkmQcuB_k7o,

[8] Behavioral Health Barometer – Idaho, 2014. Substance Abuse and Mental Health Services Administration (SAMHSA). http://www.samhsa.gov/data/sites/default/files/State_BHBarometers_2014_1/BHBarometer-ID.pdf

[9] 2016 Idaho Primary Care Needs Assessment. Idaho Department of Health and Welfare. http://healthandwelfare.idaho.gov/Portals/0/Health/Rural%20Health/2016%20IDAHO%20PRIMARY%20CARE%20NEEDS%20ASSESSMENT.pdf

[10] Barkley, RA. Major life activity and health outcomes associated with attention deficit/hyperactivity disorder. *Journal of Clinical Psychiatry* 2002; 63: 10-15.

[11] DeBar LL, Lynch FL, Boles M. Healthcare use by children with Attention Deficit/Hyperactivity Disorder with and without Psychiatric Comorbidities. *J Beh Health Serv Res* 2004; 31:312-323.

[12] Leibson CL, Barbaresi WJ, Ransom J, Colligan RC, Kemner J, Weaver AL, et al. Emergency Department Use and Costs for Youth with Attention-Deficit/Hyperactivity Disorder: Associations with Stimulant Treatment. *Ambul Pediatr* 2006; 6:45-53.

[13] Jensen PS, Garcia JA, Glied S, Crowe M, Foster M, Schlander M, et al. Cost-Effectiveness of ADHD Treatments: Findings from the Multimodal Treatment Study of Children with ADHD. *Am J Psychiat* 2005; 162:1628-1636.

[14] Lochman, J. E., Powell, N. P., Boxmeyer, C. L., & Jimenez-Camargo, L. (2011). Cognitive-behavioral therapy for externalizing disorders in children and adolescents. *Child and Adolescent Psychiatric Clinics of North America*, 20(2), 305-318.

[15] van de Wiel, N.M.H., Matthys, W., Cohen-Kettenis, P.T., & van Engeland, H. (2003). Application of the Utrecht Coping Power Program and care as usual to children with disruptive behavior disorders in outpatient clinics: A comparative study of cost and course of treatment. *Behavior Therapy*, 34, 421-436.

[16] Lochman, J.E., & Wells, K.C. (2004). The Coping Power Program for preadolescent boys and their parents: Outcome effects at the 1-year follow-up. *Journal of Consulting and Clinical Psychology*, 72(4), 571-578.

[17] Zonnevylle-Bender, M.J.S., Matthys, W., van de Wiel, N.M.H., & Lochman, J. (2007). Preventive effects of treatment of DBD in middle childhood on substance use and delinquent behavior. *Journal of the American Academy of Child and Adolescent Psychiatry*, 46, 33-39.

[18] Cowell, K., Horstmann, S., Linebarger, J., Meaker, P., & Aligne, C.A. (2008). Pediatrics in the Community: A "vaccine" against violence: Coping Power. *Pediatrics in Review*, 29, 362-363.

[19] Dyer, R. R. (2010). Poder resolver: Adaptation of the coping power program, an evidence based treatment for Mexican American youths. *Dissertation Abstracts International*.

[20] Evidence-Based Treatments for Children and Adolescents with Disruptive Behavior Disorders – A Report of the Children's Services Evidence-Based Practice Advisory Committee Maine Department of Health and Human Services Office of Child and Family Services, Report published August 2008. https://www1.maine.gov/dhhs/ocfs/cbhs/ebpac/bdb_report.pdf

18. Program Name: Psychiatric Wellness Services

Community Needs Addressed:
Improve the prevention, detection and management of mental illness and reduce suicide

Target Population:
Patients are either referred to Psychiatric Wellness or self-referred. Psychiatric Wellness providers are trained to care for patients from the age of 18 through the end of life.

This program accepts most insurance plans, including Medicare, in-state Medicaid, Tricare, Blue Cross/Blue Shield, and others. As well as sliding fee scale for clients who have no insurance.

Description and Tactics (How):
Our providers (physicians, advanced registered nurse practitioners (ARNPs), and therapists (LCSW and LCPC) at St. Luke's Clinic) specialize in the treatment of mental illness with a focus on wellness. We provide compassionate expertise during times of psychiatric instability, allowing patients to work closely with a personalized care team that also includes medication providers and their local primary care doctor.

St. Luke's Clinic – Psychiatric Wellness Services is a full-service psychiatric clinic prepared to treat mental illness with understanding, compassion and skill. We treat a variety of conditions, including but not limiting to:

- Mood disorders, including bipolar disorder and major depression
- Anxiety disorder
- Obsessive-compulsive disorder (OCD)
- Panic disorder
- Post-traumatic stress disorder (PTSD)
- Psychosis

Resources (budget):
Currently we have 1 FTE Psychiatrist, 2 FTE Psychiatric Mental Health Nurse Practitioners, 2.75 FTE Licensed Clinical Social Workers, and 3 FTE License Clinical Professional Counselors.

Expected Program Impact on Health Need:
The overall goal is to increase access and capacity for cost-effective mental health services within the St. Luke’s Health System.

We provide both treatment for acute patients that can be returned to the primary care setting and long-term management of chronic and/or severely mentally ill patients. This change has greatly improved the utilization of our program and we are serving a high number of patients in the valley with mental health needs. We have increased our total patient population from 1,149 to 2,364. We still have the goal of reducing or minimizing admission or readmission to emergency departments and/or inpatient hospitalization.

- We have hired an inpatient consult liaison psychiatrist.
- We are measuring all patients for depression using PHQ9 at intake and every 3 months.
- We also measure some patients with anxiety using GAD-7 at intake and at upon completion of treatment at the Wellness center. This may also be included in the objective measurement of patient progress if deemed appropriate by the provider or clinician.
- We have increased therapeutic effectiveness and patient engagement using the Outcome Rating Scale (ORS).
- We are measuring all patients with the World Health Organization Disability Assessment Scale (WHODAS 2.0) at intake and every 3 months as a functional assessment scale.
- We have expanded our service to include 32 hours of patient contact time for our medication provider.
- We continue to provide coverage five days a week with one of our mental health therapists at the Midland Primary care clinic located in Nampa. We also provide coverage 1 day per week with one of our Psychiatric Mental Health Nurse Practitioners at the Midland Primary care clinic located in Nampa.
- We have been providing group therapy sessions.
- We are providing same-day crisis appointments.
- Primary goal for adult access: Allow patients to access psychiatrists, psychiatric mental health nurse practitioners, and masters-level therapists within these parameters:

  Routine (within 10 days): Walk in or contact St. Luke's Psychiatric Wellness Clinic and schedule an appointment for a mental health assessment to determine services and level of care. If St. Luke's is unable to provide appropriate level of care, our clinicians will assist with appropriate referrals. If our clinician is not available within 10 days, the patient will be offered the earliest appointment available and provided additional referral options if the timeframe is does not work for the patient.

  Urgent (within 48 hours): If patient needs to be seen within 48 hours, walk in or contact St. Luke's Psychiatric Wellness Clinic to get assistance to find an appointment for a screening within 48 hours to determine acuity, services and level of care. If St. Luke's is unable to provide appropriate level of care, our clinicians will assist with appropriate referrals.

  Crisis Non-Life Threatening (within 6 hours): Patient should walk in or contact St. Luke's Psychiatric Wellness Services and ask for the Behavioral Health Consultant (BHC). The BHC will determine acuity, services and level of care. If St. Luke's is unable to provide appropriate level of care, our clinicians will assist with appropriate referrals.

  After Hours: Assistance provided 24 hours a day/7 days a week.

  Our LCPCs are limited to Medicaid and commercial payers, which limits our ability to serve the geriatric patient population.

FY 2017 Goals:

- Hire 2 additional psychiatrists and 1 additional Licensed Clinical Social Worker.
- Continue measuring all patients for depression using PHQ9 at intake and every 3 months.
- Continue measuring patients with anxiety using GAD-7 at intake and at upon completion of treatment.
- Continue measuring all patients with the World Health Organization Disability Assessment Scale (WHODAS 2.0) at intake and every 3 months as a functional assessment scale.
- Continue using the Outcome Rating Scale (ORS).
- Train and implement the Columbia Suicide Screening with all masters-level therapists and medication providers.
- Improve the number of adults co-managed (consultation-coordination) by a psychiatrist and primary care physician with an increase of mental health providers.
- Improve adult access to masters-level therapist within 14 days and within 4 weeks to see psychiatrist.

Partnerships/Collaboration:

Our program collaborates with St Luke's inpatient hospitals, specialty clinics such as the Men's Health Clinic, and family practice and primary care physicians to develop a coordinated care plan and ensure continuity of care. In addition, we partner with and provide referrals to independent psychiatrists, Idaho Health and Welfare, independent behavioral health programs, and other specialty clinics or services.

19. Program Name: St. Luke's Children's Center for Neurobehavioral Medicine

Community Needs Addressed:
Improve the prevention, detection and management of mental illness and reduce suicide

Target Population:
Youth and families with a child age 3-18 with a mental health disorder.

This program accepts most insurance plans, including Medicare, in-state Medicaid, Tricare, Blue Cross/Blue Shield, and others. We also provide a sliding fee scale for clients who have no insurance. In FY 2016, the Center wrote off $20,854 in bad debt, had $789,410 in Medicaid deductions, and deducted $5,276 in charity care. To date in FY 2017 (October 1 through December 31, 2016), the Center has written off $5,108 in bad debt and had $187,824 in Medicaid deductions.

Description and Tactics (How):
In the United States, one in five children, birth to age 19, has a diagnosable mental disorder. One in 10 youth have serious mental health problems that are severe enough to impair how they function at home, in school, or in the community.

In order to improve the health of people in our region, St. Luke's created an outpatient program to assist and treat the developmental, behavioral, and mental health needs of children and adolescents. We know that children and adolescents with developmental and psychiatric disorders are currently underserved and cannot get access to appropriate specialty care. Therefore, our program was developed to address the needs of this underserved population.

St. Luke's Children's Center for Neurobehavioral Medicine provides evaluation and management of psychiatric medication by board certified Child and Adolescent Psychiatrists. Our psychiatrists are available for community primary care and sub-specialty providers to provide consultation and support in medication management for patients with mental health disorders. Our clinic has mental health therapists located in Boise providing evidenced-based individual, family, and group therapy by Licensed Clinical Social Workers (LCSW) and Licensed Clinical Professional Counselors (LCPC). Our site also has two Clinical Psychologists providing psychological testing for learning, attention, and behavioral evaluations. Our team also includes a care coordinator that assists families with navigating the multiple systems they are involved in, providing support and advocacy, and assisting families with finding resources.

The scope of our services includes:

- Evaluations, assessments and treatment of children and adolescents
- Group therapies
- Preventive care, support, education, and care coordination for families
- Telephone and email consultations for physicians
- Research and advocacy services

- Tools for medical professionals to use in the screening and diagnosis of mental health issues
- Training for primary care and providers in all aspects of mental health services
- Training for clinicians in evidence-based interventions

Our team includes therapists that are co-located at St. Luke's Children's Rehab providing individual, family, and group mental health therapy at each of the four children's rehab locations in Boise, Meridian, Nampa, and Caldwell. We work collaboratively with Speech Language Pathologists, Occupational Therapists and Physical Therapists.

Recognizing the value of a multi-disciplinary approach, we have two LCPCs that are part of St. Luke's Center for Autism and Neurodevelopmental Disorders. These therapists primarily serve patients that have been diagnosed with autism or other behavior disorders who also have a mental health diagnosis. They also play a key role in collaboration with the medical professionals that are part of the clinic and treatment team.

We have a mental health therapist who is co-located with Treasure Valley Pediatrics in Eagle, Idaho, providing individual and family therapy.

We are recruiting for an additional therapist to provide behavioral health integration at the new pediatric clinic in Caldwell, Idaho. This therapist will be a behavioral health consultant within the primary care setting.

St Luke's Children's Center for Neurobehavioral Medicine also provides a co-management collaborative care model to providers in the community. Providers are able to reach a psychiatrist by phone or email to staff cases and/or refer the patient when clinically indicated for **comprehensive psychiatric assessments.**

Resources (budget):

- 1.0 FTE Child and Adolescent Psychiatrist/Medical Director
- 2.0 FTE-Child and Adolescent Psychiatrist (one is joining in August)
- .60 FTE-Psychiatric Nurse Practitioner (joining in February)
- 3.0 FTE-Patient Specialists
- 2.0 FTE-Child Psychologists
- 1.00 FTE-Care Coordinator
- 1.0 FTE-Registered Nurse
- 1.0 FTE-Medical Assistant
- 1.0 FTE-Clinical Supervisor/MH Therapist-LCSW
- 1.0 FTE-Co-located with Caldwell Pediatrics-LCPC to be hired
- Co-located with Developmental Behavioral Pediatrics/Center for Autism
    - LCPC-1.8 FTE
- Co-Located with PCP at Treasure Valley Pediatrics-Eagle
    - LCPC-1.0 FTE
- Co-Located at Children's Rehab-

    - LCPC-2.7 FTE (currently recruiting 1.0 FTE)
- CNM-Boise location
    - LCPC-1.9 FTE
    - LCSW-2.9 FTE

Expected Program Impact on Health Need:

Our program will continue to see patients for psychiatric care, testing, and evaluation, and therapy throughout the Treasure Valley. We will continue providing psychiatry co-management with local area providers. We will reach more children with the implementation of the collaborative care model within primary care, hoping to begin interventions earlier and prevent escalation of symptoms. We will develop intermediate levels of care for patients to avoid inpatient hospital stays as well as providing the appropriate level of care based upon patient need.

FY 2017 Goals:

- Program expansion to include a Partial Hospitalization Program. Our program will serve as an alternative to hospitalization and/or a step down from a higher level of care. We will serve adolescents ages 13-17 in treatment 6 hours per day with 90 minutes of school each day. Patients will be in this program approximately 4-6 weeks based on need and will attend treatment up to 30 hours per week.
- We are collaborating with the YMCA project to include a behavioral health consultant at the new family medicine clinic that is being built this year. We are expecting to have a new therapist located in this program in August 2017.
- We are working on implementing the collaborative care model into our primary care clinics and will have a behavioral health provider embedded in our pediatrics clinic in Caldwell.
- Our medical providers will provide support to our hospital partners when patients are admitted for mental health needs. This service is currently being managed by a contractor that does not always have a child/adolescent psychiatrist available.
- We have partnered with Optum Idaho and are providing training to licensed clinicians for children with disruptive behavior disorders. The training has taken place in Boise. In 2017, training will take place in Twin Falls in March, Pocatello in April, and Coeur d'Alene in August. The training curriculum includes two full days of intensive training and bi-weekly calls for six months following the training. This ensures the trainees fully understand the material and are able to implement the use in their clinical practices. The grant also provides funds to the clinicians for tracking outcome measures on the effectiveness of the training.
- St Luke's is moving toward a systemization of children's behavioral health programming. Our goal is to have programming throughout the region where patients will receive similar levels of care, regardless of where they live.
- St Luke's will begin the work on transitioning to a program for children's neurobehavioral medicine where the autism and mental health program is under one umbrella.
- We will begin the planning process for the implementation of telemedicine. St. Luke's Children's clinic in Boise will be the hub. Phase one includes providing psychiatric care to our Magic Valley and McCall locations.

- We will continue to provide support to local schools in terms of training for staff and parents.
- Participants from the clinic staff will continue to work with the Idaho Department of Health and Welfare on workgroup for the Jeff D Settlement Services. Currently Dr. Chris Streeter participates on the clinic advisory committee and Connie Sturdavant, practice manager, participates on the Interagency Governance Team. Our clinical staff will work with Idaho Department of Health and Welfare to validate the algorithms for the CANS tool.

Partnerships/Collaboration:

Our program collaborates with St Luke's inpatient hospitals, specialty clinics, family practice clinics, and pediatric primary care physicians to develop a coordinated care plan and to ensure continuity of care. In addition, we partner with and provide referrals to independent psychiatrists, psychologists, Idaho Department of Health and Welfare, independent behavioral health programs, and other specialty clinics or services. We work closely with area schools and Intermountain Hospital.

20. Program Name: Housing 1st Single Site Initiative

Community Needs Addressed:

- Improve the prevention, detection, and management of mental illness and reduce suicide
- Improve access to affordable care

Target Population:

Chronically homeless individuals and families.

Description and Tactics (How):

Provide safe, stable housing and onsite supportive services for up to 40 families/individuals experience chronic homelessness. Supportive services include health care, mental health counseling, case management, substance use treatment and financial counseling.

Resources (budget):

FY17 $100,000

Expected Program Impact on Health Need:

By providing Supportive Services onsite, residents will receive the most appropriate and timely level of care. St. Luke's and Saint Alphonsus expect a measurable decrease in the utilization of Emergency departments as residents receive primary care. St. Luke's will work with Saint Alphonsus and others to build a continuum of care for each resident. Residents will have the opportunity to maintain their health with access to care, medications and counseling.

Partnerships/Collaboration:

Idaho Housing and Finance Association, the City of Boise, Ada County, St. Luke's Health System, Saint Alphonsus Health System and the Home Partnership Foundation, Terry Reilly Health Services

Comments:

21. Program Name: Region 4 Mental Health Crisis Center

Funding determination by Idaho Legislature FY 2017

Community Needs Addressed:
Improve the prevention, detection, and management of mental illness and reduce suicide

Target Population:

Description and Tactics (How):
Community crisis centers will be developed and operated, as State of Idaho funding is appropriated, to provide the appropriate level of care to meet the needs of residents experiencing behavioral health crises. The centers shall be available on a voluntary basis to individuals. The centers will provide transitional de-escalation, stabilization and community referral services only, and the centers will not have inpatient or residential facilities. The centers will be operated 24 hours day, 7 days per week, 365 days a year to provide evaluation, intervention and referral for individuals experiencing a crisis due to a behavioral health condition.

Resources (budget):

Expected Program Impact on Health Need:

Partnerships/Collaboration:
St. Luke's is joining several other community organizations in their expressed willingness to provide either in-kind services or financial support once the funding level is determined by the Legislature.

Comments:

22. Program Name: Youth Substance Abuse Prevention

Community Needs Addressed:
Improve the prevention, detection, and management of mental illness and reduce suicide

Target Population:
Youth ages 12-18 and their families in the Idaho communities of Payette, Fruitland and Weiser.

Description and Tactics (How):
Provide education to families and youth regarding the risks of alcohol and drug use. Work with communities to reduce incidence of alcohol and drug use and increase drug-free environments and activities for youth.

Resources (budget):
The staff, coalition, and programs and completed supported by a three-year grant, with a budget of $90,000 for FY 2017.

Expected Program Impact on Health Need:
Evidence has shown that many teens look to drugs and alcohol as ways to cope with depression, mental illness, and potential risk of suicide. Helping teens choose a drug-free lifestyle has demonstrated reduction in these areas.

FY 2017 Goals:

1. Reduce teens' access to prescription drugs by offering drug lock-boxes and take-back days in the community.
2. Offer a "reality party" for parents to learn about underage drinking (target = 50 parents).
3. Offer program to ensure a drug-free prom at Weiser High School.
4. Be at 4 community events to provide education.

Partnerships/Collaboration:
The coalition in Fruitland has an advisory board of more than 20 members representing the community, including: businesses, schools, law enforcement, drug treatment, mental health providers, healthcare providers, and area hospitals.

Comments:
The coalition is in its second year and has worked with many partners to reach teens.

23. Program Name: Supportive Oncology at St. Luke's Mountain States Tumor Institute (MSTI)

Community Needs Addressed:
Improve the prevention, detection, and management of mental illness and reduce suicide
Improve access to affordable health care and affordable health insurance

Target Population:
At all five St. Luke's Mountain States Tumor Institute (MSTI) sites, we offer supportive oncology services to active oncology treatment patients. These services are interdisciplinary and tailored to each individual's needs. Our team includes social work, psychiatry, palliative care, patient financial advocacy, nutrition, chaplaincy, physical therapy, survivorship and integrative medicine.

Description and Tactics (How):
We detect mental illness and problems with coping by screening every active radiation and chemotherapy patient for anxiety and depression. Patients are offered a full psychosocial assessment by social work or psychiatry. Management of symptoms with either psychotherapy or medication management is offered to patients and provided on site. Direct psychiatry services are available in Boise and Meridian, with some St. Luke's MSTI patients traveling from Nampa, Fruitland, and Twin Falls. Indirect consultation with providers is available for all St. Luke's MSTI patients. If patients are expressing suicidal ideation or are at risk they can be assessed on the same day and referred for the appropriate level of care.

Our Social Work Department and patient financial advocates attempt to help every patient with the financial burden of cancer care. We offer innovative solutions to help patients get to their appointments, interface with their insurance company and employers, and help get needed benefits in the form of medical insurance and disability whenever possible. For patients without medical insurance, we also try to help with financial care applications through St. Luke's.

Resources (budget):
Staffing includes FTEs from these types of positions:

- Dietitian
- Physician (Psychiatrist)
- Social worker
- Physical therapist
- Integrative medicine practitioners
- Midlevel providers
- Patient financial advocates
- Chaplain

Plus supplies, equipment, facility fees, scholarships for integrative medicine, patient assistance fund.

Expected Program Impact on Health Need:

Patients screened with PHQ4 2016

Percentage of patients receiving social work support

Percentage of patients receiving psychiatric care

2017 GOALS:

Explore possibility of telehealth services to Nampa, Fruitland, and Twin Falls
Provide surgical oncology with a dedicated social worker
Increase palliative care services

Partnerships/Collaboration:

St. Luke's Psychiatric Wellness
Community referrals for specific needs (specific forms of psychotherapy, higher level of care)

Comments:

24. Program Name: Children's Counseling Collaborative

Community Needs Addressed:
Improve the prevention, detection, and management of mental illness and reduce suicide
Improve access to affordable health care and affordable health insurance

Target Population:
Treasure Valley Youth

Description and Tactics (How):
The Children's Home Society and the Women's and Children's Alliance provide specialized counseling for children, provided by specially trained clinicians. Both organizations use "play therapy" and refer clients. In FY17, both organizations have agreed to work with St. Luke's to strengthen the collaboration around children's counseling in FY18 and FY19. In the meantime, they will expand joint training opportunities for clinical staff.

Resources (budget):
St. Luke's FY17 Community Health Improvement Fund grants of $10,000 per organization. Discussing multi-year pledge for FY18 and FY19.

Expected Program Impact on Health Need:

- **Reach:** Multiple counseling sessions for 200 children (free), 208 children (subsidized)
- **Need:** Over 100 children are seen daily.

2017 Goals
Continue providing services, increase collaborative training and develop specific, measurable, joint FY18 goals.

Partnerships/Collaboration:
Boys and Girls Clubs, Big Brothers Big Sisters, FACES Family Justice Center, Boise and West Ada School Districts, Health and Welfare, Giraffe Laugh Early Learning Center and the YMCA.

Comments:

25. Program Name: Ada County Psychiatric Emergency Team (PET)

Community Needs Addressed:
Improve the prevention, detection, and management of mental illness and reduce suicide

Target Population:
Persons in the community who are in crisis and need behavioral and medical evaluation.

Description and Tactics (How):
EMS responders (fire, law enforcement, paramedics) will identify persons who need to be evaluated. The Ada County Psychiatric Emergency Team (PET) team will evaluate, free of charge, those identified. The PET team consists of law enforcement, mobile crisis and Ada County Paramedics. They will evaluate the person and see if they need further evaluation in the emergency department, need acute treatment for behavioral issues or can remain in the community with a follow- up plan.

Resources (budget):
St. Luke's Community Health Improvement Fund (CHIF) grant of $40,000/year for three years.

Expected Program Impact on Health Need:
PET team will provide detailed analytics on number of patients served and disposition.

Partnerships/Collaboration:
This program is in partnership with Ada County Paramedics, Mobile Crisis and local law enforcement.

Comments:

26. Program Name: SHIP – Community Health EMS

Community Needs Addressed:
Improve the prevention, detection, and management of mental illness and reduce suicide

Target Population:
Persons in the community who live in remote areas and have little to no access to health care.

Description and Tactics (How):
Community Health Emergency Medical Services (CHEMS) is an evolving, innovative healthcare delivery model wherein emergency medical services (EMS) personnel serve to extend the reach of primary care and preventive services outside of traditional clinical settings. Under this evolving model, CHEMS services are mainly provided free of charge. CHEMS providers in Idaho have an expanded provider role and work within their current scope of practice. Examples of these expanded roles may include:

- Acting as healthcare navigators for patients
- Transitional care for patients following discharge from a hospital stay
- Vaccinations
- Medication inventories
- Resource coordination
- Basic medical therapeutics

The Statewide Healthcare Innovation Plan (SHIP) includes the development and implementation of CHEMS programs in rural and underserved communities as part of the "virtual" Patient-Centered Medical Home. These programs will help expand primary care reach and capacity, become assets in the medical-health neighborhood, and improve access to healthcare services.

Resources (budget):
To be determined.

Expected Program Impact on Health Need:
Too early to tell.

FY 2017 Goals:*
- *Quality and Experience Measure:* Patient health-related quality of life
- *Utilization Measure:* Reduction in emergency department use
- *Cost Measure:* Expenditure savings related to a reduction in emergency department use
- *Quality Measure:* Patient connection to primary care provider
- *Quality and Safety Measure*: Medication inventory to identify and reduce medication discrepancies

**See Appendix A, below, for details about each measure.*

Partnerships/Collaboration:
This program is in partnership with Ada County Paramedics, the State of Idaho, Idaho State University, Boise State University, St. Luke's and multiple city- and county-based EMS services.

Comments:

Data Collection and Reporting Methods: EMS agency workgroup members were surveyed to provide feedback and perspective about data collection and reporting capacity. The workgroup discussed the survey results, general data collection questions, potential audience (i.e., who needs the information to guide decision-making about the value/impact of CHEMS), data format, and other considerations. Key results include:

- *EMS Agency Survey Information*: EMS agencies indicated that collecting 4-6 measures is feasible and they can collect the recommended measures in applications such as Excel and Access.
- *Data Collection and Analysis*: SHIP personnel received feedback from the SHIP data analytics contractor with regard to aggregating and analyzing CHEMS measures. The contractor can be a resource to support analysis of the recommended measures. If other more automated strategies are not available, the workgroup determined agency data could be collected and reported to SHIP or Idaho Department of Health and Welfare staff. This data could subsequently be sent to the data analytics team for analysis. The data analytics contractor suggested that an online survey instrument, such as Survey Monkey professional version, could also be considered.

Further discussions and decisions regarding data collection and reporting strategies will occur in future CHEMS Workgroup meetings.

Please see the SHIP CHEMS webpage to view workgroup materials and information:
http://www.ship.idaho.gov/WorkGroups/CommunityHealthEMS/tabid/3050/Default.aspx

Appendix A

IDAHO COMMUNITY HEALTH EMS (CHEMS)
MEASURES DESIGN WORKGROUP
Measures and Data Elements

MEASURE 1: Health-Related Quality of Life

Data Elements/Questions

Patients will answer the following questions at or around their last anticipated community paramedic (CP) visit:

1) Thinking back to *before* the start of your Community Paramedic visits, please rate your level of confidence in managing your own health.

Very low	Low	Moderate	High	Very high
1	2	3	4	5

2) Thinking about how you feel *today*, please rate your level of confidence in managing your own health.

Very low	Low	Moderate	High	Very high
1	2	3	4	5

3) How would you describe your overall health *before* the start of your Community Paramedic visits?

Very poor	Poor	Moderate	Good	Excellent
1	2	3	4	5

4) How would you describe your overall health *today*?

Very poor	Poor	Moderate	Good	Excellent
1	2	3	4	5

5) Thinking back to *before* the start of your Community Paramedic visits, how much did your health negatively impact your daily activities?

Not at all	A little bit	Somewhat	Quite a bit	Very much
1	2	3	4	5

6) How much does your health negatively impact your daily activities *today*?

Not at all	A little bit	Somewhat	Quite a bit	Very much
1	2	3	4	5

Notes/Considerations

- Given workgroup discussions about balancing simplicity and valid measurement methods, the retrospective self-report approach is recommended.
- This measure can be administered by the Community Paramedic (CP) at the last anticipated visit, or via a follow-up confidential phone survey conducted by someone perceived as neutral to the patient. If the former, the CP can provide the survey (electronically or hard copy), and give the patient privacy to complete it confidentially. Completion during a visit would likely maximize the response rate.
- The measure calculation would involve comparing before and after program average scores.

MEASURE 2: Reduction in Emergency Department (ED) Visits

Data Elements/Questions

For insured patients, community paramedics will request claims data from the patient's insurance company regarding the number of patient ED visits, and, for uninsured patients, community paramedics will ask patients to report the *number of ED visits*:

1) Six months prior to starting community paramedic visits, and
2) During their participation in the community paramedic program.

Notes/Considerations

- Using claims data as the baseline is a recommended best practice strategy for this metric. If the CHEMS agency is unable to acquire claims data, use patient self-reported data and contact the CHEMS Workgroup for follow-up.
- ED visits is defined as any visit to an ED, regardless of the mode of transport to the ED and whether or not the patient was admitted to the hospital.
- The number of ED visits prior to CP involvement can be *proportionally compared* to the number during CP involvement. While longer-term follow-up may be ideal, this is a simple way to begin quantifying differences in ED visits before and during CP program involvement.
- For long-term CHEMS patients, consider capturing ED visit frequency on various schedules (e.g., 30 days, 60 days, 6 months, etc.). In doing this, keep in mind convenience for the practitioner (to facilitate good data collection practices) and meaningful time periods that also support good comparison with short-term patients.
- In the future, it may be advisable to link this measure to hospital or payer records.
- In the future, perhaps track other types of unplanned, "emergency-type" visits (e.g., urgent care or immediate visits to the primary care clinic).

MEASURE 3: Expenditure Savings

Data Elements/Questions

The calculations used in Measure 2 can be linked to an accepted national average ED visit expenditure to demonstrate an initial estimate of financial savings.

Notes/Considerations

1) It is recommended the Medicaid national average expenditure figure be used.
2) It is acknowledged that these calculations will significantly underestimate actual costs, but will provide a starting place for capturing this aspect of CHEMS impact.

3) Programming this function into the data reporting tool will automate the calculation based on Measure 2.

MEASURE 4: Patient Connection with Primary Care Provider (PCP)

Data Elements/Questions

Community paramedics will ask patients at the beginning of their work together whether or not they have an established relationship with a primary care provider (PCP). If not, the CP will ask why (e.g., due to not knowing who is available, insurance issues, none available in the community, etc.). For those not connected, the CP will follow up with the patient throughout the CP program to facilitate a PCP connection, and track the outcome at the end of the CP program. For "no" PCP, the CP will capture cases where no PCP is available in the area or if the patient connected with another type of provider or clinic.

Notes/Considerations

- This measure is based on the assumptions that:
    a. Many patients may not be connected to PCPs prior to their participation in the CP program, and
    b. PCP connection is a best practice in improving patient health outcomes (i.e., a foundation of the SHIP).
- "Established relationship" may mean having a currently practicing PCP identified and having visited the PCP in the last year.
- A new PCP "connection" may be defined as the CP facilitating selection of an available PCP (e.g., one who accepts the patient's insurance, if any), making a first appointment, and the patient attending that first appointment.

MEASURE 5: Reduction in Medication Discrepancies

Data Elements/Questions

CPs will conduct a medication inventory at each visit with the patient, noting the number of "issues" or discrepancies at each visit. Issues and discrepancies will also be communicated back to PCPs.

Notes/Considerations

1) Medication discrepancies or "issues" will need to be very carefully defined to ensure alignment across all CPs.
2) This measure is based on the assumptions that medication discrepancies are common and have a significant impact on patient health.

Program Group 3: Improve Access to Affordable Health Care and Affordable Health Insurance

Barriers to access are issues that prevent people from receiving timely medical care. They include things such as the lack of transportation to doctors' appointments, the availability of healthcare providers, and the cost of care. Our CHNA process identified the following two high ranking barriers to access:

- Affordable health care
- Affordable health insurance

The health indicator data and community representative scores in our CHNA served to rank these barriers to access as some of our community's most significant health needs. A recent study showed that nearly 19% of U.S. adults do not receive medical care or delay medical care because they are concerned about the cost or worried that their health insurance would not pay for treatment.[12]

Impact on Community:
Improving access to affordable health insurance and health care can make a remarkable difference to community health. According to the Gallup-Healthways Well-Being Index, Americans in poverty are significantly more likely than those who are not to struggle with a wide array of chronic mental and physical health problems.[13] Further, evidence shows that uninsured individuals experience more adverse outcomes (physically, mentally, and financially) than insured individuals. The uninsured are less likely to receive preventive and diagnostic health care services, are more often diagnosed at a later disease stage, and on average receive less treatment for their condition compared to insured individuals. At the individual level, self-reported health status and overall productivity are lower for the uninsured. The Institute of Medicine reports that the uninsured population has a 25% higher mortality rate than the insured population.[14]

How to Address the Need:
We will work with our community to improve access to comprehensive, high-quality healthcare services, especially for the most affected populations.

Affected Populations:
Statistics show that people with lower income and education levels and Hispanic populations are much more likely not to have health insurance.[15]

[12] Kullgren JT, et al. Nonfinancial barriers and access to care for US adults. *Health Serv Res* online, 2011.
[13] http://www.gallup.com/poll/158417/poverty-comes-depression-illness.aspx
[14] University of Wisconsin Population Health Institute. *County Health Rankings* 2010-2015. Accessible at www.countyhealthrankings.org.
[15] Ibid

27. Program Name: Investment in Programs Supporting Improvement of Access to Affordable Health Care and Affordable Health Insurance through St. Luke's CHI Fund

Community Need Addressed:
Improve access to affordable health care and affordable health insurance

Target Population:
All

Description and Tactics (How):
Through St. Luke's Community Health Improvement Fund (CHIF), a competitive grant process, St Luke's provides financial and in-kind support to community based non-profits improving access to affordable health care and affordable health insurance. All of the organizations awarded grants are required to submit an Activation Report at the end of the program year, documenting the success of their program by number of participants and outcomes.

Resources (budget):
Funds for community-based programs are provided through the St. Luke's Community Health Improvement Fund (CHIF). The amount of funding for these programs in FY17 is approximately $146,000. It is expected this level of funding will be awarded in FY18 and FY19.

Expected Program Impact on Health Need:
In order to receive a St. Luke's grant, organizations must demonstrate program success in addressing one or more of the CHNA significant needs. Additionally, each organization receiving St. Luke's funding must report qualitative and quantitative outcomes in the form of activation reports. The measurements include participation and completion rates, demonstrated behavior changes and improvements in health knowledge and status. These activation reports will be analyzed to assist in determining future investments.

Partnerships/Collaboration:
Through the Community Health Improvement Fund, 10 organizations are partnering with St. Luke's toward shared goals of increasing access to affordable health care and affordable health insurance, including FACES, Family Advocates, Ronald McDonald House, and the Mexican Consulate's Health Window.

28. Program Name: Health Window

Community Needs Addressed:
Increased access to medical care, including screening, prevention and treatment of obesity and diabetes

Target Population:
Latino community (provide free, onsite health screenings, education and promotion for the Latino population)

Description and Tactics (How):
Engage in community outreach activities by attending various Latino events throughout the Treasure Valley and sponsoring Spanish radio ads and health talks.

Offer free health screenings in a friendly environment and help those with results outside of the normal range find follow-up care. Screenings include height, weight, BMI, fasting blood glucose and cholesterol through point of care services that provide immediate results.

Educate the community on a variety of health topics at a level that is easy to comprehend and culturally appropriate.

Help coordinate physical activity opportunities available to the community.

During Binational Health Week (BHW): Organize informative health presentations such as diabetes education, healthy eating and dental health. Offer free screenings and free flu vaccinations during BHW at various locations in the Treasure Valley and surrounding areas. Provide Cooking Matters classes in Spanish and offer them to the community in Canyon and Ada counties.

Resources (budget):
Staffing
Travel expenses to outreach events
Supplies, equipment, various event registration fees, mileage

Expected Program Impact on Health Need:
By educating the Latino community with important, culturally appropriate health information, and providing onsite, non-invasive biometric screenings, we are working to give this vulnerable population the tools to make better health decisions. We provide an experience that can influence better dietary choices, increase physical activity while engaging in some family time, and create awareness about the importance of yearly medical screenings and preventive care.

FY 2017 Goals:

- Conduct $\geq$ 1,000 health screenings at the Mexican Consulate in Boise, at the mobile consulates, health fairs, and community events in southern Idaho and eastern Oregon.

- Engage and educate the Hispanic community about healthy eating habits and cooking techniques.
- Promote and provide referrals for preventive screening services as applicable.
- Continue to build relationships with community clinics and resources to develop an infrastructure for referrals.
- Establish continuous collaboration at the various Spanish-speaking radio stations in the Treasure Valley.
- Train the Health Window coordinator as a Community Health Worker through the Idaho Department of Health and Welfare SHIP program.

Partnerships/Collaboration:
Family Medicine Residency of Idaho
Center for Community and Justice
Mexican Consulate
Idaho State University
St. Luke's Humphreys Diabetes Center
Idaho Lions Foundation
St. Luke's Mountain States Tumor Institute (MSTI)
Walgreens

Comments:

29. Program Name: SHIBA – Senior Health Insurance Benefits Advisors

Community Needs Addressed:
Improve access to affordable health care and affordable health insurance

Target Population:
- Persons attending cardiac or pulmonary rehabilitation
- Patients of St Luke's Idaho Cardiology
- Community members who are Medicare-eligible

Description and Tactics (How):
Senior Health Insurance Benefits Advisors (SHIBA) serves Idahoans on Medicare and those who help them by offering free, unbiased Medicare benefits information and assistance through workshops, group presentations and personal counseling.

SHIBA – a service of the Idaho Department of Insurance – is Idaho's provider for the federal network of State Health Insurance Assistance Programs (SHIPs). The program is partially funded by and operated under the authority of the U.S. Department of Health of Human Services Administration for Community Living (ACL).

Resources (budget):
Allow SHIBA counselors to utilize St. Luke's facility space free of charge.

Expected Program Impact on Health Need:
Eight persons per office space per day times the number of days allocated. Cardiac Rehab dedicates one office, one day per week, for three months during open enrollment. Slots are typically all filled, resulting in 104 patients served.

Partnerships/Collaboration:
SHIBA is a program provided by the Idaho Department of Insurance with financial assistance through a grant from the Administration for Community Living (ACL). SHIBA is Idaho's State Health Insurance Assistance Programs (SHIP), a program that helps states enhance and support a network of local staff and volunteers to assist people with Medicare.

Comments:

30. Program Name: Rides 2 Wellness

Community Needs Addressed:
Improve access to affordable health care and affordable health insurance

Target Population:
Year 1: Patients with diagnoses of sepsis, chronic heart failure, chronic obstructive pulmonary disease or diabetes.

Description and Tactics (How):
This program is designed to reduce missed appointments resulting in readmissions; to bridge the transportation barrier preventing patients from receiving critical follow-up medical care after hospitalization and foster sustainable relationships between healthcare and transportation providers to ensure ongoing collaboration directed toward improving healthcare access.

Patients in the Treasure Valley suffering from ailments with the highest likelihood of debilitating and costly complications will be approached prior to hospital discharge to assess their transportation needs. Patients will learn of the program upon hospital discharge and engage in a three-way call with healthcare schedulers and transportation customer service staff to schedule a ride to and from follow-up appointments. The ride provided will be designed for each individual's needs. This places an emphasis on an easy scheduling outlet for patients, as it is intended to not be overly burdensome nor difficult to navigate. The free service supports St. Luke's goals of patient-centered, quality health care by reducing transportation barriers to services.

Resources (budget):
FY17 Budget $55,054
St. Luke's FY17 Community Health Improvement Fund Grant $5,000

Expected Program Impact on Health Need:
- **Reach:** Year 1: 25 appointments per week; increasing 25 appointments per week per years 2 through 4.
- **Impact:** Number of readmissions to be reported at the end of FY17.

Partnerships/Collaboration:
Valley Regional Transit
Saint Alphonsus
Clinics, rehabilitation centers, case workers and medical facilities

31. Program Name: St. Luke's Financial Care Program

Community Needs Addressed:
Improve access to affordable health care and affordable health insurance

Target Population:
- Uninsured or underinsured adults
- Hispanic or other non-English speaking residents
- Low education; no college
- Low income adults and children in poverty
- Adults over the age of 65

Description and Tactics (How):
Our Community Health Needs Assessment identified uninsured patients, affordable care, affordable insurance, and providers accepting public health insurance as high priority needs. To address these needs, St. Luke's provides care to all patients with emergent conditions regardless of their ability to pay.

Insurance/Payer Inclusion
All St. Luke's providers and facilities accept all insurances, including Medicare and Medicaid. It is the patient's responsibility to provide the hospital with accurate information regarding health insurance, address, and applicable financial resources to determine whether the patient is eligible for coverage through existing private insurance or through available public assistance programs.

Financial Screening and Assistance
St. Luke's works with patients at financial risk to assist them in making financial arrangements though payment plans or by screening patients for enrollment into available government or privately sponsored programs that they are eligible for. These programs include, but are not limited to, various Medicaid programs, COBRA and County Assistance. St. Luke's not only screens for these programs, but they help the patient navigate through the application process until a determination is made.

Financial Care and Charity
St. Luke's is committed to caring for the health and well-being of all patients, regardless of their ability to pay for all or part of the care provided. Therefore, St. Luke's offers financial care to patients who are uninsured and underinsured to help cover the cost of non-elective treatment. Charity Care services are provided on a sliding scale adjustment based on income (based on the Federal Poverty Guideline), expenses and eligibility for private or public health coverage.

Resources (budget):
The resources required to generate and support the Financial Care Process are primarily drawn from the organization's Patient Access and Financial Services departments. Administration of these programs includes over 300 registration roles (partially dedicated) in the clinic and

hospital settings as well as Financial Advocates, Customer Care Specialists and County Care Coordinators. Overall, St. Luke's has over 40 FTEs dedicated to administering these programs. In FY 2016 St. Luke's Treasure Valley provided $298,551,833 in unreimbursed services (charity care at cost, bad debt at cost, Medicaid and Medicare).

Expected Program Impact on Health Need:

St. Luke's will continue to promote financially accessible health care and individualized support for our patients in FY 2017, allowing thousands patients with low incomes or those using Medicaid and Medicare to have improved access to health care. St. Luke's is compliant with the 501(r) regulations and will continue to adhere to changes in the 501(r) program.

Partnerships/Collaboration:

St. Luke's works with commercial insurance companies, Health and Welfare (Medicaid), CMS, county commissioners, and the Idaho Department of Insurance.

Comments:

32. Program Name: SHIP – Community Health Emergency Medical Services (CHEMS)

Community Needs Addressed:
Improve the prevention, detection, and management of mental illness and reduce suicide

Target Population:
Persons in the community who live in remote areas and have little to no access to health care.

Description and Tactics (How):
Community Health Emergency Medical Services (CHEMS) is an evolving, innovative healthcare delivery model wherein emergency medical services (EMS) personnel serve to extend the reach of primary care and preventive services outside of traditional clinical settings. Under this evolving model, CHEMS services are mainly provided free of charge. CHEMS providers in Idaho have an expanded provider role and work within their current scope of practice. Examples of these expanded roles may include:

- Acting as healthcare navigators for patients
- Transitional care for patients following discharge from a hospital stay
- Vaccinations
- Medication inventories
- Resource coordination
- Basic medical therapeutics

The Statewide Healthcare Innovation Plan (SHIP) includes the development and implementation of CHEMS programs in rural and underserved communities as part of the "virtual" Patient-Centered Medical Home. These programs will help expand primary care reach and capacity, become assets in the medical-health neighborhood, and improve access to healthcare services.

Resources (budget):
To be determined.

Expected Program Impact on Health Need:
Too early to tell.

FY 2017 Goals:*
- *Quality and Experience Measure:* Patient health-related quality of life
- *Utilization Measure:* Reduction in emergency department use
- *Cost Measure:* Expenditure savings related to a reduction in emergency department use
- *Quality Measure:* Patient connection to primary care provider
- *Quality and Safety Measure*: Medication inventory to identify and reduce medication discrepancies

**See Appendix A, below, for details about each measure.*

Partnerships/Collaboration:
This program is in partnership with Ada County Paramedics, the State of Idaho, Idaho State University, Boise State University, St. Luke's and multiple city- and county-based EMS services.

Comments:

Data Collection and Reporting Methods: EMS agency workgroup members were surveyed to provide feedback and perspective about data collection and reporting capacity. The workgroup discussed the survey results, general data collection questions, potential audience (i.e., who needs the information to guide decision-making about the value/impact of CHEMS), data format, and other considerations. Key results include:

- *EMS Agency Survey Information*: EMS agencies indicated that collecting 4-6 measures is feasible and they can collect the recommended measures in applications such as Excel and Access.
- *Data Collection and Analysis*: SHIP personnel received feedback from the SHIP data analytics contractor with regard to aggregating and analyzing CHEMS measures. The contractor can be a resource to support analysis of the recommended measures. If other more automated strategies are not available, the workgroup determined agency data could be collected and reported to SHIP or Idaho Department of Health and Welfare staff. This data could subsequently be sent to the data analytics team for analysis. The data analytics contractor suggested that an online survey instrument, such as Survey Monkey professional version, could also be considered.

Further discussions and decisions regarding data collection and reporting strategies will occur in future CHEMS Workgroup meetings.

Please see the SHIP CHEMS webpage to view workgroup materials and information:
http://www.ship.idaho.gov/WorkGroups/CommunityHealthEMS/tabid/3050/Default.aspx

Appendix A

IDAHO COMMUNITY HEALTH EMS (CHEMS)
MEASURES DESIGN WORKGROUP
Measures and Data Elements

MEASURE 1: Health-Related Quality of Life

Data Elements/Questions

Patients will answer the following questions at or around their last anticipated community paramedic (CP) visit:

7) Thinking back to *before* the start of your Community Paramedic visits, please rate your level of confidence in managing your own health.

Very low	Low	Moderate	High	Very high
1	2	3	4	5

8) Thinking about how you feel *today*, please rate your level of confidence in managing your own health.

Very low	Low	Moderate	High	Very high
1	2	3	4	5

9) How would you describe your overall health *before* the start of your Community Paramedic visits?

Very poor	Poor	Moderate	Good	Excellent
1	2	3	4	5

10) How would you describe your overall health *today*?

Very poor	Poor	Moderate	Good	Excellent
1	2	3	4	5

11) Thinking back to *before* the start of your Community Paramedic visits, how much did your health negatively impact your daily activities?

Not at all	A little bit	Somewhat	Quite a bit	Very much
1	2	3	4	5

12) How much does your health negatively impact your daily activities *today*?

Not at all	A little bit	Somewhat	Quite a bit	Very much
1	2	3	4	5

Notes/Considerations

- Given workgroup discussions about balancing simplicity and valid measurement methods, the retrospective self-report approach is recommended.
- This measure can be administered by the Community Paramedic (CP) at the last anticipated visit, or via a follow-up confidential phone survey conducted by someone perceived as neutral to the patient. If the former, the CP can provide the survey (electronically or hard copy), and give the patient privacy to complete it confidentially. Completion during a visit would likely maximize the response rate.
- The measure calculation would involve comparing before and after program average scores.

MEASURE 2: Reduction in Emergency Department (ED) Visits

Data Elements/Questions

For insured patients, community paramedics will request claims data from the patient's insurance company regarding the number of patient ED visits, and, for uninsured patients, community paramedics will ask patients to report the *number of ED visits*:

3) Six months prior to starting community paramedic visits, and
4) During their participation in the community paramedic program.

Notes/Considerations

- Using claims data as the baseline is a recommended best practice strategy for this metric. If the CHEMS agency is unable to acquire claims data, use patient self-reported data and contact the CHEMS Workgroup for follow-up.
- ED visits is defined as any visit to an ED, regardless of the mode of transport to the ED and whether or not the patient was admitted to the hospital.
- The number of ED visits prior to CP involvement can be *proportionally compared* to the number during CP involvement. While longer-term follow-up may be ideal, this is a simple way to begin quantifying differences in ED visits before and during CP program involvement.
- For long-term CHEMS patients, consider capturing ED visit frequency on various schedules (e.g., 30 days, 60 days, 6 months, etc.). In doing this, keep in mind convenience for the practitioner (to facilitate good data collection practices) and meaningful time periods that also support good comparison with short-term patients.
- In the future, it may be advisable to link this measure to hospital or payer records.
- In the future, perhaps track other types of unplanned, "emergency-type" visits (e.g., urgent care or immediate visits to the primary care clinic).

MEASURE 3: Expenditure Savings

Data Elements/Questions

The calculations used in Measure 2 can be linked to an accepted national average ED visit expenditure to demonstrate an initial estimate of financial savings.

Notes/Considerations

4) It is recommended the Medicaid national average expenditure figure be used.
5) It is acknowledged that these calculations will significantly underestimate actual costs, but will provide a starting place for capturing this aspect of CHEMS impact.

6) Programming this function into the data reporting tool will automate the calculation based on Measure 2.

MEASURE 4: Patient Connection with Primary Care Provider (PCP)

Data Elements/Questions

Community paramedics will ask patients at the beginning of their work together whether or not they have an established relationship with a primary care provider (PCP). If not, the CP will ask why (e.g., due to not knowing who is available, insurance issues, none available in the community, etc.). For those not connected, the CP will follow up with the patient throughout the CP program to facilitate a PCP connection, and track the outcome at the end of the CP program. For "no" PCP, the CP will capture cases where no PCP is available in the area or if the patient connected with another type of provider or clinic.

Notes/Considerations

- This measure is based on the assumptions that:
    c. Many patients may not be connected to PCPs prior to their participation in the CP program, and
    d. PCP connection is a best practice in improving patient health outcomes (i.e., a foundation of the SHIP).
- "Established relationship" may mean having a currently practicing PCP identified and having visited the PCP in the last year.
- A new PCP "connection" may be defined as the CP facilitating selection of an available PCP (e.g., one who accepts the patient's insurance, if any), making a first appointment, and the patient attending that first appointment.

MEASURE 5: Reduction in Medication Discrepancies

Data Elements/Questions

CPs will conduct a medication inventory at each visit with the patient, noting the number of "issues" or discrepancies at each visit. Issues and discrepancies will also be communicated back to PCPs.

Notes/Considerations

3) Medication discrepancies or "issues" will need to be very carefully defined to ensure alignment across all CPs.
4) This measure is based on the assumptions that medication discrepancies are common and have a significant impact on patient health.

33. Program Name: Your Health Idaho/Smart Choice

Community Needs Addressed:
Improve access to affordable health insurance

Target Population:

- Uninsured and underinsured individuals whose projected annual income is greater than 100 percent of the Federal Poverty Line
- Individuals who will lose medical insurance coverage whose projected annual income is greater than 100 percent of the Federal Poverty Line

Description and Tactics (How):
Annually, St. Luke's cares for more than 43,000 patients who are uninsured. Many of these individuals put off seeking health care and do not attend wellness checkups because they are unfunded. As a result, these individuals often experience more serious conditions as well as high-dollar admissions and treatments. Assisting this population in gaining access to health insurance should they be eligible for an advanced premium tax credit (APTC) and obtain an affordable health plan that incorporates free wellness exams should result in the number of uninsured patients decreasing while simultaneously improving the health of the people in our communities.

St. Luke's Patient Financial Advocates:

- Obtain Your Health Idaho (YHI) Enrollment Counselor certification
- Identify current and future uninsured and underinsured patients and community members during YHI open enrollment and screen all individuals for special enrollment opportunities
- Screen individuals for APTC eligibility through Your Health Idaho
- Assist individuals with enrollment processes, appeals and obtaining medical insurance coverage

Resources (budget):
All St. Luke's Patient Financial Advocates, both Patient Access Services (PAS) and Mountain States Tumor Institute (MSTI) Advocates, become certified Enrollment Counselors and assist existing St. Luke's patients and other community members with YHI enrollment whenever possible.

- 21 PAS Advocates
- 19 MSTI Advocates

Expected Program Impact on Health Need:

FY 2017 Goals:

1. Provide accurate information to all patients and community members seeking information regarding Your Health Idaho

2. Screen all uninsured and underinsured patients for APTC eligibility
3. Help to enroll and re-enroll all uninsured patients who are seeking coverage
4. Be an expert organization with certified staff available to the community for guidance and assistance with the program

Partnerships/Collaboration:

Your Health Idaho
Idaho Department of Health and Welfare

Statement of Implementation Plan Approval

On January 25, 2017, St. Luke's Treasure Valley Community Board met to discuss the St. Luke's Boise/Meridian plan for addressing the needs identified in the 2016 Community Health Needs Assessment. Upon review, the Community Board approved this Implementation Plan.

St. Luke's Elmore

2016 Community Health Needs Assessment

Implementation Plan

Table of Contents

Introduction

The St. Luke's Elmore 2016 Community Health Needs Assessment Implementation Plan describes the programs and resources St. Luke's and other community groups plan to employ to address the most important health needs identified in our 2016 Community Health Needs Assessment (CHNA). The Implementation Plan is divided into two main sections. The first section contains a list of the significant health needs identified in our CHNA and describes what St. Luke's intends to do to address these needs. The second section of the implementation plan defines the specific programs and services St. Luke's plans to implement to address the significant health needs. For each program, there is a description of its objective, tactics, expected impact, and partnerships.

Stakeholder involvement in determining and addressing community health needs is vital to this process. We thank, and will continue to collaborate with, all the dedicated individuals and organizations working with us to make our community a healthier place to live.

St. Luke's Elmore contact:
Cassandra Wenner
208-587-6292

Methodology

The St. Luke's Elmore 2016 CHNA was designed to better understand the most significant health challenges facing the individuals and families in our service area. To accomplish this goal, St. Luke's collaborated with representatives from our community to help identify and prioritize our most important health needs. Each identified health need was included in one of these four categories: 1) health behavior needs; 2) clinical care needs; 3) social and economic needs; and 4) physical environment needs.

These health needs were ranked using a numerical prioritization system. Points were allocated to each need based on scores provided by our community representatives as well as scores for related health factors. The more points the health need and factor received, the higher the priority and the higher the potential to positively impact community health. Health needs and factors with scores in the top 10th percentile were highlighted in dark orange and were considered to be our community's most significant health needs.

To complete the CHNA Implementation Plan, St. Luke's consulted and collaborated with community representatives, addressing the most significant health needs using the following decision criteria:

1. Health needs ranked in the top 10th percentile in the CHNA were considered to be our significant health needs. In order to focus limited resources on the health needs having the greatest potential to improve community health (the most significant needs), implementation plan programs were not developed for health needs scoring below the top 10th percentile.

2. Next St. Luke's examined whether it was more effective to directly address a high priority health need or whether another community organization was better positioned to address the need. To make this determination, we focused on whether the health need was in alignment with St. Luke's mission and strengths. Where a high priority need was substantially in alignment with both our mission and strengths, St. Luke's provided at least one program to address that need. Where a high priority need was not in alignment with our mission and strengths, St. Luke's tried to identify or partner with a community group or organization better able to serve the high priority need.

3. A single health improvement program can often support the success of multiple related health needs. For example, obesity programs also support and strengthen diabetes programs. Therefore, to better understand the total impact our programs are having on a health need, St. Luke's arranged the significant health needs into groups that will benefit by being addressed together.

List of Needs and Recommended Actions

Health Behavior Category

Our community's high priority needs in the health behavior category are wellness and prevention programs for diabetes, obesity, tobacco use, mental illness, and suicide. Our community health representatives provided relatively high scores for these needs. In addition, diabetes and obesity rank as high priority needs because both are trending higher, are more prevalent in our community than in the nation as a whole, and are contributing factors to a number of other health concerns. Mental illness ranks high because Idaho has one of the highest percentages of any mental illness (AMI) in the nation. Tobacco prevention is high due to a high percentage of people who smoke in our community.

Table Color Key
Dark Orange = High priority (total score in the top 10th percentile)

Identified Community Need	Related Health Outcome or Factor	Total CHNA Score	Alignment with Mission and Strengths: High, Med, low	Non-St. Luke's Community Resources Available to Address Need	Recommended Action and Justification
Wellness/ Prevention	Diabetes	22.5	Mission: High Strength: Medium	YMCA, Mountain Home Parks & Recreation	St. Luke's will directly support diabetes chronic disease management programs because this need is highly aligned with our mission, ranked in our CHNA's top percentile and a medium strength. The programs St. Luke's Elmore directly supports are described in the following section of this Implementation Plan.
Weight management	Obese/Over-weight Adults	21.8	Mission: High Strength: Low	There are a number of fee based weight management programs available in our community. In addition, the CDC	St. Luke's Elmore will directly support adult weight management programs because this need is aligned with our mission and although there are other programs available in our community the need is still ranked in our CHNA's top 10th percentile.

Weight management continued				has free online weight management information, and Idaho Medicaid has a Preventive Health Assistance Benefit weight management program. Mountain Home Parks & Recreation, Anytime Fitness and Fitness First are also local resources.	Due to limited resources and because weight management is not a strength of St. Luke's Elmore we will continue to depend on the community to help address this need. The programs St. Luke's Elmore directly supports are described in the following section of this Implementation Plan.
	Obese/Over-weight Teens	19.8	Mission: High Strength: Low	The CDC has free online weight management information, and Idaho Medicaid has a Preventive Health Assistance Benefit weight management program. Mountain Home Parks & Recreation, Western Elmore County Recreation District and Eastern Elmore County Recreation District are local resources for youth.	Teen weight loss management is not a strength of St. Luke's Elmore and due to resource constraints SLE will provide limited support for weight loss management programs specifically for teens. St. Luke's Elmore will continue to depend on the community to help address this need. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.

Tobacco prevention programs	Smoking adults	21.2	Mission: High Strength: Low	The Idaho Central District Health Dept. (CDHD) offers free quit tobacco classes. There are also a number of online programs that assist with quitting tobacco.	Smoking is not a strength of St. Luke's Elmore and due to resource constraints SLE will support CDHDs program by recruiting tobacco users to attend their classes. Currently working with CDHD to determine advertisement and class dates and time. St Luke's will assist with disseminating the information to patients and the public.
Mental Health	Improve Mental Health	20.5	Mission: High Strength: Low	There is a shortage of behavioral health providers in our community. Resources include All Seasons Mental Health, Idaho Behavioral Health, Inspiring Change, Desert Sage Clinic	Although mental health and suicide awareness and prevention programs are aligned with our mission and are ranked in the CHNAs top 10th percentile, due to resource constraints and because this need is not a strength, SLE will offer limited programs to support this need, and we will continue to collaborate with the Mountain Home Air Force Base, the Domestic Violence Council, and other local mental health providers, to see where we can further contribute or assist to help our community address this need. Programs St. Luke's directly supports are described in the following section of this Implementation Plan.
	Suicide Prevention	20.5	Mission: High Strength: Low	There is a shortage of behavioral health providers in our community. Resources include All Seasons Mental Health, Idaho Behavioral Health,	Although mental health and suicide awareness and prevention programs are aligned with our mission and are ranked in the CHNAs top 10th percentile, due to resource constraints and because this need is not a strength, SLE will offer limited programs to support this need, and we will continue to collaborate with the Mountain Home Air Force Base, the Domestic

				Inspiring Change, Desert Sage Clinic	Violence Council, and other local mental health providers, to see where we can further contribute or assist to help our community address this need. Programs St. Luke's directly supports are described in the following section of this Implementation Plan.

Clinical Care Category

High priority clinical care needs include: Increased availability of behavioral health services and chronic disease management for diabetes. Our community health representative's gave high scores to both of these needs. In addition, the availability of behavioral health services ranked as a top priority because Idaho has a shortage of behavioral health professionals. Diabetes chronic disease management ranks high because the percentage of people with diabetes is trending higher, and the percent of people with diabetes in our community is well above the national average 34.

As shown in the table below, high priority clinical care needs are often experienced most by people with lower incomes and those who have not attended college.

Table Color Key
Dark Orange = High priority (total score in the top 10th percentile)

Identified Community Need	Related Health Outcome or Factor	Total CHNA Score	Alignment with Mission and Strengths: High, Med, low	Non-St. Luke's Community Resources Available to Address Need	Recommended Action and Justification

Chronic disease management	Diabetes	22.3	Mission: High Strength: Low	St. Luke's Humphrey's Diabetes Center/ YMCA	St. Luke's will directly support diabetes chronic disease management programs because this need is highly aligned with our mission, ranked in our CHNA's top percentile and a medium strength. The programs St. Luke's Elmore directly supports are described in the following section of this Implementation Plan.
Availability of behavioral health services(provider, suicide, hotline,etc)	Mental health service providers	20.2	Mission: High Strength: Low	Behavioral health providers in our community. Resources include All Seasons Mental Health, Idaho Behavioral Health, Inspiring Change, Desert Sage Clinic	Although mental health programs are aligned with our mission and are ranked in the CHNAs top 10th percentile, due to resource constraints and because this need is not a strength, SLE we will continue to depend on community resources to address this need.

Social and Economic Category Summary

In the Social and Economic category, there were no needs that ranked in the 10th percentile.

Physical Environment Category Summary

In the physical environment category, there were no needs that ranked above the 10th percentile.

.

St. Luke's Elmore CHNA Implementation Programs

This section of the implementation plan provides a list and description of the health improvement programs St. Luke's is executing to address the significant health needs ranked in the top 10th percentile. Sometimes a single health improvement program supports the success of multiple related health needs. For example, obesity programs also support and strengthen diabetes programs. Therefore, to better understand the total impact our programs are having on a health need, we arranged programs that reinforce one another into the groups defined below

High Priority Program Groups

Program Group 1: Improve the Prevention and Management of Obesity and Diabetes

Program Group 2: Improve Mental Health and Reduce Suicide

Program Group 3: Prevent and Reduce Tobacco Use

The following pages describe the programs contained in our three high priority program groups. Each program description includes information on its target population, tactics, approved resources, and goals.

Program Group 1: Improve the Prevention and Management of Obesity and Diabetes

Our CHNA prioritization process identified prevention and management of obesity and diabetes as two of our community's most significant health needs. About 30% of the adults in our community and one in ten children in our state are obese. According to the Centers for Disease Control (CDC): "Obesity is a national epidemic and a major contributor to some of the leading causes of death in the United States." Obesity costs the United States about $150 billion a year, or 10 percent of the national medical budget.[1] Diabetes is also a serious health issue that can contribute to heart, kidney and many other diseases and can even result in death.[2] Direct medical costs for type 2 diabetes accounts for nearly $1 of every $10 spent on medical care in the U.S. [3]

Impact on Community

Reducing obesity and diabetes will dramatically impact community health by providing an immediate and positive effect on many conditions including mental health; heart disease; some types of cancer; high blood pressure; dyslipidemia; kidney, liver and gallbladder disease; sleep apnea and respiratory problems; osteoarthritis; and gynecological problems (infertility and abnormal menses).

How to Address the Need

Obesity and diabetes can be prevented and managed by engaging our community in developing services and policies designed to encourage proper nutrition and healthy exercise habits. These needs can also be improved through evidence-based clinical programs.[4]

Extremely promising outcomes are now being reported in some communities. Remarkably, from 2011 through 2014, Lee County, Florida, reduced adult obesity levels from 29.3% to 24.8% and childhood obesity dropped from 31.6% to 20.7%. These results were accomplished through extensive community leadership and involvement. A Lee Memorial Hospital representative commented: "We believe these improvements can be sustained and improved further."[5] Echoing this approach, the CDC states that "we need to change our communities into places that strongly support healthy eating and active living." [6]

---

[1] http://www.cdc.gov/cdctv/diseaseandconditions/lifestyle/obesity-epidemic.html
[2] Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System
[3] America's Health Rankings 2015, www.americashealthrankings.org
[4] Ibid
[5] http://www.naplesnews.com/community/bonita-banner/lee-memorial-healthy-lee-earns-prestigious-national-award_58687398
[6] http://www.cdc.gov/cdctv/diseaseandconditions/lifestyle/obesity-epidemic.html

1. Program Name: Health and Wellness Day (Health Fair)

Community Needs Addressed:
Weight management, Nutrition, Exercise
Wellness & prevention for Diabetes
High Cholesterol prevention
Prevent and reduce tobacco use
Mental Health Resources

Target Population:
General community

Description and Tactics (How):
Obesity and obesity related illnesses are a major concern in Elmore County. St. Luke's Elmore is addressing this, in part, through the Health and Wellness Day. This event promotes healthy lifestyles, regular exercise, tobacco & smoking cessation education, improved eating habits and healthcare education. Community residents and local vendors are invited to take part in this fun and informative event, which takes place annually in Mountain Home. Health and Wellness Day provides access to discounted laboratory tests that provide screenings for cholesterol and A1C levels, health and nutrition demonstrations, healthcare information, introduction to exercise options and exposure to community resources.

Resources (budget):
The Health & Wellness Day budget for 2016 is $3,255 for facility rental, supplies and food. Staffing expenses are estimated to be $600 for a total budget of $3,855.

Expected Program Impact on Health Need:
Many poor health outcomes can be averted by achieving and maintaining a healthy weight. St. Luke's Elmore and community resources that focus on nutrition, exercise, and health weight management will be provided. Low cost laboratory tests will provide community members with their cholesterol and A1C levels for screening purposes and to assist in the management of chronic conditions. Mental Health Resources and Prevention and Reduce tobacco use presentations

Partnerships/Collaboration:
Primary care physicians
St. Luke's Elmore
Community Health & Wellness service providers

Comments:
Initial tracking for program will be manual tracking

2. Program Name: St. Luke's Elmore Children's Health Fair

Community Needs Addressed:
Weight management
Nutrition
Exercise

Target Population:
General community

Description and Tactics (How):
St. Luke's Elmore Center for Community Health holds the Children's Health Fair annually in June to build resident awareness of health and human services that are available within the community. This interactive event provides fun, health related activities and education for children and families. This outdoor event is held on the hospital grounds.
St. Luke's Elmore partners with Western Elmore County Recreation District to promote a family fun walk the morning of the Children's Health Fair to encourage walking as a safe and healthy form of exercise.

Resources (budget):
The Children's Health Fair budget for 2016 was $1,525 for equipment rental, supplies and food. Staffing expenses are estimated to be $600 for a total budget of $2,125.

Expected Program Impact on Health Need:
St. Luke's Elmore is committed to increasing community awareness of the health and human services and providers available to the communities served. The last Children's Health Fair had 230 participants at the event. The goal for FY 2017 is to increase attendance by 10%.

Partnerships/Collaboration:
YMCA

3. Program Name: Sports Physicals

Community Needs Addressed:
Teen weight management
Teen nutrition
Teen exercise

Target Population:
Middle school and high school aged children involved in school sports

Description and Tactics (How):
The Sports Physical day is held annually in the summer at St Luke's Clinic Trinity Mountain. Free sports physicals are provided to middle and high school students to screen for health concerns and to ensure they are healthy enough to participate in sports programs.
Immunization records reviews and low cost immunizations are provided by Central District Health Department.

Resources (budget):
St. Luke's Physicians and mid-level providers are paid to work collaboratively on this project. Staff from Central District Health Department participates by offering low cost immunizations.

Expected Program Impact on Health Need:
The Sports Physical Day provides multiple benefits to students in the St. Luke's Elmore service area middle and high schools. Students are screened for health issues and staff will discuss any health issues found with students and their parents to ensure students receive the necessary follow up care prior to competing in sports. In the summer of 2016, Sports Physicals Day provided 109 students with free physicals. Our goals for 2017 is to provide free screenings for all students as needed and continue to work collaboratively with Central District Health Department to provide reduced cost or free immunizations.

Partnerships/Collaboration:
Primary care physicians
St. Luke's Elmore
Central District Health Department

4. Program Name: SLHS Healthy U

Community Needs Addressed:
Adult weight management
Adult nutrition
Adult exercise

Target Population:
St. Luke's Elmore employees and their spouses.

Description and Tactics (How):

HU = e3: Healthy U is a wellness initiative that **E**ngages, **E**ducates and **E**mpowers consumers to achieve optimal health!
St. Luke's Healthy U is an incentive-based program that engages benefit eligible employees and spouses through value-based insurance design to achieve or maintain identified health outcomes. Healthy behavior is rewarded through reduced premiums contributions toward the health insurance plan. Tactics include changes in organizational culture and policies, wellness and health promotion programs, online resources/tools, and health coaching to encourage consumers to adopt lifelong healthy habits.

Resources (budget):
Resources include: Wellness Managers, Wellness Coordinators, Nurse and Dietitian Health Coaches as well as office space, technology, educational materials, etc. These resources are present throughout the St. Luke's region.

Expected Program Impact on Health Need:
Expected impact is to improve health behaviors such as nutrition, fitness, tobacco use, stress management and achievement/maintenance of a healthy weight. In addition for pregnant employees or spouses, expected impact is a reduction in pre-term labor and early delivery. Measurable, objective goals: reduction in tobacco use, decrease in pre-hypertension and hypertension, decrease in pre-diabetes as evidenced by healthier fasting glucose levels and diabetes as evidenced by an A1C <8, and reduction in consumers with a BMI>35 or waist circumference >35 for women and >40 for men. Specific Healthy U targets are set annually and evaluated through an online health assessment and Know Your Numbers biometric screening. Scalable strategies around population health management are also being developed.

Partnerships/Collaboration:
Partnerships are within St Luke's Health System and the communities where St. Luke's has a presence.

5. Program Name: Foot Clinic

Community Needs Addressed:
Wellness and prevention for diabetes
Chronic condition management for diabetes

Target Population:
General Community
Senior population >55 years

Description and Tactics (How):
St. Luke's Elmore provides a community Foot Clinic service for a reduced fee of $15 per person. The Foot Clinic team reaches out to Senior Citizen Centers in the region. The foot clinic is staffed with a Licensed Practical Nurse (LPN) and two Certified Assistive Personnel (CAP) employees. Foot Clinic appointments are offered once a week at Mountain Home Senior Center and bi-weekly at Glenns Ferry Senior Center and Grand View Senior Center.
Participants receive a foot bath, toe nail clipping, foot lotion and basic foot inspection for signs of possible complications. All issues identified with a participant are forwarded to their primary care physician for appropriate follow up care.

Resources (budget):
Foot clinic budget includes staff time for an LPN and two part time CAP staff, travel expenses and supplies. Participants pay a nominal fee for the foot clinic services. Estimated annual program expenses are $10,800 with estimated revenues of $7,320.

Expected Program Impact on Health Need:
Foot clinic participants generally have a variety of health concerns. Complications caused by Diabetes and other chronic illnesses can be identified early by Foot Clinic staff allowing patients to receive appropriate intervention care. The program impact will be measured by the number of participants using the program.

Partnerships/Collaboration:
Mountain Home Senior Center
Glenns Ferry Senior Center
Grand View Senior Center
SL Elmore Long Term Care

6. Program Name: Diabetes Prevention Program

Community Need Addressed:
Wellness & Prevention for Diabetes

Target Population:
General Public

Description and Tactics (How):
The YMCA's Diabetes Prevention Program is offered in a supportive, small group setting. Over the course of 12 months, participants learn about healthier eating habits and increase physical activity in order to reduce their risk of type 2 diabetes.

Resources (budget):
The YMCA provided training for three lifestyle coaches in our community. St Luke's Elmore will provide a meeting area for class time at our facility. We will also promote classes in our hospital and clinics by distributing brochures in clinic rooms and providing the information to clinical staff to refer out. . At risk Employees of St Luke's who participate and complete the program are eligible for a rebate.

Expected Program Impact on Health Need:
Reduce body weight by 7%
Increase physical activity to 150 minutes per week

Partnerships/Collaboration:
YMCA
St Luke's System

7. Program Name: Mayor/School Walking Challenge

Community Needs Addressed:
Wellness and Obesity/Diabetes Prevention Program

Target Population:
Elementary School Students

Description and Tactics (How):
This walking challenge takes place in the month of October for students and staff. Each Elementary school allots time during the school day for students to walk. The Mayor receives a copy of the schedules and goes and joins the school during their walk time. The Mayor also promotes and encourages his city staff to participate in walking with the students during these scheduled times. Grades are split up during the walk program to help ensure safety while students are participating, and it helps make tracking laps easier for the parent and teacher helpers. Walk times are not scheduled during lunch because students have been known to neglect eating their lunch in order to rush outside.

Resources (budget):
Budget resources come from our partners and St Luke's System

Expected Program Impact on Health Need:
A school walk program is one of the safest and easiest ways to get students engaged in physical activity. Walk programs promote healthy classrooms, healthy schools, and healthy kids. Walk programs help reach students daily and enables students to get the recommended 60 minutes of physical activity every day.

Partnerships/Collaboration:
Blue Cross Foundation
Idaho Dairy Council
High Five Children's Health
St. Luke's Health System
Mountain School District
City of Mountain Home
Elmore County

Comments:

8. Program Name: Step it up

Community Needs Addressed:
Wellness and Prevention of Obesity and Diabetes
Wellness and Prevention of Mental Health issues and Suicide

Target Population:
This program is open to the community ages 18 and older.

Description and Tactics (How):
This program provides a free indoor location for community member's to gather for physical activity and socializing. This allows community member's to keep moving and socializing during the season of unpredictable weather patterns. This provides a safe climate controlled venue during the season of unpredictable weather patterns. During this four month period Parks and Recreation facilitates some competitions and activities.

Resources (budget):
Hacker Middle School has provided the use of their facility at no cost from November – March. Parks and Recreation use their staff time to facilitate the activities and competitions. St Luke's provides prices and incentives.

Expected Program Impact on Health Need:
Winter months often prohibit people from getting out and moving. This program encourages folks to get out and move which will help with fitness, mental health, and diabetes management

Partnerships/Collaboration:
Mountain Home Parks and Recreation
Hacker Middle School
St Luke's Elmore

9. Program Name: First Teeth Matter

Community Needs Addressed:
Diabetes and Obesity Prevention
Target Population:
Parents of children 0-3 years old

Description and Tactics (How):
Utilizing the CAMBRA (Caries Management by Risk Assessment) approach through motivational interviewing of parents, dental hygienists review habits and diet of the child and make recommendations and help parents set goals for healthier nutritional choices and best oral health practices to help modify behaviors that contribute to a risk of Early Childhood Cavities.

Resources (budget):
Central District Health Department's First Teeth Matter clinic is affordable and open to all families regardless of income and insurance status. A nominal fee ($20) is charged to all participants. This fee is covered by Medicaid for eligible children. This program is not eligible for a sliding-fee scale. This program is also supported by District funds and grants are sought for the purchase of toothbrush kits for the children.

Expected Program Impact on Health Need:
Promoting healthy dietary habits and encouraging parents to not give their child unhealthy snacks and sugary drinks in bottles and sippy cups also helps reduce a child's intake of calories that contribute toward high incidence of diabetes and obesity.

Partnerships/Collaboration:
Central District Health Department
St Luke's Elmore

Comments:
CDHD can provide St Luke's Elmore with pamphlets and trigger cards for providers give to parents when referring to the program. Clients call the Mountain Home CDHD office to schedule an appointment. The First Teeth Matter clinic is held once per month with a view to expand as need dictates.

10. Program Name: Fitness RX-Prescription for improved physical health

Community Needs Addressed:
Wellness and Prevention of Obesity and Diabetes
Wellness and Prevention of Mental Health issues and Suicide

Target Population:
General community

Description and Tactics (How):
These programs are designed to keep people active. Fitness is a large component to overall health. By partnering with St Luke's Parks and Recreation will be able to offer free fitness classes to a variety of community members. This program will have three separate ongoing classes throughout winter and spring 2017. Zumba, Strength in Movement and Bailando Fitness which is instructed in Spanish to specifically market Hispanic demographics which caters to the Hispanic culture and encourages children participation solidifying fitness at a youthful age.

Expected Program Impact on Health Need:
They offer fun active group activities that not only help with weight management but also enhance mental health, create a family friendly place to be physically active and are held in a safe climate controlled area during the cold months.

Partnerships/Collaboration:
Parks and Recreation
St Luke's Elmore

Comments:

11. Program Name: Heighten Your Health

Community Needs Addressed:
Wellness and Prevention of Obesity and Diabetes
Wellness and Prevention of Mental Health issues and Suicide

Target Population:
General community 18 and older

Description and Tactics (How):
This program is a series of 8 classes that involve cooking, learning about portion control and balancing intake with energy output. Nutritionally emphasis will be placed on lifestyle change opposed to fad dieting, proper food selection and wholesome foods. These classes will be offered a minimum of twice a quarter during the winter, spring and fall quarters.

Expected Program Impact on Health Need:
This program addresses weight management, mental health, diabetes management and nutrition. Recreational programming is a significant element in creating a sense of community in participants. The classes offered will serve as a great resource for nutrition and weight management.

Partnerships/Collaboration:
Parks and Recreation
St Luke's Elmore

Comments:

12. Program Name: Step it up

Community Needs Addressed:
Wellness and Prevention of Obesity and Diabetes
Wellness and Prevention of Mental Health issues and Suicide

Target Population:
This program is open to the community ages 18 and older.

Description and Tactics (How):
This program provides a free indoor location for community member's to gather for physical activity and socializing. This allows community member's to keep moving and socializing during the season of unpredictable weather patterns. This provides a safe climate controlled venue during the season of unpredictable weather patterns. During this four month period Parks and Recreation facilitates some competitions and activities.

Resources (budget):
Hacker Middle School has provided the use of their facility at no cost from November – March. Parks and Recreation use their staff time to facilitate the activities and competitions. St Luke's provides prices and incentives.

Expected Program Impact on Health Need:
Winter months often prohibit people from getting out and moving. This program encourages folks to get out and move which will help with fitness, mental health, and diabetes management

Partnerships/Collaboration:
Mountain Home Parks and Recreation
Hacker Middle School
St Luke's Elmore

Program Group 2: Mental Health Programs

Improving mental health and reducing suicide rank among our most significant health needs. This is because our community representatives scored mental health and the availability of behavioral health providers as some of our most significant health needs. In addition, Idaho has one of the highest percentages (23.3%) of any mental illness (AMI) in the nation, shortages of mental health professionals in all counties across the state, and suicide rates that are consistently higher than the national average. Depression is the most common type of mental illness, affecting more than 26% of the U.S. adult population. It has been estimated that by the year 2020, depression will be the second leading cause of disability throughout the world.

Impact on Community

Good mental health is "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." It is estimated that only about 17% of U.S. adults are considered to be in a state of optimal mental health.[7]

How to Address the Need

The majority of adults who live with a mental health disorder do not get corresponding treatment. Furthermore, less than one-third of adults get minimally adequate care.[8] Stigma surrounding the receipt of mental health care is among the many barriers that discourage people from seeking treatment.[9] In addition, increasing physical activity and reducing obesity are also known to improve mental health. [10]

Therefore, our aim is to work with our community to reduce the stigma around seeking mental health treatment, to improve access to behavioral health services, increase physical activity, and reduce obesity especially for our most affected populations**.**

Affected Populations

Data shows that people with lower incomes are about three and a half times more likely to have depressive disorders.[11]

[7] http://www.cdc.gov/mentalhealth/basics.htm

[8]Substance Abuse and Mental Health Services Administration, Behavioral Health Report, United States, 2012 pages 29 - 30

[9] Idaho Suicide Prevention Plan: An Action Guide, 2011, Page 9

[10] http://www.cdc.gov/healthyplaces/healthtopics/physactivity.htm, http://www.cdc.gov/obesity/adult/causes.html

[11] Idaho 2011 - 2013 Behavioral Risk Factor Surveillance System

13. Program Name: Health and Wellness Day (Health Fair)

Community Needs Addressed:
Adult weight management
Adult nutrition
Adult exercise
Wellness & prevention for Diabetes
High Cholesterol prevention
Prevention and reduce tobacco use
Mental Health Resources

Target Population:
General community

Description and Tactics (How):
See Description and Tactics listed in Program 1

Resources (budget):
The Health & Wellness Day budget for 2014 is $3,255 for facility rental, supplies and food. Staffing expenses are estimated to be $600 for a total budget of $3,855.

Expected Program Impact on Health Need:
See expected program impact on health need in Program 1

Partnerships/Collaboration:
Primary care physicians
St. Luke's Elmore

Comments:
Health and Wellness Day provides education and program benefits for multiple CHNA needs categories.

14. Program Name: Step it up

Community Needs Addressed:
Wellness and Prevention of Obesity and Diabetes
Wellness and Prevention of Mental Health issues and Suicide

Target Population:
This program is open to the community ages 18 and older.

Description and Tactics (How):
This program provides a free indoor location for community member's to gather for physical activity and socializing. This allows community member's to keep moving and socializing during the season of unpredictable weather patterns. This provides a safe climate controlled venue during the season of unpredictable weather patterns. During this four month period Parks and Recreation facilitates some competitions and activities.

Resources (budget):
Hacker Middle School has provided the use of their facility at no cost from November – March. Parks and Recreation use their staff time to facilitate the activities and competitions. St Luke's provides prices and incentives.

Expected Program Impact on Health Need:
Winter months often prohibit people from getting out and moving. This program encourages folks to get out and move which will help with fitness, mental health, and diabetes management

Partnerships/Collaboration:
Mountain Home Parks and Recreation
Hacker Middle School
St Luke's Elmore

15. Program Name: Heighten Your Health

Community Needs Addressed:
Wellness and Prevention of Obesity and Diabetes
Wellness and Prevention of Mental Health issues and Suicide

Target Population:
General community 18 and older

Description and Tactics (How):
This program is a series of 8 classes that involve cooking, learning about portion control and balancing intake with energy output. Nutritionally emphasis will be placed on lifestyle change opposed to fad dieting, proper food selection and wholesome foods. These classes will be offered a minimum of twice a quarter during the winter, spring and fall quarters.

Expected Program Impact on Health Need:
This program addresses weight management, mental health, diabetes management and nutrition. Recreational programming is a significant element in creating a sense of community in participants. The classes offered will serve as a great resource for nutrition and weight management.

Partnerships/Collaboration:
Parks and Recreation
St Luke's Elmore

Comments:

16. Program Name: Fitness RX-Prescription for improved physical health

Community Needs Addressed:
Wellness and Prevention of Obesity and Diabetes
Wellness and Prevention of Mental Health issues and Suicide

Target Population:
General community

Description and Tactics (How):
These programs are designed to keep people active. Fitness is a large component to overall health. By partnering with St Luke's Parks and Recreation will be able to offer free fitness classes to a variety of community members. This program will have three separate ongoing classes throughout winter and spring 2017. Zumba, Strength in Movement and Bailando Fitness which is instructed in Spanish to specifically market Hispanic demographics which caters to the Hispanic culture and encourages children participation solidifying fitness at a youthful age.

Expected Program Impact on Health Need:
They offer fun active group activities that not only help with weight management but also enhance mental health, create a family friendly place to be physically active and are held in a safe climate controlled area during the cold months.

Partnerships/Collaboration:
Parks and Recreation
St Luke's Elmore

Comments:

Program Group 3: Prevent and Reduce Tobacco Use

Tobacco prevention and cessation rank as a high priority health need because the percent of adults who smoke in our service area is well above the national average and because smoking is a leading cause of death in Idaho and the nation.[12] The relationship between tobacco use, particularly cigarette smoking, and adverse health outcomes is well known. An average of 1,500 people die each year in Idaho as a direct result of tobacco use.

Impact on community:
Cigarette smoking is the leading cause of preventable death in our nation. Reducing tobacco use will result in a healthier community decreasing respiratory disease as well as cancers of the lung, pancreas, kidney, and cervix. [13]

How to Address the Need:
In order to reduce the use of tobacco, we will work with our community using evidence-based programs that have been effective in reducing tobacco use across the nation for the past 20 years.

Affected populations:
People with lower incomes and without a high school diploma are more likely to smoke.[14]

[12] Idaho and National 2002 - 2013 Behavioral Risk Factor Surveillance System
[13] Comprehensive Cancer Alliance for Idaho, Idaho Comprehensive Cancer Strategic Plan 2004-2010,
www.ccaidaho.org
[14] Ibid

17. Program Name: Extreme Challenge

Community Needs Addressed:
Alcohol and illicit drug use prevention and wellness programs
High cholesterol prevention

Target Population:
Mountain Home School District 5th grade students – approximately 280-300 students

Description and Tactics (How):
An Extreme Challenge Program is designed to create an interactive learning opportunities that teach children how to make smart choices regarding their lifestyle and wellness. Breakout sessions are devoted to educate specifically on the dangers of drug, alcohol and tobacco usage. Additional sessions include topics that deal with healthy eating, exercise, dealing with stress and developing healthy relationships. All sessions are presented by community members with expertise in the topic.

Resources (budget):
$2,360.00 includes event supplies, equipment, mileage reimbursement, and staffing.

Expected Program Impact on Health Need:
Improved health & wellness behaviors relating to alcohol and illicit drug use; Improved behaviors relating to high cholesterol, such as healthier eating habits and increased exercise.

Students will indicate improved behaviors by completing an exit survey after the presentations. The goal is set at 60% of students indicating they have improved their understanding of healthy behaviors relating to the two identified community needs, alcohol and illicit drug use prevention and wellness and high cholesterol prevention.

Partnerships/Collaboration:
Hacker Middle School, MHAFB Family Advocacy, Mountain Home Parks & Recreation, Fitness First, St. Luke's Mountain States Tumor Institute, Mountain Home High School 'Teens Against Tobacco Use'

Comments:

18. Program Name: Health and Wellness Day (Health Fair)

Community Needs Addressed:
Weight management
Nutrition
Exercise
Wellness & prevention for Diabetes
High Cholesterol prevention
Respiratory disease prevention
Tobacco Cessation

Target Population:
General community

Description and Tactics (How):
See Description and Tactics listed in Program 2

Resources (budget):
The Health & Wellness Day budget for 2014 is $2,255 and includes facility rental, supplies and food. Staffing expenses are estimated to be $600 for a total budget of $2,855.

Expected Program Impact on Health Need:
See expected program impact on health need in Program 2

Partnerships/Collaboration:
Primary care physicians
St. Luke's Elmore

Comments:
Health and Wellness Day provides education and program benefits for multiple CHNA needs categories.

19. Program Name: You Can Quit Tobacco

Community Needs Addressed:
Quit tobacco programs

Target Population:
General community

Description and Tactics (How):
Free Quit Tobacco Classes through Central District Health. The goal is to organize a local class so that Elmore residents can participate. Local flyers will be printed with a local contact phone number. We will also provide information on flyer about Project Filter and Idaho Quit Line

Resources (budget):
Central District Health Department will provide flyers and St Luke's Elmore will provide the information in our clinics. We will also provide place to facilitate class.

Expected Program Impact on Health Need:
To reduce tobacco use in our community

Partnerships/Collaboration:
Central District Health Department
St. Luke's Elmore

Comments: