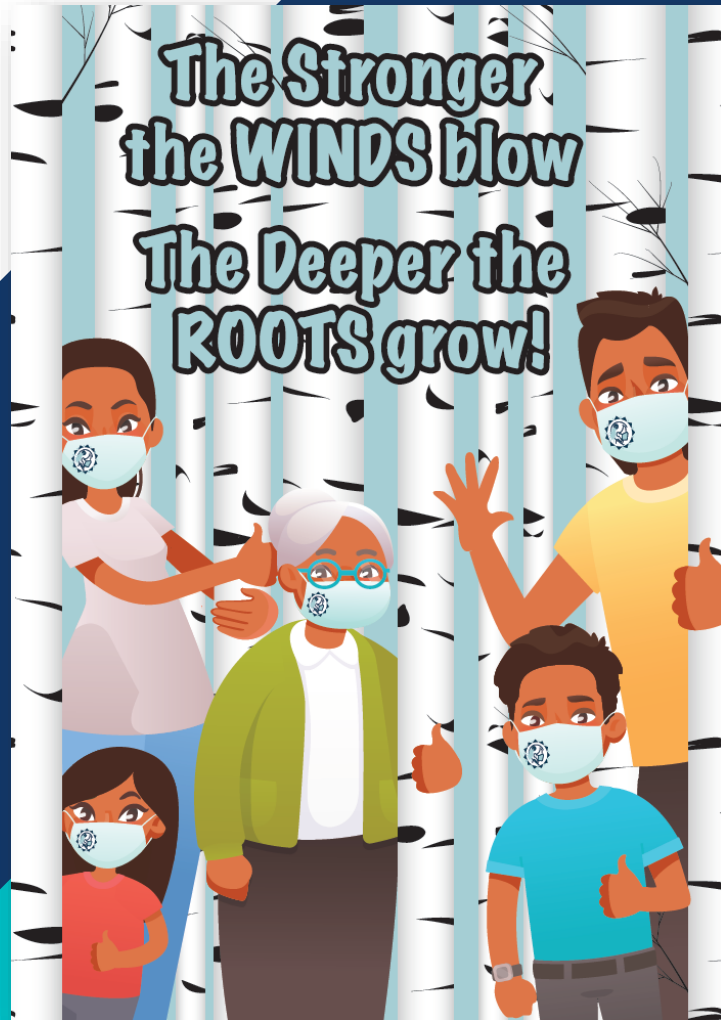


**2020
ANNUAL
REPORT**



Denver Indian Health and Family Services

2880 W. Holden Pl.
Denver CO, 80204

www.dihfs.org
303-953-6600

Dear Friends & Supporters

What a year! No one could have predicted the health, economic, and societal turmoil that lay ahead of us as we entered fiscal year 2020. SARS-CoV-2 (COVID-19) hit hard in Indian Country, claiming many lives and magnifying inequalities. Poverty, education, homelessness, and healthcare access magnified how our systems failed to serve American Indians/Alaska Natives appropriately. These failures made the virus especially dangerous for our communities. COVID-19 fueled anti-racism, violence, and grief across our states. We faced significant challenges and pressures at Denver Indian Health and Family Services, Inc., as we continued our operations through the pandemic. Our board of directors, executive director, and staff immersed ourselves into emergency response to educate, test, and vaccinate for COVID-19. Our partners stood shoulder-to-shoulder as we encouraged our community to follow strict guidelines through public service announcements, infographics, and messaging to keep everyone safe and healthy. We rose to daily challenges with ingenuity, compassion, resilience, fortitude, grace, and integrity, and we will continue to do that through the duration of this pandemic.

Today, we encourage our community to continue standing side by side. With this letter, we present some highlights of our work, despite the challenges we faced.

Betty L. Gress

Board Chairperson

Adrienne Maddux

Executive Director

Mission

**The mission of Denver
Indian health and family
services is to provide
culturally competent
services that promote
personal, community, and
environmental health and
wellness for American
Indian families and
individuals in the
metropolitan Denver area.**

Board of Directors

Chairwoman: *Betty Gress*
3 Affiliate Tribes of North Dakota

Vice-Chairperson: *Stephen Wheelock*
Lenni Lenape Tribe of OK

Treasurer: *Rachel Simpson*
Yankton Sioux

Secretary: *Jenn Russel*
Choctaw Nation of OK

Member: *Charlene Harjo Irani*
Seminole Nation/Kiowa Nation

Member: *Crystal LoudHawk-Hedgepeth*
Diné Nation

Member: *Allison Neswood*
Diné Nation

Member: *James Moran*
Little Shell Chippewa Tribe

Member: *Patty Fredericks*
Mandan/Hidatsa/Arikara Nation



Table of Contents

Background	5
Patient Profile and Summary of Services	6
Active Patient Profile	7
Comprehensive Services at DIHFS	8
DIHFS Staff and Provider Teams	10
How COVID-19 Impacted DIHFS	11
Primary Health	11
Behavioral Health.....	12
Diabetes and Wellness	12
Dental Department.....	13
Community Wellness Events and Outreach Programs.....	14
Partnerships and Collaborations.....	15
Recent Health Research and Study Partnerships	16
Grant Funding Sources.....	17
FY 2020 Audit Summary.....	18
Fiscal Year 2020 Donors.....	22
How You Can Help	22

Background

Denver Indian Health and Family Services, Inc. (DIHFS) is an Urban Indian Health Program providing services to the American Indian/Alaska Native (AI/AN) community in the Denver area since 1978. Denver was one of the original sites for relocation of Indian people from their home reservations and continues to be a nucleus of Indian people. The population is comprised of people who have lived in Denver for over 40 years and produced second and third generation Denver natives as well as those who are transient and move to and from reservations on a regular basis. Although Denver is centrally located within “Indian Country”, it is isolated from tribal health and Indian Health Service (IHS) facilities. The nearest IHS facilities in Colorado are in the Southwest region, nearly seven hours from Denver. Over the years, our service area has grown to include the Denver-Aurora-Lakewood metropolitan area. The United States Census Bureau defines the area as 8,345 square miles in ten Colorado jurisdictions: City and County of Denver, Arapahoe County, Jefferson County, Adams County, Douglas County, the City and County of Broomfield, Elbert County, Park County, Clear Creek County, and Gilpin County. The population of AI/AN in the area is 13,841 (U.S. Census Bureau, 2019).

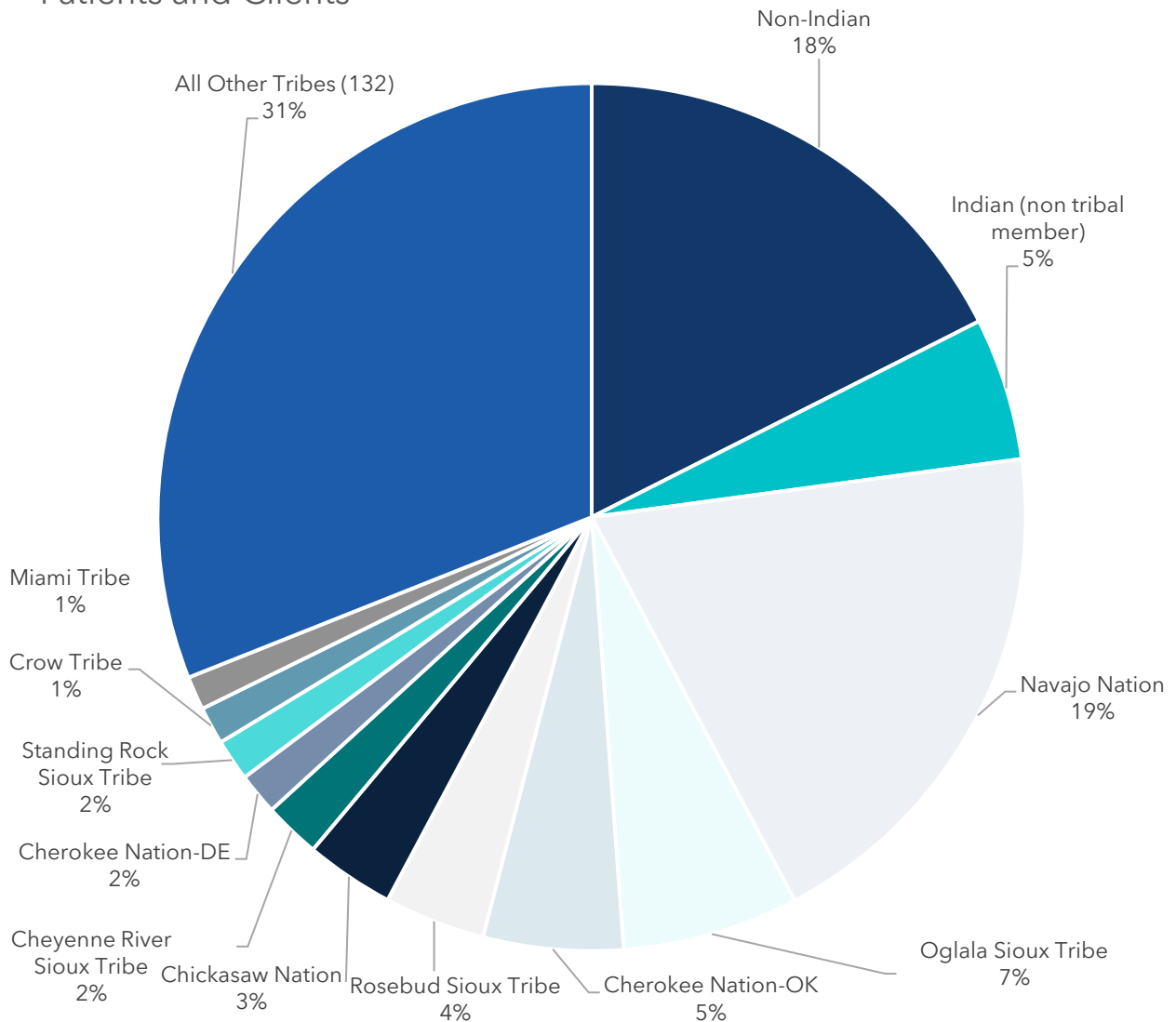
We offer programs and services in the areas of basic primary care and referrals for advanced or specialty care; vision and dental care; behavioral health services, including substance abuse and mental health; family-planning, pregnancy, childbirth, newborn, and well-baby care; rapid HIV/AIDS testing; and, diabetes and wellness programs, including personal fitness assessments, tailored fitness plans, nutritional plans, and use of the gym. In 2004 we partnered with University of Colorado's Skaggs School of Pharmacy and Pharmaceutical Science to open a 340B on-site pharmacy. We also operate a very successful healthcare insurance enrollment program aimed to narrow the gap in Medicaid and CHIP coverage experienced by AI/AN's.



Patient Profile and Summary of Services

In 2020 there were **1,926** total patients seen. A total of 141 tribal nations were represented among all patients. There were also 984 visits among 350 *non-Indian patients* and 234 visits among 106 *Indian non-tribal members*.

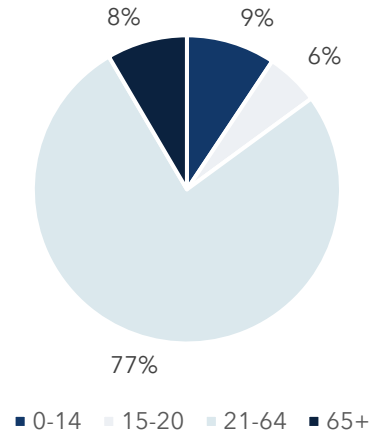
Tribal Membership of DIHFS Patients and Clients



Active Patient Profile

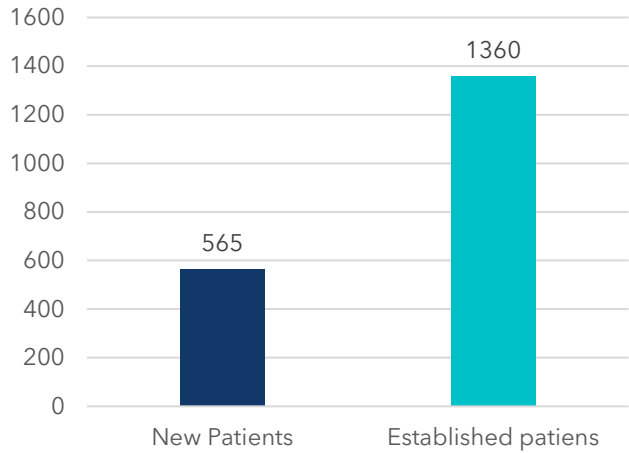
Patient Age

0-14 years old.....	180 (9%)
15-20 years old.....	108 (6%)
21-64 years old.....	1475 (77%)
65+ years old.....	163 (8%)
Total.....	1926



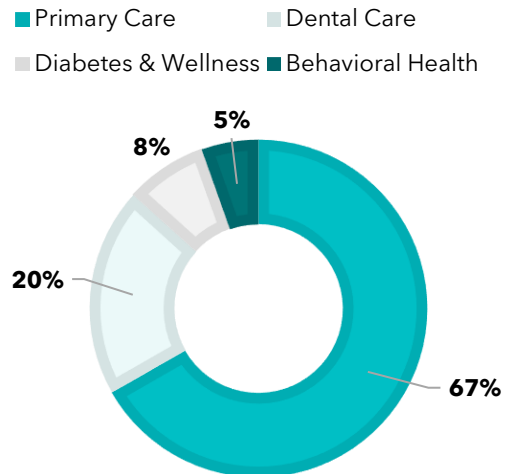
Enrollment Type

New Patient.....	565 (21%)
Established Patient.....	1361 (71%)
Total.....	1926



Visit Type

Medical.....	7,336 (67%)
Dental.....	2,200 (20%)
Diabetes & Wellness.....	862 (8%)
Behavioral Health.....	597 (5%)
Total	10,995



Comprehensive Services at DIHFS

DIHFS medical staff provides comprehensive and affordable health care with a goal of helping patients enjoy a high quality of life.

Medical Services

- General Medical Care
- Chronic/Acute Illnesses
- Referrals for Advanced/Specialty Care
- Routine Wellness
- STD/HIV Exams
- Behavioral Health Services
- Dental Services
- Vision Services
- Insurance Enrollment
- Work, school, and sports physicals
- Diabetes prevention and treatment
- Hypertension and obesity care
- Geriatric services

Dental Services

The DIHFS dental department offers a full range of services to adults and children. Primary dental care services include

- Examinations
- X- rays
- Cleanings
- Periodontal therapy
- Fluoride treatments and sealants
- Restorative dentistry
- Prosthetics
- Oral surgery
- Endodontic therapy

Vision Services

DIHFS referrals are made to Dr. Ifantides, who works with insurance companies and a negotiated contract with DIHFS for payment of services.



Behavioral Health Services

Culturally sensitive services are provided for a wide variety of mental health, behavioral and substance abuse problems. DIHFS is a licensed Substance Use Disorder Treatment provider through the State of Colorado, Office of Behavioral Health.

- Mental health screenings
- Child, adolescent, and adult individual outpatient mental health therapy
- Substance abuse services including initial screening
- Prescribed medication
- Monitoring
- Group relapse prevention
- Individual outpatient mental health and counseling
- Group therapy for a variety of addictions
- Adult and youth residential treatment (at external, culturally responsive residential facilities in Denver, Portland, and southern Colorado)
- Mental health services include native teen counseling and support services offered in the Denver Public Schools, native support groups (including Elders Talking Circle)
- Couples and private/individual counseling and Native Family counseling programs including "Alternatives for Families" and "Trauma Focused" cognitive behavior therapy.

Diabetes, Wellness and Fitness

DIHFS provides a variety of diabetes, wellness, and fitness services with a goal of empowering and supporting patients to improve overall health.

- Nutrition, exercise, behavior change and health promotion/disease prevention for patients who are overweight or obese and are at risk for or have diabetes and/or heart disease
- Diabetes self-management education for patients with diabetes, and other participants who are interested in these topics because they are at risk or have family members with diabetes
- One-on-one non-clinic consultation for nutrition
- Individual physical activity consultation/assessment and individual and/or group fitness training
- Diabetes case management
- Consultation at clinic visits regarding health promotion/disease prevention and diabetes management

Family Services

In partnership with Sister Joanna Bruner Family Medicine Clinic, DIHFS refers pregnant patients for childbirth services. DIHFS then works with the patient on additional family planning and well-baby care. DIHFS also participates in the Women's Wellness Connection program.

Pharmacy Services

DIHFS Pharmacy Outlet is licensed through the State of Colorado. Pharmacy interns, under the supervision of the Dr. Peter Rice and Dr. Connie Valdez (professors through the pharmacy program at the University of Colorado School of Pharmacy).

- Resources and Services Administration 340B Drug Pricing Program

Healthcare Insurance Enrollment

DIHFS helps families and individuals with enrollment in Medicare, Medicaid, CHP+, Colorado Indigent Care Program, Energy Outreach, and the Prescription Assistance Program.

- Provide information and referrals to area health resources
- Maximize alternative resources to increase patient care services
- Maximize quality of care with available funds
- Increase patient care quantity and quality through patient and staff education



DIHFS Staff and Provider Teams

Administrative Team

Adrienne Maddux, *Executive Director*
Aron Wahkinney, MS, *Contracts and Grants Program Manager*
Jolene King, *Fiscal Manager*
Heather Hoff, *Clinical Applications Coordinator*
Chris Barrientos, *Medical Biller*
Carey Hawk, *COVID-19 Navigator*
Jennifer Teague, *AMERICORP Vista*
Maddison Homuth, *Project Coordinator*

Medical Provider Team

Karen Hoffman, FNP, *Medical Director*
Tyler Alicks, FNP, *Physician*
Annette Siemens, FNP, *Physician*
Claudia Elsner, MD, *Physician*
Mollie Haddigan-Mulberry, PNP, *Pediatrician*
Robin Acothley, RN, *Care Coordinator*
Christie West, *Medical Assistant*
Veronica Chapa, *Medical Receptionist*
Lori Moniz, *Medical Receptionist*



Behavioral Health Team

Julia Brackney, MS, LPC, LAC, MAC, *Behavioral Health Dept. Director*
Stephanie Lefthand, MSW, *Integrated Care Clinician*
Rosie Small, M.A., L.P.C.C., *Behavioral Health Therapist*

Pharmacy Team

Peter Rice, Pharm. D., *Clinical Pharmacist*
Connie Valdez, Pharm. D., MEd, BCPS, *Clinical Pharmacist*
Leah Fitzgerald, *Clinical Pharmacist*

Diabetes and Wellness Team

Sarah Maestas, PT, *Healthy Lifestyle Coach*
Samuel Black, MPH, *Native Wellness Coordinator*

Dental Team

Adrianna Zuniga, DDS, *Director of Dentistry*
Kelley Vigoren, RDH, *Dental Hygienist*
Stephanie Vialpando, *Dental Assistant*
Salina Josytewa, *Dental Assistant*
Felix Chapa, *Dental Receptionist*

Enrollment Team

Kelly Poleyestewa, *MA Site Enrollment Specialist*
Rose Clifford, *MA Site Enrollment Specialist*

How COVID-19 Impacted DIHFS Primary Health



Besides washing our hands, wearing masks, and practicing social distancing, one of the most important things DIHFS did to protect ourselves and the communities we serve was to contribute to the surveillance of COVID-19. What does that mean? In large part, it means identifying people who are positive carriers of the virus known as Coronavirus Disease 2019 (COVID-19). There is still so much we don't know about this disease. It was important to track, trace contacts of people infected, and follow their progression of the disease. This is surveillance in a nutshell.

Early identification allowed us to provide education to infected individuals to prevent spreading the disease to family, friends, co-workers, and anyone else they may meet while they are ill. It gave us an early warning system for potential areas of the community that have high numbers of cases, so-called HOT SPOTS. Early identification also gave us data that we could use to plan for managing the current pandemic and predicting what this virus may have in store for us in the future.

DIHFS contributed to this task of surveillance for both the state of Colorado and the Indian Health Service by offering COVID-19 testing. The drive-up testing site used a deep nasal swab to check for active COVID-19 infection. This version of the test can only tell us if someone is shedding the virus at the time of testing. It will not identify someone who may have had the virus in the past and has recovered from it.

DIHFS partnered with Rocky Vista University College of Osteopathic Medicine in Parker, CO to provide testing. Tests were done by appointment only on Tuesday and Thursday afternoons to registered DIHFS patients. The drive-up testing site was located at the DIHFS clinic. The process was easy, simply call the clinic and ask to be scheduled for testing. You would come to the clinic and be screened by the students of Rocky Vista University, who were supervised by the DIHFS medical staff. DIHFS staff would answer some of your questions at the time of testing and help you understand what your results meant when they were available. The results generally took 3-4 days, and a member of the clinic staff would call you with the results as soon as they were available. We recommended everyone having symptoms of COVID-19, especially fever, chills, body aches, and shortness of breath to get tested as soon as possible. If someone believed they had been exposed to COVID-19 through an infected person, they were encouraged to get tested as well.

DIHFS was proud to offer these tests and grateful to both the Rocky Vista University students and the Colorado Department of Public Health and Environment lab for helping us protect the patients and families of the DIHFS community.

Behavioral Health

In Oct 2019, the Behavioral Health (BH) department received a new Director and the team consisted of two Behavioral Health Therapists, a part-time case manager, and one master's level intern. The BH team was providing outpatient services onsite including intakes, assessments, individual therapy, and IC visits. The case manager attended Indian Child Welfare Act (ICWA) court in person along with the BH Director. The team and delivery of services changed when COVID-19 arrived, and Governor Polis issued a Shelter in Place order in March 2020. Immediately, all BH services moved to 100% virtual telehealth therapy sessions. The intern was not able to perform duties and discontinued her internship. The BH department never ceased providing services, but provided individual therapy via telehealth, screened all BH calls using the BH cellphone and attended ICWA court virtually via Web Ex. All new intakes were emailed or mailed the consent forms and screening tools to complete prior to their virtual intake appointment. In May 2020 the BH team returned to the office part-time but continued to perform therapy via telephone onsite at DIHFS. Two new therapists were hired during this period with rotating on site schedules. In August, two new interns (BSW & MSW) from Metropolitan State University began and were onsite two days per week providing a variety of services to clients virtually. Attendance at ICWA court continued to be virtual via Web Ex platform.

Most clients reported they enjoy telehealth services due to the convenience of the delivery of services. Some clients indicated they missed the in-person interaction but verbalized they understood the reason for the shift to virtual services.

Diabetes and Wellness

The Covid-19 pandemic drastically impacted the DIHFS Wellness Department programming. It severely limited patients' access to the facility gym and to in-person workshops. The DIHFS gym was closed or operated with reduced hours from March 2020 until February 2021. All in-person group classes had been suspended until further notice. Patients, including elderly, have had to complete in-person programming with masks which has been limiting for some.

Though there were obstacles endured during the closure of the DIHFS clinic and most of the country, the Wellness Department did not suspend services. Virtual training was immediately made available to all interested parties. The department began utilizing different technology, including online platforms like *Zoom* and *Healthie* to continue programming. Several exercise demonstration videos were made, and staff provided additional materials to make training at home easier and safer for patients. Diabetes Education classes were offered virtually and then in a hybrid format once vaccinations became available. The department ensured safety for all those attending in person activities by increasing cleaning frequency, purchasing additional equipment including fans, air purifiers, an Eco One Electrolyzed Water System to generate

hypochlorous acid (which is used to clean and disinfectant the air in between in person training sessions), enforcing social distancing, etc.

For the CDC TPWIC grant, the Native Wellness Coordinator and Healthy Lifestyle Coach offered several virtual workshops for our community. The Native wellness Coordinator and Healthy Lifestyle Coach have offered in-person workshops (following CDC guidelines) with increased precautions including hand sanitizer stations, temperature checks, illness screenings, and enforcement of face coverings and social distancing.

Even though the dept. was not able to serve the community and patients as normally accustomed, the Wellness Department ensured we continued to provide services. This allowed us to find new ways to bring community members together, including collaborating with content experts out of state to host virtual workshops. This also allowed us to reach patients who live further away. With the use of Zoom and the Healthie App, our patients had increased access to healthy lifestyle coaching and nutrition counseling. We were able to help the community stay connected with our *Cook with Us Workshops* and virtual group classes. Moving forward, we will continue to provide our services virtually as well as in-person when guidelines allow. The true silver lining was that despite difficulties, our projects continued, and we helped our community stick with their fitness/wellness goals, and to help them and us feel less isolated during such a challenging time.

Dental Department

The beginning of the quarantine in March 2020 led to a significant change in the care workflow to the patient population. From the dental employees' homes, staff completed telephone consultations for dental emergencies. The clinic was closed, and many patients required referrals to dental specialists in private practice. Due to the inability of patients being able to pay for private dental services, most of these consultations led to referrals to the Medicaid/Medicare Advantage site for the patients to apply for Medicaid. Once the patient's secured dental coverage through Medicaid, the department was able to help manage their referral to a proper dental specialist. During this time, the primary objective was to decrease the number of Emergency Room visits for dental abscesses. Many medications were prescribed to lower the chance of patients going to the hospital and being exposed to COVID-19 there because of dental infections. Increased infection control measures were initiated during this time. These measures were recommendations from the governing bodies for the dental profession such as OSHA and the CDC. The department required COVID-19 tests before seeing dental patients to decrease the likelihood of COVID-19 transmission in the dental clinic.

The dental department saw an increased need for more dental education to our patient population. The American Dental Association paid for two dental assistants, Stephanie Vialpando and Salina Josytewa, to attend Rio Salado College for a

certificate program in Community Dental Health Coordination (CDHC). They began this program in August 2020. The role of a CDHC is to provide community-based prevention, care coordination and patient navigation to connect people who typically do not receive care in underserved communities. The goal of having CDHCs at DIHFS is to help dramatically improve oral health among people whose circumstances place them at greatest risk for untreated disease. We are extremely proud of our dental staff members, who are among the first CDHCs to serve the AI/AN population.

Community Wellness Events and Outreach Programs

DIHFS offers other services and classes, coordinates with guest speakers, and participates in presentations and community events. These wellness and education services are offered to clients to empower them to make lifestyle changes that will change the course of their health and lives and include:

- obesity prevention, nutrition, and tobacco use
- preventive health care issues
- outreach and education, including obesity and diabetes screenings, at health fairs and other community events
- community trainings and education sessions
- interagency support service network participation
- resource referral when appropriate
- patient transportation; and,
- linguistically and culturally appropriate services.

Tribal Practices for Wellness in Indian Country (TPWIC) Workshops:

The Spirit Within Project is funded through the CDC TPWIC grant and offers bi-monthly nutrition and physical activity workshops, provides health information, and conducts other monthly and annual events. Workshops conducted in 2019-2020 include: Indigenous games, powwow sweat, scavenger hunt bingo, virtual 5k, traditional food and beverage, wild rice, Potawatomi berry rice, and squash soup.



Coats for Colorado Winter Coat Giveaway

The Coats for Colorado Winter Giveaway Program has distributed over two million gently used and new coats to individuals and families in need since 1982. More than 120 Colorado agencies and charities participate each year and every fall, to celebrate another year of service. Each fall, free winter coats are distributed by DIHFS during fun and traditional giveaway events. Due to the COVID-19 pandemic we were not able to hold events but were able to setup coat racks outside of the clinic for community members and patients to pick what they needed. This year DIHFS was able to distribute around 140 coats to those in need.

Colorado Gives Day

Colorado Gives Day is an initiative to increase philanthropy in Colorado through online giving. Presented by Community First Foundation and FirstBank, Colorado Gives Day inspired Coloradans to donate over \$419 million from 2007-2020. Donations are accepted through ColoradoGives.org, with a goal to inspire and unite Coloradans in supporting local nonprofits.

Partnerships and Collaborations

Relationships with hospitals, health care providers, schools, universities, and other local AI/AN serving organizations are important in fostering a well-rounded service system for our patients and often helps in securing additional care and specialty care services for DIHFS patients. These collaborative efforts illustrate a guiding philosophy essential to DIHFS success - to form alliances and partnerships to help bring the best health care services to DIHFS patients.

National Organizations

1. National Council of Urban Indian Health

Colorado State Agencies

1. Colorado Department of Public Health and Environment
2. Office of Behavioral Health

Colorado Tribal Organizations

1. Denver Indian Center Inc.
2. Denver Indian Family Resource Center Inc.
3. Spirit of the Sun
4. Colorado Commission of Indian Affairs
5. Project Mosaic
6. Walt Pourier, Stronghold Society
7. Denver American Indian Commission

Coalitions and Workgroups

1. Native American Housing Circle
2. Colorado Commission of Indian Affairs Health and Wellness Committee

Schools and Universities

1. Denver Public Schools
2. University of Colorado Centers for American Indian and Alaska Native Health
3. Regis University
4. Metropolitan State University
5. CU School of Nursing
6. CU School of Pharmacy
7. Rocky Vista University

Recent Health Research and Study Partnerships

Food Insecurity and American Indian Elders

Project Period: February 2021

Specific Aims: The goal of this study is to help understand how American Indian older adults get healthy food in Denver and nearby communities. It is important to understand how older adults see problems in getting healthy foods so that future programs to assist them can meet their needs and help them get healthy foods. The results from this study will be used by Denver Indian Health and Family Services (DIHFS) to improve and expand their programs to help older adults who have difficulty getting healthy food.

Invested in Diabetes

Project Period: 2016-2021

Specific Aims: This project will promote and study the use of two models of diabetes shared medical appointments across 20 primary care and mental health centers with integrated behavioral health and primary care in SNOCAP PBRNs. Practices will utilize the 12-week Targeted Training in Illness Management (TTIM) curriculum as an intervention to encourage and support diabetes self-management in patients with type 2 diabetes. Practices will be randomly assigned to deliver TTIM to at least 8 cohorts of 8-10 patients using one of two models: Standardized group visit model: all cohorts receive the TTIM curriculum in a set order from a trained health educator, with medication management by a medical clinician; or Patient-driven group visit model: each cohort selects their own preferred order and emphasis on TTIM topics. The TTIM curriculum is delivered by a trained multidisciplinary care team, including a health educator, a behavioral health specialist, and a peer mentor, with medication management by a medical clinician.

Grant Funding Sources

DIHFS receives most of its funding from the United States Department of Health and Human Services' IHS Program through a Title V Contract. Other sources of pass-through funding in the past fiscal year include various foundational, state, and federal grants.

Funding Agency	Grant Name
Colorado Dept. of Public Health and Environment	Well Women's Connection Cancer Prevention and Early Detection
Indian Health Services	4in1 Grant
Indian Health Services	Special Diabetes Program for Indians (SDPI)
Centers for Disease Control and Prevention	Tribal Practices for Wellness in Indian Country (TPWIC)
Office of Behavioral Health	State Opioid Response
University of Colorado	Invested in Diabetes Project
Colorado Health Foundation	Homeless Support Grant
Colorado Health Foundation	COVID-19 Support Grant
Colorado Health Foundation	Pharmacy and Community Health Center Grant
Caring for Colorado	COVID-19 Priority Response Partner Grant
First Nations Development Institute	COVID-19 Emergency Relief Grant
Mile High United Way	COVID Relief Fund
National Council of Urban Indian Health	Urban Indian Prevention, Response and Control of COVID-19 Initiative

FY 2020 Audit Summary

In May 2021, an independent audit of financial statements was performed by Taylor, Roth, and Company, PLLC. In planning and performing the audit of financial statements, in accordance with auditing standards generally accepted in the United States, the financial statements of DIHFS which comprise the statement of financial position as of September 30, 2020, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

DENVER INDIAN HEALTH AND FAMILY SERVICES

STATEMENT OF FINANCIAL POSITION

SEPTEMBER 30, 2020

(WITH COMPARATIVE TOTALS FROM 2019)

	<u>2020</u>	<u>2019</u>
<u>Assets</u>		
Cash and cash equivalents	\$ 1,040,452	\$ 1,359,071
Grants and contracts receivable, net of allowance (Note 3)	1,243,067	221,030
Deposits	22,632	21,522
Inventory (Note 4)	9,946	10,861
Property and equipment (Note 5)	851,808	678,430
Total assets	<u>\$ 3,167,905</u>	<u>\$ 2,290,914</u>
 <u>Liabilities and net assets</u>		
Accounts payable	\$ 13,596	\$ 71,987
Payroll liabilities	90,512	78,049
Capital lease obligation (Note 6)	18,041	27,664
Commitments (Note 7)		
Total liabilities	<u>122,149</u>	<u>177,700</u>
 Net assets		
Without donor restrictions:		
Undesignated	2,160,613	1,465,884
Net investment in fixed assets	851,808	647,330
	<u>3,012,421</u>	<u>2,113,214</u>
With donor restrictions (Note 8)	33,335	-
Total net assets	<u>3,045,756</u>	<u>2,113,214</u>
Total liabilities and net assets	<u>\$ 3,167,905</u>	<u>\$ 2,290,914</u>

DENVER INDIAN HEALTH AND FAMILY SERVICES

STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED SEPTEMBER 30, 2020
(WITH COMPARATIVE TOTALS FOR 2019)

	2020		2019	
	Without Donor Restrictions	With Donor Restrictions	Total	Total
<u>Revenue and other support</u>				
Government grants and awards	\$ 2,938,931	\$ -	\$ 2,938,931	\$ 2,100,321
Contract services, fees and Medicaid	511,754	-	511,754	514,973
Foundations and corporations	178,082	147,295	325,377	179,538
Individual and board contributions	72,594	-	72,594	58,186
Interest income	334	-	334	543
Other	-	-	-	20,105
In-kind (Note 9)	120,426	-	120,426	149,905
Net assets released from restrictions (Note 10)	113,960	(113,960)	-	-
Total revenue and other support	3,936,081	33,335	3,969,416	3,023,571
<u>Expense</u>				
Program	2,713,817	-	2,713,817	2,813,072
Supporting services				
Management and general	261,450	-	261,450	256,130
Fundraising	61,607	-	61,607	66,968
Total expense	3,036,874	-	3,036,874	3,136,170
Change in net assets	899,207	33,335	932,542	(112,599)
Net assets, beginning of year	2,113,214	-	2,113,214	2,225,813
Net assets, end of year	\$ 3,012,421	\$ 33,335	\$ 3,045,756	\$ 2,113,214

DENVER INDIAN HEALTH AND FAMILY SERVICES

STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED SEPTEMBER 30, 2020
(WITH COMPARATIVE TOTALS FOR 2019)

	2020			2019	
	Supporting Services				Total
	Program	Management and General	Fund- raising	Total	Total
Salaries, staff	\$1,096,208	\$ 127,466	\$ 50,986	\$1,274,660	\$1,359,963
Payroll taxes and benefits	201,791	23,464	9,386	234,641	285,927
Pharmacy, technical support services	381,708	20,090	-	401,798	407,507
Clinic service costs	250,831	-	-	250,831	153,113
Occupancy costs	147,970	12,867	-	160,837	140,751
Clinic supplies	130,657	-	-	130,657	133,522
Computer supplies and service	96,793	5,094	-	101,887	34,432
Equipment and computers	53,951	6,668	-	60,619	93,075
Doctors and locums	59,760	-	-	59,760	203,175
Office supplies	32,181	1,355	339	33,875	19,967
Payroll services	21,423	2,678	243	24,344	29,501
Telephone	17,940	2,016	201	20,157	18,484
Insurance	17,499	1,966	197	19,662	21,561
Training programs	17,476	2,160	-	19,636	16,615
Uncollectible accounts expense	17,864	-	-	17,864	5,685
Professional dues and memberships	15,069	-	-	15,069	8,409
Advertising	14,770	-	-	14,770	13,406
Travel	13,413	559	-	13,972	51,139
Audit fees	11,775	1,455	-	13,230	11,175
Accounting services	-	12,338	-	12,338	11,511
Moving expenses	-	11,770	-	11,770	75
Repairs and maintenance	10,023	527	-	10,550	17,543
Meetings	5,051	266	-	5,317	7,348
Bank fees	2,653	2,652	-	5,305	6,347
Taxes and licenses	2,932	362	-	3,294	5,609
Board activities	1,224	151	-	1,375	6,168
Training and development	758	408	-	1,166	11,792
Interest expense	-	1,117	-	1,117	1,749
Utility assistance	386	-	-	386	1,748
Other	6,389	2,691	255	9,335	6,591
	2,628,495	240,120	61,607	2,930,222	3,083,888
Depreciation	85,322	21,330	-	106,652	52,282
Total	\$2,713,817	\$ 261,450	\$ 61,607	\$3,036,874	\$3,136,170

DENVER INDIAN HEALTH AND FAMILY SERVICES

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED SEPTEMBER 30, 2020
(WITH COMPARATIVE TOTALS FOR 2019)

	2020	2019
<u>Cash flows from operating activities</u>		
Change in net assets	\$ 932,542	\$ (112,599)
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	106,652	52,282
<u>Changes in operating assets and liabilities</u>		
Decrease(increase) in accounts receivable	-	14,388
Decrease(increase) in grants and contracts receivable	(1,022,037)	624,840
Decrease(increase) in prepaid assets	(1,110)	4,678
Decrease(increase) in pharmacy inventory	915	1,481
(Decrease)increase in accounts payable	(58,391)	45,373
(Decrease)increase in payroll accruals	12,463	25,901
Net cash provided by operating activities	(28,966)	656,344
<u>Cash flows from investing activities</u>		
Purchases of fixed assets	(280,030)	(19,968)
<u>Cash flows from financing activities</u>		
Repayment on capital lease obligations	(9,623)	(8,991)
Net decrease in cash and cash equivalents	(318,619)	627,385
Cash and cash equivalents, beginning of year	1,359,071	731,686
Cash and cash equivalents, end of year	\$ 1,040,452	\$ 1,359,071
Supplemental disclosure of information:		
Cash paid during the period for interest	\$ 1,117	\$ 1,749

Fiscal Year 2020 Donors

In fiscal year 2020, generous contributions from donors furthered DIHFS's actions to provide culturally appropriate services that promote health and quality of life for American Indian families and individuals. We gratefully acknowledge their support.

AmazonSmile	128.82
Benevity	448.94
Caring Connections	1,514.69
Caring for Colorado	35,000.00
Cielo Donor Advisory fund	50,000.00
Colorado Gives	12,654.69
Jagged Edge Brewery-Fundraiser	2,434.89
Katrina Claw	1,000.00
Network for the Good	826.00
Rose Foundation	27,500.00
The Colorado Health Foundation	70,000.00
Vanguard - Donna Baker	5,000.00
<hr/> Total	<hr/> 206,508.03

How You Can Help

There are many worthy charitable organizations and causes in the metropolitan Denver area deserving community support. DIHFS, a 501(c)(3) nonprofit, serves the medical needs of 55,000 local American Indians in a culturally sensitive environment. The organization is not affiliated with any tribe, casino nor tobacco shop and is not an arm of the federal government. We are supported by grants, gifts and contracts like many other non-profits. Please consider our charitable work and contribution to the medical community serving some of Denver's disadvantaged citizens.

The DIHFS Board of Directors is most appreciative of the philanthropic support the organization receives. All charitable donations made to DIHFS are fully tax-deductible. For information on making a gift or contribution to support our clinic, please contact Adrienne Maddux, Chief Operating Officer at 303-953-6600 or email amaddux@dihfs.org. You may also write to: Adrienne Maddux, Executive Director, Denver Indian Health and Family Services, Inc., 2880 W. Holden Pl., Denver CO 80204.



Denver Indian Health and Family Services, Inc.
2020