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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.

HISTORY
When the nonprofit PSL Healthcare 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 and well-being of the people of Colorado.

About Us

HOW WE MAKE GRANTS
The Colorado Trust’s strategic grantmaking supports the development of a coordinated system of policies, programs and services that expand health coverage, improve and expand health care.

The Colorado Trust issues Requests for Applications (RFA) and welcomes responses from nonprofit organizations and governmental entities across Colorado. When a competitive funding opportunity is available, a detailed RFA with related instructions and 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 to submit individual, non-competitive proposals.

The Colorado Trust does not accept unsolicited requests for funding with one exception, the Convening for Colorado program. Applications for Convening for Colorado are accepted on an ongoing basis and reviewed monthly.

In response to an RFA or an 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 sponsor
- 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 sponsor fees)
- Religious purposes.
2012 marked the final year of my 10-year term on the board of The Colorado Trust. Over the years, I have witnessed the power of multi-year grants to give our nonprofit partners the resources necessary to address often-complex problems. Our grantees also need other supports beyond grants, like the ability to convene people to tackle contentious issues and advance solutions. Technical assistance, together with solid data and analysis, can fill the knowledge gaps and activate leaders to bring about change. Equally important are the great strides we’ve made in engaging and considering in our grantmaking an increasingly diverse Colorado, both culturally and linguistically. As well, we’ve grown our abilities to form alliances with other funders, to strengthen our investments and make the most of our resources.

I am honored to have had the opportunity to be a part of this wonderful institution. The blending of my passion for education and health, together with my fellow trustees’ depth in the diverse arenas of spirituality, business, policy, finance and primary, behavioral and oral health care has enabled us to consider a wide range of factors that affect health and well-being. I know that together with staff, grantees and our many partners, the board of trustees will continue to serve as thoughtful and bold stewards of the foundation’s resources, assuring they are wisely used to help make our state a healthy place we proudly call home.

Patricia Baca, EdD
Chairwoman, 2012

Against the backdrop of a contentious presidential election year, a landmark ruling by the U.S. Supreme Court upholding the Affordable Care Act and a continuing, though slow economic recovery, 2012 was filled with steady progress on several of our strategies to achieve access to health. Through Project Health Colorado, more than 30,000 Coloradans from every corner of the state have made their voices heard, coalescing to help make health care work better in our state. Data and analysis from our Colorado Health Access Survey about health coverage, affordability, emergency department usage, oral health and more was widely communicated. We were pleased to launch Convening for Colorado, a program providing ongoing grant support to bring people together to discuss issues central to advancing health and well-being.

This past year we also conducted an in-depth environmental scan, engaging more than 1,000 Coloradans through community conversations, focus groups and polling to help us learn more about the extent to which health inequities affect access to health in Colorado. With this valuable information, we are moving to more intently focus our grantmaking on addressing health disparities in Colorado. We believe our ability to advance health equity is good, given the knowledge, passion and resources of our partners, staff and board of trustees.

We offer a special thanks to Reginald Washington, MD, and Patricia Baca, EdD, as they retire from our board following a remarkable 10 years each of dedicated service. We welcome our two newest trustees, Don Mares, Esq., and Warren Johnson, MD. Together, we will make Colorado a place where the opportunity for good health is within everyone’s reach, regardless of their level of income, education, race or ethnicity.

Rev. R.J. Ross
Chairman, 2013

Ned Calonge, MD
President & CEO
The Colorado Trust is dedicated to achieving access to health for all Coloradans.

**GRANT STRATEGIES.** To achieve this vision, The Trust supports the development and dissemination of robust health data to pinpoint challenges and to inform solutions; efforts to increase public awareness and advocacy to build a strong base of support for access to health through policy solutions; and the provision of services and strengthening of systems that expand health coverage and improve access to health care; and efforts to advance the health and well-being of the people of Colorado.

**ENVIRONMENTAL SCAN.** In addition to supporting grant strategies in 2012, The Colorado Trust conducted an environmental scan to learn more about how health inequities affect the ability of certain groups to access health care, and the effect of disparities on their health. Through community forums, focus groups, stakeholder interviews and a statewide telephone survey, we learned much from the more than 1,000 Coloradans who shared their views, including:

- More than half of survey respondents believed there to be differences in health care that people receive in our state, based solely on their race, ethnicity, income or where they live.

- Community forum participants most often identified health inequity as a problem for low-income populations, and identified the lack of adequate insurance as a health inequity.

- Community forum and focus group participants identified other groups also affected by health inequities, including immigrants, undocumented persons, rural residents, people with complex health needs, homeless individuals and veterans.

- Participants noted that the economic and social conditions in which people live and work are an important aspect of health equity.

To learn more about the extent to which health inequity affects access to health in Colorado, The Trust undertook a statewide environmental scan. Findings will help to guide our work in 2013 and beyond.

With this information, The Colorado Trust is moving toward a re-focusing of its vision to more intently address health disparities and to advance health equity in Colorado.
In 2012, *The Colorado Trust* continued its support for the collection, analysis and dissemination of robust health data to help pinpoint the health-related challenges we face, and inform solutions to expand health coverage and improve care by:

- Continuing our long-time core support for the Colorado Health Institute, an impartial clearinghouse for data and analysis on Colorado’s health care issues and systems.
- Releasing the analysis of data throughout the year from the 2011 Colorado Health Access Survey (CHAS), an extensive survey of health care coverage, access and utilization in Colorado.
- Supporting the launch and critical early work of the Center for Improving Value in Health Care’s All Payer Claims Database, to inform health care quality improvement, cost containment and value across the health care system.

"Sanders is among an increasing number of Coloradans without dental insurance; the 2011 Colorado Health Access Survey shows 2.1 million Coloradans do not have dental health insurance."

Ned Calonge, MD
President & CEO
The Colorado Trust
Grantee Story

Gary Sanders attributes dental care to saving his life.

“Most dentists were scared to touch my mouth,” said Sanders of Silverthorne. “Between this and an estimated cost of $20,000 to $50,000 for the care I needed, I was pretty worried.”

His worry was justified, as doctors told him they couldn’t begin to address his other significant and increasingly painful health challenges of multiple myeloma and Hepatitis C until he first received dental care.

After having worked for two-plus decades as a roofing contractor in Summit County, Sanders has been unemployed the past three years due to his poor health. He discovered that the Medicaid health insurance coverage he is grateful to have didn’t cover the dental care he needed.

Sanders is among an increasing number of Coloradans without dental insurance; the 2011 Colorado Health Access Survey (CHAS) shows 2.1 million Coloradans do not have dental health insurance (compared to 829,000 Coloradans without coverage for health care).

Like most Coloradans without dental insurance, Sanders put off dental care he knew he needed because he simply couldn’t afford it. Nearly one in four Coloradans (22.9 percent) cite cost as the reason they did not get the dental care they needed, according to the 2011 CHAS. Of those with no dental insurance, less than half (44.5 percent) visited a dental professional.

When he learned that his oral health had literally become life threatening, Sanders found he couldn’t find a dentist to care for him. “I told my doctor I couldn’t find a dentist to help me out and he didn’t believe me,” said Sanders. “Then he tried looking for a dentist to help me and found out it was true.” Not knowing what else to do, Sanders turned to churches to ask for help and they referred him to the Summit Community Care Clinic.

Through this local safety-net clinic, Sanders received his much-needed oral health care – including 10 root canals. Initially, Summit Community Care Clinic was able to help secure these services for Sanders through a Denver-based dentist. When car problems and his overall health challenges made this travel too difficult, the clinic in Breckenridge was able to pair him with a locally-based dentist.

Having cleared this first and significant barrier to care, Sanders is now undergoing chemotherapy and is optimistic. “I’m hopeful that I’ll be able to return to a productive life,” said Sanders.
2012 Grantees

ALL KIDS COVERED INITIATIVE
(Colorado Coalition for the Medically Underserved)
Examining and reporting on the status of children’s access to health coverage and care throughout Colorado.
GRANT TIMEFRAME: 2010-2012
GRANT AMOUNT: $32,000
CONTACT: Deidre Johnson

CIVHC – COLORADO ALL PAYER CLAIMS DATABASE IMPLEMENTATION GRANT
In partnership with the Colorado Health Foundation, The Colorado Trust supports the Center for Improving Value in Health Care in developing a Colorado All Payer Claims Database to better understand the cost and utilization of health care services, and develop payment solutions to lower health care costs.
GRANT TIMEFRAME: 2012-2015
GRANT AMOUNT: $2,000,000
CONTACT: Laurel Petralia

COLORADO HEALTH INSTITUTE
Established in 2003, the Colorado Health Institute (CHI), was created through a funding partnership of The Colorado Trust, Rose Community Foundation and Caring for Colorado Foundation. Serving as a reliable and impartial clearinghouse for data and data resources related to Colorado’s health care issues and systems, CHI communicates these data to policymakers, funding organizations, health planners, business and nonprofit community, consumer groups, health care providers and the media.
GRANT TIMEFRAME: 2007-2015
GRANT AMOUNT: $4,228,977
CONTACT: Gwyn Barley

TBD COLORADO
A nonpartisan effort to create informed and constructive conversations among Coloradans about some of the biggest issues facing the state. The Colorado Trust’s support helped underwrite a series of community forums TBD is convening around health, education, transportation and other key issues, to result in a public report to share the information.
GRANT TIMEFRAME: 2012-2013
GRANT AMOUNT: $10,000
CONTACT: Scott Downes

COLORADO HEALTH ACCESS SURVEY
The CHAS is an extensive survey in Colorado of health care coverage, access and utilization, with data collection and analysis managed by the Colorado Health Institute.
GRANT TIMEFRAME: 2011-2018
GRANT AMOUNT: $4,523,159
CONTACT: Gwyn Barley
In 2012, The Colorado Trust supported an array of advocacy, communications, education, research and leadership efforts to help inform and advance health policies to achieve access to health, including:

- **Project Health Colorado**, a unique blend of grassroots strategies paired with a communications campaign to increase awareness, understanding and support for making health coverage and health care work better for every Coloradan.

- Connecting groups of health care advocates to learn from one another, work together over the long term and to quickly respond to timely opportunities to advance health care improvements in Colorado.

- Convening policy leaders, health care providers, educational institutions, and economic development and workforce planning authorities to collectively establish a strategic public policy framework for Colorado to address the shortage of providers.

> When I ask students if they think their actions can make a difference, they always say yes. They learned that they have something to say, and something to contribute to their communities.

Elena Miller-ter Kuile
Service Learning Coordinator
Get Healthy SLV
“In the San Luis Valley, even basic concepts of health and health care aren’t well understood,” said Elena Miller-ter Kuile, Get Healthy SLV Service Learning Coordinator at the San Luis Valley Regional Medical Center, a grantee of Project Health Colorado. “We’ve learned to meet people where they are, like getting them to recognize that exercise is important. After all, we need healthy people – as well as a system that works.

“To start conversations about health and our local health care system, we created ways for people to share their concerns about access, and mobilized young people around common values and experiences.”

Specifically, since 2011, Get Healthy SLV has initiated and implemented hands-on service learning projects in several area schools and colleges to encourage students to get involved in – and promote – everything from physical fitness and the importance of eating a healthy breakfast, to preventive screenings and a bully-free environment.

“For example, eight students at Mountain Valley School created educational posters about drug and alcohol abuse, and helped host a Family Prevention Bingo Night to promote awareness about the issue,” said Miller-ter Kuile.

She also pointed to the success of an art show this spring that brought together several different service learning participants – comprising students, educators and other community partners – to share their knowledge and spread awareness through art.

“We had everything from tie-dyed t-shirts and posters that present facts about drug and alcohol abuse to collages and 3D art about how to be healthy,” said Miller-ter Kuile. “It was a great way to showcase students’ work, and to have several schools in one place.

“When I ask students if they think their actions can make a difference, they always say yes. They learned that they have something to say, and something to contribute to their communities.

“But talking about health care with young people is a challenge. You have to get them to understand the issues first before you can engage them and motivate them.”

Looking ahead, Miller-ter Kuile will continue to support the teachers with whom she’s developed partnerships – teachers like Yvonne Morfitt at the Mountain Valley School. “The awesome resources I received through Get Healthy SLV really made a difference,” she said. “Flyers, advertising and other materials that I know I can reuse.”

“That’s true sustainability,” added Miller-ter Kuile, “when energy comes from within the community and the schools.”
COLORADO COALITION FOR THE MEDICALLY UNDERSERVED – ADVOCACY FOR THE MEDICALLY UNDERSERVED
Advocating for improved health care outcomes and experiences for low and moderate income Coloradans.
GRANT TIMEFRAME: 2010-2012
GRANT AMOUNT: $150,000
CONTACT: Scott Downes

COLORADO HEALTH PROFESSIONS WORKFORCE POLICY COLLABORATIVE
Convening policy leaders, health care providers, educational institutions, and economic development and workforce planning authorities to address the shortage of providers.
GRANT TIMEFRAME: 2008-2012
GRANT AMOUNT: $510,000
CONTACT: Laurel Petralia

COLORADO NONPROFIT ASSOCIATION – FISCAL EDUCATION PROJECT
Helping nonprofit organizations in Colorado to better educate their constituencies and the broader population about Colorado’s fiscal challenges.
GRANT TIMEFRAME: 2010-2012
GRANT AMOUNT: $25,000
CONTACT: Scott Downes

HEALTH CARE ADVOCACY
Supporting the Bell Policy Center, Colorado Center on Law and Policy and the Colorado Children’s Campaign to advocate on behalf of an improved system of health coverage and care in Colorado.
GRANT TIMEFRAME: 2010-2012
GRANT AMOUNT: $1,012,500
CONTACT: Scott Downes

MEDICAL CLEAN CLAIMS, TRANSPARENCY & UNIFORMITY TASK FORCE
Supporting a task force of providers, payers and government representatives in developing a uniform set of insurance codes and payment rules aimed at reducing costs and administrative redundancies, as required under HB10-1332.
GRANT TIMEFRAME: 2011-2013
GRANT AMOUNT: $25,000
CONTACT: Laurel Petralia

OFFICE OF THE COLORADO GOVERNOR
Supporting a position in the Colorado Governor’s Policy Office to assist with the implementation of federal laws that increase access to health for all Coloradans.
GRANT TIMEFRAME: 2007-2012
GRANT AMOUNT: $445,280
CONTACT: Scott Downes

PROJECT HEALTH COLORADO
Building public will to help achieve access to health through a unique blend of grassroots strategies paired with a communications campaign aimed at increasing awareness, understanding and support for making health coverage and health care work better for every Coloradan, in partnership with the Colorado Health Foundation.
GRANT TIMEFRAME: 2010-2013
GRANT AMOUNT: $9,896,000
CONTACT: Scott Downes

STRATEGIC ADVOCACY FUND
Informing debate about key policy issues that affect access to health for Coloradans. A collaborative project of the Bell Policy Center, Colorado Center on Law and Policy, Colorado Children’s Campaign and Colorado Coalition for the Medically Underserved.
GRANT TIMEFRAME: 2012
GRANT AMOUNT: $132,020
CONTACT: Scott Downes
In 2012, Colorado Trust grant strategies helped to strengthen the ability of health care delivery sites and providers to serve uninsured, and publicly- and privately-insured Coloradans; improve systems, policies and programs to support continuous enrollment in public health coverage; and address the insufficient availability and numbers of health care providers by:

- Evaluating patient-centered medical home pilots to identify outcomes related to patient and physician experiences, changes in quality of care measures and cost
- Integrating health services into the state’s network of Early Childhood Councils
- Improving the coordination of health services at the community level through partnerships that build, strengthen and sustain the infrastructure of Colorado communities.

“Our parent surveys show that lack of awareness about early childhood oral health – as well as lack of insurance, not enough time and not knowing where to take their children – are barriers to kids getting the care they need.”

Michelle Balleck
Coordinator
Connections 4 Kids
In Moffat and Rio Blanco counties, Connections 4 Kids Early Childhood Council has embarked on several strategies to promote awareness of early childhood oral health – from organizing and hosting trainings to social campaigning.

“While most dentists in our community are implementing the Cavity Free at Three (CF3) program in their offices, and all of them are willing to treat children under the age of 3, our parent surveys show that lack of awareness about early childhood oral health – as well as lack of insurance, not enough time and not knowing where to take their children – are barriers to kids getting the care they need,” said Michelle Balleck, who coordinates the community-based collaborative that connects young children and their families to oral health resources and services.

“In our community, programs like CF3 can only succeed if early childhood experts and medical providers work together to fill the gaps in early childhood health awareness. But in order to collaborate, our partners have to be informed.”

So Connections 4 Kids organizes and hosts CF3 trainings and screenings that involve student nurses and dental hygiene students from Colorado Northwestern Community College (CNCC) in Rangely and Craig, along with practicing dentists, doctors, early childhood providers and parents.

“Through a partnership with CNCC, we incorporated CF3 trainings into coursework for dental hygiene and nursing students so that graduates of the college can carry on this important program,” said Balleck.

Connections 4 Kids also organizes ‘dinner-and-learn’ education events in Craig, Meeker and Rangely, focused on parents and early childhood providers; and participates in health fairs and children’s festivals, offering screenings, information about diet and oral health, and collecting data from parents to further inform and improve strategies and tactics.

“Regular and helpful communications create credibility and trust,” said Oral Health Coordinator Amanda Arnold. “For example, we developed a list of local dentists and regional pediatric dental specialists. Medical providers and human services agencies are now distributing that list through their offices so that families can access the care they need.”

Connections 4 Kids has also upped the ante on its social media efforts, including posting more messages, photos and announcements on the organization’s Facebook page, expanding advertising, and increasing distribution of fliers and referral sheets.

“We believe in a well-rounded approach to implementing CF3 in our community,” said Balleck. “Medical and dental providers’ participation is critical to our project’s success and sustainability. And early childhood providers and parents have direct interaction with children on a daily basis – so who better to encourage good oral health habits and caries prevention?”
AFFORDABLE CARE ELIGIBILITY COORDINATOR
(The Colorado Health Foundation)
Partnering with the Colorado Health Foundation to support consulting services to the State of Colorado necessary to develop a strategic plan to improve state eligibility determination, verification and enrollment systems, as required under the Affordable Care Act.
GRANT TIMEFRAME: 2011-2012
GRANT AMOUNT: $28,963
CONTACT: Deidre Johnson

BOULDER COUNTY HOUSING AND HUMAN SERVICES
Working to identify and enroll eligible, but uninsured, children and youth in Medicaid and CHP+.
GRANT TIMEFRAME: 2009-2014
GRANT AMOUNT: $225,000
CONTACT: Deidre Johnson

CAVITY FREE AT THREE – EVALUATION
Researchers at Denver Health and the University of Colorado School of Medicine are conducting a randomized, controlled trial to determine the effect of Cavity Free at Three on the prevalence of dental caries in children less than three years of age.
GRANT TIMEFRAME: 2009-2012
GRANT AMOUNT: $100,000
CONTACT: Nancy Csuti

CAVITY FREE AT THREE – PHASE TWO
Recruiting private dentists in Colorado who do not accept Medicaid clients to serve this population, and training dental providers to care for young children and pregnant women.
GRANT TIMEFRAME: 2011-2014
GRANT AMOUNT: $300,000
CONTACT: Laurel Petralia

CHILDREN’S OUTCOMES PROJECT
Supporting a peer-to-peer match meeting that provided Colorado early childhood stakeholders with technical assistance from national experts regarding two effective data sharing tools and implementation strategies that are being successfully used in other states and local communities to measure early childhood physical health and well-being.
GRANT TIMEFRAME: 2012
GRANT AMOUNT: $15,677
CONTACT: Deidre Johnson

COLORADO AREA HEALTH EDUCATION CENTERS
(University of Colorado Foundation)
Encouraging rural and underserved high school students to explore health profession careers, and administering a health care scholars program to graduate students in health professions education and training who choose to practice in rural or other underserved sites.
GRANT TIMEFRAME: 2008-2012
GRANT AMOUNT: $3,030,000
CONTACT: Laurel Petralia

COLORADO CENTER FOR NURSING EXCELLENCE
Building the state’s health professions workforce through the Nursing Faculty Retention and Recruitment Program, including a nursing faculty educational loan repayment program.
GRANT TIMEFRAME: 2008-2012
GRANT AMOUNT: $1,173,601
CONTACT: Laurel Petralia

COLORADO CENTER FOR NURSING EXCELLENCE – CARE AND CAREER TRANSITIONS
Improving transitions of care by strengthening home-health nursing clinical and leadership competencies, and putting in place quality and patient safety improvements.
GRANT TIMEFRAME: 2010-2013
GRANT AMOUNT: $50,000
CONTACT: Laurel Petralia
COLORADO CENTER FOR NURSING EXCELLENCE - EXPANDING ADVANCED NURSING SKILLS FOR LEADING QUALITY INITIATIVES
Expanding the leadership skills of some 140 frontline nurses to implement quality initiatives that improve patient care statewide. The program built on evidence gained from a HRSA-funded nurse leadership program.
GRANT TIMEFRAME: 2008-2012
GRANT AMOUNT: $380,000
CONTACT: Laurel Petralia

COLORADO CHILDREN’S HEALTHCARE ACCESS PROGRAM
Providing support services that enable and encourage private pediatric and family practices to devote at least 10 percent of their practice to publicly insured children, including an enhanced reimbursement program that CCHAP offers in conjunction with the Colorado Department of Health Care Policy and Financing, Rocky Mountain Health Plans and Colorado Access that promotes and rewards comprehensive preventive health care.
GRANT TIMEFRAME: 2008-2013
GRANT AMOUNT: $540,156
CONTACT: Laurel Petralia

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
Working to improve state-level coordination and alignment to support the work of Early Childhood Health Integration grantees and to further the development of the community Medical Home concept as it relates to early childhood systems.
GRANT TIMEFRAME: 2008-2013
GRANT AMOUNT: $506,344
CONTACT: Deidre Johnson

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, OFFICE OF PRIMARY CARE – COLORADO HEALTH SERVICE CORPS
EDUCATIONAL LOAN FORGIVENESS
Repaying all or a portion of the educational loan debt of primary care health professionals who agree to practice in an underserved community with a known shortage of providers.
GRANT TIMEFRAME: 2010-2012
GRANT AMOUNT: $303,998
CONTACT: Laurel Petralia

COLORADO RURAL HEALTH CENTER – COLORADO PROVIDER RECRUITMENT PROGRAM
Administering the Colorado Provider Recruitment Program to recruit and retain health care providers to work in rural and underserved communities.
GRANT TIMEFRAME: 2009-2012
GRANT AMOUNT: $144,000
CONTACT: Laurel Petralia

COMMUNITY TRIBAL HEALTH FAIRS
Supporting the Colorado Commission of Indian Affairs to conduct two community health fairs for Ute Mountain Ute tribal members in Towaoc, and Southern Ute Indian Tribe members in Ignacio.
GRANT TIMEFRAME: 2009-2012
GRANT AMOUNT: $5,000
CONTACT: Chris Armijo

COUNTY OF BOULDER – COLORADO PEAK
Developing and implementing of a statewide train-the-trainer model to promote and support use of the new Colorado Program Eligibility and Application Kit, an online application to help individuals and families apply online for medical and food assistance benefits.
GRANT TIMEFRAME: 2010-2012
GRANT AMOUNT: $200,000
CONTACT: Deidre Johnson

EARLY CHILDHOOD HEALTH INTEGRATION
Supporting the state’s network of Early Childhood Councils to better integrate health services and systems into their local early childhood development efforts.
GRANT TIMEFRAME: 2008-2014
GRANT AMOUNT: $5,000,000
CONTACT: Deidre Johnson

EQUALITY IN HEALTH
Increasing the ability of organizations and educational institutions to provide culturally appropriate health care services to help reduce racial and ethnic health disparities in Colorado.
GRANT TIMEFRAME: 2005-2012
GRANT AMOUNT: $11,982,021
CONTACT: Chris Armijo

HEALTH TEAMWORKS – PATIENT-CENTERED MEDICAL HOME PILOT
In partnership with The Commonwealth Fund, implementing a patient-centered medical home demonstration pilot in 16 medical practices in Colorado to improve primary care delivery and costs by aligning high quality, coordinated care with financial incentives.
GRANT TIMEFRAME: 2009-2012
GRANT AMOUNT: $1,400,000
CONTACT: Chris Armijo

PARTNERSHIPS FOR HEALTH
Improving the coordination of health services at the community level through partnerships that build, strengthen and sustain the infrastructure of Colorado communities.
GRANT TIMEFRAME: 2006-2012
GRANT AMOUNT: $7,368,872
CONTACT: Chris Armijo
PATIENT-CENTERED MEDICAL HOME PILOT EVALUATION
Through the Harvard University School of Public Health, evaluating patient-centered medical home pilots in Colorado and six other states to identify outcomes related to patient and physician experiences, changes in quality of care measures and cost.
GRANT TIMEFRAME: 2008-2012
GRANT AMOUNT: $246,890
CONTACT: Nancy Csuti

RESULTS LEADERSHIP GROUP
Providing technical assistance and training to the Early Childhood Colorado Partnership to implement Results Based Accountability in order to measure early childhood development indicators in Colorado.
GRANT TIMEFRAME: 2012
GRANT AMOUNT: $10,000
CONTACT: Deidre Johnson

ROCKY MOUNTAIN RURAL HEALTH AND SOUTH PARK MEDICAL GROUP
Building a sustainable delivery model to meet the health care needs of rural, low-income individuals and families in Park County by developing a new business model.
GRANT TIMEFRAME: 2012-2013
GRANT AMOUNT: $10,000
CONTACT: Laurel Petralia

SET OF COLORADO SPRINGS – SET FAMILY MEDICAL CLINICS
Expanding services to provide a medical home for low-income and homeless clients, and helping the clinic apply for designation as a Federally Qualified Health Center Look-alike.
GRANT TIMEFRAME: 2010-2012
GRANT AMOUNT: $300,000
CONTACT: Deidre Johnson

THE BUILD INITIATIVE
Supporting a multi-state conference for Colorado’s early childhood health leaders to learn about promising strategies for addressing health equity for young children.
GRANT TIMEFRAME: 2012-2013
GRANT AMOUNT: $40,000
CONTACT: Deidre Johnson

UNIVERSITY OF COLORADO DENVER HEALTH SCIENCES CENTER, DEPARTMENT OF HEALTH AND BEHAVIORAL SCIENCES
Evaluating public insurance outreach and enrollment programs in community-based organizations to determine their impact on enrollment, retention and utilization of Colorado’s public health insurance programs.
GRANT TIMEFRAME: 2009-2012
GRANT AMOUNT: $987,500
CONTACT: Phillip Chung
We wanted to explore how coverage would expand, other differences in coverage that would occur and how our safety net would be affected.

Harriet Hall
President & CEO
Jefferson Center for Mental Health

Since 1985, The Colorado Trust has worked closely with communities across the state on a wide array of efforts to advance the health and well-being of the people of Colorado.

In 2012, these diverse strategies included:

- Providing support to bring people together to discuss issues central to advancing the health and well-being of Coloradans through our Convening for Colorado program
- Recognizing and supporting outstanding leadership in communities by honoring a current grantee with the John R. Moran, Jr. Leadership Award
- Supporting and participating in the twice yearly, Community Resource Center-hosted Rural Philanthropy Days events that connect funders and nonprofit organizations to discuss and address critical needs in rural communities across Colorado.

Grants » Health & Well-Being
“We invited providers from Jefferson, Clear Creek and Gilpin counties to the table, to look at getting prepared for the Affordable Care Act (ACA),” said Harriet Hall, President and CEO of the Jefferson Center for Mental Health (Jefferson Center). “We wanted to explore how coverage would expand, what differences in coverage would occur and how our safety net would be affected. Our original focus as a community was to ensure that providers in these three counties can support people who are newly insured through the ACA and still provide services to people who will remain uninsured after January 2014.

“As part of the convening process, we did some advance work to frame the issues. Engaged Public interviewed a subset of folks to check out our focus, which we then laid out for our participants. As it turns out, though, our original focus wasn’t a good fit.

“So we took a step back and worked toward finding consensus on what to focus on as a group.”

Specifically, Jefferson Center staff researched the changing data environment (e.g., data subsets of the Colorado All Payer Claims Database, and the systems used by the Colorado Regional Health Information Organization and Medicaid); as well as hot spotting and chronic care models.

“We all feel good that hot spotting is where the group ended up,” said Hall. “We’re looking at the data of really high utilizers of care to pull together discharge planning and care coordination that will improve the quality of outcomes for those individuals – and ultimately reduce the costs of care.”

While identifying hot spotting as a shared area of focus marked the end of this convening grant, the group’s work continues.

“There was enough interest and momentum among the participants involved to continue our efforts,” said Hall. “We’re hoping to engage the local hospitals in continued dialogue around hot spotters, while also deepening collaborations with all of the community partners to monitor the impact of health care reform.”

Meanwhile, the convening process itself provided a learning opportunity for Jefferson Center. “Flexibility is key in this type of process,” said Hall. “The ability to listen to many viewpoints and perspectives, and change course along the way, enriches the planning process and fosters engagement.”
2012 Grantees

COLORADO NONPROFIT ASSOCIATION
Providing support for the Colorado Collaborative Award to acknowledge successful collaboration among nonprofit organizations.
GRANT TIMEFRAME: 2012-2013
GRANT AMOUNT: $8,000
CONTACT: Laurel Petralia

COLORADO FIRE RELIEF FUND
(The Denver Foundation)
Supporting the basic human and health needs resulting from the devastating 2012 wildfires.
GRANT TIMEFRAME: 2012
GRANT AMOUNT: $250,000
CONTACT: Scott Downes

CONVENING FOR COLORADO
Providing support to bring people together to discuss issues central to advancing the health and well-being of Coloradans. Convenings provide dedicated time for people to share information, learn from experts, personally engage and actively deliberate with the goal of tackling a tough challenge or taking advantage of a timely opportunity.
GRANT TIMEFRAME: 2011-2013
GRANT AMOUNT: $500,000
CONTACT: Laurel Petralia

CRIPPLE CREEK-VICTOR SCHOOL DISTRICT
Supporting the school-based health center at Cresson Elementary School to expand behavioral health care services.
GRANT TIMEFRAME: 2012
GRANT AMOUNT: $5,000
CONTACT: Michele Chader

IMMIGRANT INTEGRATION
Supporting immigrants and established residents in working together for healthy communities.
GRANT TIMEFRAME: 2003-2012
GRANT AMOUNT: $10,733,504
CONTACT: Laurel Petralia

JOHN R. MORAN, JR. LEADERSHIP AWARD
Recognizing the outstanding leadership to advance the health and well-being of the people within the community the grantee serves, a current Trust grantee annually receives $25,000 in honor of John R. Moran, Jr.’s long-time leadership of The Colorado Trust.
GRANT TIMEFRAME: 2007-2017
GRANT AMOUNT: $250,000
CONTACT: Gwyn Barley

RURAL PHILANTHROPY DAYS
Supporting and participating in the twice yearly, Community Resource Center-hosted Rural Philanthropy Days events that connect funders and nonprofit organizations to discuss and address critical needs in rural communities across Colorado.
GRANT TIMEFRAME: 2012
GRANT AMOUNT: $55,000
CONTACT: Laurel Petralia

SAFE2TELL
Facilitating Safe2Tell trainings for Norwood Public School students, faculty and other community members.
GRANT TIMEFRAME: 2012-2013
GRANT AMOUNT: $9,750
CONTACT: Laurel Petralia

SAN MIGUEL RESOURCE CENTER
Supporting an education specialist to provide violence prevention programming at Norwood Public Schools.
GRANT TIMEFRAME: 2012-2013
GRANT AMOUNT: $9,900
CONTACT: Laurel Petralia
A committee of the Board of Trustees oversees The Trust’s investments with the goal of maintaining or increasing the real value of the investments in perpetuity to serve the needs of the people of Colorado today and into the future.

The Colorado Trust’s assets grew to over $413 million as of December 31, 2012. Net assets increased by $35.8 million primarily due to strong returns on investments. Overall, The Trust recognized nearly $52 million in returns net of fees, or over 14 percent.

The Trust provided over $16 million for charitable expenditures in fiscal year 2012. Since its inception in 1985, through 2012, The Colorado Trust has provided $452 million in charitable support to grantees across Colorado.

- 2012 audited financial statements
- 2012 990-PF

Please visit www.coloradotrust.org to view The Colorado Trust’s complete financial information through 2012.
## Financials

### 2012 Condensed Financial Statements

#### FINANCIAL POSITION

<table>
<thead>
<tr>
<th>ASSETS:</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and investments</td>
<td>$412,536,701</td>
<td>$376,024,194</td>
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<tr>
<td>Receivables</td>
<td>637,262</td>
<td>2,275,792</td>
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<tr>
<td>Property and equipment, net</td>
<td>263,725</td>
<td>244,550</td>
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<tr>
<td>Other Assets</td>
<td>357,794</td>
<td>514,589</td>
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<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td><strong>$413,795,482</strong></td>
<td><strong>$379,059,125</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIABILITIES &amp; NET ASSETS:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable and other liabilities</td>
<td>1,288,546</td>
<td>874,644</td>
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<tr>
<td>Deferred gain on sale-leaseback</td>
<td>3,764,819</td>
<td>4,014,419</td>
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<tr>
<td>Grants payable</td>
<td>5,841,570</td>
<td>7,095,001</td>
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<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td><strong>$10,894,935</strong></td>
<td><strong>$11,984,064</strong></td>
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</tbody>
</table>

Net assets:

| Unrestricted             | 402,900,547       | 366,407,061        |
| Temporarily restricted    | -                | 668,000            |
| **TOTAL NET ASSETS**     | **402,900,547**   | **367,075,061**    |

**TOTAL LIABILITIES & NET ASSETS**

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>$413,795,482</strong></td>
<td><strong>$379,059,125</strong></td>
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</tbody>
</table>

#### ACTIVITIES AND CHANGES IN NET ASSETS

<table>
<thead>
<tr>
<th>UNRESTRICTED REVENUES:</th>
<th>2012</th>
<th>2011</th>
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</thead>
<tbody>
<tr>
<td>Income (loss) from investments (net of fees)</td>
<td>$51,809,150</td>
<td>($12,582,287)</td>
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<tr>
<td>Other income</td>
<td>6,285</td>
<td>10,723</td>
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<tr>
<td>Net assets released from restriction</td>
<td>668,000</td>
<td>666,000</td>
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<tr>
<td><strong>TOTAL UNRESTRICTED REVENUES</strong></td>
<td><strong>$52,483,435</strong></td>
<td><strong>($11,905,564)</strong></td>
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</table>

<table>
<thead>
<tr>
<th>EXPENSES:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Program services</td>
<td>$13,356,471</td>
<td>$9,918,152</td>
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<tr>
<td>Management and general</td>
<td>1,678,442</td>
<td>1,737,151</td>
</tr>
<tr>
<td>Excise tax expense</td>
<td>955,036</td>
<td>(87,220)</td>
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<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td><strong>$15,989,949</strong></td>
<td><strong>$11,568,083</strong></td>
</tr>
</tbody>
</table>

| Increase (decrease) in unrestricted net assets | 36,493,486 | (23,473,647) |

Temporarily Restricted Support:

| Net assets released from restriction | (668,000) | (666,000) |
| Decrease in temporarily restricted net assets | (668,000) | (666,000) |

| Change in Net Assets | 35,825,486 | (24,139,647) |
| Net assets at beginning of year | 367,075,061 | 391,214,708 |
| **NET ASSETS AT END OF YEAR** | **$402,900,547** | **$367,075,061** |
Achieving access to health for all Coloradans

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In 2012, Patricia Baca, EdD and Reginald Washington, MD, each concluded 10 years of service on the board of The Colorado Trust.
THE COLORADO TRUST STAFF

(Left to right)

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ALISA SCHREIBER BOURNE
Database Manager & Human Resource Assistant

JEANINE DRAUT
Communications Officer

PHILLIP CHUNG
Assistant Director of Research, Evaluation & Strategic Learning

KATE OVIATT (not pictured)
Research, Evaluation & Strategic Learning Intern

* With gratitude to the staff members who formerly served The Colorado Trust: Mary Ann Davis, Heidi Holmberg and Matt Sundeen (not pictured).