

2018 ANNUAL REPORT

COLORADO **HEALTH** INSTITUTE



FROM THE CEO

Dear friends of CHI,

We often hear that we are living in a "post-truth" culture, fed by fake news and a choose-your-own-reality outlook.

I don't buy it. And neither do a lot of you. I know this because the Colorado Health Institute is in the business of proving evidence-based analysis and independent thinking to decision-makers in Colorado. And business is booming.

I'm pleased to report that CHI is a healthy and growing organization. We began in 2002 as a foundation-funded provider of health data and analysis. We have grown to be a trusted thought leader and thought partner in the health policy world. Now we're growing even more to meet the demand for reliable research, analysis, and strategic thinking.

We continue to fulfill our mission and vision by bringing independent analysis to policy matters throughout the state. Our contributions to substance use disorder, vaping, and Medicaid transformation helped set the course for state and local policy decisions and legislation.

We're sustaining this mission and vision by taking on more consulting work. We're proud of the clients we serve, because we know they share our vision of improving health for all Coloradans through evidence-based policymaking. For instance, we helped the Office of Behavioral Health develop the state's first-ever strategic plan for prevention of substance abuse, and we analyzed Colorado investment's in children's well-being for the Office of Early Childhood.

This is essential work, and it's the kind of work CHI is perfectly suited to do. Colorado can count on CHI to continue to be a trusted partner and leader as we work to make sure all people who live here have the opportunity to live a healthy life.

Michele Luck



On behalf of my CHI colleagues, I offer our thanks to you for joining us in this mission.

To your health,

Michele Lueck President & CEO

WHAT WE BELIEVE







At the Colorado Health Institute, we believe everyone should have the opportunity to lead a healthy life. We believe that better health policy can support that opportunity. And we believe that the best policy is made by applying sound evidence and solid analysis.



CHI is here to provide that evidence and analysis.



We work with people at all levels, from community groups to large health systems, who want to improve health for Coloradans.

We are committed to sustaining the vision of our founders to work in pursuit of better health policy and decision-making.









WHAT WE DO

CHI's team can support health decision-making in a number of ways, from turning data into plans and plans into results.

Strategic Planning: We help you understand the competitive market and prioritize resources.

Facilitation: CHI specializes in results-driven facilitation. We can provide the data and analysis your group needs to make an informed decision.

Research and Analysis: Our first question is "what does the evidence say?" We answer by reviewing literature and best practices and undertaking quantitative and qualitative analysis.



Legislative Services: We offer counsel to elected officials — free of charge and free of partisan bias.

Modeling: Who will your project help? What will it cost? CHI helps answer these questions with evidence-based financial modeling.

Project Management: CHI helps you reach your milestones without losing sight of the destination.

Evaluation: Our experienced evaluators know how to ask and answer the right questions to produce an evaluation that helps you learn, improve, and implement.

Strategic Communication: Our graphic artists and GIS experts can turn data into pictures worth a thousand spreadsheets.

WHAT WE KNOW

CHI analysts are experts in a variety of health subjects.

Behavioral Health: We analyze the landscape and opportunities in mental health and substance use, including suicide prevention policies, trends in substance use disorder, and the ways to promote mental health in children and youth.

Health Equity for Coloradans: Our work in health equity builds on more than a decade of quantifying and explaining health disparities. We focus on policies to address inequities.



Policy Know-How: We know the ins-and-outs of policymaking at the state and local level.

Care in Our Communities: While insurance coverage in Colorado has expanded, access and outcomes have not followed suit. Our researchers seek to understand why.

Cost, Affordability, and Payment Reform:
State government is moving toward solutions
that drive down health care prices. CHI supports
this work and identifies the risks inherent in making
changes to the complex health economy.



Community Health: We identify policies that address the social determinants of health.

We are proud to partner with groups across Colorado in their efforts to improve health for everyone.

In 2018, we helped the Colorado Office of Behavioral Health create the state's first **Strategic Plan for Primary Prevention of Substance Abuse**. (https://colo.health/SPPPSA)

We also worked with the Office of Early Childhood to write **Risk, Reach, and Resources: An**

Analysis of Colorado's Early Childhood Mental Health Investments. (https://colo.health/RRR)

We also helped foundations chart investment strategies on behavioral health. And we're working with **SCL Health** to examine the financial stress associated with cancer treatment.

VORK IN 2018

Our reports addressed the most important health policy topics of 2018.

Coloradans are rising to address the need for better behavioral health. CHI dug into data from the Colorado Health Access Survey to provide a comprehensive look at behavioral health issues in Colorado, including reported mental health challenges and the barriers that prevent people from accessing care.

https://colo.health/UnmetChallenge





More Colorado teens use e-cigarettes than in any other state. This report looks at the science and risks of vaping and policies to address it.

https://colo.health/ecigs



Health care is changing for more than one million Coloradans who use Medicaid. CHI provided a deep yet lucid look at the new system, which integrates physical and behavioral health care under Regional Accountable Entities.

https://colo.health/2AlgRvO



CHI provided a first-ever look at health access for African Americans in Colorado before and after the Affordable Care Act. It found that African Americans achieved parity in coverage with all other Coloradans after lagging for years.

https://colo.health/2NiX7Lx



End-of-life care is often expensive and unsatisfying for patients and their families. This brief examines new data from the Colorado Health Access Survey to identify priority populations for expanding the use of advance care directives.

https://colo.health/2ylqJBs



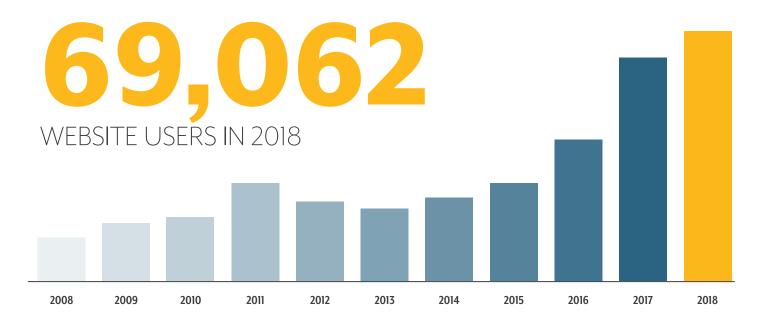
CHI mapped the boom in freestanding emergency rooms and found they cluster in some of the Denver area's wealthiest neighborhoods.

https://colo.health/FSED



CHI found that if providers who can prescribe medication-assisted treatment for opioids expanded their current services, they could nearly fill the unmet demand for this evidence-based treatment.

https://colo.health/MAT



OUR 2018 WORK PRODUCT

Research Reports

Public Presentations 6 Blogs

MOST VIEWED REPORTS OF 2018



5,709 Page Views



1,617 Page Views



1,615 Page Views



1,151 LIKES



5,472 FOLLOWERS



1,172 FOLLOWERS

TOP LINKING SITES

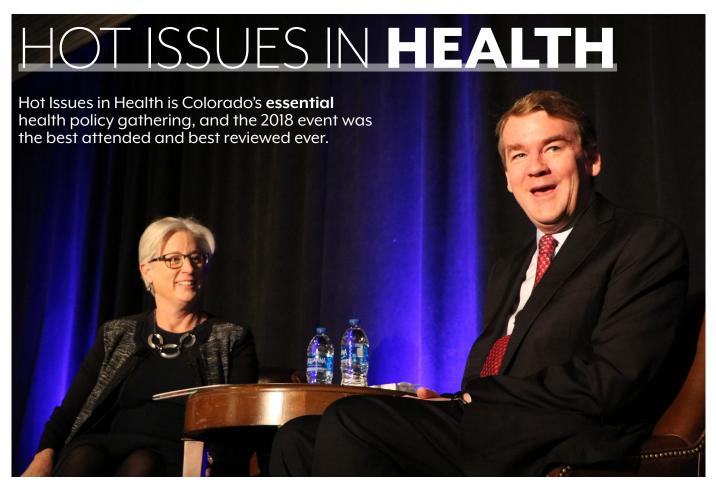
Excluding social media and search engines

COLORADO PUBLIC RADIO
DENVER POST
REDDIT
MENTAL HEALTH COLORADO
COMPLETE COLORADO
COLORADO TRUST
COUNTY HEALTH RANKINGS
WESTWORD



Top Cities By Website Users

	DENVER	16,369
	NEW YORK CITY	1,343
	ASHBURN, VA	1,189
	WASHINGTON, D.C.	971
	DALLAS	640



U.S. Sen. Michael Bennet engaged the audience Friday morning with his view of how education, living standards, and health connect — and the urgent need to improve them all.

ATTENDEES REPRESENTED A WHO'S-WHO OF COLORADO'S HEALTH DECISION-MAKERS.

Clinics and Providers

Consulting and Law

Elected Officials

Foundations and Nonprofits

Government

Hospitals

Insurers and Regional Accountable Entities

Public Health



"Everyone in health care in Colorado is there.

CHI distills complex topics down into easyto-understand pieces, and there is a nice sense of humor and fun injected into the whole conference."

2018 HOT ISSUES IN HEALTH ATTENDEE



Outgoing Gov. John Hickenlooper passed the baton to incoming Lt. Gov. Dianne Primavera as both talked about continuing efforts to make Colorado the healthiest state.



Colorado Public Radio's Vic Vela told a rapt audience his story of drug addiction and recovery.



OUR TEAM

CHI BOARD OF TRUSTEES

- Ruth Benton (Past Chair)
- Romana Hasnain-Wynia (Chair)
- James Beaudry
- · Beth Perez
- Kay Ramachandran
- Nathan Schacht
- Dr. Shale Wong

CHI STAFF



KARAM AHMAD POLICY ANALYST



JASMINE BAINS
RESEARCH ANALYST



NINA BASTIAN PROGRAM MANAGER



JEFF BONTRAGER DIRECTOR OF RESEARCH AND EVALUATION



ELI BOONE RESEARCH ANALYST



ASHLIE BROWN DIRECTOR OF SIM EXTENSION SERVICE



SPENCER BUDD RESEARCH ANALYST



MIA BULLIFA SENIOR ADMINISTRATIVE ASSISTANT



ALEX CALDWELL DIRECTOR



EMILY CERVANTES
RESEARCH ANALYST



BRIAN CLARK CREATIVE DIRECTOR



TIM DUNBAR DIRECTOR OF FINANCE AND ADMINISTRATION



CHRISSY ESPOSITO DATA VISUALIZATION AND POLICY ANALYST



BECK FURNISSPROGRAM MANAGER



ADRIANA GOMEZ
RESEARCH ANALYST



JOE HANEL DIRECTOR OF COMMUNICATIONS



JALYN INGALLS
POLICY ANALYST



EMILY JOHNSON DIRECTOR



MICHELE LUECK PRESIDENT AND CEO



ALLIE MORGAN DIRECTOR OF LEGISLATIVE SERVICES



RESEARCH ANALYST



PAUL PRESKEN SENIOR CONSULTANT



ANASTASIA RATCLIFF RESEARCH ANALYST



MANAGING DIRECTOR, RESEARCH, EVALUATION AND CONSULTING



REBECCA SILVERNALE
DIRECTOR OF
OPERATIONS



ALEC WILLIAMS COMMUNICATIONS SPECIALIST



CHRIS WOOLSEY

SENIOR

STRATEGIC ADVISOR



JACLYN ZUBRZYCKI COMMUNICATIONS SPECIALIST

CHI SPONSORS





A Health Equity Foundation





COLORADO SPRINGS HEALTH FOUNDATION



The Power of Philanthropy









OUR NUMBERS

Statements of Activities: Years Ended December 31, 2018 and 2017					
Changes in unrestricted net assets:					
Revenue and Support:	2018	2017			
Contract revenue	\$ 3,875,485	\$ 2,899,317			
Grant revenue	\$ 353,000	\$ 377,000			
Investment return	\$ 12,438	\$ 52,082			
Conference income	\$ 153,698	\$ 119,568			
Miscellaneous income	\$ 3,421	\$ 8,975			
Net assets released from restrictions	\$ 2,499,313	\$ 3,841,396			
Total revenue	\$ 6,897,355	\$ 7,298,338			
Expenses:					
Program services:					
Health information	\$ 6,674,755	\$ 6,119,086			
Total program services	\$ 6,674,755	\$ 6,119,086			
Supporting services:					
Management and general	\$ 545,626	\$ 359,576			
Fundraising	\$190,235	\$ 181,635			
Total supporting services	\$ 735,861	\$ 541,211			
Total expenses	\$ 7,410,616	\$ 6,660,297			
Increase (decrease) in unrestricted net assets	(\$ 513,261)	\$ 638,041			
Changes in temporarily restricted net assets:					
Revenue and Support:					
Grants and contributions	\$ 3,027,605	\$ 464,823			
Net assets released from restrictions	(\$ 2,499,313)	(\$ 3,841,396)			
Increase (decrease) in temporarily restricted net assets	\$ 528,292	(\$ 3,376,573)			
Change in net assets	\$ 15,031	(\$ 2,738,532)			
Net assets at beginning of year	\$ 4,537,125	\$ 7,275,657			
Net assets at end of year	\$ 4,552,156	\$ 4,537,125			

Statements of Financial Position December 31, 2018 and 2017					
Assets:	2018	2017			
Cash and cash equivalents	\$ 124,325	\$ 1,282,309			
Accounts receivable	\$ 421,576	\$ 603,220			
Prepaid expenses	\$ 49,785	\$ 27,743			
Contributions receivable	\$ 1,646,101	\$ 1,180,680			
Investments	\$ 1,755,725	\$ 1,755,725			
Leasehold improvements	\$ 2,622,480	\$ 212,478			
Property and equipment:					
Leasehold improvements	\$ 212,478	\$ 212,478			
Furniture and fixtures	\$ 310,243	\$ 303,210			
Office equipment and computer software	\$ 659,851	\$ 651,678			
Website	\$ 51,075	\$ 41,950			
Total property and equipment	\$1,233,647	\$ 1,209,316			
Less accumulated depreciation and amortization	\$1,005,104	\$ 859,027			
Net property and equipment	\$ 228,543	\$ 350,289			
Deposits	\$ 13,946	\$ 13,946			
Total assets	\$ 5,106,756	\$ 5,213,912			
Liabilities and Net Assets:					
Accounts payable	\$ 305,267	\$ 79,598			
Accrued payroll liabilities	\$ 137,542	\$ 94,420			
Deferred rent	\$ 84,172	\$ 143,962			
Deferred revenue	\$ 27,619	\$ 358,807			
Total liabilities	\$ 554,600	\$ 676,787			
Net assets:					
Without donor restrictions:					
Board designated	\$1,000,000	\$1,000,000			
Undesignated	\$1,186,088	\$ 1,699,349			
Total net assets without donor restrictions	\$ 2,186,088	\$ 2,699,349			
With donor restrictions	\$ 2,366,068	\$ 1,187,776			
Total net assets	\$ 4,552,156	\$ 4,537,125			
Commitments:					
Total liabilities and net assets	\$ 5,106,756	\$ 5,213,912			

