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2012 ANNUAL REPORT

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CEO and Board Chair Letter

Sometimes, everything comes down to one word. As we look back on fiscal year 2012, one word describes our work, learning and best efforts to impact the lives of others. "Bridge," a structure providing passage across physical obstacles, emerged as a theme time and again, succinctly describing in one word the true focus of our key program areas.

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First, we examined the process and outcomes of the longstanding **Sunflower Trails program**. We asked an independent evaluation team to provide a formal assessment and then convened trail experts from across the state to provide direct feedback from the field. The result: we learned that access to a trail is just as important as the actual existence of a trail, which led to the Sunflower Foundation's new **Trail Connectors** grant, an addition to our current Sunflower Trails program.

Next, after two years of planning and research, we established the **Integrated Care Initiative**, a program that promotes the integration of primary care with behavioral health care. Health care providers have been concerned, and in many cases, are already working to bridge the gap between these areas of care. The **Integrated Care Initiative** is a natural growth in our efforts to help health care providers expand access and weave a stronger, more integrated health care safety net in our state.

Finally, the Sunflower Foundation completed an evaluation of the seven-year **Bridge Grant program**. Aptly named, these resources provided critical support for new or expanding services for medical, behavioral and dental care in a variety of safety net organizations: community health clinics, mental health centers and public health departments. We invite you to learn about how the **Bridge Grant program** and community clinics are working to bridge the gap of health care access.

Any symbol's strength relies on what it represents. Our grantees and partners are the builders, connectors, and mediators, doing the tough work of building bridges every day. Their efforts to improve the health and wellbeing of Kansans guide and inspire us.

Reginald L. Robinson Chair Billie G. Hall
President & CEO



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Sunflower Trails

Trails are an integral part of our Kansas history and culture. The Oregon Trail, the Smoky Hill Trail, the Santa Fe Trail — each were vital routes toward the promise of a better life. Today Kansas trails can serve an equally important role in helping Kansans stay on the move. Community trails promote healthy living, provide safe, accessible places for physical activity, and connect people to each other and the great outdoors.

The **Sunflower Trails Program** began in 2005 to encourage Kansans to be physically active while enjoying the natural beauty of our state. Trails are part of our Healthy Living initiative which focuses on funding projects to encourage physical activity and reduce sedentary behaviors. Six trail grants were awarded in 2005. Today, 86 trails in more than 40 Kansas counties demonstrate an immense amount of community action and support.

Connecting Communities: The First Sunflower Trails

The first funded trails highlight the diversity that defines the Sunflower Trails program. Each trail represents a collaborative effort of communities and organizations, a spirit of cooperation worthy of celebration:

- $\bullet \ \ \text{A Flint Hills Trail connecting two cities and the internationally known Tallgrass National Prairie Preserve}\\$
- A community walking trail in a small rural town in northwest Kansas
- A school trail in northeast Kansas, allowing children a safe venue on which to run, walk and play while at school
- An eight-mile rail-trail along the Missouri Pacific Railroad
- A trail for youth at the Rock Springs 4-H Center
- An intergenerational trail connecting senior housing, a day care and a local university

Connecting Communities: Recent Sunflower Trails

The program's diversity in locale and types of partnerships has grown significantly, providing many ways for Kansans to connect to a healthier lifestyle. Recent awards enabled more than a dozen Kansas schools to build trails, increasing outdoor recreation options for students, school staff and community members. Other recent trails include those that pass through communities — along downtown streets, crisscrossing neighborhoods and meandering through state and local parks.





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Maintaining Sunflower Trails Program

Trails require ongoing evaluation and maintenance. Our Sunflower Trails program does, too. During 2012 an independent evaluation revealed new opportunities to consider. We learned communities need more support for improvements, access points, connections between trails and unique features, such as bridges. In fact, community feedback suggested bridges and connecting trails may be as important as building new trails.

To motivate greater community interest and leverage local financial support, the Sunflower Foundation has made changes in our program to offer more options in building and enhancing trails.

Connecting People, Improving Health

The Sunflower Trails program supports the building, expansion and improvement of trails. But the end goal is to connect people to the outdoors, to each other and to a healthier lifestyle.

Trails can also serve as a "bridge" to bring people of diverse backgrounds together. Past and current grantees share many examples: schools partnering with city governments; state parks joining with local youth groups; community foundation members working with crews from a correctional facility. In a world dominated by virtual communication and indoor living, trails bring people together, beckon them outside and create unique constructive connections.

Building Beyond

With encouragement from individuals, parks officials and community organizations, the Sunflower Foundation envisions Sunflower Trails to be much more than trails within our towns and cities. The possibility of trails continuing through different regions of the state, bridging our communities, connecting landscapes and people, is a growing possibility. We dream of a day when one trail will stretch from the east to the west, connecting to other trails and becoming the next great historical path... perhaps a Sunflower state trail.

Find a complete list or a Sunflower Trail near you.





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Integrated Care Initiative

How do you change a health system that has traditionally separated medical care from behavioral health care, even in light of the evidence that patients benefit from receiving integrated care? How do you "bridge" the silos that have defined these systems of care for decades?

These are some of the questions that the Sunflower Foundation addressed as part of our strategic planning in recent years. The result is a new program called the Integrated Care Initiative.

The Integrated Care Initiative falls under the foundation's ongoing commitment to improving access and strengthening the healthcare safety net in Kansas. The new initiative will advance integrated care through education, technical assistance and grants.

Integrating Medical and Mental/Behavioral Health Care

Integrated health care is the systematic coordination of primary care (medical) and behavioral health services. Medical and behavioral health problems often occur at the same time. Simultaneously providing relevant health care services has been shown to yield the best results and are welcomed by patients.

In the integrated care model, primary care and behavioral health providers coordinate and collaborate closely to provide a continuum of care for the patient. Some of the most important results of integrated care are improved health outcomes, an enhanced experience of care for patients and lower costs.

A momentum is building in Kansas for integrated care. Some local health providers are planning and testing models of integration. In addition, many providers are sending teams of clinicians and administrative staff members to training programs to help them learn how to deliver integrated services. The state associations representing primary care and behavioral health care providers are taking leadership roles in facilitating conversations, partnerships and assisting members who want to begin models of integration.

The Broader Context

Eliminating decades-old silos of health care is not easy. It certainly does not happen quickly. It is not inexpensive. Integrated care often requires changes to scheduling and billing systems, facility layout and structures, personnel changes, as well as additional training. Integrated care often requires a practice to develop partnerships so that resources within a community can be shared. Funding opportunities in 2013 will target safety net practices that provide primary care and/or behavioral health care that 1) are moving beyond planning and into integration; and 2) are planning to expand existing integrated health services.





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The Sunflower Foundation Bridge Grant Program represents the highest proportion of the foundation's giving and also the best return on investment of any of our programs to date.

Integrated Care: A Long-Term Priority

After years of working with primary and behavioral health practitioners through our Bridge Grant program, the Sunflower Foundation is excited to see the collaborations that are developing.

Recently, the Sunflower Foundation met with experts and began exploring ideas that would facilitate training and education in support of integrated care. As a result, partnerships with the Kansas Association for the Medically Underserved (KAMU) and the Association of Community Mental Health Centers of Kansas, Inc. (ACMHCK) were established. Kansas leaders are looking to integrated health systems across the country that have forged models from which we can learn. For example, in 2012, 31 safety net health care professionals from 13 Kansas organizations attended the Integrated Care Training Academy at Cherokee Health Systems in Knoxville, Tenn. Cherokee Health Systems is a federally qualified health center that has been practicing integrated care for 40 years.

Essential actions to moving forward include assessing the readiness of organizations to adopt integrated care and learning how many Kansas primary care and mental/behavioral healthcare systems currently coordinate care. With continued support from KAMU and ACMHCK, the Sunflower Foundation is helping organizations conduct site self assessments to evaluate the degree to which organizations currently integrate care and opportunities to make more changes.

As the Integrated Care Initiative develops, we look forward to supporting a learning collaborative where grantees can share what they learn with each other and with future grantees — to build bridges within communities and accelerate integration across the state.





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In 2005 the health care safety net in Kansas was struggling to meet the needs of the uninsured and underinsured. Community clinics had long waiting periods for appointments, too few clinicians and limited health services to meet the needs of growing patient populations. At the time, the Sunflower Foundation was just beginning its work in health care access and was exploring ways to be catalytic in its grantmaking.

The **Bridge Grant program**, launched as a pilot initiative in 2005, today represents the most significant grantmaking the Sunflower Foundation has done since its beginning in 2000.

The Bridge Grant Formula

The concept of a "bridge" seemed the perfect solution for helping providers share costs until the clinic or service was able to be self-sustaining through revenues and other means of financial support.

Bridge Grants, targeted to safety net providers, helped fund primary care clinicians such as doctors, dentists, nurse practitioners, psychologists and social workers who were part of new or expanded services. The grants also required substantial investment by the grantee and a business plan demonstrating financial sustainability by the end of the grant period. Most importantly, funding was available for up to three years to assure success over the long run.

Partnerships and Results

The Bridge Grant program became a win for all involved. The health care practice expanded services, patients received needed care, often in a more convenient and timely manner, and Sunflower Foundation found an effective strategy to improve access to health care.

In 2011, the foundation conducted an evaluation of its Bridge Grant program. Over a seven-year period, the foundation awarded \$9 million in grants to 50+ organizations in more than 30 communities. The diversity of grantees ranged from rural health clinics to large community health centers. Besides hiring and retaining new clinical staff, the grants provided substantial financial benefits for the grantee organizations, helping to leverage a total of \$34.6 million in services.

The Bridge Grant program represents the highest proportion of the foundation's giving and also the best return on investment of any of our programs to date.





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Lessons Learned

Even within successful programs, improvements can be made. At the Sunflower Foundation, these lessons will shape our future work in expanding access to health care:

Workforce

Workforce recruitment was the most common challenge faced by grantees. Availability of clinicians, the ability to offer competitive salaries and the ability to recruit skilled employees to Kansas (particularly for rural communities) were all significant factors in expanding staff.

Flexibility

Because of the challenges inherently involved with expansion and recruitment, the grant had to include flexibility in timelines and scope of work. Grantees want and need to be trusted to solve their own problems in ways most effective for them.

Core Support

Offering core support does not exclude working with grantees in the additional areas of revenue projections and sustainability goals. Co-sharing costs and establishing reasonable timeframes for meeting revenue goals are strategies that work.

Building More Bridges

The objective of the Bridge Grant program was to use philanthropic funding to increase the number and type of health care clinicians serving patients' safety net settings. Not knowing what challenges lay ahead, Sunflower Foundation chose to invest and trust in those serving the uninsured and underinsured in Kansas — the community-based health clinics that know best how to meet local health needs. That trust has strengthened the bridge between the foundation and our grantees, and resulted in increasing access to needed medical and behavioral/mental health care services for Kansans.





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The People

Roster

Board of Trustees Community Advisory Committee Sunflower Foundation Staff

Board of Trustees

The Sunflower Foundation is governed by nine trustees who represent, as much as possible, the ethnic, racial and geographic diversity of Kansas. Eight trustees are appointed through a process overseen by the Kansas Attorney General. One trustee is appointed by Blue Cross Blue Shield of Kansas.



Current trustees of the Sunflower Foundation include:

Standing left to right

Karen Hauser

Reginald L. Robinson, Chair

Kraig Gross, Treasurer

Les Lacy St. Francis, KS

Marty Beezley

Pittsburg, KS

Seated left to right

Mia Korbelik

Howard Shuler, BCBSKS appointment

Chris Ruder Lenexa, KS

Caroline Williams, Secretary

Wichita, KS





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The People (cont.)

Roster

Board of Trustees Community Advisory Committee Sunflower Foundation Staff

Community Advisory Committee

The nine-member Sunflower Foundation Community Advisory Committee (CAC) nominates candidates for the foundation's Board of Trustees. The CAC also acts in an advisory role to the foundation and reviews the annual reports. The Kansas Attorney General appoints eight of the committee members; the ninth member is the chair of the Sunflower Foundation Board of Trustees, serving ex-officio with vote.

Kent Bradley, M.D. Valley Center, KS

Barbara Carswell

Karen Cochran

Susan Concannon

Francie Currie

Neodesha, KS

Rev. Bobby Love, Chair Olathe, KS

Reginald Robinson

Lawrence, KS

Janet Schalansky

Topeka, KS

Glen Singer, M.D.

Sunflower Foundation Staff

Billie G. Hall

President & CEO

Doug Farmer

Vice President for Policy

Melody Martin

Program Officer, Integrated Care Initiative

Elizabeth Stewart Program Officer, Healthy Living

Cheryl Bean

Finance Director

Alisa Browning

Tiffany Fisher

Communications Assistant







JUNE 30, 2012

\$83,271,757

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Financials from Fiscal Year 2012

Financials

These amounts are from the foundation's fiscal year 2012 audited financial statements.

Statement of Financial Position

ASSETS

Cash and investments

Fixed assets and other assets	\$142,858
Total Assets	\$83,414,615
LIABILITIES AND NET ASSETS	
Accounts payable and accrued expenses	\$172,237
Grants payable	\$3,893,628
Total Liabilities	\$4,065,865
Unrestricted Net assets	\$79,348,750
Total Net Assets	\$79,348,750
Total Liabilities and net assets	\$83,414,615

Statement of Activities and Change in Net Assets

SUPPORT AND REVENUE	Year Ended June 30, 2011
Investment income, net of expenses	(\$4,042,023)
Grant Income	\$7,500
Total Income	(\$4,034,523)
GRANTS AND EXPENSES	
Grant awards	\$3,120,498
Grant awards (refunds/adjustments)	(\$523,079)
Special initiatives	\$637,594
Program and general administrative expenses	\$699,719
Total grants and expenses	\$3,934,732
Change in net assets	-\$7,969,255
Net assets, beginning of year	\$87,318,005
Net assets, end of year	\$79.348.750

A copy of the foundation's audited financial statements is available upon request.







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2012 GRANT LIST

Grant List

Terms of each grant are noted.

Click Headlines to expand section.

Access to Health Care

Mental Health Grants

- Area Mental Health Center, Garden City \$200,000 for transitional salary support to initiate a new program
 for same-day services at the organization's Dodge City and Garden City offices (three-year grant)
- Center for Health and Wellness, Inc., Wichita \$200,000 to expand the center's mental health services (three-year grant)
- Central Kansas Mental Health Center, Salina \$120,000 for transitional salary support to initiate a program to co-locate mental health services at Salina Healthcare Center (three-year grant)
- Community Health Center of Southeast Kansas, Pittsburg \$134,670 to support two licensed clinical social workers to implement school-based mental health services in Crawford and Cherokee counties (two-year grant)
- Cowley County Mental Health and Counseling Center, Winfield \$108,532 for transitional salary support to increase efficiencies in coordination of care and administration of medical injections (three-year grant)
- Johnson County Mental Health Center, Mission \$198,024 for transitional salary support to initiate a
 psychiatric outpatient clinic for children at Marillac in Overland Park (two-year grant)
- Pawnee Mental Health Services, Inc., Manhattan \$33,781 for transitional salary support to initiate a program
 to improve timely access to mental health services at the organization's Junction City office (one-year grant)
- Prairie View, Inc., Newton \$200,000 for transitional salary support to initiate a program to locate mental health services at Health Ministries Clinic in Newton (three-year grant)
- Sumner Mental Health Center, Wellington \$198,375 to establish a school-based early childhood mental health collaborative outreach program with Belle Plaine schools and parents (three-year grant)
- The Guidance Center, Leavenworth \$82,829 for transitional salary support to initiate a program to provide same-day services at the organization's Leavenworth County office (one-year grant)
- Wyandot Center for Community Behavioral Healthcare, Kansas City \$101,476 for transitional salary support to improve access to mental health services for Bhutanese refugees (two-year grant)

General Grants

• Swope Health Services, Kansas City - \$150,000 to support start-up expenses for Swope Health Wyandotte II, a new safety net clinic in Kansas City, KS (one-year grant)

Advocacy and Public Policy

- Four County Mental Health Center, Inc., Independence \$14,548 for consultation to develop a comprehensive advocacy plan (10-month grant)
- Kansas Action for Children, Topeka \$30,000 to support an executive director position to oversee the State Fiscal Analysis Initiative in Kansas (two-year grant)
- Kansas Action for Children, Topeka, \$25,000 to continue education and advocacy around the importance of health insurance coverage for Kansas children in collaboration with the Packard Foundation's Insuring America's Children: Getting to the Finish Line (10-month grant)
- Kansas Association for the Medically Underserved, Topeka \$116,450 for advocacy training for its member clinics and to support key advocacy staff and lobbying (three-year grant)
- Kansas Health Consumer Coalition, Topeka \$9,967 to support a program to help inform and engage the advocacy
 community and consumers in discussions around the Kansas Health Insurance Exchange process (six-month grant)
- Kansas Health Consumer Coalition, Topeka \$10,500 for software to consolidate advocacy network databases and track and interact with advocates (one-year grant)
- Kansas Health Consumer Coalition, Topeka \$100,000 to support a second field organizer to further develop and mobilize the coalition's grassroots network (two-year grant)







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Terms of each grant are noted.

Click Headlines to expand section.

- Metropolitan Energy Information Center, Kansas City \$20,000 for consultation to integrate advocacy into
 the organization's strategic plan, develop a communications plan and integrate advocacy into the center's
 day-to-day operations (11-month grant)
- NAMI Kansas, Inc., Topeka \$10,000 to support the Kansas Mental Health Coalition's advocacy network to identify, train and deploy grassroots advocates in every county throughout the state (one-year grant)
- Oral Health Kansas, Inc., Topeka \$50,000 to support a project involving community education, advocacy and lobbying related to implementation of community water fluoridation in the City of Wichita (eight-month grant)
- Voices for Children Foundation, Inc., Topeka \$2,500 to support a research project to study the economic
 analysis/impact of phasing out individual and corporate income tax (one-year grant)
- Wyandot, Inc., Kansas City \$10,000 to support a Regional Mental Health Advocacy Coordinator in the Kansas City metropolitan area (one-year grant)

Healthy Behaviors and Prevention

Sunflower Trails Grants

- Allen County, Iola \$23,952 to develop a 4.0 mile long, 8' wide screened limestone multi-use trail along an abandoned rail bed in western Allen County between Iola and Humboldt (12-month grant)
- Central Kansas Conservancy, McPherson \$27,000 to develop a 3.5 mile long, 10' wide crushed limestone
 multi-use trail on an abandoned rail bed from McPherson northward (three-month grant)
- City of Bel Aire, Bel Aire \$15,000 to build a 2,579' long, 5' wide concrete community walking trail in the
 middle of the Central Park community and connecting to an existing Sunflower Trail (six-month grant)
- City of Beloit, Beloit \$15,000 to build a 5,625' long, 8' wide crushed stone multi-use community trail around a section of northern Beloit (includes distance signage) (one-year grant)
- City of Chanute, Chanute \$15,280 to build a 2,640' long, 8' wide asphalt multi-use community trail to extend the Katy Hike & Bike Trail located in Katy Park (includes distance signage) (one-year grant)
- City of Ellsworth, Ellsworth \$16,500 to build a 3,960' long, 8' wide concrete multi-use community trail near multiple community recreation facilities (eight-month grant)
- City of Hiawatha, Hiawatha \$21,500 to build a 3,696' long, 10' wide concrete multi-use community trail on the east side of Hiawatha (includes trail lighting and trailside trees) (one-year grant)
- City of Marquette, Marquette \$25,000 to build a 2.1 mile (11,088') long, 10' wide crushed stone multi-use community trail on the north side of Marquette (six-month grant)
- City of Rose Hill, Rose Hill \$22,500 to build a 3,168' long, 8' wide concrete multi-use community trail around the pond in the city park (includes distance signage and trailside trees) (one-year grant)
- City of Salina, Parks Department, Salina \$7,747 to build a 2,700' long, 10' wide multi-use trail to connect to Bill Burke Park and the levee trail system (includes distance signage) (three-month grant)
- City of Topeka, Topeka \$25,000 to build a 4,000' long, 8' wide concrete multi-use community trail in Gage Park (includes distance signage and trailside treescaping) (six-month grant)
- Community Foundation of Ellis, Ellis \$15,000 to build a 2,640' long, 5' wide concrete multi-use community trail in Creekside Park (includes trail lighting) (one-year grant)
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2012 GRANT LIST (cont.)

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- Community Foundation of Ellis, Ellis \$15,000 to build a 2,640' long, 5' wide concrete multi-use community trail in Creekside Park (includes trail lighting) (one-year grant)

Medical-Legal Partnerships

- Kansas Legal Services, Inc., Topeka \$48,072 to continue the Medical-Legal Partnership based at Community Health Center of Southeast Kansas in Pittsburg (one-year grant)
- Kansas University Endowment Association, Lawrence \$300,000 to continue the University of Kansas
 School of Law Medical-Legal Partnership Clinic housed at KU Medical Center and partnering with multiple safety
 net clinic sites (three-year grant)
- Kansas University Endowment Association, Lawrence \$84,125 to support a continuation of the Medical-Legal Partnership Post-Graduate Fellowship (one-year grant)

Special Initiatives/Projects/Events

- Kansas African American Affairs Commission, Topeka \$50,000 to support the Commission's work to
 address disparities found in five categories: 1) Schools and Educational Opportunity; 2) Health and Safe
 Communities; 3) Criminalization and Social Justice; 4) Economic Opportunity and Asset Building; and 5) Civic
 Engagement and Advocacy (one-year grant)
- Kansas Association for the Medically Underserved, Topeka \$50,000 to support training for integration of primary care and behavioral care for Kansas safety net health care providers (five-month grant)
- Kansas Healthcare Collaborative, Topeka \$75,000 to continue support of an initiative co-founded by the
 Kansas Hospital Association and the Kansas Medical Society to improve quality, enhance patient safety and
 facilitate public reporting (three-year grant)
- **Grantmakers in Health**, Washington, D.C., \$30,000 to support the development of the Grantmakers in Health Behavioral Health Funders Network (three-year grant)

