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# STATE OF COLORADO

Bill Owens, Governor  
Douglas H. Benevento, Acting Executive Director

*Dedicated to protecting and improving the health and environment of the people of Colorado*

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January 15, 2003



Colorado Department  
of Public Health  
and Environment

The Honorable Bill Owens  
Colorado State Capitol  
200 East Colfax  
Denver, Colorado 80203-1784

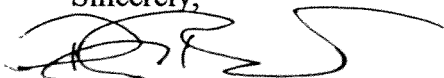
Subject: Fiscal Year 2002 Tobacco Settlement Monitoring Report

Dear Governor Owens:

The Colorado Department of Public Health and Environment respectfully submits the enclosed report, "Tobacco Settlement Monitoring Report," concerning the use of moneys received pursuant to the tobacco litigation settlement. This report is submitted to fulfill the requirements of §25-1-108.5(3), C.R.S.

Thank you for the opportunity to monitor the operation and effectiveness of the tobacco settlement programs. Colorado's commitment to strengthen the health of all Colorado residents and to improve the literacy of Colorado's children is reflected in this report. Should you have any questions or comments regarding the department's report, please contact me (303) 692-2011.

Sincerely,



Douglas H. Benevento  
Acting Executive Director

cc:

The Honorable Lauri Clapp, Chair, House Health, Environment,  
Welfare and Institutions Committee  
The Honorable Dave Owen, Chairman, Joint Budget Committee  
The Honorable Steve Johnson, Chairman, Senate Health,  
Environment, Welfare and Institutions Committee  
Members of the Joint Budget Committee  
William J. Moloney, Commissioner of Education  
The Honorable Ken Salazar, Attorney General  
Karen Reinertson, Executive Director, Health Care Policy and  
Financing

Joanne Hill, State Auditor  
Dr. Michael Barkett, President, State Board of Health  
Dr. Jack O. Burns, Vice President for Academic Affairs  
and Research, University of Colorado  
Roy Palmer, Chief of Staff, Governor's Office  
Rick O'Donnell, Director, Policy and Initiatives, Governor's  
Office  
Mike Coffman, State Treasurer  
Marva Livingston Hammons, Executive Director, Human  
Services

# STATE OF COLORADO

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Colorado Department  
of Public Health  
and Environment

## **Tobacco Settlement Monitoring Report**

Submitted to the Governor; Joint Budget Committee; the Colorado House of Representatives Health, Environment, Welfare, and Institutions Committee; the Colorado Senate Health, Environment, Welfare and Institutions Committee; and the Attorney General

by the Office of Budget, Planning and Analysis  
Tobacco Oversight Program  
Colorado Department of Public Health and Environment  
January 15, 2003

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## **I. PREFACE**

The Colorado Department of Public Health and Environment (department) respectfully submits the following annual report to the Governor, Joint Budget Committee, the Colorado House of Representatives Health, Environment, Welfare, and Institutions Committee, the Colorado Senate Health, Environment, Welfare and Institutions Committee and the Attorney General. The report covers state fiscal year (FY) 2002, which spans from July 1, 2001, to June 30, 2002, and is in accordance with section 25-1-108.5(3), C.R.S. The statute states the following:

(3) (a) On or before January 15, 2002, and on or before each January 15 thereafter, the department shall submit to the joint budget committee, the health, environment, welfare, and institutions committees of the senate and the house of representatives, the attorney general, and the governor a report summarizing the information received by the department pursuant to subsection (2) of this section. In addition, the report shall include:

(I) The reports prepared by the state auditor during the preceding fiscal year pursuant to section 2-3-113, C.R.S., reviewing and evaluating tobacco settlement programs, so long as such reports have been previously released by the audit committee; and

(II) The state board's recommendations concerning any programs for which funding should be discontinued and any additional programs for which the general assembly should consider appropriating moneys received pursuant to the master settlement agreement.

(b) The report prepared pursuant to this subsection (3) shall also be available upon request to any member of the public.

## **II. INTRODUCTION**

The statute at section 25-1-108.5(2), C.R.S., requires that the State Board of Health (state board) and the department monitor the operation and effectiveness of tobacco settlement programs. Each tobacco settlement program shall annually submit to the department, in accordance with rules promulgated by the state board, the following information:

- (a) The amount of tobacco settlement moneys received by the program for the preceding fiscal year;
- (b) A description of the program, including the program goals, the population served by the program including the actual number of persons served, and the services provided through the program;
- (c) Information evaluating the operation of the program, including effectiveness of the program in achieving its stated goals, and
- (d) Any other information required by rule of the state board.

The following eight programs reported in accordance with the above requirement:

Children's Basic Health Plan  
Comprehensive Primary and Preventive Care Grant Program  
Read to Achieve Grant Program  
Colorado State Veterans Trust Fund  
Colorado Nurse Home Visitor Program  
Tobacco Education, Prevention and Cessation Grant Program  
Dental Loan Repayment Program  
Tobacco-Related and Tobacco-Focused Research Program

### *Colorado State Board of Health*

The General Assembly declared that the state board and the department monitor the operation and effectiveness of tobacco settlement programs. The state board's obligations under section 25-1-108.5, C.R.S., include:

- Monitoring the operation and effectiveness of the programs receiving tobacco settlement funds (§25-1-108.5(2), C.R.S.);
- Making recommendations concerning any programs for which funding should be discontinued and any additional programs for which the general assembly should consider appropriating moneys (§25-1-108.5(3)(a)(II), C.R.S.); and
- Promulgating rules on reporting (§25-1-108.5(2), C.R.S.) and conflict of interest (§25-1-108.5(4), C.R.S.).

The State Board of Health consists of nine members appointed by the Governor. The primary duties of the state board are to adopt or revise standards, rules and regulations to administer the public health laws of the state; to determine general policies to be followed in administering and enforcing the public health laws, standards, rules and regulations; to act in an advisory capacity to the executive director of the department on matters pertaining to public health; and to establish and appoint special advisory committees when necessary to advise and confer with the state board concerning the public health aspects of any business, profession or industry within the state.

### *Colorado Department of Public Health and Environment*

The Colorado Department of Public Health and Environment is the agency responsible for monitoring the operation and effectiveness of the tobacco settlement programs, in conjunction with the State Board of Health. The department's obligations under the statute include:

- Monitoring the operation and effectiveness of tobacco settlement programs and receiving each tobacco settlement program's annual report (§25-1-108.5(2), C.R.S.);
- Submitting on or before January 15<sup>th</sup> the annual report to the Governor, various committees of the General Assembly, and the Attorney General (§25-1-108.5(3)(a), C.R.S.); and
- Working with the State Auditor's Office in conducting program reviews and evaluations (§2-3-113(4), C.R.S.).

The Department's monitoring plan is designed:

- To use resources efficiently;
- To avoid duplication of existing monitoring or auditing functions; and
- To rely primarily on:
  - The State Auditor's program reviews and evaluations;
  - The programs' annual report to the department;
  - The state boards' recommendations;
  - The University of Colorado Health Sciences Center's evaluations (where applicable); and
  - The Centers for Disease Control and Prevention's reviews (where applicable).

### **III. EXECUTIVE SUMMARY**

After a four-year legal battle, the major U.S. tobacco manufacturers agreed to a settlement, now known as the Master Settlement Agreement. The states that participated in the settlement are expected to receive payments of \$250 billion over the next 25 years. Colorado's share of the settlement funds is projected to be \$2.6 billion over 25 years, resulting in an average annual payment of \$100 million.

The General Assembly of the State of Colorado in section 24-75-1101, C.R.S. declared that tobacco settlement agreement moneys "...will enable Colorado to enact tobacco use prevention, education, and cessation programs, related health programs, and literacy programs and that such programs must involve cost-effective programs at the state and local levels."

The General Assembly in section 24-75-1103, C.R.S., established the following policies on use of tobacco settlement funds:

- No settlement moneys shall be used for a tobacco settlement program unless expressly authorized by statute or within the authority of the department or local government requesting funding;
- Local governments are integral participants in the development and implementation of any tobacco prevention, education, and cessation programs;
- A portion of the settlement moneys may be dedicated to local governments for locally operated tobacco use prevention, education, and cessation programs and related health programs; and
- The majority of the moneys received shall be dedicated to improving the health of the citizens of Colorado, including tobacco use prevention, education, and cessation programs and related health programs.

A portion of the tobacco settlement funds:

- Shall be placed in an endowment trust fund;
- Shall be used to strengthen and enhance the health of all residents of Colorado by supplementing and expanding statewide and local public health programs;

- Shall be allocated to methods of addressing tobacco-related health problems, including but not limited to, programs designed for tobacco use prevention, reduction, cessation, and education and the reduction of second-hand smoke;
- Shall be invested in tobacco-related in-state research, including, but not limited to, research in such areas as tobacco-related disease, illness, education, evaluation, cessation, and prevention; and
- Shall be invested in improving the literacy of Colorado's children through reading programs implemented by public schools throughout the state.

State fiscal year 2000-2001 was the first year programs were appropriated settlement monies. It was a year of promulgating regulations, hiring staff, issuing request for proposals, establishing advisory committees and boards and otherwise building the infrastructure to support the programs. The time frame for the first year of operation was not sufficient for the infrastructures to be wholly developed; for all grants to be awarded consistent with procurement processes; and for the grantees to reasonably complete a scope of work. The state agencies worked with the State Controller's Office and received approval to extend grant periods or carry spending authority to state fiscal year 2002 contracts. Section 2-3-113, C.R.S., established a requirement for the Office of the State Auditor to conduct or cause to be conducted program reviews and performance evaluations of each state program receiving funding from the tobacco settlement agreement to determine whether the programs are effectively and efficiently meeting their goals. The Office of the State Auditor is required to submit an annual executive summary of the program reviews. The executive summary may be viewed on the Office of the State Auditor's Internet page at [http://www.state.co.us/gov\\_dir/audit\\_dir/audit.html](http://www.state.co.us/gov_dir/audit_dir/audit.html).

Given the implementation phase of the eight programs and the preliminary monitoring and evaluative information available, the State Board of Health has no recommendation to discontinue or add additional programs.

#### **IV. PROGRAM OVERVIEW**

Pursuant to section 24-75-1104, C.R.S., for state fiscal year 2001-2002, the following programs receive monies based on the statutory funding methodology:

Children's Basic Health Plan:	\$9.8 million
Comprehensive Primary and Preventive Care Grant Program:	6% not to exceed \$6 million
Read to Achieve Grant Program:	19% not to exceed \$19 million
Colorado State Veterans Trust Fund:	1% not to exceed \$1 million
Colorado Nurse Home Visitor Program:	5% not to exceed \$5 million
Tobacco Education, Prevention and Cessation Grant Program:	15% not to exceed \$15 million

Dental Loan Repayment Program

\$200,000

Tobacco-Related and Tobacco-Focused

Research Grant Program:

8% not to exceed \$8 million

In addition, pursuant to Section 24-22-115(1), C.R.S., all interest derived from the balance in the Tobacco Litigation Settlement Cash Fund shall be credited to the Breast and Cervical Cancer Prevention and Treatment Fund.

**Table 1: General Assembly Appropriations for Tobacco Settlement Programs.**

PROGRAM	APPROPRIATION '00-'01	APPROPRIATION '01-'02	APPROPRIATION '02-'03
Children's Basic Health Plan <sup>1</sup>	\$10,000,000	\$9,800,000	\$9,800,000
Comprehensive Primary & Preventive Care Grants	\$ 4,751,488	\$ 5,156,532	\$5,939,047
Read to Achieve	\$15,046,378	\$16,329,017	\$18,806,982
Veterans Trust Fund	\$ 791,915 <sup>2</sup>	\$ 859,422 <sup>3</sup>	\$989,841 <sup>4</sup>
Nurse Home Visitor	\$ 2,375,744	\$ 4,297,110	\$6,297,110
Tobacco Education, Prevention and Cessation	\$11,878,719	\$12,891,329	\$14,847,618
Dental Loan Repayment	NA	\$ 200,000	\$200,000
Tobacco-Related and Tobacco-Focused Research	\$ 6,335,317	\$ 6,875,375	\$7,918,729
Children's Basic Health Prenatal Care <sup>5</sup>	NA	NA	\$7,700,000
Total	\$51,179,561	\$56,408,785	\$72,499,327

*Disbursement of funds:*

C.R.S. 24-22-115.5 provides statutory authority for distributing tobacco settlement funds from the Tobacco Settlement Cash Fund (TCSF) within the State Treasury. The Treasury Office is also custodian for the Tobacco Settlement Trust Fund (TSTF) and is charged with maximizing earnings within the Tobacco Settlement Trust Fund.

<sup>1</sup> In SFY 00-01 the General Assembly appropriated approximately \$33 million to the program including \$10 million from the Tobacco Settlement Cash Fund. In SFY 01-02 the General Assembly appropriated approximately \$43 million to the program including \$9.8 million from the Tobacco Settlement Trust fund.

<sup>2</sup> '00-'01 funds were retained as principal in the veterans trust fund.

<sup>3</sup> \$216,299 was appropriated for expenditure. The balance is retained in the veterans' trust fund.

<sup>4</sup> \$327,460 was appropriated for expenditure. The balance is retained in the veterans' trust fund.

<sup>5</sup> H.B. 02-1155 authorized prenatal care for low-income women. The bill appropriated \$7,700,000 in '02-'03 from the Tobacco Litigation Settlement Cash Fund to the Children's Basic Health Plan Trust



The statute appropriates a percentage of the settlement funds each year to specific programs. Unspent or unencumbered appropriated funds revert from the Tobacco Settlement Cash Fund to the Tobacco Settlement Trust Fund for four programs:

Comprehensive Primary and Preventive Care Grant;  
Nurse Home Visitor;  
Tobacco Education, Prevention and Cessation; and  
Tobacco-Related Tobacco-Focused Research.

The State Treasury requires the programs to submit documentation of the amount spent during the fiscal year and any valid encumbrances that are rolled into the new fiscal year and to return any unspent and unencumbered appropriated moneys to the fund.

The remaining four programs retain unspent and unencumbered funds in their specific program fund:

Children's Basic Health Plan, including prenatal care;  
Read to Achieve;  
Veterans Trust Fund; and  
Dental Loan Repayment

Table 2 lists funds disbursed from the Tobacco Settlement Cash Fund and funds reverted to the Tobacco Settlement Trust Fund as reported by the State Treasury. Additional expenditure detail is included in the annual report submitted by each program. Care should be taken in comparing program expenditure detail to the Treasury reports due to the multiple fiscal years involved, spending authority vs. cash disbursements, reconciliation of accounts payables and other considerations.

**Table 2: State fiscal year 2000-2001 treasury disbursements and reversion of funds.**

PROGRAM	'01 APPROPRIATION	FUNDS DISBURSED	FUNDS FORWARDED TO '02	FUNDS REVERTED TO THE TRUST FUND
Children's Basic Health Plan	\$10,000,000	\$10,000,000	-0-	NA
Comprehensive Primary and Preventive Care	\$4,751,488	\$2,356,435	\$2,256,817	\$138,236
Read to Achieve	\$15,046,378	\$15,046,378	-0-	NA
Veterans Trust Fund	\$791,915	\$791,915	-0-	NA
Nurse Home Visitor	\$2,375,744	\$2,196,054	\$43,724	\$135,966

Tobacco Education, Prevention and Cessation	\$11,878,719	\$3,042,053	\$6,981,767	\$1,854,899
Dental Loan Repayment	NA	NA	NA	NA
Tobacco-Related and Tobacco-Focused Research	\$6,335,317	\$6,335,317	-0-	-0-
Total	\$51,179,561	\$39,768,152	\$9,282,308	\$2,129,101

**TABLE 3: State fiscal year 2001-2002 treasury disbursements and reversion of funds.**

PROGRAM	APPROPRIATION	FUNDS DISBURSED (including '02 appropriations and '01 funds carried forward)	FUNDS FORWARDED TO '03	FUNDS REVERTED TO THE TRUST FUND
Children's Basic Health Plan	\$9,800,000	\$9,800,000	-0-	NA
Comprehensive Primary and Preventive Care	\$5,156,532	\$7,403,724	-0-	\$9,625
Read to Achieve	\$16,329,017	\$16,329,017	-0-	NA
Veterans Trust Fund	\$859,385	\$859,385	-0-	NA
Nurse Home Visitor	\$4,297,110	\$3,520,268	\$86,753	\$733,813
Tobacco Education, Prevention and Cessation	\$12,891,329	\$9,173,614	\$9,883,542	\$815,940
Dental Loan Repayment	\$200,000	\$200,000	-0-	NA
Tobacco-Related and Tobacco-Focused Research	\$6,875,375	\$6,875,375	-0-	-0-

Totals	\$56,408,785	\$54,161,383	\$9,970,295	\$1,559,378
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C.R.S. 25-1-108.5(5) and C.R.S. 2-3-113(7) directs that the costs incurred by the Department of Public Health and Environment and the State Auditor's Office beginning in 2001-2002 be paid proportionately from the amounts annually appropriated to each tobacco settlement program. In state fiscal year 2001-2002 the Department of Public Health and Environment billed the tobacco settlement programs \$85,764 for monitoring activities and the Office of the State Auditor billed \$51,094 for auditing activities. In addition, for fiscal year 2001-2002 only, C.R.S. 25-1-108.5 appropriated \$75,978 of monies paid to the department from the tobacco settlement programs to the Stroke Prevention and Treatment Cash fund created in C.R.S. 25-32-104.

The tobacco settlement statute limits the amount of funds available for actual costs incurred by the programs or boards for implementation of statutory provisions based on a percent of the amount annually appropriated from the trust fund. Table 4 identifies the allowable percentage and dollar amount and the actual expenditures as reported by the programs. C.R.S. 25-23-104 established that the administrative costs to implement the dental loan repayment program shall not exceed ten percent except for fiscal year 2001-2002 only, when administrative costs shall not exceed \$36,000. The Children's Basic Health Plan administrative expenditures may not exceed 10% of total program expenditures. The actual administrative expenditures for the Children's Basic Health Plan are not provided in table 4, but are provided relative to the administration of the full appropriation in the Department of Health Care Policy and Financing's annual report on the Children's Basic Health Plan.

**Table 4. Allowable administrative costs and actual expenditures as reported by the tobacco settlement programs.**

PROGRAM	ALLOWED '00-'01	ACTUAL COSTS '00-01	ALLOWED '01-'02	ACTUAL COSTS '01-'02
Children's Basic Health Plan (CBHP)	10% of total expenditures	Applied to the total appropriation	10% of total expenditures	Applied to the total appropriation
Comprehensive Primary and Preventive Care	1% or \$47,515	\$4,635	1% or \$51,565	\$10,627
Read to Achieve	1% or 150,464	\$131,988	1% or \$163,290	\$155,436
Veterans Trust Fund	-0-	-0-	5% or \$10,815	\$2,174
Nurse Home Visitor	5% or \$118,787	\$69,198	5% or \$214,856	\$177,727
Tobacco Education, Prevention and Cessation	5% or \$593,936	\$393,908	5% or \$644,567	\$634,164
Dental Loan Repayment	NA	NA	\$36,000	\$20,699
Tobacco-Related and Tobacco-Focused Research	5% or \$316,766	\$208,865	5% or \$343,769	\$343,769

**Table 5. Eligible grantees, populations and key goals as defined by statute.**

Program	Eligible Grantees	Eligible Population	Key Goals
Children's Basic Health Plan	Children's Basic Health Plan.	Uninsured children; under 19 years of age; live in a family under 185% of poverty and not Medicaid eligible.	Administer a public/private partnership program to provide subsidized health insurance and a dental program for children in low-income families.
Comprehensive Primary & Preventive Care Grant	Qualified provider that provides comprehensive primary care services and accepts all patients regardless of ability to pay and uses a sliding fee schedule; serves a designated medically underserved area or population; has demonstrated a record of providing cost-effective care; provides or arranges for the provision of comprehensive care services to persons of all ages.	Uninsured, family income below 200% of poverty; no Medicaid, Medicare or other governmental coverage and not receiving third party payments.	Fund grants to increase access to comprehensive primary care services, create new services or augment existing services or establish new sites that offer comprehensive primary care services.
Read to Achieve	Any public school, including charter schools.	2 <sup>nd</sup> and 3 <sup>rd</sup> grade pupils and pupils between the 3 <sup>rd</sup> and 4 <sup>th</sup> grades whose literacy and reading comprehension skills are below established levels.	Fund intensive reading programs to enhance the literacy and reading comprehension skills of 2 <sup>nd</sup> and 3 <sup>rd</sup> grade pupils and raise literacy and reading comprehension to proficiency level on the 3 <sup>rd</sup> grade reading assessment prior to beginning 4 <sup>th</sup> grade.
Veterans Trust Fund	State veterans nursing homes, state veterans cemeteries, division of veterans affairs, nonprofit veterans organizations.	Veterans, no income eligibility requirements.	Fund capital improvements for state veterans nursing homes, costs incurred by state veterans cemeteries and veterans outreach programs and veterans programs operated by nonprofit veterans

			organizations.
Nurse Home Visitor	Any non-profit, or for-profit corporation, religious or charitable organization, institution of higher education, visiting nurse association, existing visiting nurse program, local health department, county department of social services, political subdivision of the state or other governmental agency or any combination thereof.	Mother's income below 200% of poverty; first-time mothers through child's second birthday. May be Medicaid eligible.	Provide the services of trained nurse home visitors to provide education and case management services to low-income, first-time pregnant women to improve their pregnancy outcomes, the health and development of their children and the long-term economic self-sufficiency of their families.
Tobacco Education, Prevention and Cessation	Any local government, local or regional health department, political subdivision of the state, county department of social services, state agency, state institution of higher education, school, school district, or board of cooperative services or any private nonprofit or not-for-profit community-based organization.	All Coloradans.	Fund programs designed to reduce initiation of tobacco use by children and youth, promote cessation of tobacco use among youth and adults, and reduce exposure to second-hand smoke.
Dental Loan Repayment	Dentists and hygienists who agree to provide care to underserved populations for a minimum of two years.	Children's Basic Health Plan and Medicaid participants and other underserved Coloradans.	Fund a dental loan repayment program to encourage and enable dental professionals to provide care through the Children's Basic Health Plan, Medicaid program, and to other underserved populations in Colorado.
Tobacco-Related and Tobacco-Focused Research	All non-profit research institutions within the state.	All Coloradans.	Fund programs to support mental health research and basic scientific, clinical, and evaluative research into tobacco and substance abuse related disease, illness, education, evaluation, cessation, and prevention.

The following table identifies the actual number of persons served as reported by the individual tobacco settlement programs. Data for all programs do not allow for an unduplicated count of individuals served and data may include patients who previously received care but now are receiving services under tobacco settlement programs.

**Table 6. Number of eligible persons served for state fiscal year '00-'01 and '01-'02.**

PROGRAM	'00-'01 Persons Served	'01-'02 Persons Served
Children's Basic Health Plan (CBHP)	Received 30,437 applications. 34,890 children enrolled.	Received 36,368 applications. 43,600 children enrolled.
Comprehensive Primary and Preventive Care	Included in '01-'02 due to multi-year contracts.	41,986 patients received medical services with at least 76,178 visits and 5,242 received dental services with at least 11,654 visits.
Read to Achieve	Included in '01-'02 due to multi-year awards.	553 schools, 29,059 students.
Veterans Trust Fund	NA	11 grantees, 967 veterans.
Nurse Home Visitor	12 sites, 1,150 families.	14 sites, 1,300 families.
Tobacco Education, Prevention and Cessation	85 grantees, 176,344 individuals served directly.	86 grantees, 215,000 persons served directly.
Dental Loan Repayment	NA	6 dentists, 2 dental hygienists.
Tobacco-Related and Tobacco-Focused Research	15 grantees, representing 6 Colorado institutions and 5 research areas.	16 grantees, representing 5 Colorado institutions, and 4 research areas.

Following is a summary of each program. This report and the complete annual report as submitted by each program may be viewed on the department's Internet page at [http://www.cdphe.state.co.us/pp/tobacco\\_oversight/tobaccoreports2001.htm](http://www.cdphe.state.co.us/pp/tobacco_oversight/tobaccoreports2001.htm) or call the department's Information Center at (303) 692-2035 to request a copy.

## **V. TOBACCO SETTLEMENT PROGRAM REPORT SUMMARIES**

The following section includes a brief description of each program, a summary of accomplishments as reported by each program and areas for development as identified through any internal and external reviews, monitoring and auditing activities.

### *Colorado Department of Health Care Policy and Financing* **Children's Basic Health Plan**

The Children's Basic Health Plan (CBHP) provides subsidized health insurance for children in low-income families not eligible for Medicaid. The Colorado Department of Health Care Policy and Financing administers the Children's Basic Health Plan through private contractors who provide various services. The Medical Services Board provides oversight and policy development to the Colorado Department of Health Care Policy and Financing for the Children's

Basic Health Plan. House Bill 01-1331 expanded this board from nine members to 11 by adding one member from the private sector who has experience delivering health care and one member with experience or expertise in caring for medically under-served children.

The State Auditor's Office released the results of the performance audit of the Children's Basic Health Plan in July 2000. The organizational structure for the Children's Basic Health Plan involves numerous entities and contractual relationships. The audit found that the complexity of the administrative structure, combined with the relatively small number of children served and the costs of starting an entirely new program, contributed to significant administrative costs. The audit may be viewed at [http://www.state.co.us/gov\\_dir/audit\\_dir/2001/2001perf/1225A.pdf](http://www.state.co.us/gov_dir/audit_dir/2001/2001perf/1225A.pdf).

Additional information about the Children's Basic Health Plan may be obtained through the Colorado Department of Health Care Policy and Financing's Web site at <http://www.chcpf.state.co.us/titlexxi/cbhindex.html>.

*Accomplishments include:*

- Received 36,368 applications in SFY 2002 compared to 30,437 and 24,152 for the same period the previous two years. This represents an increase of 19% over SFY 2001 and 51% over SFY 2000.
- Enrolled approximately 43,600 children or approximately 63% of all estimated eligible children in the program by the end of SFY 2002. This constitutes a 25% increase over the 34,890 children enrolled by the end of SFY 2001.
- Improved the referral process between Medicaid and CBHP by processing applications with Medicaid technicians housed at the CBHP offices. 4,815 applications were processed by Medicaid technicians of which 75% were approved for Medicaid.
- Increased satellite eligibility determination site applications. Satellite sites submitted approximately 31% of applications compared to 21% last fiscal year representing better collaboration and communication with sites and a stronger contractual relationship.
- Added a statewide dental benefit in February 2002.
- Received funding through public/private partnerships that will allow expansion of community involvement in enrolling children and evaluations of the Children's Basic Health Plan and the effectiveness of providing a dental benefit.

*Areas for development include:*

- Continue the efforts to prioritize member retention.
- Continue the focus on ways to minimize delays in referrals and to enroll eligible children earlier.

- Continue the work with a broad-based group of quality experts to consider the reliable methods to assure quality of care for CBHP children. Implement Health Plan Employer Data and Information Set (HEDIS) measures and other quality indicators as part of providers' performance-based contracts.
- Continue the expansion to offer prenatal, delivery, post partum and general health care to pregnant women.

*Colorado Department of Health Care Policy and Financing*  
**Comprehensive Primary and Preventive Care Grant Program**

The Comprehensive Primary and Preventive Care Grants Program was established pursuant to Senate Bill 00-71 and modified by House Bill 01-1401 to provide grants to health care providers in order to expand primary and preventive services to Colorado's low-income residents. The program is not intended to supplant or expand state Medicaid, the Children's Basic Health Plan or the Colorado Indigent Care Program. The grants are intended to increase access to comprehensive primary care services for uninsured or medically indigent patients who are served by qualified providers; create new services or augment existing services provided to uninsured or medically indigent patients; or establish new sites that offer comprehensive primary care services in medically underserved areas of the state or to medically underserved populations. The program is administered by the Colorado Department of Health Care Policy and Financing and is under the direction of the Medical Services Board.

Additional information about the Comprehensive Primary and Preventive Care Grant Program may be obtained through the Colorado Department of Health Care Policy and Financing's Web site at <http://www.chcpf.state.co.us/cppc/Reports/Rptsindex.html>.

*Accomplishments include:*

- Awarded 14 grants for state fiscal years 2000-2001 and 2001-2002 for a total of \$9,730,381.
- Awarded grants for projects involving provision of direct health care services, construction, renovation and dental services or screenings.
- Provided medical services to 41,986 patients with at least 76,178 medical visits.
- Provided dental services to 5,242 patients with at least 11,654 dental encounters.
- Modified the rules and grant process to conform to legislative changes.

*Areas for development include:*

- Continue the review and refinement of the audit procedure to assure grants are used to provide services to uninsured and medically indigent patients. Assure the audit procedure adequately addresses client eligibility screening.



- Require grantees to report annually concerning the number of additional uninsured and medically indigent patients that are cared for and the types of services that are provided.
- Continue to review and revise the procurement process and program rules to distinguish the grant award process from the state procurement code.
- Continue to review provider eligibility and grants awarded to determine whether there is appropriate geographic distribution to meet the needs of the uninsured and medically indigent patients.

*Colorado Department of Education*  
**Read to Achieve Grant Program**

The Read to Achieve grant program is among the most recent major initiatives in the Colorado Department of Education. This grant program was created in 2000 with the passage of Senate Bills 00-71 and 00-124. The program is structured to award competitive grants to schools to fund intensive reading programs. Pupils in the second and third grades, as well as those between the third and fourth grades, with literacy and reading comprehension skills below the levels established by the State Board of Education, are eligible to participate in funded programs. Funded activities can include reading academies for intensive reading instruction, after-school literacy programs, summer school clinics, tutoring, and extended-day reading programs.

The program is administered under the direction of the Read to Achieve Board, which consists of 11 members representing education at the state and local levels, both houses of the General Assembly and parents of children who may participate in the program. The Read to Achieve Board is responsible for collecting and reviewing applications for grants; recommending to the State Board of Education the schools that should receive grants, as well as the duration and amount of each grant; and reporting to the Governor and the General Assembly on the effectiveness of the program by February 1, 2004.

During the 2000-2001 school year, the Read to Achieve Program was one of four Department of Education programs audited by the State Auditor's Office. The audit may be viewed at [http://www.state.co.us/gov\\_dir/audit\\_dir/2002/2002perf/1327.pdf](http://www.state.co.us/gov_dir/audit_dir/2002/2002perf/1327.pdf).

Additional information about the Read to Achieve Program may be obtained through the Colorado Department of Education's Web site at <http://www.cde.state.co.us/cdecomp/r2a.htm>.

*Accomplishments include:*

- Served approximately 29,000 students in 553 schools, representing 75% of all students in grades two and three on individualized literacy plans.
- Demonstrated that all schools recommended for second year funding met the stated goal of 25% of the students served improved to grade level in reading or proficient on CSAP after a full instructional cycle of intensive reading intervention.

- Demonstrated that over 80 of the schools recommended for continued funding have 75% or more of their students reaching grade level in reading or score proficient on CSAP. Over 20 of those schools have 90% or more of their students reaching the goals.
- Provided a variety of support to schools including networking days, regional training sessions, an instructional handbook, consultation from Read to Achieve consultants, and an expanded Read to Achieve WEB page.
- Formed a grants advisory council to address access needs of small rural school districts.

*Areas for development include:*

- Assure that all Read to Achieve sites have access to the latest information regarding scientifically based research on reading that is part of the Reading First initiative.
- Fully integrate the research-based focus of Read to Achieve schools with that of the new Reading First federal initiative.
- Continue to explore and implement program improvements in response to the 2000-2001 review conducted by the State Auditor's office including increasing access to resources to small or rural schools, allowing schools to submit one joint application rather than individual applications, continuing to work toward a more effective feedback process, and monitoring the implementation of the appeal process and a standardized application process through an E-grants system.

*Colorado Department of Military and Veterans Affairs*  
**State Veterans Trust Fund**

The State Veterans Trust Fund was established in 2000 with the passage of Senate Bill 00-71 and modified in 2001 with the passage of Senate Bill 01-200. The State Veterans Trust Fund was created to fund capital improvements or needed amenities for existing or future state veterans nursing homes; costs incurred by existing or future state veterans cemeteries; veterans outreach programs administered by the Division of Veterans Affairs; and veterans programs operated by non-profit veterans organizations that meet criteria adopted by the Board of Veterans Affairs and that are selected by the board as grant recipients. Section 26-10-111(3), C.R.S., provided that all of the funds appropriated to the State Veterans Trust Fund in fiscal year 2000-2001 be credited to and retained as principal in the trust fund for fiscal year 2000-2001. For fiscal years 2001-2002 and thereafter, seventy-five percent of the annual appropriation is credited to and retained in the trust fund as principal.

Effective July 1, 2002, House Bill 02-1413 transferred certain functions including the Division of Veterans Affairs, the Colorado Board of Veterans Affairs and the Colorado State Veterans Trust fund from the Colorado Department of Human Services to the renamed Colorado Department of Military and Veterans Affairs. The Division of Veterans Affairs administers the State Veterans Trust fund in conjunction with the Board of Veterans Affairs. The Board of Veterans Affairs consists of seven members appointed by the Governor who are veterans honorably released or separated from the armed forces of the United States. The board advises

and assists the governor, any department in the executive branch, and the general assembly or any committee thereof in regard to veterans matters.

Additional information about the Veterans Trust Fund may be obtained at <http://www.cdhs.state.co.us/ods/dva/boardroster.html>.

*Accomplishments include:*

- Awarded \$173,200 to 11 grantees.
- Served a total of 967 veterans.
- Spent a total of \$55,900 in the rural communities of Colorado including Steamboat Springs, Durango, Longmont, Greeley, Rifle and Walsenburg.
- Awarded grants for projects including transportation of veterans to medical appointments, assistance to homeless and incarcerated veterans, and training on Hepatitis C.

*Areas for development include:*

- Review and refine fiscal and quality control procedures to assure funds are spent in accordance with state fiscal rules and grants are awarded in accordance with statutory requirements.
- Review and refine guidelines adopted by the Board of Veterans Affairs and assure grants are consistently awarded in accordance with guidelines.
- Monitor and report progress on grants that were not completed by June 30, 2002.
- Review and assure file documents adequately support awards, reason(s) for reduction in awards, changes in funding or timelines and the effectiveness of the veterans programs that received grants.
- Increase the coordination and communication between the board and the Division of Veterans Affairs.

*Colorado Department of Public Health and Environment*  
**Nurse Home Visitor Program**

The Nurse Home Visitor Program was established to provide regular in-home, visiting nurse services to low-income, first-time mothers, with their consent, during their pregnancies and through their children's second birthday. The program is designed to provide trained visiting nurses to help educate mothers on the importance of nutrition and avoiding alcohol and drugs, including nicotine, and to assist and educate mothers in providing general infant care and in improving health outcomes for their children.

The Nurse Home Visitor program is housed in the Colorado Department of Public Health and Environment. It is administered in communities throughout the state by entities selected on a competitive basis by the State Board of Health. The University of Colorado's National Center for Children, Families and Communities was selected by the president of the University of Colorado pursuant to Senate Bill 00-71 to provide assistance to the State Board of Health in selecting the entities and in monitoring and evaluating the implementation of the program in communities throughout the state.

The State Auditor's Office released the results of the performance audit of the Nurse Home Visitor Program in September 2002. The audit may be viewed at [http://www.state.co.us/gov\\_dir/audit\\_dir/2003/2003perf/1435.pdf](http://www.state.co.us/gov_dir/audit_dir/2003/2003perf/1435.pdf).

The National Center for Children, Family and Communities, in collaboration with Invest in Kids, is working with sites to foster the accurate and timely submission of data and to use evaluation data to strengthen program operations and improve participant outcomes. The annual report examined salient features of program implementation and participant outcomes for the pregnancy and infancy phases; a more comprehensive evaluation of the program will be possible as the number of participants who complete the program through the child's second birthday increases.

Additional information about nurse home visitation programs, also referred to as "nurse-family partnerships", may be obtained through the department's Nurse Home Visitor Program at <http://www.cdphe.state.co.us/ps/mch/nursehome/nursehomevisithom.asp> or the University of Colorado's National Center for Children, Families and Communities at <http://www.nccfc.org/currentSites.cfm>.

*Accomplishments include:*

- Awarded grants totaling \$4,532,835 to 14 local agencies, making services available in 38 counties statewide.
- Enrolled participants early in pregnancy. The median gestational time of the expectant mothers at program entry is 17 weeks, with 48% enrolled by 16 weeks gestation.
- Demonstrated a statistically significant reduction in the number of participants who quit smoking during pregnancy (6%). In addition, participants who were moderate smokers (5+ cigarettes) at program entry reduced the number of cigarettes smoked in the last 24 hours by 2 cigarettes during pregnancy, a statistically significant reduction.
- Demonstrated a lower percent of premature infants delivered by Colorado participants compared to that observed in the Denver Clinical Trial (9% vs. 11%).
- Identified that 86% of participants reported initiating breastfeeding of infants following birth and 43% of the infants were still being breastfed at six months of age compared to 75% and 15% respectively in the Denver Clinical Trial.

- Demonstrated that the rates of subsequent pregnancies for active participants within the first year following the birth of the infant were slightly lower than those observed in the Denver Clinical Trial (11% vs. 13%).

*Areas for development include:*

- Increase the monitoring of modifiable risk factors (smoking, emerging obstetric complications, and adequate weight gain during pregnancy) that contribute to low birth weight infants. Also, increase collaboration with women's primary care providers to reduce the gap between the rate of low birth weight observed for the program participants and that observed in the Denver Clinical Trial. The percent of low birth weight infants born to program participants in Colorado was higher (10.7%) than that observed for participants in the Denver trial (8%). Moreover, the percent of low birth weight infants among participants (9.2%) was higher than that observed for a matched comparison group of non-participants (8.6%), although the differences were not statistically significant. The small difference in low birth weight that was observed between the program participant and comparison groups was found in the 2,273-2,499 gram range (5.0 to 5.49 pounds) and is likely to be of little clinical significance.
- Reduce participant attrition. Attrition of clients from the program during pregnancy (16%) and during infancy (30%) is considerably higher than that observed for participants in the Denver Clinical Trial.
- Reduce the amount of missing data for active program participants. Missing data reduces the accuracy in analyses of outcomes for participants enrolled in the program, even where indicators of maternal and child functioning evidence a positive trend.
- Continue the efforts to obtain Medicaid funding and Medicaid data to supplement and validate maternal self-reported outcome data.
- Implement recommendations in the 2002 performance audit including 1) Ensure that the Nurse Home Visitor Program is implemented in accordance with the eligibility requirements established in statute; 2) Develop an application process through which potential clients document their income or attest that they receive no income. Local sites should verify the reported income to the extent possible; 3) Develop and implement more aggressive monitoring of local site operations to ensure that sites implement the program in accordance with statutory guidelines and program rules. Monitor site caseloads and evaluate options for handling sites that do not maintain caseloads that match their capacities; 4) Improve oversight of program costs by ensuring that local administrative costs are reasonable and necessary by tracking and evaluating the administrative costs portion of site budgets, capturing all cost information related to program operations and implementing a quality control process for ensuring the accuracy of budgets; 5) Ensure local sites are sufficiently trained on the Web-based system. If it is not possible to train sites on Access, make available additional reports that meet the sites' needs.

*Colorado Department of Public Health and Environment*  
**Tobacco Education, Prevention and Cessation Grant Program**

The Tobacco Education, Prevention and Cessation Grant Program was created to provide funding for community-based and statewide tobacco education programs designed to reduce initiation of tobacco use by children and youth; promote cessation of tobacco use among youth and adults; and reduce exposure to second-hand smoke. The program is structured to award competitive grants. The program is housed within the Colorado Department of Public Health and Environment. The State Board of Health is responsible for promulgating rules for the grant, including application procedures; criteria for selecting and determining grant amounts; and processes to evaluate the success of the grant awards. Accountability for the grants has been addressed through a rigorous application and evaluation process and the reporting of outcomes.

The program design and implementation is guided by a state plan submitted to the Governor in 2000 that is based on legislative and statutory requirements, Centers for Disease Control and Prevention's Best Practices for Comprehensive Tobacco Control Programs, input from a state advisory board and the Community Preventive Guidelines for Tobacco Use and Reduction.

Additional information about the Tobacco Education, Prevention and Cessation Grant Program may be obtained through the Colorado Department of Public Health and Environment's Web site at <http://www.cdphe.state.co.us/pp/tobacco/tobaccohom.asp>.

*Accomplishments include:*

- Established local programs through local health departments or county nursing services in 63 of Colorado's 64 counties.
- Reached over 110,000 school-age children under the five statewide Prevent Initiation initiatives alone.
- Established county-level baseline data collection protocols and data collection measures at the state level to ensure that both intermediate and long-term indicators can be measured and tracked over time.
- Developed media activities to promote the Quitline and QuitNet programs.
- Received 8,000 calls to the Colorado Quitline in the first 10 months with an 18.5% quit rate at three months. This percentage is consistent with recently published findings that telephone quitlines double rates of abstinence (15.9 percent vs. 6.7 percent at three months). There also were 48,000 visits to the Colorado QuitNet in the first nine months, with 2,126 Colorado residents registered. Among survey respondents, 75% attempted to quit smoking and 45% of these were not smoking after six months.
- Reported 217 youth completed the school-based cessation program, "Not on Tobacco". Forty percent of students completing the program reported they quit smoking.
- Reported 4,091 compliance checks and 1,170 inspections of tobacco retailers were completed including re-checks of 100 percent of violating retailers (188).

- Established 37 youth coalitions with 350 youth actively participating. Five counties have established three or more youth coalitions each.
- Reported 6,702 participants attended 27 events to promote cessation among women during national Women's Health Week.
- Provided over 10,000 physicians with kits to assist them in conducting cessation interventions with their patients.
- Reported that approximately 60 staff were hired to implement tobacco control programs in their respective local communities and over 900 organizations are represented on local county coalitions.

*Areas for development include:*

- Continue to develop a program operations manual to provide fiscal and programmatic guidance to grantees and facilitate communication among state staff and grantees.
- Implement a quality control process for ensuring the accuracy of data and reporting.
- Develop a system consistent with statutory requirements to make recommendations to the State Board of Health based on annual reports concerning whether the amount received by an entity should be continued, reduced or increased.
- Monitor the level of success of grantees and establish criteria that will assist the department and the board to determine whether funding should be reduced or terminated for a particular grantee.

*Colorado Department of Public Health and Environment*  
**Dental Loan Repayment Program**

The Colorado General Assembly authorized the Dental Loan Repayment Program in the 2001 legislative session as Senate Bill 01-0164. The purpose of the legislation was to create a loan repayment program as an incentive to dental professionals to provide dental services to underserved populations. The program will pay all or part of the principal, interest and related expenses of the educational loan of each eligible dental professional and is available to both dentists and dental hygienists. The Dental Loan Repayment Program is housed in and administered by the Colorado Department of Public Health and Environment.

Additional information about the Dental Loan Repayment Program and other oral health programs administered by the Department may be obtained at <http://www.cdphe.state.co.us/pp/emsphom.asp>.

*Accomplishments include:*

- Developed a structure to support the dental loan repayment program authorized in statute including promulgation of rules and the development of an application and contracts.
- Awarded \$154,802 in eight dental loan repayment awards.
- Provided awards to six dentists and two dental hygienists.
- Awarded payments to dentists and dental hygienists providing services in 18 counties including Larimer, Denver, Chaffee, Logan, Morgan, Adams, Arapahoe, Kiowa, Prowers, Pueblo, Fremont, Saguache, Alamosa, Costilla, Conejos, Garfield, Gilpin, and Broomfield.
- Awarded payments to participating dentists and hygienists representing three federally qualified health centers, a private dental practice and an independent dental hygiene practice.

*Areas for development include:*

- Review the rules including the definition and application of provider levels based on the number of underserved patients per month, application deadlines, and prioritization.
- Coordinate with the federal grant for state loan repayment program.
- Review the program to assure it encourages recruitment as well as supports retention of dentists and hygienists.

*University of Colorado*

**Tobacco-Related and Tobacco-Focused Research**

The Tobacco-Related and Tobacco-Focused Research Program (also known as the Colorado Tobacco Research Program or CTRP) was established to create a comprehensive grant program to be implemented and operated by the Office of the President of the University of Colorado to support mental health research and basic and applied scientific, clinical and evaluative research into tobacco and substance abuse-related disease, illness, education, evaluation, cessation and prevention. Senate Bill 00-071 created a nine-member scientific advisory committee to advise the president as to the direction, scope and progress of the research program. A peer review system modeled on the National Institutes of Health peer review process evaluates grant applications.

Additional information about the Tobacco-Related and Tobacco-Focused Research Program may be obtained through the University of Colorado's Web site at [www.cu.edu/ctrp](http://www.cu.edu/ctrp).

*Accomplishments include:*

- Issued 14 grants plus the baseline evaluation survey for \$6.1 million at six Colorado institutions in 2001 and 16 grants for \$6.8 million at five Colorado institutions in 2002.



- Enrolled Colorado beneficiaries in ongoing CTRP research projects including 60 pregnant women, 20 new mothers and their infants, 48 families with asthmatic children, 299 primary school students, 86 adolescents attending middle schools, 60 adult patients with chronic obstructive pulmonary disease.
- Provided more than \$12.9 million after two complete funding cycles to fund a total of 28 active research projects, one completed project and the conclusion of the Tobacco Attitudinal Baseline Survey (TABS).
- Completed the legislatively mandated project, the Tobacco Attitudinal Baseline Survey, to gather information about tobacco-related behavior and attitudes of children and adults in Colorado. The data collected and published in 5 reports will enable the program to develop and refine its research priorities and assist the State Tobacco Education and Prevention Partnership Program to plan and evaluate tobacco control programs.
- Provided approximately 40% of the funds for the first two cycles to support 12 studies that focus on tobacco-related disease processes. Slightly more than one-third of the studies focus on the social and biobehavioral factors underlying why individuals start to smoke and on the development of interventions to counter youth susceptibility to tobacco use and substance abuse. Approximately one-fifth support investigating the underlying physiological mechanisms that may predispose individual susceptibility to nicotine or play key roles in the progression of addiction. One project focuses on factors that underlie maternal tobacco use and its effects on neonatal brain development and one study is investigating the effect of nicotine addiction in mentally ill (e.g. schizophrenic) patients.

*Areas for development include:*

- Continue the efforts to increase dissemination of information on both program-specific issues and tobacco-related research on a global scale via publications and incorporate new content on the CTRP web site.
- Continue efforts to increase the distribution of research dollars geographically across Colorado. Evaluate the potential for providing training grants to Colorado institutions that traditionally focus on undergraduate education, thereby allowing institutions lacking extensive research facilities to better prepare their undergraduates for research in areas relevant to CTRP's mission.
- Fund research that is complementary to, but not duplicative of, other funding sources. Identify and support relevant research that has been underserved by other funding agencies. Encourage participatory research that benefits local communities underserved by traditional funding sources. Increase the program's emphasis on economic analyses and evaluative research with respect to assessing the effectiveness of Colorado's current tobacco control programs and identify the fiscal impact of tobacco control policies and tobacco-related disease.
- Evaluate the effectiveness of the new initiative to partner with other state tobacco funding agencies to determine if the partnership meets the goals of stimulating and supporting

collaborations between community-based organizations, or state and local tobacco prevention and control initiatives with academic investigators to perform scientifically rigorous research into tobacco control issues that are likely to produce results.

## **VI. CONCLUSION AND RECOMMENDATIONS**

State fiscal year 2000-2001 was the first year programs were appropriated settlement monies. It was a year of promulgating regulations, hiring staff, issuing request for proposals, establishing advisory committees and boards and otherwise building the infrastructure to support the programs. The time frame for the first year of operation was not sufficient for the infrastructures to be wholly developed; for all grants to be awarded consistent with procurement processes; and for the grantees to reasonably complete a scope of work. The state agencies worked with the State Controller's Office and received approval to extend grant periods or carry spending authority to state fiscal year 2001-2002 contracts. Program reviews and evaluations by the Office of the State Auditor and the department began in state fiscal year 2001-2002. Given the implementation phase of the eight programs and the preliminary monitoring and evaluative information available, the State Board of Health has no recommendation to discontinue or add additional programs.

## **VII. ATTACHMENTS**

The State Board of Health regulations, State Auditor's performance reports and the complete annual tobacco settlement report as submitted by each program may be viewed at the Internet addresses listed below. If you are unable to access the Internet address or wish to obtain a copy of this report or attachments, please contact the department's Information Center at (303) 692-2035.

### **1. State Board of Health Regulations:**

<http://www.cdphe.state.co.us/op/regs/boardofhealth/101402tobaccorules.pdf>

### **2. State Auditor's Performance Reports:**

Children's Basic Health Plan:

[http://www.state.co.us/gov\\_dir/audit\\_dir/2001/2001perf/1225A.pdf](http://www.state.co.us/gov_dir/audit_dir/2001/2001perf/1225A.pdf)

Colorado Department of Education:

[http://www.state.co.us/gov\\_dir/audit\\_dir/2002/2002perf/1327.pdf](http://www.state.co.us/gov_dir/audit_dir/2002/2002perf/1327.pdf)

Nurse Home Visitor: [http://www.state.co.us/gov\\_dir/audit\\_dir/2003/2003perf/1435.pdf](http://www.state.co.us/gov_dir/audit_dir/2003/2003perf/1435.pdf)

### **3. Tobacco Settlement Programs' Annual Reports:**

[http://www.cdphe.state.co.us/pp/tobacco\\_oversight/tobaccoreports2001.htm](http://www.cdphe.state.co.us/pp/tobacco_oversight/tobaccoreports2001.htm)