Mission

The mission of The Colorado Trust is to promote and enhance the health and well-being of the people of Colorado. To fulfill its mission, the foundation supports innovative projects, conducts studies, develops services and provides education to produce long-lasting benefits for all Coloradans. Within the framework of human development, The Colorado Trust advances accessible and affordable health care programs and the strengthening of families.

The Colorado Trust
1600 Sherman Street
Denver, CO 80203-1604
303-837-1200
Toll-free 888-847-9140
Fax 303-839-9034
www.coloradotrust.org

“The Colorado Trust” is registered as a trademark in the U.S. Patent and Trademark Office.
For 15 years it has been our privilege to work hand-in-hand with Coloradans to improve the quality of life in our state. Together we have tackled many challenging issues, such as providing more accessible and affordable health care programs, increasing the chances of babies being born healthy, ensuring that all children are fully immunized against infectious diseases, providing quality early childhood learning opportunities, helping our seniors take active roles in caring for their health, and helping Colorado communities address youth violence.

These are difficult issues that take time and dedication in order for true change to be realized. And together, we see our collective actions adding up and making a difference. Indeed, with the launch of three new initiatives this year, and the continuation of many others, we see great promise for our future.

2000 — New Initiatives

Supporting Immigrant and Refugee Families

We are greatly inspired by our newly launched initiative to support immigrant and refugee families. Not only are we working to address the immense needs of many people recently arrived in Colorado from around the globe, we also hope our efforts will help to tear down remaining negative stereotypes.

Most immigrants contribute to our society in positive ways. They often fill vital niches in the workforce, their families tend to be close-knit and respectful of each other, and they add to our cultural richness. In short, people of other origins bring a wealth of experience and human resources that are critical to the future of Colorado.

Yet it is clear that many immigrants and refugees come to our communities with significant needs. Limited English language skills create myriad barriers. Many newcomers feel isolated and suffer from depression as a result of leaving their home country. They often encounter new complexities around family dynamics as their children quickly become Americanized.
Through this new initiative, we are working to create and expand critical services such as counseling and support groups, parenting classes, English as a Second Language classes, and social events. Efforts are also under way to help strengthen and encourage increased coordination, collaboration and referrals among service providers, and to explore the creation of an interpreter bank to help minimize language barriers.

As we strive for greater understanding of and assistance for immigrants and refugees who are becoming part of our Colorado community, we also are focusing attention on the needs of another segment of our society with special needs – those facing the end of life.

PALLIATIVE CARE

The idea of palliative care — compassionate, comprehensive care for people with progressive, chronic, life-threatening medical conditions — is beginning to take root in the U.S., as it has in other countries. Awareness of the merits of palliative care received a boost with the recent airing of the Bill Moyers PBS special, “On Our Own Terms.” With additional knowledge, more people are beginning to call for a health care system that provides appropriate pain relief, along with psychological and spiritual guidance for patients and their families long before they are eligible for a hospice service.

To begin developing such a system in Colorado, doctors, nurses, clergy, administrators and others need to gain a better understanding of the benefits of palliative care. Being trained to provide cures and save lives, many physicians are hesitant to turn to palliative care. They may view it as “giving up,” rather than as a holistic means to address the special needs of those facing a terminal medical condition.

In addition to increasing knowledge and awareness, this initiative will link and coordinate a multitude of local palliative care services that address the complex and changing medical, social and spiritual needs of patients and their families, making the system easier to navigate.

These efforts are critical if we are to provide patients with the best quality of life possible, even as they face death.

AFTER-SCHOOL PROGRAMS

We also have knowledge and skills to help significantly improve the lives of many of our young people.

Today there are an estimated 2.5 million latchkey children in the United States. These children are, for the most part, on their own during the after-school hours of 3:00 to 6:00 p.m. Yet most child experts agree that leaving children to fend for themselves without adult supervision is a poor child-care choice. Unfortunately, better options are often not feasible for many people, particularly working single parents.

Additionally, through numerous national studies, as well as work we have done on teen pregnancy and youth violence prevention, we know that the after-school hours are a time when many young people make bad decisions.

Our After-School Initiative is helping young Coloradans learn how to use their time in appropriate, constructive ways. Targeted at children between fourth and ninth grades, these after-school programs are available in nearly 40 locations across the state. They provide students with academic support, leadership development, mentoring, sports activities and more. By establishing quality, caring, nurturing communities for our young people that are logistically and economically viable options for their parents, our support is helping to improve the lives of many Colorado families today.
RESPONSIVE, EFFECTIVE, ACCOUNTABLE

These new initiatives, like all of our efforts, were developed as a result of listening to the needs of Coloradans. Through community focus groups, environmental scanning, input from experts and many other means, The Colorado Trust continuously gathers information on the needs of communities across the state. In turn, this information helps us to develop initiatives that address issues of statewide importance.

Closely coupled with these initiatives are our evaluation efforts. Our board members, staff and grantees strive to ensure that we carefully evaluate all efforts to determine their effectiveness. This means that as we work to inform and assist Coloradans, we too are learning every step of the way.

Finally, it is important to note what is perhaps obvious, namely that our financial activity and integrity are paramount to the continued success of the foundation. The Colorado Trust's Board of Trustees takes seriously its responsibility for overseeing and managing the foundation's funds. The continued growth of these assets is what makes it possible for us to work together with Coloradans to meet critical and diverse needs.

Jean C. Jones, Chairman of the Board

John R. Moran, Jr., President
Having arrived in Denver just five months ago from a Burmese (now Myanmar) refugee camp in Thailand, Tin Htun (pronounced “tone”) is adjusting to his new home. Here, everything is new to him — the language, culture, food and the cold weather, he says with a shiver.

Tin’s journey away from his home began 13 years ago when, at the age of 16, he joined the anti-government revolutionary army, the All-Burma Student Democratic Front. For 10 years, Tin and other members of the student army lived in the jungle with little food and medicine. During this time, Tin learned to be a medic and tended to his compatriots’ wounds and illnesses. In 1996, running out of even basic medical supplies and food, and desperately tired of war, Tin fled the jungle for Thailand. In this neighboring country illegally, Tin says it was a “very dangerous” existence where he constantly feared for his life. Even so, Tin met his now-wife, Nilar, while there.

In 1999, Tin and Nilar moved to the Burmese Student Refugee Center in Thailand, where they spent the next year. It was like a prison, Tin recalls, in that refugees were not allowed to leave the camp. There was much conflict since people in the refugee camp held such diverse political and religious beliefs. There was a severe shortage of beds, blankets, pillows, soap and food. After spending a year in the camp, Tin and Nilar were finally granted permission to leave the camp. Offered a choice of several destination countries, Tin says they chose the United States because “it has human rights and a [good] economy.”

In Denver, Tin says his “problems are not so great now,” but that it was difficult before he found work. Finding a job was made easier, he says, because of the WorkStyles Program. Offered through the Spring Institute, which serves as the coordinating agency for The Colorado Trust’s Supporting Immigrant and Refugee Families Initiative, this program provides newly arrived immigrants and refugees a thorough crash-course on how to find a job here, work with Americans and improve their English language skills. Though Tin and his wife work long hours, he is eager to continue his education and would like to find a way to help other refugees. Now, Tin says, he is very much “looking to the future.”
Unlike most Coloradans, Rebecca Martinez and her extended family have an understanding of and appreciation for palliative care. Their learning journey began in 1993 when Rebecca’s sister, Debbie Nemmers, at age 30, was diagnosed with late-stage ovarian cancer. Debbie immediately began aggressive treatment for her illness with surgery and chemotherapy. From the beginning, Debbie received tremendous support from many sources, especially her mother, father, five siblings and their families, who all lived nearby, and from her husband of 10 years.

After a year of treatment, Debbie’s cancer was in remission and, with continued traditional and holistic treatments, she did well through the next year. Then the cancer came back. On July 4, 1996, Debbie and her husband moved in with Rebecca and her family. Debbie’s extended family provided constant, loving care for her, giving her pain medication on a strict schedule, reading to her, bathing her, playing music for her, and feeding her home-cooked meals. Toward the end of July, Debbie began to receive additional care from the Hospice of St. John. Rebecca’s face lights up when she recalls the wonderful hospice workers who popped in to her home throughout each day, noting that they were instrumental in helping to bring closure to Debbie’s life for all of them. On August 22, 1996, the entire family came together around Debbie’s bed and sang Christmas songs — at Debbie’s request — and talked together. “Then,” says Rebecca, “there was a huge thunderclap, rain began to pour down and Debbie passed away. Outside, there were two beautiful rainbows.”

Much of the credit for the physical, psychological and spiritual care Debbie received during the last years of her life goes to her supportive family and their cultural and religious beliefs. Rebecca says she also is grateful for the remarkable way hospice workers tended to Debbie during the last six weeks of her life, and the care and education about the process of dying she and her family received from these dedicated workers. “After going through the dying process with my sister, I see how important it is for people to have honest, comprehensive care and support throughout their illness,” says Rebecca. “I cannot imagine how difficult it would be if someone went through what Debbie did without the network of support that she had.”

Traditional and non-traditional health care workers, the religious community and others need to work together, she says, to make life as pain-free and as good as possible for people in their final days.

Palliative Care Initiative

$3,707,425
2000-2004

Medical advances as well as changes in diet and lifestyle are enabling more and more people to reach 100 years old and beyond. At the same time, in numbers greater than any other time in history, people are dying of long-term chronic illnesses, often accompanied by unnecessary pain and suffering.

Palliative care programs are well known and used in Australia, England and Europe.

Centura Health System, The Colorado Trust’s partner in this effort, will work with eight grantees to develop or improve palliative care networks in urban and rural communities.

Local networks will link and coordinate palliative care services that address the complex and changing medical, social and spiritual needs of patients and their families.

A broad range of provider organizations is expected to participate in the networks, including hospitals, hospices, primary care clinics, home care, nursing homes, mental health centers, social services, public health agencies, the faith community, volunteer groups, and other cultural and civic organizations.

Through a comprehensive evaluation, this initiative will contribute to the knowledge of the effects of such coordinated services on end-of-life experiences of patients and their families.
The Black Canyon Boys & Girls Club in Montrose, Colorado, is making a difference for many young people and their families, like the Lehman family. At the urging of his mother, Tim, now 14 years old, visited the club the second day it was open in December 1999. It was such a good experience for him that he persuaded his two brothers, Shane (15) and Eric (12) and his sister, Tiffany (11), to join him. The four siblings have since become a fixture at the club, going there nearly every day after school for the past year. Their mother, Vicky Lehman, a single, working mother of seven children (she also has three grown boys), tells club staff daily how thankful she is for this resource. “The Boys and Girls Club allows me to be able to work and feel confident that my kids are safe and not out on the streets,” says Vicky. “This makes my job, as a single mom, so much easier.”

With two of her older boys having served time in jail, she knew she had to find a way to help her children stay out of trouble and better themselves. Yet with no family in the area and a three-hour daily commute to and from her job, Vicky has little time, energy or resources available to meet these needs.

Through The Colorado Trust’s After-School Initiative, the Black Canyon Boys & Girls Club offers Vicky’s children, and 250 other young people in southwestern Colorado, a caring after-school environment. “The club provides a place for the kids to go and get their minds off of the everyday obstacles of our lives. They can be kids at the club and have fun,” says Vicky. With academic tutoring and an array of extracurricular activities such as chess, dance, photography, art and sports, many of these children are thriving in school and in their lives as a whole. Indeed, Shane, Tim and Tiffany have already each been named “youth of the month” at the Black Canyon Club, an award reserved for youth who regularly participate in club activities, show respect to others, are good role models in their community and school, and try hard to achieve. Vicky now sees tremendous possibilities for her children.
The Colorado Trust manages all of its grantmaking by an initiative process. Initiative-based giving means that our grantmaking is strategically focused on specific issues, namely improving the health and well-being of Coloradans. By taking this approach, rather than considering unsolicited proposals, we have found that we are able to support grantees over longer-than-usual periods of time and maximize their ability to bring about positive, sustainable change.

Determining Needs
This process begins when our staff members seek to understand the current issues and emerging needs of Coloradans. This is an ongoing process which we do in a number of ways, such as by conducting environmental scans, examining trends and data, talking with citizens and community leaders, and soliciting input from grantees. Based on what we learn, possible initiative strategies are developed and then presented to the Board of Trustees for its consideration. When the Board approves an initiative, we broadly announce the new funding opportunities to communities across the state.

Working With Communities
Grantmaking that focuses on community decision-making recognizes that local people – our grantee partners – know best how to solve local problems. Many Trust initiatives bring local people together to identify community strengths and needs and to implement innovative projects to meet those needs.

Evaluating Effectiveness
To learn what does and does not work in addressing needs across Colorado, we conduct independent evaluations of virtually all of our initiatives. Findings from these evaluations help both grantees and The Colorado Trust make positive adjustments to programs and services offered through Trust funding, and they help to shape future initiatives of the foundation.

Communicating Results
The Colorado Trust is committed to sharing and disseminating what we learn through our grantmaking with grantees, the general public and others interested in learning from or replicating Trust programs. Information is available through numerous publications, seminars and on our Web site, www.coloradotrust.org. For a list of current publications and resources, click on the “resource” button on our Web site home page or contact us at 303-837-1200, or toll-free at 888-847-9140.
Grantmaking in 2000
Total Grants Distributed in 2000: $13.3 Million*

Accessible and Affordable Health Care Programs

COLORADO CHILDREN’S IMMUNIZATION
1996-2001
TOTAL COMMITMENT: $1,803,362
DISTRIBUTED IN 2000: $465,521

Through this initiative, a coalition of health care professionals, insurers, policymakers and advocates for children are working together to ensure that all Colorado children from birth to age 13 are fully immunized against infectious diseases. The evaluation monitors immunization rates throughout the state and tracks improvements in immunization services in five Colorado communities:
- Arkansas Valley (Bent, Crowley and Otero counties)
- Aurora
- El Paso County
- La Plata and Montezuma counties
- Weld County

COLORADO CHILDREN’S CAMPAIGN
2000-2002
TOTAL COMMITMENT: $300,000
DISTRIBUTED IN 2000: $100,000

The Campaign is dedicated to creating statewide support for issues relating to children and youth through the legislative process. Funding from The Trust supports the work of the Colorado Children’s Campaign to continue to improve the well-being and quality of life for Colorado’s children.

COLORADO MEDICALLY UNDER SERVED INITIATIVES
1993-2000
TOTAL COMMITMENT: $8,955,168
DISTRIBUTED IN 2000: $267,692

This initiative helps citizens identify community needs and create change to improve the quality of life in their communities. The Colorado Center for Healthy Communities oversees this initiative. An evaluation of this undertaking focuses on how the community process helped lead to lasting change.

CHILD HEALTH ADVOCATES
2000
TOTAL COMMITMENT: $100,000
DISTRIBUTED IN 2000: $100,000

Child Health Advocates works to increase enrollment in the Child Health Plan Plus (CHP+). CHP+ is a low-cost health insurance and managed care program for low-income children and youth ages 18 and under who are not eligible for Medicaid. Child Health Advocates administers the insurance program and works to enroll eligible children through community-based outreach workers located across Colorado.

COLORADO HEALTHY COMMUNITIES
1992-2000
TOTAL COMMITMENT: $8,955,168
DISTRIBUTED IN 2000: $267,692

This effort helped citizens identify community needs and create change to improve the quality of life in their communities. The Colorado Center for Healthy Communities oversees this initiative. An evaluation of this undertaking focuses on how the community process helped lead to lasting change.

COLORADO RURAL OUTREACH PROGRAM
2000-2002
TOTAL COMMITMENT: $1 MILLION
DISTRIBUTED IN 2000: $333,334

This initiative provides support for rural Colorado communities in recruiting and retaining an adequate number of physicians to live and practice in their isolated towns. Administered by the Colorado Medical Society Foundation, this program provides numerous incentives to physicians, such as loan repayment assistance, funds for medical equipment and temporary help so that rural doctors can participate in continuing education classes.

COMMUNITY VOICES: HEALTHCARE FOR THE UNDERSERVED
1998-2003
TOTAL COMMITMENT: $2,407,404
DISTRIBUTED IN 2000: $226,023

In partnership with the W.K. Kellogg Foundation, The Colorado Trust has awarded Denver Health Medical Center a grant to improve access to health care services for Denver’s medically underserved. Funding from The Trust provides the case management model developed under The Trust’s Interconception Health Promotion Initiative (which partners nurses and social workers to serve women at risk) to a specific high-risk population of adults. A randomized study to assess the appropriateness of the case-management model for high-risk adults is being conducted by the University of Colorado Health Sciences Center, Department of Family Medicine in cooperation with Denver Health.

DENVER’S BEST BABIES INITIATIVE - EVALUATION
1999-2003
TOTAL COMMITMENT: $1,307,292
DISTRIBUTED IN 2000: $288,020

The Colorado Trust provides for comprehensive evaluation of the Best Babies initiative. This effort, which is offered at Denver Health Medical Center and funded by the City and County of Denver, is designed to improve the birth outcomes, health and cognitive development of babies born to mothers in low-income Denver neighborhoods.

FAMILY HEALTH CARE COLLABORATIVE - MARILLAC CLINIC
2000-2003
TOTAL COMMITMENT: $220,000
DISTRIBUTED IN 2000: $55,000

This effort seeks to integrate mental health and medical primary care for low-income, uninsured populations in the Mesa County area through the Marillac Clinic. The Colorado Trust supports this initiative in conjunction with the Robert Wood Johnson Foundation Local Funding Partners Program.

INTERCONCEPTION HEALTH PROMOTION
1993-2000
TOTAL COMMITMENT: $1,365,657
DISTRIBUTED IN 2000: $202,095

In partnership with Denver Health Medical Center, The Colorado Trust funded a seven-year effort to serve families who suffered the poor birth outcome of a child. Funding supported the development of a case-management model administered by nursing and social work professionals who addressed not only the physical health of women, but also targeted psychosocial issues (such as violence, substance abuse and homelessness) that play a critical role in determining a woman’s health. Because of the early promise of the case-management model, grant funds were provided to continue service delivery and refine the model for possible dissemination to other health care settings.

COLORADO SCHOOL HEALTH EDUCATION
1994-2000
TOTAL COMMITMENT: $6,489,921
DISTRIBUTED IN 2000: $135,177

This initiative helps local school districts adopt and sustain effective health-education programs for students in grades K-12. Managed by the Rocky Mountain Center for Health Promotion and Education, this effort provides training, curricular materials and extensive technical assistance to the following school districts:
- Adams County/Mapleton 1
- Alamosa RE-11
- Arapahoe County/Englewood 1
- Arapahoe County/ Sheridan 2
- Arkansas Valley Board of Cooperative Educational Services [Crawley RE-1], Bent Re-1 [Las Animas], Otero R-2 [Rocky Ford], Otero 3) [Manzanola],

*Includes $2.8 million of grant payments authorized, approved and processed for payment in 2000 but actually paid on the first business day of 2001.
Otero 31 (Cheraw), Otero 33 (Swink), Otero R4 ( Fowler) and East Otero R-1 (La Junta)
El Paso County / Manitou Springs 14
Logan RE-1 / Valley (Sterling)
Montezuma-Cortez RE-1
Mountain Trio (East Grand 2, West Grand 1-JT and Routt County / Hayden RE-1)
Ouray R-1
Pueblo 60
Weld 6 (Greeley)

COMMUNITY ACTION FOR HEALTH PROMOTION
1995-2000
TOTAL COMMITMENT: $3,895,766
DISTRIBUTED IN 2000: $719,041
This effort has increased local health-promotion activities across the state and increased the capacity of Colorado communities to identify and address preventable health problems. Administered by Colorado Action for Healthy People, this initiative has provided funding to more than 50 communities to conduct health needs assessments and then develop plans for health promotion and disease prevention projects that met those needs. An evaluation that examines the capacity building efforts of Colorado Action is being conducted by the University of Colorado Health Sciences, Department of Family Medicine.

SENIOR WELLNESS
1995-2002
TOTAL COMMITMENT: $1,384,448
DISTRIBUTED IN 2000: $209,385
This initiative is designed to help seniors take active roles in caring for their overall health and well-being. This program funds wellness conferences in which teams of older adults from Colorado communities participate and learn about diverse topics around mental, physical, emotional and spiritual health. Evaluations are being conducted by the University of Colorado Health Sciences Center, Department of Family Medicine, and by Sage Networks. Communities where senior wellness projects are being held include:
- Aurora
- Aspen
- Boulder
- Broomfield
- Colorado Springs
- Denver
- Fairplay
- Fleming
- Fountain
- Glenwood Springs
- Hazen
- Jefferson
- Lafayette
- Lake City
- Lakewood
- Las Animas
- Norwood
- Pitkin County
- Pueblo
- Redvale
- Rifle
- Silt
- Snowmass Village
- Wray

PALLIATIVE CARE INITIATIVE
2000-2003
TOTAL COMMITMENT: $3,707,425
DISTRIBUTED IN 2000: $655,333
The Palliative Care initiative will develop models of coordinated care delivery in Colorado that improve the quality of palliative care provided to individuals facing progressive, chronic, life-threatening or terminal medical conditions. An evaluation is being conducted by the National Research Council. Centura Health System coordinates services for these grantees:
- Aspen Valley Hospital (Garfield, Pitkin and western Eagle counties)
- Children’s Health Hospital and Porter Hospice / Centura Home Care & Hospice, Denver (special focus on infants, children and adolescents)
- Conejos County Hospital District (Alamosa, Conejos, Costilla, Mineral, Rio Grande and Saguache counties)
- Grand Valley Hospice and Palliative Care, Grand Junction (Mesa County)
- Hospice of Larimer County (Larimer County)
- Parkview Medical Center (Pueblo)
- St. Anthony Health Foundation, Denver (special focus on individuals with late-stage Alzheimer’s Disease and other dementias)
- West End Family Link Center (western Montrose County and the town of Norwood)

ASSETS FOR COLORADO YOUTH INITIATIVE
1996-2002
TOTAL COMMITMENT: $10,059,060
DISTRIBUTED IN 2000: $1,054,587
This undertaking is designed to help Colorado youth grow into healthy, responsible, caring adults by providing them with positive experiences, opportunities and values. With support from The Colorado Trust, Assets for Colorado Youth provides grants, technical assistance and networking opportunities for organizations and communities. An evaluation to document how asset-building efforts are integrated into organizations and communities is being conducted by OMNI Institute. Community mobilization grantees:
- Catholic Charities Muiray Neighborhood Center (Denver)
- Cherry Creek School District (includes the cities of Aurora, Cherry Hills Village, Glendale and Greenwood Village and unincorporated Arapahoe County)
- Healthy Mountain Communities (Garfield, Pitkin and western Eagle counties)
- Grand Futures Prevention Coalition (Routt County)
- Larimer County Healthier Communities Coalition
- Las Animas Community Center (Bent, Crowley and Otero counties)
- City of Longmont
- Northeast Colorado Health and Human Services Planning Consortium (Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington and Yuma counties)
- Southern Ute Community Action Programs, Inc. (Archuleta and La Plata counties and the Southern Ute Reservation)
- Summit Prevention Alliance (Summit County)
- Teen Pregnancy Prevention Initiative (towns of Montrose and Olathe)
- The Wright Stuff Foundation for Rural Youth and Community (Ouray, San Miguel and western Montrose counties)
- YMCA / USO of the Pikes Peak Region (Colorado Springs)

Statewide partnership grantees:
- Boys and Girls Clubs of Colorado
- Colorado Children’s Trust Fund
- Colorado Department of Public Health and Environment
- Colorado Parks and Recreation Association
- Colorado State University Cooperative Extension, 4-H Youth Development
- Colorado Statewide Parent Coalition
- Colorado YMCA Full Circle Intergenerational Project, Inc.
- Girl Scout Councils of Colorado

Innovation in asset-building grantees:
- Asian Pacific Development Center (Denver)
- City of Aurora
- Boulder County Prevention Connection
- Cole Neighborhood (east Denver)
- Cross Community Coalition (Elryia, Swansea and Globeville neighborhoods of Denver)
- Family Visitor Program (Garfield, Pitkin and eastern Eagle counties)
- The Foothills Foundation (Jefferson County)
- Globeville Community Justice Council

Strengthening of Families
COLORADO HEALTHY STEPS INITIATIVE
1997-2002
TOTAL COMMITMENT: $2,274,260
DISTRIBUTED IN 2000: $627,120
In partnership with the Common-wealth Fund of New York, this Colorado Trust initiative brings a new approach to health care for children from birth through three years of age. Under this initiative, the Western Colorado Pediatric Associates and Kaiser Permanente of Westminster are offering 200 families in their communities a range of services to monitor their child’s health and development and promote good health practices. A national evaluation is being conducted by Johns Hopkins University School of Public Health.

COLORADO VIOLENCE PREVENTION INITIATIVE
1995-2002
TOTAL COMMITMENT: $8,725,424
DISTRIBUTED IN 2000: $651,528
This initiative supports the following:

CHILDREN AND VIOLENCE: CAUSES AND SOLUTIONS
2000–2001
TOTAL COMMITMENT: $250,000
DISTRIBUTED IN 2000: $200,000
As part of its highly regarded Ask the Children 2000 series, the Families and Work Institute is conducting research nationally on what children see as the leading causes of violence in their homes, schools and communities, along with possible solutions. This effort provides for an over-sampling of data collection through focus groups and surveys in Colorado. The results will be broadly disseminated to all those who care about and work with children.

HANDGUN VIOLENCE AMONG YOUTH COLLABORATIVE
1998-2002
TOTAL COMMITMENT: $900,000
DISTRIBUTED IN 2000: $122,917
The focus of this initiative is to help create, support and evaluate three pilot projects aimed at preventing youth handgun violence in Colorado. These projects are being overseen by Alternatives for Youth, Inc., The Conflict Center, and Project PAVE (Promoting Alternatives to Violence through Education) in partnership with the Catholic Charities and Denver Juvenile Justice Integrated Treatment Network. Technical assistance is provided by the Center for the Study and Prevention of Violence at the University of Colorado at Boulder and the Center for Public-Private Sector Cooperation at the University of Colorado at Denver.

PUBLIC EDUCATION AND MEDIA LITERACY CAMPAIGN
1995–2001
TOTAL COMMITMENT: $804,680
DISTRIBUTED IN 2000: $87,500
The Rocky Mountain Public Broadcasting System has developed a comprehensive, statewide campaign to educate the public about violence and has provided individuals and community organizations with information that encourages collaborative, community-based violence prevention activities. Additionally, programming and materials are being produced to address critical television viewing skills and anti-violence education for children in grades K-12.

TEEN SUICIDE PREVENTION COLLABORATIVE
2000-2002
TOTAL COMMITMENT: $450,000
DISTRIBUTED IN 2000: $100,000
In partnership with Mile High United Way, The Colorado Trust has begun a project to reduce teen suicide in three Denver high schools. The Youth Violence/Suicide Prevention Collaboration, a group of culturally diverse organizations led by the Mental Health Association of Colorado, will implement this school-based project at Denver Public Schools’ North and East High Schools and at Urban Peak, a shelter for homeless youth. An evaluation that assesses changes in youth who are part of this program is being conducted by OMNI Institute.

VIOLENCE PREVENTION COMMUNITY GRANTS
1995-2000
TOTAL COMMITMENT: $6,145,744
DISTRIBUTED IN 2000: $141,111
The Center for Public-Private Cooperation at the University of Colorado at Denver administers grants to communities throughout Colorado to support violence-prevention planning and implementation. Community participants in 2000 were:
Greater Park Hill Community Center (northeast Denver)
Summit County Youth and Family Services

EDUCARE COLORADO
1997-2003
TOTAL COMMITMENT: $7.5 MILLION
DISTRIBUTED IN 2000: $1,333,662
Educare Colorado is developing systems to ensure that all children, from birth to five years of age, have access to high-quality early childhood care and education in safe and nurturing environments. This statewide initiative, which began in Denver, Jefferson, Gilpin and Clear Creek counties, recently expanded to Mesa County and will continue to expand into other counties across the state. An evaluation is being conducted by RAND, Inc.

HOME VISITATION 2000
1993-2001
TOTAL COMMITMENT: $9,304,568
DISTRIBUTED IN 2000: $648,455
Through a grant made to the Kempe Prevention Research Center for Family and Child Health, University of Colorado Health Sciences Center, the effectiveness of nurse- and paraprofessional-delivered home visitation services was evaluated. Five pilot home visitation learning groups were established in 1998 to strengthen services. Funding also supports implementation of the nurse home visitation model in interested communities across Colorado through the work of Invest in Kids.

SUPPORTING IMMIGRANT AND REFUGEE FAMILIES INITIATIVE
2000-2005
TOTAL COMMITMENT: $7,062,000
DISTRIBUTED IN 2000: $535,764
This initiative is designed to enhance the positive social adjustment of immigrants and refugees relocating in Colorado through services such as counseling and support groups, parenting classes, English as a Second Language classes and social events. In addition, the initiative will explore the creation of an interpreter bank. The Spring Institute for International Studies serves as the coordinating...
agency for this initiative. Evaluation is being provided by REFT Institute and LARASA. Community grantees are:

- Adult Education Center of Durango (Four Corners Region)
- Crawford Family Resource Center (Aurora)
- Ethnic Counseling/Consultation Community Outreach Services (Metropolitan Denver)
- Family Visitor Program (Garfield and Pitkin counties, and the Basalt/Ellie area of Eagle County)
- Hmong American Association of Colorado (Statewide Colorado)
- Plan de Salud de la Valle, Inc. (North and Northeastern Colorado)
- Rocky Mountain Survivor’s Center (Statewide Colorado)
- San Luis Valley Christian Community Services (San Luis Valley)
- Servicios de la Raza, Inc. (Statewide Colorado)
- St. Mary’s Family Practice Residency (Mesa County)
- Vietnamese Elderly Association of Colorado (Adams, Arapahoe, Denver and Jefferson counties)

SUPPORTING SCHOOLS INITIATIVES

1999-2002
TOTAL COMMITMENT: $12,056,302
DISTRIBUTED IN 2000: $1,007,517
This initiative supports the following:

AFTE R-SCHOLL INI TIATIVE

2000-2005
TOTAL COMMITMENT: $10,000,000
DISTRIBUTED IN 2000: $454,958
Serving children between fourth and ninth grades, the After-School initiative will implement multifaceted, culturally appropriate programs that promote positive youth development. Three Regional Coordinating Agencies were selected to coordinate the initiative:
- Colorado Foundation for Families and Children (Region One)
- Colorado Springs Assets for Youth and Colorado Springs Park, Recreation and Cultural Services (joint partnership for Region Two)
- Valley-Wide Health Services, Inc. and Montrose Memorial Hospital Teen Pregnancy Prevention Initiative (joint partnership for Region Three)
- LARASA.

CASA START FOR AT- RISK STUDENTS

1999-2002
TOTAL COMMITMENT: $926,302
DISTRIBUTED IN 2000: $308,418
CASA START (Striving Together to Achieve Rewarding Tomorrows) is a case-management program designed to prevent substance abuse and delinquency, and to improve school performance and attendance among high-risk children (ages 8 to 13). The program was developed by the National Center on Addiction and Substance Abuse at Columbia University in New York. Through Adams County School District 14, this program supports children’s physical and mental well-being, school performance and after-school, recreational and transportation needs.

SAFE COMMUNITIES–SAFE SCHOOLS INITIATIVE

1999-2002
TOTAL COMMITMENT: $1,130,000
DISTRIBUTED IN 2000: $244,141
This initiative is designed to foster healthy school climates that provide safe and welcoming environments in which teachers can teach and students can learn. It implements a model developed by the Center for the Study and Prevention of Violence (CSPV) at the University of Colorado at Boulder. Any interested Colorado school or school district can receive information, materials, practical planning tools and limited technical assistance for school planning. Eight schools and eight school districts were selected to receive comprehensive training and technical assistance to implement locally designed safe school plans. They are:
- Central High School (Pueblo)
- Del Norte School District C-7
- Gunnison School District RE-1
- Hayden School District RE-1
- Huron Middle School (Northglenn)
- Lake County School District RE-1
- Lincoln Junior High School (Fort Collins)
- Mesa County District #51
- Montrose County School District RE-1
- Mountain Valley School District RE-1 (Saguache)
- Ranum High School (Adams County)
- Rose Hill Elementary School (Commerce City)
- Sheridan School District
- Vivian Elementary School (Lakewood)
- West Valley Alternative High School (Colorado Springs)
- William Smith High School (Aurora)
- Grand River Hospital District (Rifle)
- Gray Gourmet Program, First Baptist Church (Palisade)
- Gunnison County Department of Social Services
- Healthy Mountain Communities (Basalt)
- Kremmling Memorial Hospital District
- Lake City Area Medical Center
- Living at Home Program (towns of Haxtun and Fleming)
- Mercy Medical Center of Durango
- Montezuma County Health Department
- Northwest Colorado Visiting Nurse Association (Steamboat Springs)
- Park County Senior Coalition, Inc. (Fairplay)
- Pioneers Hospital (Meeker)
- Retired and Senior Volunteer Program (RSVP) (Delta, Gunnison, Montrose and San Miguel counties)
- Rio Blanco County (Rangely)
- San Luis Valley Area Health Education Center (Alamosa)
- Southeast Colorado Hospital District (Springfield)
- St. Mary’s Catholic Church (Walsenburg)
- Tri-Valley Senior Citizens Association (Bennett, Byers, Deer Trail and Strasburg)
- Upper Arkansas Area Council of Governments (Chaffee, Custer, Fremont and Lake counties)
- Washington County Project for Independent Living (Akron)
- Town of Wiley
- Wray Rehabilitation and Activities Center, Inc.

The following organizations received funding to improve handicap accessibility:
- Arkansas Valley Community Center (La Junta)
- Town of Cedaredge
- Centennial Mental Health Center (Limon)
- Cloud City Senior Services (Leadville)
- Colorado Mountain College Senior Program (Glenwood Springs)
- Community Health Clinic (Dove Creek)
Special Projects

**COLORADO TRUST FELLOWS PROGRAM**
1995-2002
TOTAL COMMITMENT: $2,141,743
DISTRIBUTED IN 2000: $196,040
This program is designed to train Coloradans as future leaders of nonprofit organizations through the Master's of Nonprofit Management program at Regis University.

**CHERRY CREEK SNEAK**
$15,000

**COLUMBINE CONNECTION**
$100,000

**COUNCIL ON FOUNDATIONS**
$34,600

**MEMORIALS**
$1,000

**PROJECT EXILE**
$250,000

Other Distributions in 2000

In addition to its grantmaking, The Colorado Trust makes other distributions to support charitable purposes in Colorado. As a result of its historical relationships with the Colorado Episcopal Foundation and the Presbytery of Denver, The Trust makes annual distributions to these churches for charitable activities of their choice. The foundation also matches contributions to charitable organizations made by Trustees and members of the staff, and makes directed contributions to charitable organizations designated by Trustees and officers of The Trust.

Colorado Episcopal Foundation
Distributed in 2000: $737,443

Presbytery of Denver
Distributed in 2000: $737,443

Trustee/Employee Matching Contributions
Distributed in 2000: $123,006

Directed Contributions
Distributed in 2000: $645,000
### The Colorado Trust Balance Sheets December 31, 2000, and December 31, 1999

#### Assets

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th>1999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash, money market fund and U.S. Treasury Bills</td>
<td>$19,276,516</td>
<td>$7,651,511</td>
</tr>
<tr>
<td>Corporate bonds</td>
<td>42,063,446</td>
<td>44,072,565</td>
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<tr>
<td>U.S. government bonds and notes</td>
<td>52,694,913</td>
<td>26,853,000</td>
</tr>
<tr>
<td>Common and preferred stocks</td>
<td>156,017,073</td>
<td>189,765,668</td>
</tr>
<tr>
<td>International investments</td>
<td>71,056,326</td>
<td>92,522,005</td>
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<tr>
<td>Real estate investments</td>
<td>52,122,175</td>
<td>49,999,714</td>
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<tr>
<td>Total investments</td>
<td>393,230,999</td>
<td>410,864,463</td>
</tr>
<tr>
<td>Cash in bank</td>
<td>4,702,977</td>
<td>1,154,860</td>
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<tr>
<td>Due from fiscal agents for securities with settlements pending</td>
<td>13,092,072</td>
<td></td>
</tr>
<tr>
<td>Dividends and interest receivable</td>
<td>2,428,027</td>
<td>1,086,429</td>
</tr>
<tr>
<td>Accrued federal excise tax</td>
<td>156,865</td>
<td>178,411</td>
</tr>
<tr>
<td>Furniture and equipment, net of accumulated depreciation</td>
<td>240,548</td>
<td>170,607</td>
</tr>
<tr>
<td>Other assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$413,851,488</strong></td>
<td><strong>$413,483,173</strong></td>
</tr>
</tbody>
</table>

#### Liabilities and Net Assets

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th>1999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Due to fiscal agents for securities with settlements pending</td>
<td>$18,623,573</td>
<td>$202,502</td>
</tr>
<tr>
<td>Accrued and other liabilities</td>
<td>668,544</td>
<td>250,073</td>
</tr>
<tr>
<td>Grants payable</td>
<td>24,317,245</td>
<td>18,950,659</td>
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<tr>
<td>Accrued federal excise taxes</td>
<td>1,457,784</td>
<td>578,979</td>
</tr>
<tr>
<td>Total liabilities</td>
<td>45,077,146</td>
<td>19,982,031</td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td><strong>368,774,342</strong></td>
<td><strong>393,501,142</strong></td>
</tr>
<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
<td><strong>$413,851,488</strong></td>
<td><strong>$413,483,173</strong></td>
</tr>
</tbody>
</table>

### The Colorado Trust Statement of Income and Expenses December 31, 2000, and December 31, 1999

#### Income

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th>1999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dividends</td>
<td>$2,362,604</td>
<td>$2,117,457</td>
</tr>
<tr>
<td>Interest</td>
<td>5,660,322</td>
<td>4,279,344</td>
</tr>
<tr>
<td>Rent income</td>
<td>2,026,429</td>
<td>1,706,800</td>
</tr>
<tr>
<td>Distributions from real estate funds</td>
<td>2,332,843</td>
<td>2,510,926</td>
</tr>
<tr>
<td>Net realized gains on investments</td>
<td>36,671,817</td>
<td>11,823,128</td>
</tr>
<tr>
<td>Increase (decrease) in unrealized gains on investments</td>
<td>(51,255,361)</td>
<td>63,365,726</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>(2,201,346)</td>
<td>85,803,381</td>
</tr>
</tbody>
</table>

#### Expenses

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th>1999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant administration expense</td>
<td>2,674,535</td>
<td>2,204,368</td>
</tr>
<tr>
<td>Investment expense</td>
<td>3,068,494</td>
<td>2,685,665</td>
</tr>
<tr>
<td>Grants expense</td>
<td>15,767,286</td>
<td>10,115,302</td>
</tr>
<tr>
<td>Federal excise tax</td>
<td>1,015,139</td>
<td>548,388</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>21,927,105</td>
<td>15,553,723</td>
</tr>
<tr>
<td>Increase in net assets</td>
<td>(19,924,766)</td>
<td>70,249,658</td>
</tr>
<tr>
<td><strong>Net Assets, Beginning of Year</strong></td>
<td>393,501,142</td>
<td>323,251,484</td>
</tr>
<tr>
<td><strong>Net Assets, End of Year</strong></td>
<td>$368,774,342</td>
<td>$393,501,142</td>
</tr>
</tbody>
</table>
W. Robert Alexander *
ALPS Mutual Fund Services,
Chairman
Financial Investors Trust,
Chairman

William F. Beattie *
Frederick Ross Company, Executive
Vice President and Partner
(retired)

Jerome M. Buckley, M.D.
COPIC Insurance Company,
Chairman and CEO

Donald G. Butterfield, M.D. *
Denver-Aurora Gastroenterologists,
P.C., President
Presbyterian/St. Luke’s Medical
Center, Gastroenterologist
University of Colorado Health
Sciences Center, School of
Medicine, Clinical Professor of
Medicine

Stephen B. Clark **
S.B. Clark, Inc. Public Finance
Consultants, Principal

Donald W. Fink, M.D.
Presbyterian/St. Luke’s Medical
Center, Radiologist (retired)

Jean C. Jones
Girl Scouts — Mile Hi Council,
Executive Director

William N. Maniatis, M.D. **
Presbyterian/St. Luke’s Medical
Center, Urologist
Aurora Regional Medical Center,
Urologist
Aurora Urology, P.C., President

Sr. Lillian Murphy, R.S.M.
Mercy Housing, Inc., President and
CEO

Kathryn A. Paul **
Kaiser Permanente, President
Group Operations West (retired)

A. Gordon Rippey
Rippey and Company, President

Judith B. Wagner
Wagner Investment Management,
President and CEO

* Term concluded October 2000
**Assumed duties as a Trustee in
October 2000

John R. Moran, Jr.
President

Jean D. Merrick
Vice President for Program
Initiatives

John L. Samuelson, M.B.A., C.P.A.
Chief Financial Officer

Sally Beatty, R.N., M.S.
Program Officer

Deborah Bodison
Front Desk Manager

Carol Breslau
Senior Program Officer

Michele M. Chader
Executive Assistant

Tara Corwin
IS Specialist/Assistant to the
Controller

Nancy Baughman Couti, Dr.P.H.
Senior Evaluation Officer

Mary Ann Davis
Senior Assistant/Events
Coordinator

Susan Downs-Karkos
Program Officer

Ed Guajardo Lucero
Program Officer

Dale Honor
Program Initiatives Assistant

Joanne Johnson
Controller/IS Manager

Jenny Lehman
Executive Assistant

Heather MacGillivary
Evaluation Officer

Christie McElhinney
Senior Communications Officer

Rachel A.E. Mondragon
Office Manager/Web site Manager

Sarah Moore
Communications Associate

Dana Nickless
Evaluation Associate

Lori J. Vetraino
Program Associate