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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
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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) 2003, which spans from July 1, 2002, to June 30, 2003, 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 of Health 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. EXECUTIVE SUMMARY

This is the third annual tobacco settlement monitoring report. 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 into the second year, state fiscal year 2001-2002 contracts.

Many legislative, funding and programmatic changes occurred during the third year, state fiscal year 2002-2003. Appropriations to the tobacco settlement programs were reduced by \$16,657,366 in state fiscal year 2002-2003 and approximately \$5.7 million from tobacco program fund balances were transferred to the general fund (Senate Bill 03-190 and Senate Bill 03-191). The Children's Basic Health Plan Prenatal Program was repealed in May 2003 and a

state-only prenatal program was implemented. The changes have had a significant impact on the tobacco settlement programs and created uncertainty for short and long-range planning. State fiscal year 2002-2003 became a year of reprioritization of goals and contract modifications.

Additionally, legislation passed in 2003 has a significant impact on future funding of tobacco settlement programs.

Key 2003 legislation

Senate Bill 03-282 reduced and eliminated funding of specified programs from the tobacco litigation settlement moneys in the 2003-2004 fiscal year. Appropriations to the original tobacco settlement programs as defined in Senate Bill 00-071 were reduced by \$9,343,032 from state fiscal year 2002-2003 to state fiscal year 2003-2004. Funding for the Tobacco-Related and Tobacco-Focused Research Grant program was eliminated beginning in fiscal year 2003-2004 through Senate Bill 03-282 and Senate Bill 03-268.

Senate Bill 03-282 appropriated \$2,473,636 from tobacco litigation settlement monies in fiscal year 2003-2004 to the following programs:

- Department of Education, Regional Library Service System - \$600,000
- Public Safety, Services for Juveniles - \$500,000
- Human Services, Child Mental Health Treatment Act - \$273,636
- Human Services/Health Care Policy and Financing, Medicaid Mental Health Capitation - \$500,000
- Department of Education, State Council on the Arts - \$100,000
- Judicial Department, Legal Services to Victims of Family Violence - \$500,000

Senate bills 03-282 and 03-268 provided funding beginning at the end of the 2003-04 fiscal year for the Tony Grampsas Youth Services Program located in the Department of Public Health and Environment based on a percentage of unexpended and unencumbered monies in the tobacco settlement cash fund.

The Veterans Trust Fund was modified by Senate Bill 03-282 to provide that for 2003-2004, through 2005-2006 fiscal years, 25 percent of the amount of annual appropriations shall be credited to the Veterans Trust Fund and retained as principal in the trust fund. Further, 75 percent of the annual appropriation and 100 percent of any interest earned on the principal shall be subject to annual appropriation and may be allocated by the Board. Senate Bill 03-282 also expanded the purposes for which the Board of Veterans Affairs may allocate monies to include costs incurred by the division.

House Bill 03-1256 authorized the state to enter into lease-purchase agreements for the University of Colorado Health Sciences Center at Fitzsimons and provided appropriations for the Fitzsimons trust fund of eight percent of the total amount received by the state pursuant to the master tobacco settlement agreement, not to exceed \$8 million.

Senate Bill 03-268 created a tobacco litigation settlement financing corporation for the purpose of securitizing a portion of the tobacco settlement revenues scheduled to be received by the state, requiring the net proceeds of any securitization to be used to fund a cash flow reserve, and modifying the level of future appropriations for programs funded with tobacco litigation settlement monies. This article is repealed effective December 15, 2003, unless the state treasurer and the corporation enter into at least one property sale contract.

Board of Health Recommendation

The State Board of Health recommends funding be continued for core tobacco settlement program subject to monitoring by the Board under section 25-1-108.5 C.R.S. The Board has no recommendation for any additional program for which the general assembly should consider appropriating monies received pursuant to the master settlement agreement.

III. BACKGROUND

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 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 and Prenatal Care Program
- 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 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 reports to the department;
 - The state board's recommendations;
 - The University of Colorado Health Sciences Center's evaluations (where applicable); and
 - The Centers for Disease Control and Prevention's reviews (where applicable).

Office of the State Auditor

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. To date, the Office of State Auditor has released performance audits of five of the eight programs:

- Children's Basic Health Plan, Department of Health Care Policy and Financing, state fiscal year 2001;
- Read to Achieve Program, Department of Education, state fiscal year 2002;
- Colorado Nurse Home Visitor Program, Department of Public Health and Environment, state fiscal year 2003;
- Comprehensive Primary and Preventive Care Grant Program, Department of Public Health and Environment, state fiscal year 2004; and
- Veterans Trust Fund, Department of Military and Veterans Affairs, state fiscal year 2004.

Senate Bill 03-019 appropriated an amount to the Office of the State Auditor to come from a proportionate reduction in the amounts of the annual appropriation to each tobacco settlement program and exempted the Breast and Cervical Cancer Prevention and Treatment Program from audit as a "Tobacco Settlement Program". On June 19, 2003, the Joint Budget Committee voted unanimously to exclude new programs, those programs not authorized and defined as tobacco settlement programs in Senate Bill 00-071, from auditing in 2003-2004.

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/2004/2004lac/0922lac.htm.

Office of the State Treasurer

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

IV. PROGRAM OVERVIEW

Pursuant to section 24-75-1104, C.R.S., for state fiscal year 2002-2003, the following programs receive monies subject to appropriations based on the following statutory funding methodology:

- Children's Basic Health Plan, \$9.8 million;
- Comprehensive Primary and Preventive Care Grant Program, six percent not to exceed \$6 million;
- Read to Achieve Grant Program, 19 percent not to exceed \$19 million;
- Colorado State Veterans Trust Fund, one percent not to exceed \$1 million;
- Colorado Nurse Home Visitor Program, seven percent not to exceed a \$2 million increase per year;
- Tobacco Education, Prevention and Cessation Grant Program, 15 percent not to exceed \$15 million;
- Dental Loan Repayment Program, \$200,000;
- Tobacco-Related and Tobacco-Focused Research Grant Program, eight percent 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.

Senate Bills 03-190 and 03-282 reallocated a portion of the monies received in the 2002-2003 fiscal year for the purpose of augmenting the state general fund, modified appropriations for the 2002-2003 fiscal year and reduced and eliminated funding of specified programs from tobacco litigation settlement moneys in the 2003-2004 fiscal year. Table 1 Demonstrates the 2002-2003 long bill appropriation in House Bill 02-1420 and the appropriation as revised in Senate bills 03-190 and 03-282.

Table 1: 2002-2003 Revised Appropriations.

PROGRAM	'02-'03 LONG BILL APPROPRIATION	REVISED '02-'03 APPROPRIATION
Children's Basic Health Plan	\$9,800,000	\$9,800,000
Comprehensive Primary & Preventive Care Grants	\$5,939,047	\$5,259,917
Read to Achieve	\$18,806,982	\$15,990,420
Veterans Trust Fund	\$989,841	\$989,841
Nurse Home Visitor	\$6,297,110	\$5,577,035
Tobacco Education, Prevention and Cessation	\$14,847,618	\$7,347,618
Dental Loan Repayment	\$200,000	\$177,130
Tobacco-Related and Tobacco-Focused Research	\$7,918,729	\$3,000,000
Children's Basic Health Prenatal Care	\$7,700,000	\$7,700,000
Total	\$72,499,327	\$55,841,961

Table 2: General Assembly Appropriations for Tobacco Settlement Programs.

PROGRAM	'00-'01	'01-'02	'02-'03	'03-'04
Children's Basic Health Plan	\$10,000,000	\$9,800,000	\$9,800,000	\$18,500,000
Comprehensive Primary & Preventive Care Grants	\$ 4,751,488	\$ 5,156,532	\$5,259,917	\$5,416,086
Read to Achieve	\$15,046,378	\$16,329,017	\$15,990,420	\$10,698,410
Veterans Trust Fund	\$ 791,915	\$ 859,385	\$989,841	\$902,681
Nurse Home Visitor	\$ 2,375,744	\$ 4,297,110	\$5,577,035	\$6,926,714
Tobacco Education, Prevention and Cessation	\$11,878,719	\$12,891,329	\$7,347,618	\$3,872,204
Dental Loan Repayment	NA	\$ 200,000	\$177,130	\$182,834
Tobacco-Related and Tobacco-Focused Research	\$ 6,335,317	\$ 6,875,375	\$3,000,000	\$0
Children's Basic Health Prenatal Care	NA	NA	\$7,700,000	\$0
Total	\$51,179,561	\$56,408,748	\$55,841,961	\$46,498,929

*Does not reflect Senate Bill 03-019 reductions of \$98,743 for auditing costs or the \$2,473,636 appropriated in SB 03-282 to fund the six additional programs not originally funded in Senate Bill 00-071.

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 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 monies to the fund.

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

- Children's Basic Health Plan;
- Read to Achieve;
- Veterans Trust Fund; and
- Dental Loan Repayment

Table 3 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 3: State fiscal year 2000-2001 treasury disbursements and reversion of funds.

PROGRAM	2000-2001 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 4: State fiscal year 2001-2002 treasury disbursements and reversion of funds.

PROGRAM	2001-2002 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	\$56,408,748	\$54,161,383	\$9,970,295	\$1,559,378

Table 5: State fiscal year 2002-2003 treasury disbursements and reversion of funds

PROGRAM	2002-2003 APPROPRIATION	FUNDS DISBURSED (including '03 appropriations and '02 funds carried forward)	FUNDS FORWARDED TO '04	FUNDS REVERTED TO THE TRUST FUND
Children's Basic Health Plan	\$9,800,000	\$9,800,000	NA	NA
Comprehensive Primary and Preventive Care	\$5,259,917	\$5,057,983	\$0	\$201,934
Read to Achieve	\$15,990,420	\$15,990,420	\$0	NA
Veterans Trust Fund	\$989,841	\$989,841	\$0	NA
Nurse Home Visitor	\$5,577,035	\$5,560,660	\$31,000	\$72,128
Tobacco Education, Prevention and Cessation	\$7,347,618	\$16,247,147	\$504,575	\$479,437
Dental Loan Repayment	\$177,130	\$177,130	\$0	NA
Tobacco-Related and Tobacco-Focused Research	\$3,000,000	\$3,000,000	\$0	\$0
Children's Basic Health Prenatal Care	\$7,700,000	\$7,700,000	NA	NA
Totals	\$55,841,961	\$64,523,181	\$535,575	\$753,499

Auditing and Monitoring Costs

C.R.S. 25-1-108.5(5) and C.R.S. 2-3-113(7) directed 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.

The auditing costs were \$51,094 in 2001-2002 and \$59,350 in 2002-2003. The monitoring costs were \$85,764 in 2001-2002 and \$102,260 in 2002-2003. In addition, for fiscal year 2001-2002 only, C.R.S. 25-1-108.5 appropriated \$75,978 of monies paid to the Department of Public Health and Environment from the tobacco settlement programs to the Stroke Prevention and Treatment Cash fund created in C.R.S. 25-32-104.

Administrative Costs

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 by the general assembly or for Read to Achieve only, based on the amount in the Read to Achieve fund. Table 6 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 10 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 percent of total program expenditures. The actual administrative expenditures for the Children's Basic Health Plan are not provided in table 6, 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 6. 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	ALLOWED '02- '03	ACTUAL COSTS '02- '03
Comprehensive Primary and Preventive Care	1% or \$47,515	\$4,635	1% or \$51,565	\$10,627	1% or \$52,599	\$40,057
Read to Achieve	1% or 150,464	\$131,988	1% or \$163,290	\$155,436	1% of the fund or \$210,236.84	\$171,006
Veterans Trust Fund	-0-	-0-	5% or \$10,815	\$2,174	5% or \$16,373	\$12,742
Nurse Home Visitor	5% or \$118,787	\$69,198	5% or \$214,856	\$177,727	5% or \$278,852	\$216,871
Tobacco Education, Prevention and Cessation	5% or \$593,936	\$393,908	5% or \$644,567	\$634,164	5% or \$323,248	\$317,125
Dental Loan Repayment	NA	NA	\$36,000	\$20,699	10% or \$17,713	\$8,432
Tobacco-Related and Tobacco-Focused Research	5% or \$316,766	\$208,865	5% or \$343,769	\$343,769	5% or \$150,000	\$150,000

Table 7. 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 nd and 3 rd grade pupils and pupils between the 3 rd and 4 th 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 nd and 3 rd grade pupils and raise literacy and reading comprehension to proficiency level on the 3 rd grade reading assessment prior to beginning 4 th 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. Additionally, individuals may be served in more than one program. As programs evolve, eligibility counts are refined and improved and may vary from year to year.

Table 8. Number of eligible persons served for state fiscal years '00-'01, '01-'02 and '02-'03.

PROGRAM	'00-'01 Persons Served	'01-'02 Persons Served	'02-'03 Persons Served
Children's Basic Health Plan (CBHP)	Received 30,437 applications. 34,890 children enrolled.	Received 36,368 applications. 43,600 children enrolled.	Received 44,298 applications. 50,040 children enrolled. 593 women enrolled in the prenatal program.
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.	12,607 patients received medical services with at least 33,094 visits and 3,000 patients received dental services with at least 8,369 visits. 265 patients received eyeglasses and at least 2,669 pharmaceuticals were dispensed.
Read to Achieve	Included in '01-'02 due to multi-year awards.	553 schools, 29,059 students.	508 schools, 24,551 students.
Veterans Trust Fund	NA	11 grantees, 967 veterans.	14 grantees, 1,900 veterans.
Nurse Home Visitor	12 sites, 1,150 families.	14 sites, 1,300 families.	18 sites, 1,562 families.
Tobacco Education, Prevention and Cessation	85 grantees, 176,344 individuals served directly.	86 grantees, 215,000 persons served directly.	183 grantees representing 393 programs or entities; 151,999 persons served directly, 792,253 served indirectly, approximately 826,000 documents distributed, over 1.6 million households reached by media campaigns.
Dental Loan Repayment	NA	Six dentists, two dental hygienists.	Nine dentists, two dental hygienists.
Tobacco-Related and Tobacco-Focused Research	Fifteen grantees, representing six Colorado institutions and five research areas.	Sixteen grantees, representing five Colorado institutions, and four research areas.	Fourteen grantees representing six Colorado institutions and five 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 or call the Colorado Department of Public Health and Environment at (303) 692-2044 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 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. Children's Basic Health Plan is not an entitlement program and is required to operate within its state appropriation.

House Bill 02-1155 added prenatal care and postpartum care to the children's basic health plan for pregnant women who are not eligible for Medicaid. The Children's Basic Health Plan implemented this expansion on October 8, 2002. Senate Bill 03-291 suspended enrollment of pregnant women in the prenatal program effective May 1, 2003 through June 30, 2004. Any woman who was presumptively eligible or was enrolled prior to the effective date of the legislation would continue eligibility under the plan throughout the pregnancy and for 60 days following the pregnancy until November 1, 2003. The bill established a state-only prenatal program effective November 1, 2003, for any woman who still requires prenatal care or postpartum care beyond November 1, 2003. The General Assembly's stated intent in creating the state-only program for prenatal and postpartum care was to establish a transitional program for that group of women who were already determined eligible under the plan or were already enrolled in the plan prior to the suspension of prenatal and postpartum services under the plan.

The Medical Services Board submits an annual report to the Joint Budget Committee of the General Assembly and the Health, Environment, Welfare and Institutions Committee of the House of Representatives. The annual report and 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>.

The State Auditor's Office released the results of the performance audit of the Children's Basic Health Plan in state fiscal year 2001. The audit may be viewed at http://www.state.co.us/gov_dir/audit_dir/2001/2001perf/1225A.pdf.

Accomplishments include:

- Received 44,298 applications in state fiscal year 2003 compared to 36,368 and 30,437 for the previous two years. This represents an increase of 22 percent over state fiscal year 2002 and 46 percent over state fiscal year 2001.
- Enrolled approximately 50,040 children or approximately 58 percent of all estimated eligible children in the program by the end of state fiscal year 2003. Twenty-two percent more children were enrolled in the program this year than in state fiscal year 2002. More than 100,287 children have been served since the program began.
- Enrolled 593 women in the prenatal program between October 2002 and May 2003.
- Provided dental services through a network of over 800 dentists to more than 29,000 clients since the program began in March 2002.
- Improved the referral process between Medicaid and Children's Basic Health Plan by processing applications with Medicaid technicians housed at the Children's Basic Health Plan offices.
- Exceeded the statewide enrollment average of 70 percent in eight of twelve regions.

Areas for development include:

- Continue the efforts to prioritize member retention. Although 100,287 children have enrolled in the program since its inception, approximately 50,040 children were enrolled monthly during state fiscal year 2003 highlighting the frequent changes in program membership.
- Continue the work with a broad-based group of quality experts to consider the reliable methods to assure quality of care for Children's Basic Health Plan children. Implement Health Plan Employer Data and Information Set measures and other quality indicators as part of providers' performance-based contracts.
- Continue to evaluate and address barriers to enrollment. Studies found the major reasons for not enrolling were confusion about the application procedures, and confusion regarding income requirements. Sixty percent of uninsured families had not heard of the program.
- Continue to analyze opportunities to develop a more streamlined program for children and families.

Colorado Department of Health Care Policy and Financing

Comprehensive Primary and Preventive Care Grant Program

The Comprehensive Primary and Preventive Care Grants Program is authorized by the addition of Part 10 to the Medical Assistance Act, Sections 26-4-1001 through 26-4-1007, C.R.S. The program provides 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.

The Office of the State Auditor released the results of the performance audit of the Comprehensive Primary and Preventive Care Grant Program on July 14, 2003.

The audit included eight recommendations with respect to program policies, procedures, operations and oversight, all of which the department agreed to or partially agreed to within budgetary and administrative constraints. The department is in the process of implementing recommendations. The audit may be viewed at

http://www.state.co.us/gov_dir/audit_dir/2004/2004perf/1479.pdf.

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 contracts to 14 different health care providers for a total of 18 different projects providing medical and/or dental services to a large part of the state. Services were provided in Boulder, Glenwood Springs, Grand Junction, Greeley, Lafayette, Longmont, Norwood, Pueblo and the Denver metro area.
- Provided medical services to 12,607 patients with at least 33,094 medical visits.
- Provided dental services to 3,000 patients with at least 8,369 dental visits.
- Distributed eyeglasses to 265 patients and dispensed at least 2,699 pharmaceuticals.
- Reported that over the 27 months since the program's inception, grantees have provided medical services to 54,593 patients and at least 129,295 medical visits. In addition, 8,242 patients received dental services and at least 20,023 dental visits. Over one dozen construction projects received funding, a drug subsidy program and a diabetic program were established and eyeglasses and pharmaceuticals were distributed.

Areas for development include:

- Continue to review and consider methods by which audit recommendations can be implemented and monitor changes already completed.

Colorado Department of Education

Read to Achieve Grant Program

The Read to Achieve grant program is authorized by section 22-7-506 C.R.S. The program is structured to award competitive grants to schools to fund intensive reading programs. Students 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.

In accordance with their program rules, the Read to Achieve Program contracted with an independent evaluator to conduct an annual evaluation of the program. The 2001-2002 interim evaluation report released in 2003 and 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:

- Awarded \$21,023,684 to 508 schools serving approximately 24,551 students, representing 75 percent 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 percent 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 100 of the schools recommended for continued funding have 75 percent or more of their students reaching grade level in reading or score proficient on CSAP. In 24 of these schools more than 90 percent of their students reached the stated goals.
- Continued to provide 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.
- Collaborated with the Colorado Reading First program. Of the 42 Colorado Reading First school sites, 21 are also Read to Achieve participants. Participation in both programs leverages the systematic research-based approach to reading instruction and assessment used by both programs dramatically increasing the potential for student growth.

Areas for development include:

- Develop guidelines on disbursements of funds to schools including periodic disbursements and reallocation of unspent funds.
- Develop guidelines to ensure grants are awarded for more than one year only if the school meets the goals established in its application.
- Re-evaluate criteria examined as part of the long-term external evaluation. Because almost all schools attained the grant-specified achievement goal, the criteria examined does not identify program characteristics related to success and provides limited value.

Colorado Department of Military and Veterans Affairs
State Veterans Trust Fund

The State Veterans Trust Fund is authorized in section 26-10-111 C.R.S. 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; costs incurred 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. The statute provided that in fiscal year 2000-2001 the annual appropriation be credited to and retained as principal in the trust fund. For fiscal years 2001-2002 and 2002-2003, 75 percent of the annual appropriation is credited to and retained in the trust fund as principal. Senate Bill 03-282 provided that for 2003-2004, 2004-2005 and 2005-2006 fiscal years, 25 percent of the amount of annual appropriations shall be credited to the Veterans Trust Fund and retained as principal in the trust fund and 75 percent of the amount of annual appropriations and 100 percent of any interest earned on the principal shall be subject to annual appropriation and may be allocated by the board. Senate Bill 03-282 also expanded use of the funds from veterans outreach programs administered by the division to costs incurred by the division.

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.

The Office of the State Auditor released the results of the performance audit on the Veterans Trust Fund on July 15, 2003. The audit recommendations included improving the grant application, review and award process; ensuring contracts include a scope of work that adequately describes the project; adopting standards for determining the effectiveness of grants; ensuring funds are spent for allowable purposes, adopting a conflict of interest policy; expanding the division's web site; and developing a standardized form to document onsite visits. The department has implemented all recommendations. The full audit report may be viewed at http://www.state.co.us/gov_dir/audit_dir/2004/2004perf/1517.PDF. Additional information about the Veterans Trust Fund may be obtained at www.dmva.state.co.us.

Accomplishments include:

- Expended or encumbered \$311,087 for services to veterans.
- Spent 57 percent of funds for the state veteran nursing homes, 36 percent for non-profit veterans service organizations, four percent for the veterans' cemetery and three percent to the Division of Veterans Affairs for outreach.
- Provided direct or indirect services to over 1,900 veterans.

- Provided training to 51 of 63 county veteran service offices to assist veterans.
- Provided funding to three American Legion Posts, two Veterans of Foreign War posts and one Disabled American Veterans chapter directly serving a total of 1,514 veterans.

Areas for development include:

- Continue to monitor implementation of the audit recommendations.
- Monitor implementation of Senate Bill 03-282 including the allocation of funds for costs incurred by the division.
- Monitor and report on the progress of grants that were not completed by June 30, 2002 and June 30, 2003.
- Continue to improve 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 is authorized by section 25-31-101 C.R.S. The 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 (NCCFC) 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 National Center for Children, Families and Communities has prepared performance standards to help the Nurse Home Visitor program sites track their progress toward achieving full fidelity to the model and to monitor outcomes related to common indicators of maternal, child and family functioning. The standards, that were formally introduced to program sites within the last year, are intended to serve as "stretch goals" providing guidance for quality improvement efforts and long term goals for sites to achieve. NCCFC fully intends to modify these standards, as appropriate, based on trends emerging from National Clinical Information System data and changes in relevant Maternal and Child Health Indicators, thus they do not act as absolute gauges of performance. The National Center for Children, Families and Communities' annual report examined program implementation and participant outcomes. 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/nursehome/annualrpt.pdf>. The University of Colorado's National Center for Children, Families and Communities evaluation report may be reviewed at <http://www.cdphe.state.co.us/ps/nursehome/annualrptEval.pdf>.

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.

Accomplishments include:

- Awarded grants totaling \$5,471,993 to 18 local agencies, making services available in 49 counties statewide and serving 1,562 families.
- Enrolled participants early in pregnancy. The median gestational time of the expectant mothers at program entry is 17 weeks, with 48 percent enrolled by 16 weeks gestation, a rate lower than the 60 percent standard set by the National Center. The gestational age at enrollment program standard of 60 percent was initiated in 2002 after many Colorado sites were already operational and Colorado statute stipulates that women can be enrolled up to one month postpartum.
- Met program standards (25 percent) for the amount of time devoted to maternal role development during pregnancy and were just slightly below the goal during the first six months of toddler hood, 40 percent compared to the goal of 45-50 percent.
- Demonstrated a statistically significant reduction in the number of participants who quit smoking during pregnancy (26 percent), a greater reduction than the 20 percent program standard. In addition, the number of cigarettes smoked per day by moderate smokers (5+ cigarettes) decreased by 3 cigarettes, slightly below the program standard of 3.5 fewer cigarettes smoked per day. However, cigarette smoking significantly increased after the birth of participants' children when compared to intake, as did moderate smoking.
- Demonstrated a slightly lower percent of premature infants delivered by Colorado participants compared to childbearing women in Colorado (8.7 percent vs. 9 percent), but higher than the 7.6 percent program standard.
- Identified that 83 percent of participants reported initiating breastfeeding of infants following birth and 38 percent of the infants were still being breastfed at six months of age. Although lower than the general Colorado rates (85 percent initiation and 49 percent at six months), participant breastfeeding rates were higher than the Colorado Women, Infant and Children program rates (77 percent initiation and 35 percent at six months).

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. The percent of low birth weight infants among participants (9.5 percent) was higher than in the total Colorado population in 2001 (8.6 percent). This rate is also nearly double the program standard and Healthy People 2010 Objective of five percent.
- Reduce participant attrition. Attrition of clients from the program during pregnancy (16 percent), during infancy (33 percent) and the first six months of toddler phase (11 percent) is cumulatively higher (60 percent) than the 40 percent program standard.
- Monitor progress towards meeting program standards for premature births. 8.7 percent of the infants were born prematurely, relatively comparable to the nine percent prematurity rate in Colorado in 2001, but higher than the 7.6 percent program standard.

- Continue efforts to 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 demonstrate a positive trend.
- Continue to monitor implementation of audit recommendations in the 2002 performance audit.

Colorado Department of Public Health and Environment

Tobacco Education, Prevention and Cessation Grant Program

The Tobacco Education, Prevention and Cessation Grant Program (also known as the State Tobacco Education and Prevention Partnership) is authorized by section 25-3.5-801 C.R.S. The 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 housed within the Colorado Department of Public Health and Environment. The State Board of Health is responsible for promulgating rules that specify procedures and timelines for applications, application contents, selection criteria, grant amounts and duration as well as reporting requirements.

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.

An external evaluation of the program was started in 2003. Although evaluation activities were not completed due to budget limitations, the reports provide insights and suggestions that can lead to improvements for the program and recommendations on future efforts to optimize opportunities for success. Six reports were delivered: Evaluation of State Tobacco Education And Prevention Partnership: Final Report; Summary of the Independent Evaluation Advisory Committee Interviews; Independent Evaluation of Community Initiatives; Adult Telephone Survey of Tobacco Use, Opinions, and Related Behaviors for Colorado Adult Residents; Community Initiatives (Contractors) Reporting System; and Master Linked Data Matrix. The reports may be obtained by contacting the State Tobacco Education And Prevention Partnership office at (303) 692-2515.

The annual report and 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/pdfs/STEPP Annual Report 2002_03/STEPP 2002-03 Annual Report.pdf](http://www.cdphe.state.co.us/pp/tobacco/pdfs/STEPP%20Annual%20Report%202002_03/STEPP%202002-03%20Annual%20Report.pdf).

Accomplishments include:

- Funded 183 grantees supporting 393 programs or entities; served 151,999 persons directly and 792,253 indirectly; distributed approximately 826,000 documents promoting tobacco use cessation and reached over 1.6 million households through media campaigns.

- Reported cigarette consumption in Colorado declined over the last two years at a rate of more than double the national average. The national decline between January 2000 and December 2002 was 4.4 percent, while the decrease in Colorado was 9.6 percent during this same period.
- Promoted the tobacco use cessation program, Colorado Quitline, through media campaigns. Within 18 months of its inception, 69 percent of Colorado smokers had heard of the Colorado Quitline.
- Provided counseling services through Quitline to 6,974 tobacco users and information to 3,188 individuals who did not enroll in counseling. Nineteen percent of respondents to a follow-up survey had quit smoking at six months compared to 4.5 percent of all Colorado adult smokers.
- Provided tobacco cessation services through Quitnet to 6,595 tobacco users. Forty-eight percent of respondents to a follow-up survey had quit smoking at six months compared to 4.5 percent of all Colorado adult smokers. Sixty-nine percent of those who were still smoking at six months had cut down on the number of cigarettes smoked per day.
- Provided cessation services to 669 youth participating in the school-based “Not on Tobacco” program. Twenty-eight percent of participants reported they quit smoking. Sixty percent of participants reduced their tobacco consumption.
- Reported 2,626 compliance checks. Issued summons for violations to 295 sales clerks and 33 retailers.
- Provided information and support through the Get R!EAL Road Tour to 25,613 teens in 49 counties enabling them to make educated choices about tobacco use.

Areas for development include:

- Continue to evaluate, prioritize and implement, where feasible, recommendations from the external evaluation reports.
- Continue to develop and evaluate county-specific baseline data and the capability to relate this information to state and national statistics. Improve efforts to take into account or communicate the external influence of national tobacco use programs, laws and influences when considering the additional impact of state and local efforts.
- Monitor the effectiveness of the site visit protocols and increase the feedback and technical assistance to grantees.
- Continue efforts to improve the grant application process through a two-step process incorporating a technical review to include the contractor’s previous annual reports and results of fiscal reviews and performance standards, and a review of specific requirements. Continue efforts to develop performance standards and processes to assure only “successful” or effective programs receive continuation funding.
- Continue to develop, monitor and evaluate internal quality control procedures for ensuring the timeliness and accuracy of the division’s data and reporting. Continue to evaluate and monitor grant recipients’ expenditures so that unspent funds can be reallocated to other tobacco control projects.

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. The Office of the State Auditor is currently conducting a performance audit of the program. The State Auditor Office will make the audit report available upon release by the Legislative Audit Committee.

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/oralhealth/annualreportFY02-03.pdf>.

Accomplishments include:

- Awarded \$164,535 in dental loan repayment awards.
- Provided awards to 12 dental providers including six dentists in year two of their service commitment, three dentists in year one, two dental hygienists in their second year of service commitment and one dental hygienist in the first year of their service commitment.
- Awarded payments to dentists and dental hygienists providing services in five counties including Larimer, Denver, Chaffee, Logan and Pueblo.
- Awarded payments to eight dentists and hygienists employed by community health centers and four in private practice.
- Served 14,758 patients since inception of the program. This includes 3,629 Medicaid eligible children; 794 Child Health Plan Plus children; 10,133 uninsured adults and children, and 202 Old Age Pension recipients.

Areas for development include:

- Monitor implementation of rule changes adopted by the Board of Health in September 2003 and evaluate criteria to prioritize applicants.
- Continue to coordinate with the National Health Service Corps Loan Repayment Program and the Colorado Health Professional Loan Repayment Program operated by the University of Colorado Health Sciences Center to maximize distribution of funds.
- Review program implementation and marketing strategies to assure the program encourages recruitment as well as supports retention of dentists and hygienists.
- Continue to increase and improve monitoring of providers to assure service commitment levels are met and verify and document provider eligibility.

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) is authorized by section 23-20-201 C.R.S. The program 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.

Senate Bill 03-282 and House Bill 03-1256 eliminated funding for the program for the state fiscal year 2003-2004 and subsequent fiscal years. Because the funds are paid out over the life of the research project, typically from one to three years duration and because the program lags behind a year in awarding grants due to unavoidable delays from the first year onward in setting up a peer review system to evaluate and award the grants, the Colorado Tobacco Research Program does not expect to close out the research projects until June 2005.

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.

Accomplishments include:

- Issued 14 grants in state fiscal year 2003 for \$3.0 million at six Colorado institutions.
- Provided more than \$15.9 million after three funding cycles to fund a total of 41 active research projects and four completed projects. Ongoing and completed studies are contributing to the scientific knowledge on the etiology, pathogenesis, diagnosis and treatment of tobacco- and addiction- related diseases and the development, implementation, evaluation and dissemination of existing or novel approaches to tobacco control and substance abuse education.
- Funded individual investigators from multiple institutions across the state on projects ranging from prevention and cessation of tobacco use to improved diagnosis and treatments that will reduce tobacco-related morbidity and mortality. The funding distribution of the 41 active projects include 46 percent to disease diagnosis and treatment, 33 percent to prevention and cessation, 12 percent to nicotine addiction, 8 percent to mental health and 1 percent to policy and public health.

Areas for development include:

- Continue the commitment to oversee all active projects through their conclusion and disseminate study results. In the absence of future appropriations, the University will discontinue the Colorado Tobacco Research Program once all ongoing projects are completed by June 2005.

VI. 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 at (303) 692-2044.

1. State Board of Health Regulations:

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

2. State Auditor's Performance Reports:

http://www.state.co.us/gov_dir/audit_dir/backgrnd/reports.html

Children's Basic Health Plan, 2001

Read to Achieve, 2002

Nurse Home Visitor, 2003

Comprehensive Primary and Preventive Care Grant Program, 2004

Veterans Trust Fund, 2004

3. Tobacco Settlement Programs' Annual Reports:

<http://www.cdphe.state.co.us/cdphehom.asp>

Final '03 report

Author: J Little

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