



**THE
COLORADO
TRUST**

2009 Annual Report

Achieving access to health for all Coloradans.



Table of Contents

ABOUT US	2
Message from Leadership	3
Board & Staff	4
PROGRAM AREAS	6
HEALTH COVERAGE	
Expand Health Coverage	8
Community Insight	9
Grantee Story	12
Increase Outreach & Enrollment	14
Community Insight	15
Grantee Story	18
HEALTH CARE	
Improve Health Systems	20
Community Insight	21
Grantee Story	24
Increase Availability of Care	26
Community Insight	28
Grantee Story	31
ADDITIONAL PROGRAMS	33
Leadership Award.....	34
Grantee Story	35
GRANTS	36
Health Coverage Grantees.....	37
Health Care Grantees	38
Additional Programs Grantees	40
FINANCIALS	44



About Us

Mission

Advancing the health and well-being of the people of Colorado.

Vision

The Colorado Trust is dedicated to achieving access to health for all Coloradans by 2018.

We partner with individuals, organizations, agencies and communities across the state in shared efforts to expand health coverage and to improve the health care system. Through grant support for the development and implementation of policies, programs and services, we strive to realize comprehensive change that will mean:

- Every child will have a real opportunity to grow up healthy
- Colorado will have a healthy population that contributes to the prosperity of the state
- Affordable health care coverage will be available to all families and individuals
- Accessible, quality care will be the norm
- The health care system will deliver care that is responsive to the needs of all Coloradans.

History

When the nonprofit PSL Health Care Corporation was sold to a for-profit organization in 1985, the proceeds of the sale were used to create a foundation dedicated exclusively to the health of the people of Colorado.

Since that time, The Colorado Trust has worked closely with nonprofit organizations in every county across the state to improve health and well-being, ranging from bringing 9-1-1 emergency medical care to 38 Colorado counties to helping foster the development of the state's second largest regional transportation district in the Roaring Fork Valley, and much more.

To build on these efforts and address growing needs to expand health coverage and improve and expand health care within Colorado, The Trust committed to a 10-year goal to achieve access to health for all Coloradans by 2018.

Message from Leadership



When The Colorado Trust announced its decade-long vision to focus solely on achieving access to health for all Coloradans, we offered a steadfast commitment, although no predictions on the road ahead. Indeed, we would not have guessed that federal health care reform was within reach. Yet today, the historic passage of federal health care legislation has been realized, offering the much-needed possibility of health coverage to hundreds of thousands of uninsured Coloradans and millions of Americans.

This milestone follows a tumultuous year of high unemployment, unprecedented numbers of people without health coverage and unable to afford care, and an often rancorous debate on the pros and cons of health care reform. Within this environment, our grantees – from health care advocates to government agencies to front-line health care providers – faced significant challenges in their efforts to provide services and to push for systems and policy changes. They are to be commended for their unwavering efforts to expand health coverage and to improve the health care system.

This resolve will be needed well into the future as the passage of reform legislation signifies another beginning in our collective efforts to improve access to health. Regulations will need to be written, organizations built, health care delivery systems redesigned, and payment and financing mechanisms fine-tuned. As well, revamping our complex health care system and directing scarce state dollars to implement reform will require public will and the engagement of the private, public and nonprofit sectors alike.

This annual report highlights the accomplishments of those we have the privilege to work with, and briefly outlines our work ahead. Along with ensuring that the gains we have made are sustained, we will support efforts to provide clear information on what the federal legislation will mean to Coloradans. We also will advance implementation efforts and expand innovative efforts underway to reduce costs, streamline systems and improve health outcomes. And we will seek to identify those who will remain without benefit of health coverage and access to care, even with federal reform.

Together with our many partners, we are committed to achieving access to health for all Coloradans by 2018.

Sincerely,

Kathryn A. Paul
Chairwoman of the Board of Trustees

Irene M. Ibarra
President and CEO

Board of Trustees



Board & Staff

*Back row (l. to r.): Jack D. Henderson, Esq.; Reginald L. Washington, MD; Irene M. Ibarra, President and CEO; William N. Maniatis, MD; Gail Schoettler, PhD; Patricia Baca, EdD; Jennifer Paquette; Stephen B. Clark.
Front row (l. to r.): William Wright, MD; Katherine A. Paul; Rev. R.J. Ross.*

CHAIRWOMAN

Kathryn A. Paul
President and CEO
Delta Dental Plan of
Colorado

TREASURER

Gail Schoettler, PhD
Businesswoman

Rev. R.J. Ross

Founder/President
Samaritan Institute

VICE CHAIRMAN

Stephen B. Clark
President
SB Clark, Inc.

Patricia Baca, EdD

Educational Consultant

William Wright, MD

Executive Medical Director
and President
Colorado Permanente
Medical Group

SECRETARY

Reginald L. Washington, MD
Chief Medical Officer
Rocky Mountain Hospital
for Children

William N. Maniatis, MD

Urologist
Advanced Urology, P.C.

GENERAL COUNSEL

Jack D. Henderson, Esq.

Jennifer Paquette

Chief Investment Officer
Public Employees'
Retirement Association of
Colorado

Staff



Executive Office (l. to r.): Jenny Lehman, Executive Associate; Irene M. Ibarra, President and CEO

Research, Evaluation & Strategic Learning

(l. to r.): Nancy B. Csuti, DrPH, Research, Evaluation & Strategic Learning Director; Tanya Beer, Research, Evaluation & Strategic Learning Assistant Director

2009 Annual Report

Board & Staff

continued...



Administrative Services (l. to r.): Jill Johnson, Front Desk Manager; Alisa Schreiber, Database Manager & Human Resource Assistant; Heidi Holmberg, Events Coordinator; Mary Ann Davis, Administrative Services Director



Communications & Public Affairs (l. to r.): Bridget Monahan, Communications Associate; Sabine Kortals, Senior Communications Officer; Christie McElhinney, Vice President of Communications & Public Affairs; Scott Downes, Senior Project Director; Rachel Mondragon, Website Manager



Finance (l. to r.): Lori Vettriano, Grants Administrator; John L. Samuelson, CPA, Vice President and Chief Financial Officer; Tara Spahr, IT Manager & Payables Accountant; Joanne Johnson, Controller



Programs (l. to r.): Gay Cook, Vice President of Programs; Deidre Johnson, MPPM, Program Officer; Michele Chader, Program Associate; Laurel Petralia, Program Officer; Matt Sundeen, Senior Program Officer for Health Policy; Ginger Harrell, Program Officer

*(Ed Lucero, Senior Program Officer, resigned from The Colorado Trust in February 2010, following 10 years of dedicated service.)



Achieving Access to Health for All Coloradans

The Colorado Trust is committed to work with others to ensure that all Coloradans have adequate health coverage and access to a responsive and comprehensive health care system, including an adequate supply of health care providers who deliver quality, affordable health care services. To achieve this vision, The Trust supports grantees in developing and implementing policies, programs and services that expand health coverage and improve and expand health care.

Expand Health Coverage

Health insurance is important to health status, yet it is unaffordable for hundreds of thousands of lower- and middle-income Coloradans. Trust grant strategies to expand health coverage to more Coloradans include:

- Research, develop and implement policies that control costs and increase access
- Strengthen and align diverse voices for health reform, including consumers, providers, and business and policy leaders
- Increase public awareness and build a strong base of support for access to health.

Increase Outreach & Enrollment

A confusing and lengthy enrollment process for Medicaid and CHP+ results in many Coloradans who are eligible for coverage going without health care. Trust grant strategies to increase outreach and enrollment include:

- Simplify and streamline eligibility and enrollment processes for public insurance programs
- Develop and implement systems and policies to support continuous enrollment
- Strengthen and expand effective community outreach and enrollment programs.

Improve Health Systems

A complex, disjointed health care system results in costly waste and duplication of services, making it difficult to navigate and often resulting in poor health outcomes. Trust grant strategies to improve health systems include:

- Provide comprehensive preventive services in a timely manner
- Align high quality, coordinated care with financial incentives for providers
- Strengthen the ability of health care sites and providers to meet standards of care.

Increase Availability of Care

Economic challenges to the safety-net system, insufficient availability of health care services across Colorado, and a shortage of health care providers make it difficult for some Coloradans to receive health care. Trust grant strategies to increase the availability of care include:

- Strengthen the viability of health care delivery sites and providers to serve uninsured, and publicly and privately insured Coloradans
- Ensure adequate points of access across the state for preventive, primary, oral and behavioral care
- Expand education, recruitment and retention programs and policies to increase the number of health care providers available to serve Coloradans.

Program Areas

continued...

Additional Programs

Since 1985, The Colorado Trust has worked closely with nonprofit organizations across the state to advance the health and well-being of the people of Colorado. The Trust continues to support a number of long-term programs that advance the health and well-being of Coloradans by integrating and coordinating health services, reducing racial and ethnic health disparities, strengthening immigrant integration and more.

Leadership Award

In honor of John R. Moran, Jr.'s long-time leadership of The Colorado Trust, a special fund of \$250,000 established the John R. Moran, Jr. Grantee Leadership Award. Since 2007, one current Trust grantee has been selected annually to receive \$25,000 in recognition of outstanding leadership to advance the health and well-being of the people within the community the grantee serves.



Expand Health Coverage

In 2009, the economic crisis and apparent loss of momentum for health reform seemed to reduce the likelihood of expanding health coverage. Indeed, as Colorado's unemployment rate reached 8.3% – its highest rate in 26 years – many more people lost their health coverage along with their job. The employed also struggled as private insurance premium growth increasingly forced workers to opt out of employer-based coverage.

Against this difficult backdrop, a promising step was taken to cover more uninsured Coloradans. The Colorado Trust provided support to the Office of the Governor to research the potential benefits of a hospital provider fee to extend coverage to more Coloradans and reduce the number of uninsured. The findings from this research resulted in the development and passage of HB09-1293, the Colorado Healthcare Affordability Act. It is estimated that this policy will bring in an additional \$1.2 billion annually – \$600 million from a fee paid by Colorado hospitals and \$600 million for a federal match – to cover 100,000 of Colorado's 800,000 uninsured. Several additional Trust-supported research studies conducted in 2009 also provided important information for state decisionmakers:

- **The Colorado Household Survey** gathered information from 10,000 Colorado households about health insurance coverage, employment status, access to and utilization of health care services. This extraordinary data set is being used by the Colorado Department of Health Care Policy and Financing, the Colorado Health Institute and others to provide an accurate assessment of the many issues surrounding health coverage and access to care in Colorado.
- **The Future of Colorado Health Care**, is a study jointly commissioned by The Colorado Trust and the Colorado Health Foundation, and undertaken by New America Foundation and the University of Denver's Center for Colorado's Economic Future. The study considers the economic consequences of doing nothing to change our health care system and, conversely, the impact health reform would have on Colorado's economy. The study shows, for example, that employer health care contributions would rise by 109% over the coming decade in the event of no changes to our health care system.
- **The Cost of Care: Can Coloradans Afford Health Care?** This study was conducted by the Colorado Center on Law & Policy and Colorado Voices for Coverage to address the fundamental question of what affordable health care means for Colorado families. The findings show that when low-income Coloradans spend more than 5% of their household income on health care, they make substantial tradeoffs on other important expenditures, such as transportation, housing, child care and education.

Additionally, The Trust supported multiple advocacy and communication efforts to increase awareness and improve understanding about expanded health coverage.

LOOKING AHEAD, The Colorado Trust is supporting strategies to:

- Build awareness, understanding and support among key stakeholders about the benefits and cost of expanded coverage
- Develop policy options for coverage expansion and financing
- Sustain coverage expansion gains made in Colorado
- Implement expanded coverage as a result of federal health reform.

See a list of all grantees receiving support from The Colorado Trust to Expand Health Coverage on page 37.

Community Insight

The “Multiplier” Effect of Health Care Spending

By Len Nichols and Henry Sobanet

You’ve hiked to one of Colorado’s alpine lakes. It looks like a pristine John Fielder photo: water as still as glass, a fiery pomegranate sky, craggy peaks reflecting on the lake’s surface.

Now toss a pebble into the water and watch the ripples spread.

You have just simulated Health Economics 101.

Money moves like the ripples. It reverberates around our communities, generating wave after wave.

A study we conducted shows the stunning power that health dollars create. In economics, we call the ripples “multipliers.” The term may sound complex, but the simple truth is this: dollars invested in health care are like bigger rocks and their concentric circles moving through water. Health dollars stay in our communities longer than money spent on other household goods and they trigger bigger and more powerful waves of additional spending.

Our analysis shows that for each \$1 we invest in new health care spending in Colorado, we will produce an additional \$2.44 in economic output. By comparison, each \$1 spent on regular household goods generates \$1.61 in economic activity.

Why the disparity? Health care is labor intensive and home-grown. When you invest in health care, you spend money on local hospitals, local doctors’ salaries and local schools that educate everyone from nurses to ultrasound technicians to dental hygienists. They, in turn, spend part of their earnings here. However, when you buy a flat screen TV, which is most likely not locally produced, a percentage of your purchase flows back to China or Mexico, fueling factories and workers – plus ripple effects – elsewhere.

We started our study before federal health care reform was a consideration, basing our calculations on the recommendations of Colorado’s Blue Ribbon Commission for Health Care Reform, also known as the 208 Commission. As it turns out, commissioners ultimately proposed a health reform package for Colorado that shares four major features of the 2010 federal health reform legislation that passed into law: insurance market reforms, the individual mandate, an expansion of Medicaid, and subsidies for some who are not eligible for Medicaid but still need help to buy private health insurance.



Henry Sobanet (left)
President, Colorado Strategies

Len Nichols
*Professor of Health Policy and Director,
Center for Health Policy Research and
Ethics, George Mason University*

(Photo by Paul Hartmann)

While the Commission's recommendations would have cost Colorado an estimated \$1.6 billion in 2010, we have calculated that ensuring health coverage for nearly all Coloradans would have created a net \$2.3 billion in new economic output that same year. In other words, all of the upfront costs are recovered and additional economic benefits are realized. As well, the economic benefits of expanded health coverage increase over time. By 2019, the economic output associated with this coverage expansion would grow to \$3.8 billion, net of financing.

Certainly, the initial costs for investing in health care are expensive. But, our analysis shows that the gain to the overall economy outweighs the investment, even after taking out the effect of higher taxes and subsequent impacts on spending.

Our analysis also shows a surprisingly large portion of that new spending – 59% – will center on non-health related expenses. So, many businesses, not just those in health care, will experience an economic benefit. For instance, some lower-income Coloradans, who had previously been spending a high-percentage of their salaries on health expenses would receive health subsidies, and therefore would have more cash to spend on other expenses. A previous Trust-supported affordability study found that when families spend more than 5% of their household income on health care, they make substantial tradeoffs on other critical expenditures including transportation, housing and child care.

But expansion of coverage is just one part of the equation; delivery reform also is essential. Consider the soaring increases in health care premiums. No doubt you've heard about the increases in private health care plans from one year to the next – 19% here in Colorado, 25% in Ohio, 39% in California. This is on top of the 22% of family budgets Coloradans already spend on health expenses. Similarly, one-fifth of our state budget funds Medicaid expenses. As private health insurance becomes more expensive, the ranks of our uninsured swell, boosting costs for all of us.

“

If you have health care costs doubling every seven to 10 years and income is not keeping pace, there is a consequence to that. We cannot sustain the rate of change in health pricing relative to our economic growth.

”

HENRY SOBANET
President
Colorao Strategies, LLC

Comparatively, our economic model used much more conservative estimates. We predicted that in the absence of reform, private health premiums would rise by seven percentage points a year. Even at those rates, health care costs would double in 10 years. Essentially, by doing nothing we would be taxing ourselves at ever-rising rates to foot the bill for spiking private and public health costs. In other words, we would have a tough time trying to hold on to the status quo. Without action, the numbers forecast an ominous future: we'll be paying more and getting less.

Despite these bleak projections, across Colorado there are pockets of excellence in innovative efforts to hold down health care costs while producing better outcomes. In Grand Junction, for example, physicians and medical institutions have collaborated to provide exemplary care at significantly lower costs. Colorado's Kaiser Permanente and Denver

Expand Health Coverage

Community Insight

Expand Health Coverage

Community Insight

Health care are both national models for aligning financial incentives and organizing health systems to produce better value, rather than simply providing more and more services. In addition, we have both public and private medical home pilot programs which reward doctors for keeping their patients well. Medical home providers coordinate care while cutting unnecessary and duplicative testing and procedures.

So the critical remaining task is to create the mechanisms and opportunities for business leaders and health consumers to support the spread of delivery reform innovations, like the ones mentioned above. By becoming focused buyers, businesses could collectively demand more value for every health dollar spent. We need to reward doctors for outcomes, not procedures. We need to stop chasing the newest, shiniest technologies until they are proven to be beneficial. The arms race over who has the best medical toys must stop. We must reward those who give us excellent, measurable health outcomes while consistently containing costs.

“

Health care has become like food. It's an essential thing that we know we can deliver to people if we were just better stewards of our aggregate resources. It is therefore incumbent on us as a society to make sure there is no preventable death and that really is what coverage of everyone accomplishes. In my view, it's a moral failing of the rest of us if we don't undertake to do this.

”

LEN NICHOLS

Professor of Health Policy and Director

Center for Health Policy Research and Ethics, George Mason University

Making these system reforms will not be easy. But clearly the alternative is costing us more and more each year without commensurate gains in value. By improving the health delivery system we can spend less than we otherwise would have, increase Coloradans' health per dollar spent, and enable the overall economy to benefit from improved efficiency.

Grantee Story

Colorado Center on Law & Policy *and* Colorado Consumer Health Initiative

While many couples dream of vacations or retiring someday, Catherine and José Garfio have simpler goals: spending time with their three children and eight grandchildren, and someday affording a trip to a dentist or doctor.

Catherine, 52, has not seen a dentist since 1977. She hides her protruding, sore teeth and subsists on soup. Nonetheless, Catherine works three janitorial jobs every day, leaving at 5 a.m. and returning home mid-morning to care for her granddaughter. José, 51, works full time as a janitor for a bank.

Still, this La Junta couple cannot begin to afford health insurance. José's job offers coverage, but it's too expensive. Insurance for the couple would cost more than \$800 a month, nearly 45% of their monthly income of \$1,900.



Catherine Garfio
Affordability of Health Coverage

"No one can afford to spend half their income on health care," said Elisabeth Arenales, Health Care Program Director for the Colorado Center on Law & Policy (CCLP). "The Garfios' situation is common. You see families making tradeoffs like this every day. Can I afford health insurance premiums or pay for basic living expenses like food and rent?"

“

The key to coverage is affordability. Most of the uninsured in Colorado are working families and they simply don't make enough to cover high premiums.

”

DEDE DE PERCIN
Executive Director
Colorado Consumer Health Initiative

With support from The Colorado Trust, CCLP and the Colorado Voices for Coverage conducted a health care affordability study, interviewing more than 1,000 participants across the state. Among the key findings:

- Low-income families like the Garfios have little, if anything, to spend on health care after paying for necessary expenses and other financial responsibilities, such as support of family members.
- For more than half of families, expenses exceeded incomes.

Expand Health Coverage

Grantee Story

- Even at the highest income level studied (500% of the Federal Poverty Level (FPL), or \$106,000 for a family of four), 32% of families had expenses greater than income and almost one-fifth (19%) wound up with negative balances even though health care expenses were excluded from the analysis.
- Once health care costs climb to more than 5% of family income, families start to give up other spending to pay for health care. They sacrifice investments such as saving for retirement or paying for education.
- Most families experienced an increase in debt over the previous year.

"You have families who have worked hard all of their lives, but they still don't make enough to pay for health care," Arenales said.

Under federal law, help should be on the way for families like the Garfios, Arenales said. Families under 400% FPL (about \$88,200 for a family of four), who have access to insurance through their employers and spend 9.5% or more of their incomes on premiums, will qualify for subsidies and be able to shop for more affordable insurance through health exchanges.

Families at the Garfios' income level who go into the exchange will be required to spend about 5% of their income on health insurance premiums. The Garfios' premium might cost about \$95 per month, significantly more affordable than the \$800 tab they face now. They will also have to pay some out-of-pocket expenses when most of the federal offerings start in 2014.

The Garfios know their situation is tenuous. Any accident or health setback could bankrupt them. Already, they have faced difficult times. Four years ago, José lost his job of 18 years when the La Junta school district privatized janitorial services. That job loss led the couple to drain more than \$41,000 in retirement savings as they struggled unsuccessfully to keep their home. Now, they live in a rental.

Two years ago, Catherine endured a cancer scare. An ominous result from a pap smear spurred doctors to conduct a follow-up ultrasound and biopsy. Thankfully, the cancer results were negative, but Catherine had to pick up yet another job to pay the \$800 tab over several months. Other times, the couple has simply ignored health concerns.

Being able to afford health and dental coverage would be a huge relief for the Garfios. "It's my dream to go to a dentist," Catherine said. "If I finally got help, that would probably be the happiest day of my life. I'm speaking for a lot of people out here. How can we work so hard and still not afford help?"

View audio slideshow with Catherine Garfio at www.coloradotrust.org.



*Increase
Outreach &
Enrollment*

In 2009, the economic downturn resulted in record demands on health and human service providers and agencies across the state. The Gathering Place, for example, saw a 20% increase in the number of homeless women and children seeking services. Routt County's unemployment rate doubled. Mesa County experienced a 97% increase in applications for the Temporary Assistance for Needy Families (TANF) and Food Stamp programs, leading to delays of more than 70 days in processing benefit applications. And child enrollment in Medicaid contributed to the largest caseloads in the Colorado program's 40-year history. Additionally, the Colorado Health Institute estimates that of the 153,000 uninsured Colorado children up to age 18, more than 78,000 were eligible yet not enrolled in Medicaid and Child Health Plan Plus (CHP+).

Still, gains were made in expanding coverage for children and adults, and in more effectively reaching out to and enrolling eligible children in public health insurance programs. State legislation passed in 2009 – HB09-1020 and HB09-1353 – should make it easier for families to navigate the Medicaid and CHP+ programs by establishing phone- and Internet-based systems for re-enrollment, and eliminating the enrollment waiting period for pregnant women and children. As well, Colorado received a \$42 million federal grant to help improve enrollment systems for the children and adults who are newly eligible for Medicaid coverage as a result of the Colorado Health Care Affordability Act.

The Trusted Hand approach to application assistance, in which community-based organizations assist families in enrolling children in public health insurance programs, also shows great promise. Nineteen community-based organizations are receiving support from The Colorado Trust to identify and enroll eligible, but uninsured children and youth in Medicaid and CHP+. These organizations include after-school programs, clinics, agencies serving low-income families, homeless families and abused children, a school district and an affordable housing provider. Additionally, The Trust is providing support to the Colorado Department of Health Care Policy and Financing to modernize the eligibility determination process and to support a Community Outreach Specialist who provides technical assistance and guidance to grantees and other community-based organizations statewide.

The Trust also supported The Maze, a research study developed by Colorado Covering Kids and Families. This study identifies the barriers that keep Colorado's eligible children and families out of Medicaid and CHP+ and provides recommendations on how to streamline and simplify this process. Based on a comprehensive review of administrative and policy options and best practices, the report provides policy recommendations to help guide Colorado's decisionmakers in their work to simplify the path to Medicaid and CHP+ coverage. Several of the report's recommendations are underway, such as improvements to the state's computer enrollment system, application simplifications and improved capabilities for on-line application and eligibility pre-screenings.

LOOKING AHEAD, The Colorado Trust is supporting strategies to:

- Increase Trusted Hand enrollment opportunities
- Research and support the state enrollment system and community-based outreach programs in enrolling newly eligible people in public health insurance
- Sustain improvements made to outreach and enrollment for children.

See a list of all grantees receiving support from The Colorado Trust to Increase Outreach & Enrollment on page 37.

Community Insight

"Trusted Hands" Enroll More Children in Public Health Insurance

By Sue Williamson

As a result of the economic recession, a record number of Colorado families lost their health care coverage when they lost their employment. However, having a job doesn't always guarantee access to health care coverage – a large number of working families can't afford the health care they need.

Fortunately, families may be eligible for coverage through Medicaid and the Child Health Plan Plus (CHP+), public health insurance programs administered by Colorado's Department of Health Care Policy and Financing. Many families are not aware of the existence of these programs or that they may qualify. The Department has a rich tradition and continues to focus its outreach strategies to eligible-but-not-enrolled (EBNE) families by working with local community partners.

These partners include schools, health care providers, employers and community-based organizations – from youth programs to churches and public agencies, like local recreation centers and libraries. By using the Trusted Hand approach, families are much more likely to apply for public health insurance programs and submit a completed application to their local county department of human/social services or medical assistance site for eligibility determination. The premise of the Trusted Hand model is that people are much more likely to apply for public health insurance programs when they have someone in their local community who is knowledgeable and able to guide them through the process.



Sue Williamson

Deputy Director, Client and Community Relations, Colorado Department of Health Care Policy and Financing

“

The efforts of our local community partners have greatly contributed to the Department's success to improve access to cost-effective, quality health care services for Coloradans. As we begin to implement health care reform initiatives, we know we can rely on trusted hands, from Denver to Montrose to Sterling, to be available to offer our families the guidance and assistance they need to become covered and promote good health.

”

JOAN HENNEBERY
Executive Director
Colorado Department of Health Care Policy and Financing

Let me share a story that illustrates how this approach works. During a summer festival in Simla, Carolyn Juranek, the Plains Medical Center Service Coordinator, brought a portable putt-putt golf game along with free pens and sunscreen packets as a way to begin a conversation with people to inform them about the clinic and its services. The Campbell family happened to stroll by the booth and pick up a brochure. A couple of months later, Gary Campbell lost his job as a heavy equipment operator for a construction company and desperately needed help affording dental care. Thanks to the neighbor-to-neighbor contact at the Simla fair, he remembered Juranek, who ultimately helped him fill out an application for Medicaid and CHP+. He later received a grant from a separate organization to defray costs for extensive dental work, and his wife and five children received health coverage through CHP+.

We need to continue working with partners like the Plains Medical Center and others who are “on the ground” statewide. We know that what works in Simla may be very different from what works in San Luis or Cortez or Craig. The advantage of the Trusted Hand model is that each community can design and develop an outreach plan that works for their particular community based on their unique needs and resources.

When CHP+ began in the late 1990s, Colorado used the Trusted Hand approach to enroll children in this new health coverage program. In 2000, we partnered with community health clinics, local public health departments and other community-based organizations, which served as Satellite Eligibility Sites (SED). Workers at these sites generated awareness of the program and assisted families in completing the application process. At that time, they were also able to enter the applicant’s information into the eligibility system which expedited the application processing time. These partnerships proved highly successful and at its peak, approximately 35% of new enrollments were generated through SEDs. Unfortunately, the economic recession and state budget challenges in the aftermath of 9/11 resulted in the elimination of outreach funding and an enrollment cap on the program. In 2004, the state implemented the Colorado Benefits Management System, the new eligibility system for all public health insurance programs, which limited the types of organizations that were able to perform the application processing activities.

With the passage of Amendment 35, the tobacco excise tax, funding was created to support marketing programs to educate families about their coverage options, as well as restore and expand CHP+ coverage to children and pregnant women. In 2005, we contracted with Maximus to implement a \$1.3 marketing and outreach plan. Some of the funding was used to promote CHP+ through traditional marketing such as television and radio ads. However, much of the funding was used to re-invigorate the grassroots Trusted Hand model through the use of Regional Outreach Coordinators (ROCs) that worked with local community-based organizations to create awareness of the CHP+ program. With the infusion of new funding, together with the funding from private funders like The Colorado Trust, we were able to support the efforts of our local community partnership to reach our EBNE population.

While there is value in creating awareness of our programs through established marketing channels, actual enrollments are more likely to be generated when a Trusted Hand is working with a family to assist with the application process. Through their established connections and relationships with the people in their community, our community partners are able to remove barriers and address the challenges that our families face when applying for our programs.

We are now serving more than 70,000 children and pregnant women through CHP+. This remarkable program enables states to insure children from working families whose incomes are too high to qualify for Medicaid, but too low to afford private health insurance. To find these children, we are continuing to support our existing community partners as well as expanding our partnerships with new groups. Our partners range from schools and faith-based organizations to

Increase Outreach & Enrollment

Community Insight

Increase Outreach & Enrollment

Community Insight

Head Start programs, child care centers, county health workers, private medical providers and community health centers, just to name a few.

The application process can feel like a daunting task to many families, especially those who have little or no previous experience accessing benefits through a government program. Thanks to support from The Trust, we now have a dedicated staff person to connect with our partners. Our Community Help Desk provides technical assistance, training and other support to outreach workers statewide.

The Help Desk will also be instrumental in assisting partners with the Program Eligibility and Application Kit (PEAK), a new online application tool for people applying for our programs. Currently, anyone who has access to a computer is able to self-screen to see if they might be eligible for any of our public health insurance programs. In the summer of 2010, applicants will be able to apply online for our family and children's programs. We also see PEAK as a tool that our community partners can use when working with potential applicants, eliminating the need for submitting a paper application and reducing the application processing time.

Colorado is a recognized leader among states in its use of creative, comprehensive approaches to reach families needing health care coverage. We are on the leading edge in our efforts to assist families through the entire lifecycle of a client – from creating awareness of our programs to the eligibility and enrollment determination process to accessing health care benefits in appropriate settings. As we begin to implement the Healthcare Affordability Act, which will expand coverage to 100,000 previously uninsured Coloradans, we will continue to rely on our community partners as our Trusted Hand ambassadors to reach those EBNE expansion populations. With the passage of national health care reform, there will be new opportunities for our partners to teach families the value of health care coverage and how to access appropriate health care services.

We know that health care coverage is important for many reasons. Uninsured people receive less medical care and less timely care. As a result, uninsured people tend to have worse health outcomes than those who are insured. Conversely, children with health coverage have a greater likelihood of receiving regular visits that can prevent illnesses and disease before they require more costly treatment. When children are covered and are linked to a medical home, we can promote vaccinations and the maintenance of healthy weight. Health care coverage gives parents peace of mind, knowing their children can obtain health care when it is needed. Ultimately, healthier people create stronger communities.

Evaluation: *The University of Colorado Denver Health Sciences Center, Department of Health and Behavioral Sciences is conducting a three-year (2009-2012) evaluation of public insurance outreach and enrollment programs in community-based organizations funded by The Colorado Trust. The evaluation will determine the programs' impact on enrollment, retention and utilization of Colorado's public health insurance programs. For select grantees, the team is also conducting a cost analysis to examine the cost per client of implementing a case management approach to CHP+ and Medicaid outreach, enrollment and retention.*

Grantee Story

Increase Outreach & Enrollment

Chaffee County Department of Health and Human Services and Boys & Girls Club of Chaffee County

For one dad, dyslexia twisted the words on the confusing health forms into an incomprehensible swamp of letters. Another father had a good job as a pizza chef, but no health insurance through work.

Both wanted health care for their children and felt comfortable asking for help at an unlikely place – the Boys & Girls Clubs of Chaffee County. The Clubs feel like a second home to many children, teens and parents in the communities of Salida and Buena Vista, as central to life here as the Arkansas River and its churning rapids.

Health advocates had a simple vision that all children deserve to be healthy.

“No matter your income level, each child deserves to see that blackboard at school. Each child deserves to have a happy, fun day and not be in pain. A lot of that comes from preventive care. Not going to a doctor can be devastating,” said Tara Skubella, Outreach Coordinator for My Kids R Covered and Family PLUS at the Boys & Girls Clubs of Chaffee County. “You should not have to choose whether to put gas in the car, make a mortgage payment or get a new pair of glasses for your child so they can participate in school.”

The Boys & Girls Clubs have always earned kudos for their sports programs, after-school enrichment activities and summer classes. Their programs attract up to two-thirds of all children in Chaffee County, many of whom come straight from school.

“All the parents want to sign up. It’s practically free,” said Cheryl Walker, Outreach Coordinator for Chaffee County Public Health. “You’re not worried about safety, and you know your child is not in front of a TV. There are all kinds of athletics, free guitar lessons, free Spanish classes. It’s where all the kids want to be because their friends are there.”

But, a hub for health insurance? Not until Walker and the former Clubs director hatched a groundbreaking idea. Why not help Clubs’ families sign up for public health insurance programs? Boys & Girls Clubs of America was urging local affiliates to help parents and families, not just children, through a program called Family PLUS. Many Clubs started offering parenting classes or fun recreational events like family basketball games. The Clubs in Salida and Buena Vista took the concept to the next level, deciding that the most fundamental need for parents was help accessing health insurance. The Chaffee County concept is now becoming a national model.



Tara Skubella
*Expanding Outreach and Enrollment for
Children and Youth*

Increase Outreach & Enrollment

Grantee Story

"They are a small organization and they were able to find money to attack a problem in their community. We hope it will serve as an example," said Mike Coffman, Southwest Regional Service Director for Boys & Girls Clubs of America.

With funding from The Colorado Trust, Skubella works as a full time outreach worker. Whenever parents come to the Clubs – whether they're playing volleyball with their kids, attending a welcome fiesta for Latinos or taking a relationship class – Skubella gives her "infomercial," letting parents know that their kids might qualify for CHP+ or Medicaid.

In the first year alone, the outreach effort, now called My Kids R Covered, enrolled 200 new children or qualified adults, such as pregnant women, far more than their goal of 150 in three years. Workers enrolled another 50 children in the first two months of 2010.

While the economy declined, home prices remained high because Chaffee County has become an artsy mecca for some well-off retirees and second-home owners. As the popularity of the area has grown, construction workers, seasonal rafting guides, realtors and service workers have struggled.

"We're seeing more middle-income families," Skubella said. She spends time dispelling myths that working families won't qualify or that parents who seek help will rob more needy families of health coverage. Skubella and Walker try to reach 100% of the children in Chaffee County by leaving referral forms at schools, doctors' offices, day care centers and businesses. Word has traveled fast that understanding health insurance experts are ready to sign up new kids.

*View audio slideshow
with Tara Skubella at
www.coloradotrust.org.*



Improve Health Systems

In 2009, national experts pointed to pockets of excellence across Colorado with innovative efforts to hold down health care costs while producing better outcomes. Still, as Atul Gawande, MD, notes, transforming large, decentralized and inefficient industries takes time. And clearly much work remains to be done as Colorado performs less well than most states on quality (34th), access (40th) and equity (41st) indicators.

New models and methods that strive to provide incentives, improve affordability and increase the quality of care are being tested across the state. These efforts range from medical home pilot projects, to accountable care organizations, to private-sector experiments with payment reform and more. While many of these efforts focus on a single service or are specific to a limited set of providers, payers or communities, it is likely that the most promising of these innovations will receive a boost from federal health care reform.

Among these efforts to improve the health care system, Trust support includes:

- The Center for Improving Value in Health Care (CIVHC). Situated within the Colorado Department of Health Care Policy and Financing, CIVHC is working to identify and implement strategies that contain health care costs and ensure that safe, quality health care services are available to all Coloradans. This public-private coalition of health care providers, payers, state agencies, businesses, consumers and policymakers has set out to improve the quality and timeliness of patient care and overall population health, bend the cost curve and make health costs and quality data more transparent.
- In its second year, the Colorado Patient-centered Medical Home Pilot is being explored as a means to improve health care delivery by aligning high quality, coordinated care with financial incentives. Both public and private insurers are participating in this innovative pilot project. Managed by Health TeamWorks (formerly the Colorado Clinical Guidelines Collaborative), this effort is underway in 17 family medicine and internal medicine practices along the Front Range.
- In providing support services to private pediatric and family medical practices, the Colorado Children's Healthcare Access Program (CCHAP) is helping physicians to increase their ability to care for more children enrolled in Medicaid and CHP+. Early results show the percentage of pediatricians and family doctors along the Front Range, who are able to care for publicly insured children, has increased over the past three years from 20% to 90%. As well, emergency room visits of publicly insured children in this region have been cut in half. Looking forward, CCHAP is expanding their efforts to develop a similar model for prenatal care.

LOOKING AHEAD, The Colorado Trust is supporting strategies to:

- Coordinate health care services, reduce costs and improve health outcomes
- Improve quality and safety of care
- Support innovative programs that advance efficiencies and reduce costs of care.

See a list of all grantees receiving support from The Colorado Trust to Improve Health Systems on page 38.

Community Insight

Medical Homes Promise Better Access to Quality Health Care

By Melinda K. Abrams

Practicing medicine is both an art and a science.

We all need the right person to help us make sense of the latest treatment options and scientific studies. But the answers are not always clear, especially for patients with complex or chronic medical challenges. That's where the art comes in.

Think back to Robert Frost's iconic American poem, *The Road Not Taken*:

"Two roads diverged in a yellow wood.

And sorry I could not travel both

And be one traveler, long I stood."

The complexity of our world today gives us far more than two paths among which to choose. Especially when it comes to health care, we can feel lost in a labyrinth.

A promising model is beginning to emerge. Multiple studies are showing the benefits of investing in primary care practices and medical homes for patients. We're finding that medical homes create winners on all fronts. Patients win because they get better care and are more satisfied with their health care experiences. Doctors win because they get rewarded for spending time – whether on the phone, in person or via email – helping their patients stay well. And the payers win because healthier patients save money.

Medical home models are sprouting up around the country, with hundreds of practices testing the concept. They are not all the same. They have emerged community by community. We are in the middle of an exciting movement to reinvest in primary care. More than 31 states are engaged in medical home demonstration projects. The federal government is planning three large medical home demonstrations. And, in the private sector, dozens of medical home projects have emerged at hundreds of medical practices across the country.

The Health TeamWorks' (formerly the Colorado Clinical Guidelines Collaborative's) Patient-centered Medical Home Pilot is among the most promising programs in the country. From the beginning, Health TeamWorks sought buy-in from all the players, both public and private health plans. They attracted the biggest insurance companies, including Aetna, Anthem-Wellpoint, CIGNA and United Healthcare. Medical practices are receiving enhanced payments for at least 20,000 patients covered by those insurers along with Colorado Medicaid and Colorado Access.



Melinda K. Abrams

*Assistant Vice President,
Patient-centered Coordinated Care Program,
The Commonwealth Fund*

The pilot will be evaluated by Meredith Rosenthal, PhD, from the Harvard School of Public Health to determine the effect on quality, cost trends and satisfaction for patients and their health care team. Should the data show that medical homes rein in costs while improving quality of care and patients' health care experience, these models can serve as catalysts for making medical homes the norm. The participating national insurers could then spread the model to multiple private markets across the country. Indeed, the support of the national insurance companies and large public programs is vital.

Some challenges remain. The jury is still out on the best payment models. Colorado's program is using a hybrid system. Providers still get paid partially based on "fee-for-service," the traditional model where a patient comes in for a face-to-face visit and the doctor bills for the services provided. Health TeamWorks also negotiated monthly per-patient care management fees that allow doctors to invest time in patient care outside of office visits. Finally, doctors can earn bonuses for meeting or exceeding quality goals. This "blended" payment model is designed to give doctors the freedom to provide comprehensive, holistic care that gives them more time to talk with patients and address medical concerns early before their condition becomes chronic and more costly to treat. If doctors and their care teams take time to ensure better outcomes for patients, studies show that quality improves, patients and providers are more satisfied and the cost of care declines.

We don't yet know exactly which payment model works best. It's clear that we have to move away from strict fee-for-service. We need to pay for value over volume. We must measure and report on quality. And we must reward practitioners for keeping patients healthier. My hunch is that there may not be one distinct payment model that works for all medical home models. Like the diverse medical homes that are cropping up around the country, varying payment models will also emerge. We will learn what works and what doesn't.

While payment issues remain thorny, there is evidence that we need to promote, replicate and continue to test the medical home model.

Patients appreciate having access to a trusted clinical partner. They want to be able to see their practitioner on short notice at times that are convenient for them. They want to be able to ask questions without having to schedule an office visit. Sometimes they need medical advice or care on weekends, evenings or holidays. They should be able to get that care through – or arranged by – their medical home, not at an expensive, overcrowded Emergency Room. Those with complex issues yearn for a trusted medical guide to help them navigate conflicting treatment options and a fragmented system of hospitals and specialists. They want a wise partner to help them choose the best course of treatment. This is where the medical home fuses both art and science.

Practitioners are eager for help, too. Most physicians have little training in business practices and no time to interpret metrics. In a traditional medical practice, taking time to chair a staff meeting or analyze trends in office operations, such as timeliness of notifying patients about abnormal test results, cuts into billable time and reduces revenue. While some medical providers may be comfortable with technology, few know exactly how to maximize digital tools to interpret complex data, then take action based on results.

These issues will be especially challenging for sole practitioners or doctors in small practices. They may not have the resources to hire technology consultants or care coordinators. The Collaborative is tremendously promising on this front.

Improve Health Systems

Community Insight

Improve Health Systems

Community Insight

It's a great national model of what I call a shared resource. These are locally based, but centralized resources that can provide anything from technical assistance to shared clinical services, such as a care coordinator who supports several practices.

We are seeing significant and consistent data that medical homes provide better access to quality care. Patients thrive. Studies show clinicians are much happier too. They report less emotional exhaustion, higher satisfaction with patient care and better work-life balance. Medical homes also help increase efficiency. We've found substantial reductions in ER usage and unnecessary hospitalizations.

The energy, enthusiasm and pioneering approach to medical homes in Colorado may be contagious. As the pilot progresses, we will get a better understanding of one new payment model, uniform criteria for medical home certification and standard measures for monitoring and evaluating progress.

Based on the lessons from Colorado, we will better know which road to take. It's time to put the medical home model on a fast track.

Grantee Story

Health TeamWorks

The stop watch ticks as a patient navigates from the front desk to the exam room during a visit to the doctor.

Minutes are lost as the patient waits and waits.

Most doctors do their best to provide outstanding patient care every day. Few are brave enough to invite in outside analysts to help them turn their practices upside down – viewing every minute from a patient’s perspective.

That’s exactly what is happening in Colorado with grants from The Colorado Trust and The Commonwealth Fund, and an evaluation by the Harvard School of Public Health. Over the past year, 17 medical practices along Colorado’s Front Range have been revolutionizing their care models by putting patients first. A team of providers works to give each patient a “home,” an approach to health care where everyone knows them well and can work together to chart a course for better health.

Among the strategies they’re using: open scheduling to free up same-day visits; a focus on wellness and prevention, rather than simply treating illness; and state-of-the-art technology to improve communication, give patients email access to providers, cut errors and increase care coordination among health professionals.

Data is one of the main drivers in this turnaround.

For example, doctors never used to know which of their patients frequently visited expensive emergency rooms. Now, thanks to better communication with insurance providers, doctors can identify these patients, contact them and explain that they can get better, faster, less expensive care at their doctor’s office – rather than at an ER.

“They can say, ‘We have extended hours. We have open slots. We can see you.’ It changes the dynamic. It’s expensive to visit an ER for an ear ache,” said Julie Schilz, who harnesses both her MBA and nursing training as manager of the Patient-centered Medical Home Pilot for the Health TeamWorks (formerly the Colorado Clinical Guidelines Collaborative). “If someone is having a heart attack, we want them to go to the ER. But when consumers are in doubt, we want them to call us. Let’s figure this out together.”



Julie Schilz
Patient-centered Medical Home Pilot

Improve Health Systems

Grantee Story

“*Patient-centered medical homes bolster and transform how primary care is delivered, how it is paid for, and how it can be part of an integrated ‘medical neighborhood’ where all providers have clear agreement on processes that ensure coordinated patient care.*”

MARJIE HARBRECHT, MD
Medical/Executive Director
Health TeamWorks

New payment models, where doctors are rewarded for keeping patients healthy rather than treating illnesses, have freed some providers to hire care coordinators who focus on follow-up and results. They seek to provide “evidence-based care.” Put simply, results matter.

“The practices measure what they do by gathering clinical metrics to make sure they are improving outcomes,” Schilz said.

In the past, health providers would do their best to treat a patient, then would send them out the door. They never knew if the patient followed up with a care plan, visited a specialist, had a positive experience or became healthier. Under the medical home model, the practices are constantly collecting data and seeking input from patients. As painful as criticism may be, they’re learning to make changes based on feedback.

The practices also have opened their minds to business models once thought antithetical to medicine. Take those stop watches, for example. Analysts from Health TeamWorks use them to study work flow in what’s called “cycle time mapping.” The best businesses have long made customer service their cornerstone. As a result, top manufacturers often analyze how their work flow directly contributes to higher customer satisfaction. In a medical practice, mapping time has uncovered redundancies and patient frustrations. For instance, both a medical assistant and the doctor may be asking the same questions. The mapping buys more time for every team member and allows everyone to work at their highest levels, or what the medical home experts call the “top of the license.”

Innovative new concepts are springing from each of the pilot practices. For instance, group visits are becoming more common. Some of the providers are bringing together all their patients with diabetes. The patients meet together for education sessions where they can trade health tips and form support groups. Each of the patients will then see their health provider one-on-one for personal matters and individual assessments.

The group visits save time and money. But they also increase the likelihood that patients will stay healthier. “Studies show that patients can be more successful if they know they’re not alone,” Schilz said.

To further build bridges, the pilot program is reaching out to non-traditional support networks. These have included community recreation centers and churches. “We’re viewing primary care as a hub that interacts in a medical ‘neighborhood,” Schilz said. “We’re working with all these organizations to help support primary care and better understand how providers can build bonds with patients.”

*View audio slideshow
with Julie Schilz at
www.coloradotrust.org.*



*Increase
Availability
of Care*

In 2009, high unemployment greatly increased enrollment in Medicaid. In turn, the swelling numbers of uninsured placed unprecedented financial pressures on the already insufficient number of providers who serve them. Although some Federally Qualified Health Centers (FQHCs) received federal American Recovery and Reinvestment Act (ARRA) funds, this money often is earmarked for capital projects and cannot be used to offset operational expenses. Indeed, some Colorado community health centers closed as a result of the economic downturn.

In rural areas, in particular, health care providers are caught between a reduction of privately insured patients and cuts to reimbursement rates for their publicly insured patients. However, Medicaid expansion may well bring some relief to these providers and to safety-net providers that accept both uninsured and Medicaid individuals, such as FQHCs, rural health centers and public hospitals.

To increase the availability of care, The Colorado Trust is supporting several strategies, including:

- Managed by the Colorado Rural Health Center, the Colorado Health Professions Work force Policy Collaborative brings together policy leaders, health care providers, educational institutions, and economic development and workforce planning authorities to collectively establish a strategic public policy framework for Colorado. This framework is intended to advance health professions' workforce priorities to alleviate provider shortages and strengthen the health care system. Among the initial policy recommendations the Collaborative put forth to state policy leaders were to strengthen the scopes of practice for Advanced Nurse Practitioners, Physicians Assistants and Dental Hygienists; increase clinical placements and preceptor training; increase funding for health professions education; and expand loan repayment opportunities.
- ClinicNET, a coalition of Colorado safety-net clinics and programs that are not designated as FQHCs, is working to build the administrative and service capacity of these clinics in order to secure additional public funding. Such additional support is critical as non-FQHCs are not eligible for dollars through ARRA and rely heavily on grant funding and volunteers. Yet in many parts of the state, these clinics are the only option for care that is available to low-income working families.
- The Colorado Area Health Education Centers (AHECs) and the University of Colorado Denver Health Sciences Center are working to encourage rural and underserved high school students to explore health profession careers. The AHECs are also administering a health care scholars program to graduate students in health professions education and training who opt to practice in rural or other underserved sites. Most significantly, this grant developed and continues to support a multidisciplinary curriculum and training program for rural track health professions students.
- Fourteen diverse organizations are Expanding Children's Access to Care by increasing the number of health care providers available to tend to the immediate needs of publicly insured and uninsured children. Situated across the state, the grantees include

Increase Availability of Care

See a list of all grantees receiving support from The Colorado Trust to Increase Availability of Care on page 38.

community clinics, FQHCs, school-based health centers and local public health departments. Over a three-year period, these organizations anticipate being able to care for an additional 18,000 children.

- Similarly, the Rocky Mountain Youth Clinics is bringing consistent primary, mental and dental health care to children in their communities – particularly for families that have difficulty accessing health care through the traditional system – through clinics, mobile health care vans that serve rural and metro-area counties, and by establishing and servicing new school-based health centers.
- Colorado’s Early Childhood Councils are better connecting children and families to resources and quality services in early care and education, health, mental health and family support. To improve health outcomes for Colorado children, The Trust supports the Councils in more effectively integrating health and health care into their efforts.

LOOKING AHEAD, The Colorado Trust is supporting strategies to:

- Strengthen the health professions workforce through policy advancements
- Research future workforce needs to support emerging models of care, such as medical homes
- Expand the ability of health care delivery sites to treat more uninsured and publicly insured Coloradans
- Explore means to ensure adequate reimbursement of primary care providers.

Community Insight

*Increase
Availability
of Care*

Reversing the Shortage of Health Care Professionals in Colorado

By Lou Ann Wilroy

Imagine if all Coloradans had the right to see a doctor, but no one to care for them. We would have achieved our dream of securing health care coverage for all Coloradans. But for many, the clinics would be essentially empty – our coverage, worthless.

Colorado, like many other states around the country, already has a significant shortage of health providers. The challenges are most acute among low-income populations and in rural areas of our state. Four of Colorado's 64 counties do not have a single full-time primary care physician. In some communities, such as Trinidad in southern Colorado and Hugo on the Eastern plains, women having babies must pack up and leave town to give birth because there's no one to provide obstetrical care locally.

This predicament is no secret and the problem has been building for years. While effective, systemic, long-term solutions are complex, it has become increasingly clear that we need coordinated action among the health care, education and labor sectors.

Enter the Colorado Health Professions Workforce Policy Collaborative. We are a group of 170 individuals representing more than 40 organizations. We include nurses, doctors, other health professionals, health care experts from higher education institutions and nonprofit agencies, along with managers of Colorado's health and labor departments. We are working to achieve consensus to reverse workforce shortages.

Already, the work of the Collaborative is generating tangible results.

This year alone, Colorado will have 10 times as much money to help pay off student loan debt for health professionals who agree to work for two years in underserved areas of the state. Last year, the state had about \$200,000 in loan repayment funds to entice new health professionals to the neediest areas. That money funded seven new placements. This year, thanks to an injection of private contributions and matching federal stimulus dollars, that funding has increased to \$2 million, helping to place as many as 40 new health professionals in underserved areas.

Funding support should continue to grow with new legislation that the Collaborative helped shape. Passed by the Colorado legislature in April 2010, House Bill 10-1138, the Colorado Health Service Corps will make it easier for private donors to add their financial support to the loan repayment fund and expand the program to a larger number of providers.



Lou Ann Wilroy

Chief Executive Officer, Colorado Rural Health Center, The State Office of Rural Health

This fund will have a profound effect on future recruitment. On average, health professionals leave school burdened with debt between \$150,000 and \$200,000. Evidence shows that loan repayment is one of the greatest incentives we have to encourage professionals to practice in rural and underserved areas.

But while loan repayment is a powerful tool, it's not a perfect long-term solution. We must also work to retain health professionals in rural and low-income communities. And we need new students to replace our aging health care workforce. The Collaborative helped craft another piece of legislation, Senate Bill 10-58, that will dramatically increase the number of nurses we train.

Nursing shortages have been well publicized. But few people understand that we have plenty of people who would like to become nurses. We don't lack potential students, but we do lack teachers and training facilities. Most nursing schools have long waiting lists. In Colorado, there is already an 11% shortage of nurses statewide. This shortage is expected to triple by 2020.

Colorado's new law will help to counteract this problem by attracting more nurses to teaching jobs. They will be able to qualify sooner for loan forgiveness programs and be eligible if teaching part-time.

Collaborative members are pushing further policy changes. Through small working groups, our diverse members identified the following immediate policy interventions with slim impact on the state's budget:

- Collect key data through the state's existing professional licensing and certification processes
- Enact policies to support adequate reimbursement for primary care providers
- Make loan programs more effective
- Streamline professional training programs
- Increase opportunities for clinical experiences and residency programs
- Increase public funding for health professions education programs.

We're focusing first on low-cost solutions that can be quickly implemented, and we're being strategic about more costly challenges. For example, we know that we must increase the reimbursement rates that health professionals receive from Medicaid. Rates are currently so low that most physicians and other providers lose money when they agree to treat Medicaid patients. But given Colorado's economic challenges, we know we cannot immediately reverse this downward spiral.

A bill in the Colorado legislature would mandate Medicaid payment reform within five years, helping to stabilize our health care workforce and encouraging more providers to care for low-income patients in underserved areas.

Evidence proves – and Collaborative members believe – that the rewards of an adequate health professions workforce in Colorado will have a profound impact on both our state coffers and our residents. People with access to primary care suffer less from cardiovascular and pulmonary diseases, tap expensive emergency care less frequently, have lower death rates from colon and cervical cancer, spend less money on medications and benefit from improved vision, oral health and access to simple immunizations.

The path is clear. Investment today will guarantee that each of us can find the competent health professionals we need in the years ahead.

Colorado Health Professions Workforce Policy Collaborative



*Increase
Availability
of Care*
Community Insight

Front row, l.-r.:

Mark Levine, MD, Chief Medical Officer, Denver Region of the Centers for Medicare and Medicaid Services; Anita Glicken, Associate Dean of Physician Assistant Studies, School of Medicine, University of Colorado Denver; Diane Brunson, Director of Public Health and Community Outreach, School of Dental Medicine, University of Colorado Denver; Cherith Flowerday, Workforce Programs Manager, Colorado Rural Health Center; Cindy LeCoq, Career and Technical Education Program Director for Health, ACE, Public Safety and Criminal Justice; Lou Ann Wilroy, Chief Executive Officer, Colorado Rural Health Center, The State Office of Rural Health; Christine Demont-Heinrich, Research Analyst, Colorado Health Institute; Margo Schultz, Director of Student Exchange Programs, Western Interstate Commission for Higher Education; Mimi McFaul, Associate Director, Mental Health Program, Western Interstate Commission for Higher Education

Middle row, l.-r.:

Fran Ricker, Executive Director Colorado Nurses Association; Kaia Gallagher, PhD, President, Center for Research Strategies; Sue Hall, JD, Director of Health Care Policy, Colorado Commission on Family Medicine; Raquel Alexander, Chief Executive Officer, Colorado Academy of Family Physicians; Amber Galloway Stephens, Workforce Programs Manager, Primary Care Office, Colorado Department of Public Health and Environment; Tanah Wagenseller, Health Center Workforce Manager, Colorado Community Health Network; Mark Deutchman, MD, Professor, School of Medicine, University of Colorado Denver; Terry Boucher, Executive Director, Colorado Society of Osteopathic Medicine

Back row, l.-r.:

Suzanne White, Director of Policy and Planning, Center for Research Strategies; Chris Adams, President, TAG Strategies; Booker Graves, Colorado Workforce Development Council, Colorado Department of Labor & Employment; Sandra Steiner, Executive Director, Adams County Education Consortium; Laurel Petralia, Program Officer, The Colorado Trust; Jean Scholz, President and CEO, Colorado Center for Nursing Excellence; Gail Finley, Vice President, Policy Analysis and Strategic Planning Colorado Hospital Association; Kris Wenzel, Executive Director, Central Colorado Area Health Education Center; Liza Fox, Policy Analyst for Health, Office of the Governor; Stephen Kopanos, Former Vice President, Public Policy and Systems Advocacy, Mental Health America of Colorado

Grantee Story

Northwest Colorado Community Health Center

The 9-year-old had never seen a dentist. The 3-year-old had speech delays that could be reversed with early intervention. The 7-year-old needed long-term counseling after finding her drug-addicted mother dead.

Just three years ago, these children had nowhere to turn.

In the remote ranching community of Craig, the safety-net clinic used to be open just two days a month. An extension of the local hospital, the clinic was struggling and rarely saw children.

"We wouldn't even see sick children. We had to tell parents to go to the ER or go somewhere else," said Diane Miller, Director of Clinical and Quality Services for the Northwest Colorado Visiting Nurse Association (VNA).

The VNA took over the clinic and successfully mounted a massive effort to win designation as a Federally Qualified Health Center in 2008.

One by one, new providers joined the clinic. First, there were enough to see patients two days a week. Now the Northwest Colorado Community Health Center boasts a full-time staff of medical and behavioral health experts and is open five days a week, including late hours on Monday evening. Everyone in the community is welcome, and providers can finally encourage families to seek preventive care.

"If you don't have open spaces, you just have no way to address the health care needs of children," Miller said.

Once the doors opened, providers discovered vast pockets of people who had gotten by without regular care. They ranged from children who had never had well-child checkups, immunizations and developmental screenings to teens suffering from depression in the area, which has disproportionately high suicide rates.

Clinic workers contended with some parents who would never dream of bringing a healthy child to a doctor.

"It's really an Old West mentality of being able to deal with your problems on your own, not wanting government interference and not being dependent on anybody," said Gisela Garrison, Health Center Director. "People think, you are healthy, you don't need to go to a doctor, period. Only if you are really, really sick – almost dying – or if you had an accident. Then you go to the ER."



Jennifer Mora

Expanding Children's Access to Health Care

Achieving access to health for all Coloradans.

Now, clinic workers are winning over families. Every time a child comes for an urgent matter, like an ear infection, doctors encourage parents to schedule their child's next check-up.

Jennifer Mora is the clinic's newest provider. A nurse practitioner, Mora started working at the clinic last summer with funding from The Colorado Trust. She gently encourages reluctant parents to follow up on care. For instance, when a mother of a 3-year-old wasn't sure she wanted her child tested for speech delays, Mora reassured the mother.

"If you have your child screened now, you might find you won't need help. Or, if therapy is needed, your child will get a better start now instead of falling behind," Mora told the mom.

She also acknowledged her own experience with her 2-year-old's speech. "I've gone through this myself. It's not an unpleasant process," Mora said.

Integrated behavioral health specialists also prove invaluable. When an 8-year-old girl came in recently suffering headaches after a car accident a month earlier, Mora knew the patient needed counseling, too. The girl was afraid to ride in a car, a paralyzing liability in this remote area.

"I told her it was OK to be afraid, that it was a really scary experience," Mora said. Then, she was able to bring the counselor in to see the girl immediately.

“

Through our partnership with The Trust, we have a 'no-wrong-door' approach. Regardless of how a family comes to us, we connect them to all of our programs. We knit communities together to help all families survive and thrive.

”

SUE BIRCH
Chief Executive Director
Northwest Colorado Visiting Nurse Association

With each child that the Craig clinic helps, providers plant a healing seed that builds trust and brings families back. "We're trying to reach people before they get sick," said Sue Birch, Chief Executive Director of the Northwest Colorado VNA. "We're trying to spin it all so we create an integrated community system that focuses on well-being."

Increase Availability of Care

Grantee Story

*View audio slideshow
with Jennifer Mora at
www.coloradotrust.org.*

Additional Programs



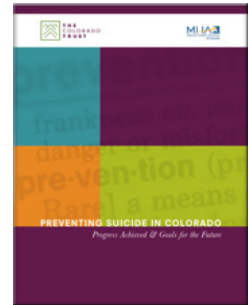
Since 1985, The Colorado Trust has worked closely with nonprofit organizations across the state to advance the health and well-being of the people of Colorado. The Trust continues to support a number of long-term programs that advance the health and well-being of Coloradans through:

- School-based health care
- Suicide prevention
- Immigrant integration
- Youth violence prevention, and more.

2009 evaluation findings and other highlights of these efforts are detailed in the following publications:

Preventing Suicide in Colorado – Progress Achieved & Goals for the Future

Issued jointly by Mental Health America of Colorado and The Colorado Trust, this award-winning report updates both the state's 1998 Suicide Prevention and Intervention Plan to address Colorado's historically high suicide rate, as well as The Trust's 2002 report *Suicide in Colorado*, which documented the problem of suicide across the state and identified suicide-prevention resources. The report details key facts and figures about the suicide rate in Colorado, many of the prevention achievements in the past 10 years, and recommendations to strengthen suicide prevention and awareness efforts into the future.



Diversity, Social Capital and Immigrant Integration

A special edition of the National Civic Review features former Littleton Mayor and Denver Post columnist Susan Thornton on her city's immigrant immigration project. As well, Fairouz Abu-Ghazaleh writes about OneMorgan County, a refugee and immigrant program on the eastern plains of Colorado. This issue also includes an introduction by nationally renowned author Robert Putnam. Additional contributors are Rinku Sen, co-author of *The Accidental American*; Joshua Hoyt of the Illinois Coalition for Immigrant and Refugee Rights; Eboo Patel and Becca Hartman of the Interfaith Youth Core; and Terry Amsler and Greg Keidan of California's Institute for Local Government.



Solving Colorado's Shortage of Health Professionals – Final Evaluation Findings and Recommendations

Evaluation findings from The Trust's Health Professions effort, and recommended strategies to increase and sustain Colorado's health professions workforce. For example, creating awareness and readiness for health professions training; providing flexible training options and reaching out to students in rural areas; supporting faculty development and clinical training opportunities; expanding the reach and content of training programs; and strengthening community partnerships for recruitment and retention of health professionals.



See a list of all Additional Programs receiving support from The Colorado Trust on page 40.

Leadership Award

2009 John R. Moran, Jr. Grantee Leadership Award Recipient

The Colorado Trust announced the Colorado Children's Healthcare Access Program (CCHAP) as the recipient of its 2009 John R. Moran, Jr. Grantee Leadership Award. The annual award of \$25,000 is made in recognition of exemplary leadership by a current grantee of The Colorado Trust, and is being used by CCHAP to support its ongoing work.

With CCHAP support, the percentage of Front Range pediatricians and family doctors who care for publicly insured children has increased over the past three years from 20% to 90%, serving some 60,000 low-income children.

Preliminary results show that pediatric and family medical practices participating in CCHAP have cut in half the emergency room visits of the publicly insured children they see, and have achieved other costs savings with an increased focus on well-child visits and preventive care. These savings are used to provide higher reimbursements to doctors, making it possible for them to see increasing numbers of children covered by Medicaid and CHP+. Additionally, CCHAP has linked the participating practices to an array of services for families provided by 30 community-based organizations, for example, mental health counseling, social services, transportation, case management and an immunization reminder system.

Having achieved these significant results – higher immunization rates, more preventive care visits, and decreased emergency care visits and hospitalization rates – CCHAP is now focused on helping family practices across the remainder of the state to enroll and serve eligible children.



Steven Poole, MD

*Founder and Director, Colorado Children's
Healthcare Access Program*

Grantee Story

Colorado 5 Million Lives Campaign

More than 40,000 incidents of medical harm occur in the United States every day, making medical errors the fifth leading cause of death nationwide, according to the Institute for Healthcare Improvement (IHI). To help implement and strengthen systems and safeguards that prevent such problems as hospital-acquired infections, adverse drug events, surgical errors, pressure ulcers and other medical complications, IHI launched the national 5 Million Lives Campaign to prevent five million incidents of harm over two years. Through the affiliated Colorado 5 Million Lives Campaign, The Colorado Trust awarded grants to 54 acute care hospitals to participate in the campaign by voluntarily strengthening their quality improvement systems that ensure safer patient care.

During this 18-month effort, the hospitals implemented up to 12 quality improvement interventions, ranging from better safety measures to more timely medical responses. These interventions have reduced medication errors and decreased adverse events and medical response times, while also improving communication and patient-centered care. For example, Yampa Valley Medical Center in Steamboat Springs set a goal of zero hospital-acquired pressure ulcers and has achieved - and maintained - that outcome since June 2008 by refining its pressure ulcer screening tool, screening all patients for risk upon admission and acquiring pressure-relieving mattresses for high-risk patients. In Pueblo, Parkview Medical Center set out to reduce medication errors by developing a medication tracking and reporting system. Out of hundreds of thousands of medication doses that the hospital administers each month, approximately 1,000 are now canceled at bedside, representing near misses that may not have been caught by an attending nurse. And St. Anthony Central Hospital in Denver reduced its rate of unexpected cardiac arrests by establishing a resuscitation team, nearly tripling its rapid response activations.

Partners in the Colorado 5 Million Lives Campaign also included the Colorado Foundation for Medical Care, Colorado Hospital Association, Colorado Rural Health Center, Colorado Department of Labor and Employment/WELLS Center and SE2.



Colorado Hospitals: Putting Safety First

Some of Colorado's leading health leaders explore what it means to put patient safety first, ensure medication reconciliation, prevent infections and respond rapidly to emergencies.

View the Colorado Hospitals: Putting Safety First video at www.coloradotrust.org.



Grants

Achieving the vision of providing access to health for all Coloradans within a decade will only be reached by the efforts of many. This level of change requires a collaborative effort by individuals, public and private organizations, and government.

The Colorado Trust's strategic grantmaking supports the development of a coordinated system of policies, programs and services that:

- Expand health coverage, and
- Improve and expand health care.

The Trust issues Requests for Proposals (RFP) and welcomes responses from nonprofit organizations and governmental entities across Colorado. When a competitive funding opportunity is available, a detailed RFP with related instructions and specific application deadlines is posted to our website. Sign up to be automatically notified by email of future funding opportunities.

On occasion, The Trust also asks organizations that are focused on strategies specific to achieving access to health to submit individual, non-competitive proposals.

Note: The Colorado Trust does not accept unsolicited requests for funding.

Eligibility

In response to an RFP or an individual invitation issued by The Trust, the following types of organizations are eligible to apply for grants:

- Nonprofit organizations that are exempt under Section 501(c)(3) of the Internal Revenue Code and are classified as "not a private foundation" under Section 509(a)
- Independent sponsored projects of a nonprofit 501(c)(3) organization acting as a fiscal agent
- Government and public agencies.

The Colorado Trust does not make grants for the following:

- Political campaigns or voter registration drives
- Capital funding for the purchase, construction or renovation of any facilities or other physical infrastructure
- Operating deficits or retirement of debt
- Indirect allocations (excluding fiscal agent fees)
- Religious purposes.

HEALTH COVERAGE

Expand Health Coverage

Striving to expand health coverage first to people who are the most vulnerable and disadvantaged, including children and low-income working families, and ultimately to all Coloradans.

- Business Health Forum
- Colorado Center on Law and Policy
- Colorado Children's Campaign
- Colorado Consumer Health Initiative
- Colorado Department of Health Care Policy and Financing
- Colorado Multi-ethnic Cultural Consortium
- Colorado Rural Health Center
- Colorado State University
- Colorado State University – Pueblo
- Dr. A.J. Kauvar Foundation
- Innovation Network
- Metropolitan Group
- Mountain States Employers Council
- New America Foundation
- Partnership for a Healthy Colorado
- Rocky Mountain Public Broadcasting Network, Inc.
- The Bell Policy Center
- University of Colorado Foundation
- University of Denver's Center for Colorado's Economic Future
- WGBH Educational Foundation

Increase Outreach and Enrollment

Supporting efforts to increase outreach and enrollment to ensure that all eligible children and youth are continuously enrolled in public insurance programs.

- Colorado Covering Kids and Families (Colorado Community Health Network)
- Colorado Department of Health Care Policy and Financing
- Expanding Outreach and Enrollment for Children & Youth
 - American Diabetes Association*
 - Boulder County Healthy Kids (Boulder County Housing & Human Services)*
 - Boys & Girls Clubs of Metro Denver*
 - Boys & Girls Clubs of Pueblo County*
 - Chaffee County Department of Health and Human Services*
 - Clínica Tepeyac*
 - Colorado Coalition for the Homeless*
 - Denver Children's Advocacy Center*
 - Denver Public Schools*
 - Family Resource Center Association, Inc.*
 - Hilltop Community Resources*
 - Hope Communities*
 - Inner City Health Center*
 - Interfaith Hospitality Network of Colorado Springs*
 - Mayor's Office for Education and Children*
 - Northwest Colorado Visiting Nurse Association*
 - Parkview Medical Center*
 - The Gathering Place*
 - YMCA of the Pikes Peak Region*
- University of Colorado Health Sciences Center, Department of Health and Behavioral Sciences

HEALTH CARE

Improve Health Systems

Integrating and coordinating health systems to significantly improve the delivery of timely, cost-effective, quality care so that all Coloradans achieve positive health outcomes.

- Cavity Free at Three
- Colorado Children's Healthcare Access Program
- Colorado Clinical Guidelines Collaborative
- Colorado Department of Health Care Policy and Financing
- Harvard School of Public Health
- Office of the Colorado First Lady
- Office of the Colorado Governor

Increase Availability of Care

Strengthening the health care system and the health professions workforce to deliver responsive, quality, affordable and timely health care services.

- Build Initiative
- Center for Research Strategies
- ClinicNET
- Colorado Area Health Education Centers (University of Colorado Foundation)
- Colorado Center for Nursing Excellence
- Colorado Department of Public Health and Environment
- Colorado Health Institute
- Colorado Rural Health Center
- Early Childhood Health Integration

Adams County Foundation, Inc.

Alliance for Kids – El Paso County Early Childhood Council

Arapahoe County Early Childhood Council

Bent, Otero & Crowley Early Childhood Council

Bright Futures (Delta, Montrose, Ouray and San Miguel Counties)

Broomfield County Early Childhood Council

Cañon City Schools

Chaffee County Early Childhood Council

Child Care Connections, Inc.

City and County of Broomfield

City of Aspen, Kids First

City of Boulder

Crowley County

Denver Early Childhood Council

Douglas County Early Childhood Council

Douglas County School District

Durango 4-C Council, Inc.

Early Care and Education Council of Boulder County

Early Childhood Council of La Plata County

Early Childhood Council of Larimer County

Early Childhood Council of Las Animas & Huerfano Counties

Early Childhood Council of Logan, Phillips & Sedgwick Counties

Early Childhood Council of Moffat & Rio Blanco Counties

Early Childhood Council of the San Luis Valley

Early Childhood Councils of Kit Carson, Washington & Yuma Counties

Early Childhood Options

Early Childhood Partnership of Adams County

ECHO & Family Center – Early Childhood Network (Fremont County)

Elbert County Early Childhood Council

Elizabeth School District

Grantees

continued...

2009 Annual Report

Grantees

continued...

(Early Childhood Health Integration grantees *continued...*)

*First Impressions of Routt County
Gunnison County
Gunnison-Hinsdale Early Childhood Council
Hilltop Community Resource, Inc.
Joint Initiatives for Youth & Families
Mesa County Partnership for Children and Families
Mile High United Way
Moffat County Department of Social Services
Montelores Early Childhood Council (Dolores and Montezuma Counties)
Morgan County Early Childhood Council
Park & Teller Early Childhood Council
Promises for Children (Weld County)
Pueblo Community College/Children First
Pueblo Early Childhood Council
Red Rocks Community College
Routt County Department of Human Services
Rural Communities Resource Center
Rural Resort Region Early Childhood Council – Northeast Division (Grand and Summit Counties)
Rural Resort Region Early Childhood Council – Western Division (Eagle, Garfield, Lake and Pitkin Counties)
Salida Regional Library
South Central Council of Governments
The Piñon Project Family Resource Center
Triad Early Childhood Council (Clear Creek, Gilpin and Jefferson Counties)
United Way of Weld County*

- Expanding Children's Access to Health Care
 - ACS Community LIFT*
 - Clinica Tepeyac*
 - Colorado Asian Health Education and Promotion*
 - Denver Health and Hospital Authority*
 - Doctors Care*
 - Inner City Health Center*
 - Midwestern Colorado Mental Health Center*
 - Mountain Resource Center*
 - Northeast Colorado Health Department*
 - Northwest Colorado Visiting Nurse Association*
 - Peak Vista Community Health Centers*
 - San Juan Basin Health Department*
 - SET Family Medical Clinic of Colorado Springs*
 - Weld County Department of Public Health and Environment*
- The Rocky Mountain Youth Clinics

ADDITIONAL PROGRAMS

Advancing Colorado's Mental Health Care

A joint effort of The Colorado Trust, the Colorado Health Foundation, the Caring for Colorado Foundation and The Denver Foundation to support human services agencies, mental health care providers and others to improve the integration and coordination of mental health services with physical health care so that people can be treated with the services they need most, regardless of where they seek care.

- Denver Public Schools – Integration of School and Mental Health Systems Project
- El Paso County Co-Occurring Disorders Collaboration
- Health District of Northern Larimer County
- Mesa County Consortium on Health
- Prowers County Behavioral Health Integration Project
- Summit County Collaborative

Bullying Prevention

Helped schools, school districts and nonprofit organizations across the state to implement strategies that curb and prevent bullying among children and youth.

- Office of Safe and Drug-free Schools and Communities
- The Partnership for Families & Children

Colorado 5 Million Lives Campaign – Improve Quality of Patient Care

Helped hospitals across the state to further strengthen their quality improvement systems, ensuring safe patient care.

- Colorado Center for Nursing Excellence
- Colorado Department of Labor and Employment/WELLS Center
- Colorado Foundation for Medical Care
- Colorado Hospital Association
- Colorado Patient Safety Coalition
- Colorado Rural Health Center
- Regents of the University of Colorado/College of Nursing

Colorado Center for Nursing Excellence – Nurse Workforce

Conducting a study to identify effective models and systems that involve direct care nurses in decisions related to patient care and nurse work environments. The study will help inform health leaders and policymakers about ways to improve nurse retention in Colorado and beyond.

Colorado School Health Improvement

Helped to expand care provided through school-based health centers, including primary and preventive physical, dental and behavioral health care.

- Colorado Children's Campaign
- Colorado Department of Public Health and Environment

Equality in Health

Reducing racial and ethnic health disparities in Colorado by helping organizations and educational institutions to provide culturally appropriate health education and health care services.

- Asian Pacific Development Center
- Boys & Girls Club of Craig
- Clayton Family Futures
- Colorado Community Health Network
- Denver Indian Family Resource Center
- Fort Collins Family Medicine Residency Program
- Full Circle Inter-Generational Project, Inc.
- Inner City Health Center
- Jefferson Center for Mental Health
- Kids in Need of Dentistry

Grantees

continued...

Grantees

continued...

(Equality in Health *continued...*)

- Marillac Clinic, Inc.
- Metro Community Provider Network, Inc.
- Montrose County School District RE-1J
- Prowers Medical Center
- Rural Communities Resource Center
- Second Wind Fund of Metro Denver, Inc.
- Summit Community Care Clinic, Inc.
- Telluride Foundation
- The Center for African American Health
- The Children's Hospital
- The Partnership for Families & Children
- Total Oral Prevention Strategies
- University of Colorado School of Medicine
- Upper Arkansas Area Council of Governments, Inc.
- Valley-Wide Health Systems, Inc.
- Western Colorado AIDS Project
- Women's Resource Center

Healthy Aging

Helping senior-serving organizations meet the needs of the state's growing aging population.

- Aurora Center for Active Adults
- Bent County HealthCare Center
- Catholic Charities and Community Services of Denver
- Colorado Center for the Blind
- Columbine Senior Services, Inc.
- Gunnison County Public Health Department
- HealthSET
- Huerfano-Las Animas Area Council of Governments
- Jefferson Center for Mental Health
- La Plata County Department of Human Services
- Larimer County Human Services Department – Office on Aging
- Lutheran Family Services of Colorado
- Northwest Colorado Visiting Nurse Association, Inc.
- Pikes Peak Library District Foundation
- Rebuilding Together Metro Denver
- Senior Resource Development Agency
- SouthWest Improvement Council, Inc.
- Spellbinders
- The Center for African American Health
- Tri-County Health Department
- Visiting Nurse Corporation of Colorado, Inc.

Homelessness Prevention

Supporting Denver's Road Home and the administration of the Homeless Prevention Activities Program.

- Mile High United Way – Mental Health and Substance Abuse Services Support
- Homeless Prevention Activities Program

Immigrant Integration

Achieving successful immigrant integration through collaboration among mainstream institutions, immigrant serving organizations and individual community members.

- Aurora Mental Health Center
- Aurora Public Schools
- Catholic Charities of Colorado Springs, Inc.

- Catholic Charities of the Diocese of Pueblo, Inc.
- City of Commerce City
- City of Greeley
- City of Littleton
- City of Longmont
- Colorado Department of Education
- Colorado Department of Human Services
- Comunidad Integrada
- Durango Adult Education Center, Inc.
- Family & Intercultural Resource Center
- Family Visitor Program
- Full Circle of Lake County, Inc.
- Gunnison County Public Health
- Gunnison Watershed School District RE-1J
- Hilltop Community Resources, Inc.
- Midwestern Colorado Mental Health Center
- Montrose County School District RE-1J
- Morgan Community College Downtown Center
- National Civic League
- Place Bridge Academy/Denver Public Schools
- San Luis Valley Immigrant Resource Center
- Skyline High School/St. Vrain Valley School District
- Spring Institute for Intercultural Learning
- Steamboat Springs School District
- Summit School District RE-1
- Telluride Foundation
- Telluride School District R-1
- University of Northern Colorado Foundation
- Weld County School District 6

Invest in Kids

Supporting communities in implementing the Nurse-Family Partnership program.

John R. Moran, Jr. Health Scholarships

Providing scholarships to health professions students.

- Colorado School of Public Health, University of Colorado Denver
- Rueckert-Hartman College for Health Professions, Regis University

John R. Moran, Jr. Grantee Leadership Award

Recognizing outstanding leadership in communities served by grantees of The Colorado Trust.

- Colorado Children's Healthcare Access Program

Partnerships for Health

Working to build, strengthen and sustain the infrastructure of Colorado communities to address ongoing public health issues.

- Centennial Area Health Education Center
- Center for Public-Private Sector Cooperation (The Centers at the University of Colorado Denver)
- Chaffee People's Clinic
- Gunnison County Public Health
- Mesa County Health Department
- Metro Community Provider Network
- Metro Denver Health and Wellness Commission
- Northwest Colorado Visiting Nurse Association

Grantees

continued...

Grantees

continued...

(Partnerships for Health *continued...*)

- San Juan Basin Health Department
- San Luis Valley Regional Medical Center
- Southern Ute Community Action Programs, Inc.
- Tri-County Health Department
- University of Colorado at Denver Health Sciences Center

Preventing Suicide in Colorado

Supporting statewide efforts to address the problem of suicide by encouraging people at risk to receive care and improving the care that at-risk individuals receive.

- Center for Public-Private Sector Cooperation (The Centers at the University of Colorado Denver)
- Colorado West Regional Mental Health Center
- Jefferson Center for Mental Health
- Mental Health America of Colorado
- Midwestern Colorado Mental Health Center
- Rural Solutions
- Southeast Mental Health Services
- Suicide Education & Support Services of Weld County
- Suicide Prevention Partnership of Pikes Peak Region
- The Piñon Project Family Resource Center
- Western Colorado Suicide Prevention Foundation (Mesa County Suicide Prevention Coalition)

Safe2Tell, Inc.

Providing Colorado students an increased ability to both prevent and report violence by making anonymous calls to 1-877-542-SAFE.

University of Colorado Denver, College of Nursing – Quality and Safety Education for Nurses (QSEN)

Providing technical assistance to incorporate quality and safety competencies into nurse education programs.

OTHER DISTRIBUTIONS IN 2009

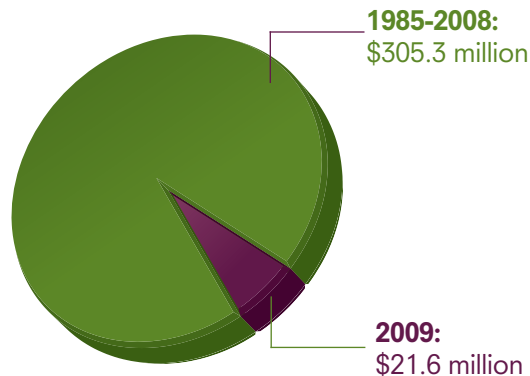
In addition to its grantmaking, The Colorado Trust makes other distributions for charitable purposes. As a result of its historical relationship with both the Colorado Episcopal Foundation and the Presbytery of Denver, The Trust makes annual distributions to these organizations for charitable activities of their choice. The foundation also matches contributions to charitable organizations made by trustees and staff, makes directed contributions to charitable organizations designated by trustees and officers of The Trust, and provides sponsorships and other support for Colorado's nonprofit community and affinity organizations.



Financials

The Colorado Trust's original endowment of \$191 million was received from the sale of the PSL Healthcare Corporation in 1985. From its inception through 2009, grants totaling \$326.9 million have been made to grantees across Colorado.

\$21.6 million in grants were made in 2009 with support being provided to more than 218 grantees.



TOTAL ASSETS:

	2009	2008
	<u>\$387,770,144</u>	<u>\$337,239,618</u>

THE COLORADO TRUST STATEMENTS OF FINANCIAL POSITION DECEMBER 31, 2009 AND 2008

ASSETS:	2009	2008
Cash and cash equivalents	\$141,522	\$105,024
Interest and dividends receivable	1,011,816	505,157
Prepaid and other expenses	39,859	26,831
Excise tax receivable	—	227,619
Investments	385,846,674	335,878,816
Cash held in custody for others	124,549	84,886
Property and equipment:		
Building improvements	10,068	10,068
Machinery and equipment	452,595	325,438
Furniture and fixtures	351,810	354,771
	814,473	690,277
Accumulated depreciation	(579,250)	(613,701)
Property and equipment, net	235,223	76,576
Investments held in trust	370,501	334,709
TOTAL ASSETS	<u>\$387,770,144</u>	<u>\$337,239,618</u>

2009 Annual Report

Financials

continued...

	<u>2009</u>	<u>2008</u>
LIABILITIES & NET ASSETS:		
Accounts payable and accrued expenses	\$49,108	\$50,785
Other accrued liabilities	352,558	174,541
Deferred gain on sale-leaseback	4,513,619	4,763,219
Cash held in custody for others	124,549	84,886
Grants payable	20,615,819	30,260,145
Deferred compensation	370,501	334,709
Excise tax payable	<u>91,978</u>	<u>—</u>
TOTAL LIABILITIES	26,118,132	35,668,285
Net assets – Unrestricted	<u>361,652,012</u>	<u>301,571,333</u>
TOTAL LIABILITIES & NET ASSETS	<u>\$387,770,144</u>	<u>\$337,239,618</u>
 REVENUES, GAINS & SUPPORT:		
Interest and dividend income	\$9,548,444	\$14,583,343
Net realized and unrealized gain on investments	(68,689,907)	(167,217,829)
Income from real estate activities	1,299,607	710,798
Other investment income – Sherman Street Properties, Inc.	—	(287,435)
Other income	15,107	(1,015)
Investment management fees	<u>(699,198)</u>	<u>(914,314)</u>
TOTAL REVENUES, GAINS & SUPPORT	<u>\$78,853,867</u>	<u>\$(153,126,452)</u>
 EXPENSES:		
Program services:		
Access to Health Accessible and Affordable Health Care Initiatives	\$4,628,755	\$17,260,467
Strengthening Families Initiatives	6,458,541	2,819,892
Other grant expenses	573,462	3,038,126
Grant administration	3,718,378	3,079,943
	<u>2,698,589</u>	<u>2,289,457</u>
TOTAL PROGRAM SERVICES	*\$18,077,725	**28,487,885
Management and general	657,571	1,363,873
Excise tax expense	<u>37,892</u>	<u>(534,689)</u>
TOTAL EXPENSES	<u>\$18,773,188</u>	<u>\$29,317,069</u>
Change in Net Assets	60,080,679	(182,443,521)
Net Assets at Beginning of Year	<u>301,571,333</u>	<u>484,014,854</u>
NET ASSETS AT END OF YEAR	<u>\$361,652,012</u>	<u>\$301,571,333</u>

*Accrual method; actual cash payments for 2009 grants totaled \$21,614,060.

**Accrual method; actual cash payments for 2008 grants totaled \$19,674,360.

ADDITIONAL FINANCIAL INFORMATION (www.coloradotrust.org):

2009 Audited Financial Statements (PDF)

The Colorado Trust's Financial 2009 990-PF, Return of Private Foundation (PDF)



**THE
COLORADO
TRUST**

1600 SHERMAN STREET | **PHONE** 303-837-1200
DENVER, CO 80203-1604 | **TOLL FREE** 888-847-9140
WWW.COLORADOTRUST.ORG | **FAX** 303-839-9034

“The Colorado Trust” is registered as a trademark in the U.S. Patent and Trademark Office.
Copyright May 2010. The Colorado Trust. All rights reserved.

The Colorado Trust is pleased to have organizations or individuals share its materials with others.
To request permission to excerpt from this publication, either in print or electronically, please contact
Christie McElhinney, Vice President of Communications & Public Affairs, christie@coloradotrust.org.