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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, and Human Services Committee; the Colorado Senate Health and Human Services 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, 2006

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Committees of the Legislature and the Attorney General

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## **TABLE OF CONTENTS**

### **I. Preface**

### **II. Executive Summary**

### **III. Background**

### **IV. Program Overview**

Table 1: State fiscal year 2004-2005 revised appropriations

Table 2: General Assembly appropriations for state fiscal years 2001, 2002, 2003, 2004 and 2005

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

Table 4: State fiscal year 2001-2002 Treasury disbursements and reversion of funds

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

Table 6: State fiscal year 2003-2004 Treasury disbursements and reversion of funds

Table 7: State fiscal year 2004-2005 Treasury disbursements and reversion of funds

Table 8: Administrative costs

Table 9: Eligible grantees, populations and key goals as defined by statute

Table 10: Number of eligible persons served for state fiscal years 2001, 2002, 2003 and 2004

### **V. Tobacco Settlement Program Report Summaries**

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

Tony Gramscas Youth Services Program

Ryan White Program

Children's Autism Program

Child Mental Health Treatment Program

### **VI. Attachments**

State Board of Health Regulations

State Auditor's Performance Reports

Tobacco Settlement Programs' Annual Reports

## I. PREFACE

The Colorado Department of Public Health and Environment respectfully submits the following annual report to the Governor, Joint Budget Committee, the relevant committees of the General Assembly, and to the Colorado attorney general. The report covers state fiscal year (FY) 2004, which spans from July 1, 2004, to June 30, 2005, 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 and human services 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 monies 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 fifth-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 requests 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 fifth year, state fiscal year 2004-2005. Appropriations to the tobacco settlement programs were reduced by \$920,615 from the original appropriation of \$60,693,539 to \$59,772,924 in state fiscal year 2004-2005.

Legislation passed in 2005 had a significant impact on *future* funding of tobacco settlement programs.

### Key legislation

**HB05-1261** The bill reduced the funding of the Tobacco Education and Cessation Program at the Colorado Department of Public Health and Environment from the Master Settlement funding in FY 2004-05 and replaced it with funding from the Amendment 35 tax revenues.

**HB05-1262** The bill enacted enabling legislation for Amendment 35 through which the voters authorized a tax increase on tobacco products, the legislation outlined where the revenue from the increased tobacco tax will be used to fund health care and tobacco cessation programs. The bill allocated funding to the following areas, among others:

- State General Fund for health-related purposes;
- Supplemental old age pension health and medical care;
- Local municipal and county governments to cover reduced local taxes due to decreased tobacco sales;
- The Colorado Department of Health Care Policy and Financing received funding for primary care services;
- The Colorado Department of Health Care Policy and Financing received funding to enhance the children's basic health plan, and indigent care program;
- The Colorado Department of Public Health and Environment received funding for prevention, early detection and treatment of chronic diseases, to include breast and cervical cancer screening and treatment;
- The Colorado Department of Public Health and Environment received funding for the Health Disparities Grant program;
- The Colorado Department of Public Health and Environment received funding for Tobacco Cessation programs. As a result, the tobacco cessation programs is no longer funded with Tobacco Master Settlement dollars;
- The Colorado Department of Human Services received funding for the Colorado benefits management system and Medicaid funded program expansions;

**SB05-249** This bill formalized the appropriation for the Read to Achieve program, and adjusted appropriations to the other programs slightly to account for the amount of money that Read To Achieve would pay for State Auditor costs.

### **Board of Health Recommendation**

The Colorado 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.

Colorado Legislature, in section 24-75-1101, C.R.S., declared that Tobacco Settlement Agreement monies "...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 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 monies 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; 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 11 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
- Child's Mental Health Treatment program
- Ryan White Program
- Tony Grampsas Youth Services Program
- Children's Autism Program

In addition, this report updates the status of the Tobacco Related and Tobacco Focused Research Grant program, managed by the University of Colorado. This program no longer receives a current appropriation, and funding for grant projects ended June of 2005.

#### *Colorado Board of Health*

The General Assembly declared that the Board of Health and the Department of Public Health and Environment monitor the operation and effectiveness of tobacco settlement programs. The 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 monies (§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 Board of Health consists of nine members appointed by the Governor. The primary duties of the 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 of Public Health and Environment 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 Colorado 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 report to the department;
  - The Board of Health 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 seven programs, and have begun re-audits of programs as required every three years:

- 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 Health Care Policy and Financing, state fiscal year 2004;
- Veterans Trust Fund, Department of Military and Veterans Affairs, state fiscal year 2004;

- State Dental Loan Repayment Program, Department of Public Health and Environment, state fiscal year 2005; and
- The Tobacco Education, Prevention and Cessation, Department of Public Health and Environment, state fiscal year 2005.

The Office of the State Auditor has not begun audits of the four new programs that first received funding in FY 2004-05, these programs are Ryan White, Tony Grampsas Youth Services, Children with Autism and Child Mental Health Treatment Programs.

The executive summary may be viewed on the Office of the State Auditor's Internet page at [http://www.leg.state.co.us/OSA/coauditor1.nsf/All/4C1A33C9B711423E872570E700010EAE/\\$FILE/1763%20Tobacco%20Settlement%20Exec%20Summary%20Dec%202005.pdf](http://www.leg.state.co.us/OSA/coauditor1.nsf/All/4C1A33C9B711423E872570E700010EAE/$FILE/1763%20Tobacco%20Settlement%20Exec%20Summary%20Dec%202005.pdf)

#### *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) within the State Treasury. The Colorado State Treasurer's 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 24-75-1104.5, C.R.S., for state fiscal year 2004-2005, the following programs receive monies subject to appropriations based on the following statutory funding methodology, percentages are based on the total master settlement funding received each year:

- Children's Basic Health Plan, 24 percent, not to exceed \$30 million each year, with a minimum of \$17.5 million;
- Comprehensive Primary and Preventive Care Grant Program, 3 percent, not to exceed \$5 million;
- Read to Achieve Grant Program, 19 percent, not to exceed \$19 million;
- Colorado State Veterans Trust Fund, 1 percent, not to exceed \$1 million;
- Colorado Nurse Home Visitor Program, 9 percent, not to exceed \$19 million per year;
- Tobacco Education, Prevention and Cessation Grant Program, 15 percent, not to exceed \$15 million; Funding for this program was eliminated for FY 2005-06 and beyond and replaced with the Tobacco Excise Tax authorized by Amendment 35.
- Dental Loan Repayment Program, \$200,000 maximum;
- Tobacco-Related and Tobacco-Focused Research Grant Program, funding eliminated.
- Ryan White AIDS Drug Assistance Program, 3.5 percent, not to exceed \$ 5 million per year
- Children's Autism Program, funding was added via C.R.S 24-4-695, for 1 million per year (FY 2004-05 the program received \$393.474 for start up costs.)
- Child Mental Health Treatment Program, \$300,000 per year
- Tony Grampsas Youth Services Program, 4 percent, not to exceed \$ 5 million



**Table 1: 2004-2005 Revised Appropriations.** Demonstrates the 2004-2005 long bill appropriation in HB 04-1422 and the appropriation as revised in SB 04-1421, SB 05-209 and SB 05-249.

PROGRAM	'04-'05 LONG BILL APPROPRIATION	REVISED '04-'05 APPROPRIATION
Children's Basic Health Plan	\$20,949,354	\$20,629,548
Comprehensive Primary & Preventive Care Grants	\$2,618,669	\$2,578,694
Read to Achieve	\$16,592,664	\$16,331,727
Veterans Trust Fund	\$872,890	\$859,565
Nurse Home Visitor	\$7,856,007	\$7,736,081
Tobacco Education, Prevention and Cessation	\$4,364,449	\$4,297,823
Dental Loan Repayment	\$245,669	\$199,711
Tobacco-Related and Tobacco-Focused Research	\$0	\$0
Tony Gramscas Youth Services	\$3,491,558	\$3,438,259
Ryan White	\$3,055,114	\$3,008,476
Child Mental Health Treatment	\$299,570	\$299,566
Children's Autism Program	\$393,627	\$393,474
Total	\$60,693,539	\$59,772,924

**Table 2: General Assembly Appropriations for Tobacco Settlement Programs.**

PROGRAM	'01-'02	'02-'03	'03-'04	'04-'05	'05-06
Children's Basic Health Plan	\$9,800,000	\$9,800,000	\$18,460,693	\$20,629,548	\$21,344,268
Comprehensive Primary & Preventive Care Grants	\$ 5,156,532	\$5,259,917	\$5,419,045	\$2,578,694	\$2,668,034
Read to Achieve	\$16,329,017	\$15,990,420	\$10,675,732	\$16,331,727	\$4,438,893
Veterans Trust Fund	\$ 859,385	\$989,841	\$900,763	\$859,565	\$887,779
Nurse Home Visitor	\$ 4,297,110	\$5,577,035	\$6,911,997	\$7,736,081	\$8,877,786
Tobacco Education, Prevention and Cessation	\$12,891,329	\$7,347,618	\$3,863,977	\$4,297,823	\$0
Dental Loan Repayment	\$ 200,000	\$177,130	\$182,446	\$245,669	\$199,648
Tobacco-Related and Tobacco-Focused Research	\$ 6,875,375	\$3,000,000	\$0	\$0	\$0
Children's Basic Health Prenatal Care	NA	\$7,700,000	\$0	\$0	\$0
Ryan White				\$3,008,476	\$3,107,225
Tony Grampsas Youth Services Program				\$3,438,259	\$3,551,114
Children with Autism				\$393,474	\$395,143
Child Mental Health Treatment				\$299,566	\$299,472
Total	\$56,408,748	\$55,841,961	\$46,414,653	\$59,772,924	\$45,769,362

*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 eight programs:

- Comprehensive Primary and Preventive Care Grant;
- Nurse Home Visitor;
- Tony Grampsas Youth Services;
- Ryan White;
- Child Mental Health Treatment;
- 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 for 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 five programs have authority to retain unspent and unencumbered funds in their specific program fund:

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

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; and 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

**Table 6: State fiscal year 2003-2004 Treasury disbursements and reversion of funds**

PROGRAM	2003-2004 APPROPRIATION	FUNDS DISBURSED (including '04 appropriations and '03 funds carried forward)	FUNDS FORWARDED TO '05	FUNDS REVERTED TO THE TRUST FUND
Children's Basic Health Plan	\$18,460,693	-\$18,460,693	\$0	\$0
Comprehensive Primary and Preventive Care	\$5,419,045	\$5,064,339	\$0	\$354,706
Read to Achieve	\$10,675,732	\$10,675,732	\$0	\$0
Veterans Trust Fund	\$900,763	\$900,763	\$0	\$0
Nurse Home Visitor	\$6,911,997	\$6,694,353	\$0	\$217,644
Tobacco Education, Prevention and Cessation	\$3,863,977	\$3,850,888	\$0	\$13,089
Dental Loan Repayment	\$182,446	\$182,446	\$0	\$0
Tobacco-Related and Tobacco- Focused Research	\$0	\$0	\$0	\$0
Totals	\$46,414,653	\$45,829,214	\$0	\$585,439

**Table 7: State fiscal year 2004-2005 Treasury disbursements and reversion of funds**

PROGRAM	2004-2005 APPROPRIATION	FUNDS DISBURSED (including '05 appropriations and '04 funds carried forward)	FUNDS FORWARDED TO '06	FUNDS REVERTED TO THE TRUST FUND
Children's Basic Health Plan	\$20,629,548	\$20,629,548	\$0	\$0
Comprehensive Primary and Preventive Care	\$2,578,694	\$2,566,401	\$0	\$0
Read to Achieve	\$16,331,727	\$16,331,727	\$0	\$0
Veterans Trust Fund	\$859,565	\$859,565	\$0	\$0
Nurse Home Visitor	\$7,736,081	\$7,573,844	\$0	\$111,323
Tobacco Education, Prevention and Cessation	\$4,297,823	\$2,945,323	\$0	\$0
Dental Loan Repayment	\$245,669	\$199,711	\$0	\$0
Tobacco-Related and Tobacco-Focused Research	\$0	\$0	\$0	\$0
Ryan White	\$3,008,476	\$3,008,476	\$0	\$0
Tony Gramscas	\$3,438,259	\$3,417,868	\$0	\$0
Child Mental Health Treatment	\$299,566	\$287,376	\$0	\$0
Children with Autism	\$393,474	\$395,143	\$0	\$0
Totals	\$59,772,924	\$58,214,982	\$0	\$111,323

*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. During the 2003 legislative session, C.R.S. 2-3-113(7) was changed via SB03-019. This change provided for a direct appropriation to the Office of the State Auditor one-tenth of one percent of the annual settlement payment. The appropriations for each of the programs are then reduced by a proportional share of the money allocated to the State Auditor's Office. This replaced a direct payment from each program to the Auditor's Office. Each program is still required to directly pay the Colorado



Department of Public Health and Environment for their portion of the oversight and monitoring costs.

The auditing costs in FY 01-02 totaled \$51,094, FY 02-03; \$59,350 FY 03-04; \$98,743, and FY 2004-05; \$87,701. The monitoring costs in FY 01-02 totaled \$85,764, FY 02-03 totaled \$102,260, FY 03-04; \$65,871, and FY 04-05; \$27,182. In addition, for FY 01-02 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 7 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 7, but are provided relative to the administration of the full appropriation in the Colorado Department of Health Care Policy and Financing's annual report on the Children's Basic Health Plan.

**Table 8. Allowable administrative costs and actual expenditures as reported by the tobacco settlement programs.**

PROGRAM	ALLOWED '01-'02	ACTUAL COSTS '01-'02	ALLOWED '02-'03	ACTUAL COSTS '02-'03	ALLOWED '03-'04	ACTUAL COSTS '03-'04	ALLOWED '04-'05	ACTUAL COSTS '04-'05
Comprehensive Primary and Preventive Care	1% or \$51,565	\$10,627	1% or \$52,599	\$40,057	1% or \$54,190	\$37,685	1% or \$25,664	.06% Or \$14,332
Read to Achieve	1% or \$163,290	\$155,436	1% of the fund or \$210,237	\$171,006	1% of the fund or \$106,757	*\$154,664	1% of the fund or \$163,317	1% Or \$136,765
Veterans Trust Fund	5% or \$10,815	\$2,174	5% or \$16,373	\$12,742	5% or \$14,017	\$7,698	5% or \$42,978	\$33,899
Nurse Home Visitor	5% or \$214,856	\$177,727	5% or \$278,852	\$216,871	5% or \$345,600	\$244,188	5% or \$386,660	5% or \$361,391
Tobacco Education, Prevention and Cessation	5% or \$644,567	\$634,164	5% or \$323,248	\$317,125	5% or \$193,199	\$192,617	5% or \$193,686	5% or \$193,686
Dental Loan Repayment	\$36,000	\$20,699	10% or \$17,713	\$8,432	10% or \$18,244	\$9,957	10% or \$24,346	5% or \$9,406
Tobacco-Related and Tobacco-Focused Research	5% or \$343,769	\$343,769	5% or \$150,000	\$150,000	5% or \$0	\$0	5% or \$0	0% or \$0
Tony Gramscas Youth Services							Use of admin funds not specified	2.67% or \$91,460
Ryan White Program							Use of admin funds not specified	0.045% or \$1,358
Children with Autism Program							Use of admin funds not specified	0% or \$0
Child Mental Health Treatment Program							Use of admin funds not specified	0% or \$0

\* Read To Achieve calculates the administrative costs based on appropriation and included federal funds from the Federal Jobs and Growth Tax Relief Reconciliation Act of 2003

**Table 9. Eligible grantees, populations and key goals as defined by statute.**

<b>Program</b>	<b>Eligible Grantees</b>	<b>Eligible Population</b>	<b>Key Goals</b>
Children's Basic Health Plan	Children's Basic Health Plan.	Uninsured children; under 19 years of age, and pregnant women; 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 and 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 on a year round basis.	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.

<b>Program</b>	<b>Eligible Grantees</b>	<b>Eligible Population</b>	<b>Key Goals</b>
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.
Children with Autism	Community Centered Boards	Children aged 0-6 years with a diagnosis of autism. The child cannot be enrolled and receive benefits under another Medicaid waiver program.	Increase access to care for children that are diagnosed with autism.

<b>Program</b>	<b>Eligible Grantees</b>	<b>Eligible Population</b>	<b>Key Goals</b>
Tony Grampsas Youth Services	Any private non-profit or not-for-profit community-based organization; faith-based organization; local government including public health, human service, and law-enforcement agency; local public or private school, school district or group of school districts; Board of Cooperative Education Services; institution of higher education; Colorado National Guard; state agency, or state operated program, State agencies must demonstrate 100% pass through of funds to local programs.	All Children, Youth and Families across Colorado, primarily those children and youth determined to be “at risk”. At-risk students are defined as students who are at-risk of dropping out of school because of their socio-economic background, lack of adult support, language barriers, poor academic performance, or other identified indicators that cause students to drop out of school.	The goal of the TGYS Program is to provide funding to local organizations that serve youth and their families in an effort to reduce youth crime and violence and to prevent child abuse and neglect.
Child Mental Health Treatment Program	Residential Treatment Centers	Tobacco funds support residential treatment for youth not categorically eligible for Medicaid, but who have become eligible by qualifying for Supplemental Security Income (SSI).	The overall program goal is to provide services to children with significant mental health needs requiring residential treatment level of care, when a dependency and neglect action is neither appropriate nor warranted. Previously, the only option for many Colorado families was to obtain residential treatment through the child welfare or juvenile justice systems, which can lead to custody relinquishment.
Ryan White AIDS Drug Assistance	Funding goes directly to purchasing prescription medications for eligible individuals.	A client must have a total family income of 300% or less of the federal poverty level, which is a \$28,710 annual income for a family of one and have no other payment source, such as. Medicaid prescription coverage to pay for their medications. In addition, clients must meet the medical criteria of a diagnosis of HIV disease.	The AIDS Drug Assistance Program (ADAP) provides formulary medications on an outpatient basis, free of charge to Colorado residents who have HIV disease and who meet the financial eligibility criteria.

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 10. Number of eligible persons served for state fiscal years '00-'01, '01-'02, '02-'03, '03-'04 and '04-'05.**

<b>PROGRAM</b>	<b>'00-'01 Persons Served</b>	<b>'01-'02 Persons Served</b>	<b>'02-'03 Persons Served</b>	<b>'03-'04 Persons Served</b>	<b>'04-'05 persons served</b>
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.	Received 63,671 applications and 46,695 children enrolled (Average Monthly Enrollment)	Average monthly enrollment for children, 41,101 and 6,684 member months for pregnant women.
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.	15,400 patients received medical services with at least 41,000 visits and 5,500 patients received dental services with at least 10,500 visits. 160 patients received eyeglasses and at least 2,000 patients received prescription medications.	10,010 patients received medical services with at least 12,389 visits. 76 patients received mental health services with at least 175 visits, 98 patients received eyeglasses and at least 7,192 patients received proscription medications. Since inception, more than 100,000 patients have received services, over 500 patients received eyeglasses and more than 11,800 pharmaceuticals were distributed.
Read to Achieve	Included in '01-'02 due to multi- year awards.	553 schools, 29,059 students.	508 schools, 24,551 students.	483 schools, 22,000 students.	375 schools, 16,000 students.

<b>PROGRAM</b>	<b>'00-'01 Persons Served</b>	<b>'01-'02 Persons Served</b>	<b>'02-'03 Persons Served</b>	<b>'03-'04 Persons Served</b>	<b>'04-'05 persons served</b>
Veterans Trust Fund	NA	11 grantees, 967 veterans.	14 grantees, 1,900 veterans.	14 grantees, 2,704 veterans served. Trained 55 county veteran service officers	10 grantees, 3517 veterans served. Trained 134 county veteran service officers
Nurse Home Visitor	12 sites, 1,150 families.	14 sites, 1,300 families.	18 sites, 1,562 families.	17 sites, 1,637 families.	17 sites, 1,962 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.	76 eligible grantees; 125,956 persons served directly, 435,913 served indirectly and 47,350,000 exposures to anti-tobacco media messages. <sup>1</sup>	45 eligible grantees; 108,500 persons served directly, 575,383 served indirectly and 38,952,161 exposures to anti-tobacco media messages.
Dental Loan Repayment	NA	Six dentists, two dental hygienists.	Nine dentists, two dental hygienists.	Nine dentists, six dental hygienists.	Thirteen dentists and seven 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.	\$17.2 million in grants after 3 funding cycles for a total of 44 active research projects and 8 completed projects at 8 different Colorado institutions.	Total grant funding expended as of June 30, 2005.

<sup>1</sup> The counts in this box are not mutually exclusive (many people received direct services, indirect services and were exposed to media campaign messages) and also represent duplicated counts, i.e., the same individual is counted each time they are exposed to a media message. People served directly are individuals receiving direct services such as tobacco cessation counseling or training. Individuals receiving more informational interventions (receiving a Quitline brochure while at a health fair) are counted in the indirectly served category. The exposure to anti-tobacco media messages uses standardized media measures of reach (rating points and audience size times frequency). This counts each incidence of exposure to a media message. For example, a person seeing the same advertisement (television, billboard, etc.) ten times results in a count of ten exposures. Due to the frequency and reach of media messages, a large proportion of the population was likely to have been exposed to a variety of messages on multiple occasions throughout the year.

PROGRAM	'00-'01 Persons Served	'01-'02 Persons Served	'02-'03 Persons Served	'03-'04 Persons Served	'04-'05 persons served
Children with Autism					No children received services in FY 2004-'05. Legislation allows for Children to begin to access services in fiscal year 2005-06
Tony Gramscas Youth Services					Tony Gramscas Youth Services Programs served 49,805 children, youth and parents.
Child Mental Health Treatment Program					21 children received residential mental health treatment, including children admitted in previous fiscal years.
Ryan White AIDS Drug Assistance					Total clients served by all funding sources were 1,576. Based on the average cost per client, per year of \$10,008 the tobacco settlement funds paid for 301 clients.

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/index.htm](http://www.cdphe.state.co.us/pp/tobacco_oversight/index.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 is a public/private partnership providing subsidized health insurance for children in low-income families who are not eligible for Medicaid and have incomes at or below 185 percent of the federal poverty level. The program is administered by the Colorado Department of Health Care Policy and Financing, which contracts with private vendors for many of the program services.

In FY 04-05, the program was appropriated \$68,501,227 by the Legislature to serve an average monthly enrollment of 47,479 children and 9,565 member months for pregnant women. The enrollment cap that had been in place during FY 2003-04 was lifted on July 1, 2004.



During FY 03-04, the department began investigating the feasibility of streamlining the Children's Basic Health Plan and Medicaid family and children's programs through a federal waiver. The department developed a proposal for unified health care program, called Colorado Family Care, of continuing expansions; benefit enhancements; and purchasing reforms for low-income non-disabled children, pregnant women, and families eligible for Medicaid or CHP+ employing a single comprehensive health insurance program. The goal of the streamlined program was to reduce the number of low-income uninsured individuals in the state while building on the successes of CHP+. The concept was submitted to the General Assembly's Health and Human Services Committees as a Health Insurance Flexibility and Accountability (HIFA) waiver. There was great support for the model although the specific waiver proposal did not pass. The department anticipates the introduction of a bill during the 2006 legislative session to incorporate this design. The program continues to improve on its ability to use the best aspects of both public and private sectors to offer low-cost health insurance to working families by contracting for services, partnering with public and private organizations and easing the burden on working families.

The Medical Services Board submits an annual report to the Joint Budget Committee of the General Assembly and the Health and Human Services Committee of the Senate and House of Representatives.

The annual report and additional information about the Children's Basic Health Plan may be obtained through Colorado Department of Health Care Policy and Financing's Web site at [http://www.chcpf.state.co.us/HCPF/Pdf\\_Bin/Final%20Annual%20Report%20SFY2005.pdf](http://www.chcpf.state.co.us/HCPF/Pdf_Bin/Final%20Annual%20Report%20SFY2005.pdf)

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](http://www.state.co.us/gov_dir/audit_dir/2001/2001perf/1225A.pdf).

*Accomplishments include:*

- In spite of budget cuts, CHP+ enrolled approximately 41,101 children or approximately 44 percent of all estimated eligible children in the program by the end of state FY 2005.
- Lifted the enrollment cap that had been in place from November 1, 2003, through June 30, 2004.
- Provided dental services to covered children through Delta Dental Plan of Colorado with a network of more than 1,047 dentists to an average of 2,221 clients per month.

*Areas for development include:*

- Improve health status for participants by assuring access to appropriate health care services;
- Continue to work toward improving the care and delivery system for income-eligible CHP+ members.
- Maximize the effectiveness of Children's Basic Health Plan as a public/private partnership.

*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.

Effective with FY 2004-05 was the implementation of a quarterly program review requirement that added a monitoring function to all new CPPC grants awarded for FY 2004-05 or later. The program reviews are to be conducted by an entity unassociated with the grantee or the department and reports are to be submitted quarterly to the department. This function allows the CPPC Grant Program to respond to legislative audit recommendations that audit procedures be strengthened to reconcile grant expenditures with the contracted budget and to conduct periodic onsite reviews.

In May 2004, the General Assembly passed House Bill 04-1421, which permanently reduced CPPC grant funding from the original six percent of the money received by the state through the tobacco settlement funds to three percent of these funds, or a maximum of \$5 million per year.

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 or has implemented all recommendations or is considering methods by which the recommendations could be implemented.

The audit may be viewed at: [http://www.state.co.us/gov\\_dir/audit\\_dir/2004/2004perf/1479.pdf](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/HCPF/cppc/cppcindex.asp>.

*Accomplishments include:*

- Several clinics were able to maintain staff and/or purchase necessary equipment;
- Medical services were provided to 10,010 uninsured, low-income patients and 23,736 medical encounters were conducted for these patients;
- Dental services were provided to 7,130 uninsured, low-income patients and 12,389 dental encounters were conducted for these patients;
- In Lamar, the clinic was remodeled and mental health services were provided to 76 uninsured, low-income patients and 175 mental health encounters were conducted for these patients;
- In Denver, a diabetic education program was administered for 87 uninsured, low-income patients; and

- In Grand Junction, uninsured, low-income patients were provided with a variety of medical care including 202 annual health maintenance/screening visits were administered; 1,371 internist examinations were given; 7,192 pharmaceutical supplies or prescription medications were dispensed to more than 1,008 patients; 98 pairs of eyeglasses were distributed; and classes on obesity reduction and smoking cessation were held for 188 patients.
- Since the inception of the CPPC Grant Program, \$22.2 million has been awarded to help provide medical, dental, mental health and pharmaceutical services to as many as 108,130 patients. Funding also has been used to start 29 construction/remodeling projects, resulting in new or updated facilities in which to deliver health care services to significantly greater numbers of low-income, uninsured patients. This demonstrates the impact the CPPC Grant Program is making toward expanding primary and preventive care services to Colorado's uninsured or medically indigent.
- To increase financial accountability, CPPC Grant contractors are reimbursed on an expenditure basis only, for a maximum of 25 percent of the contracted annual budget at the end of the first quarter; 50 percent at the end of the second quarter; and 75 percent at the end of the third quarter.

*Areas for development include:*

- Continue to evaluate programs on a quarterly basis based on reports submitted by the grantees to ensure proper utilization of the funding.

*Colorado Department of Health Care Policy and Financing*

#### **Home and Community Based Services Waiver for Children with Autism**

The Home and Community Based Services (HCBS) waiver for Children with Autism was authorized by the enactment of Senate Bill 04-177. The purpose of the legislation was to create a waiver program to support children 0 to 6 years of age with autism to live in the community rather than in an institution by providing waiver benefits such as behavior therapy; occupational therapy; physical therapy; speech therapy; and psychological and psychiatric services. No eligible child may receive services with costs in excess of \$25,000 annually.

A provision in the legislation limits the period of services to three years with an additional year approved by the department when medically necessary. A child cannot be enrolled and receive services from another Medicaid waiver program and remain eligible for the HCBS waiver for Children with Autism.

The Community Centered Boards will serve as the single entry point to assess the client; develop a care plan and provide case management services. The HCBS waiver for Children with Autism shall meet the aggregate federal waiver budget neutrality requirements. The program is administered by the Long Term Care Division for the Department.

Funding for this program includes an allocation of Tobacco Master Settlement monies. A total of \$395,143 in tobacco settlement monies was transferred to the Colorado Autism Treatment Fund at the end of the fiscal year 2004-2005 for use in fiscal year 2005-2006. The appropriation for fiscal year 2005-2006 comes from the fiscal year 2005-2006 Long Bill, Senate Bill 05-209.

*Accomplishments include:*

- The Department of Health Care Policy and Financing (the Department) submitted the HCBS waiver for Children with Autism request to the Centers for Medicare and Medicaid Services (CMS) for approval on April 29, 2005. The Department is in the process of working with CMS to address questions. Upon approval of the waiver by CMS, the targeted date for implementation is March 1, 2006.

*Areas for development include:*

- Continue working on obtaining approval for the waiver request from the Centers for Medicare and Medicaid Services, develop rules and begin enrolling children.

*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. 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, 2006.

During the 2004-2005 school year (Year 1 of the second cohort), 38 of the 94 participating *Colorado Reading First* schools received both Read to Achieve and *Colorado Reading First* funds. Leveraging funds through these two programs allows schools to continue providing the systematic research-based approach to reading instruction and assessment. In addition to leveraging funds through *Colorado Reading First*, the Colorado Department of Education also has made a concerted effort to facilitate collaboration among Read to Achieve and other grant programs as well as other literacy focused supports (including Title I – Part A). Of the 375 funded schools during Year 1, 57 percent were identified as Title I eligible. In addition, 2 percent of funded Read to Achieve schools also received Comprehensive School Reform (CSR) grants and 7 percent received 21<sup>st</sup> CCLC grants. CDE was pleased to see these schools continue to leverage funds in order to provide our most struggling students with the intensive support needed for academic achievement.

At the end of the 2004 legislative session, HB 04-1421, concerning the tobacco settlement moneys received by the state, was enacted. This bill, in essence, determined funding for FY

2005-06, scheduling a decrease for Read to Achieve from 19 percent of the state's tobacco settlement money, not to exceed \$19 million, to 5 percent, not to exceed \$8 million. After receiving over \$16 million in funding for Year 1 of Cohort II of Read to Achieve, the board was able to fund schools at \$1000 per pupil. For Year 2 of Cohort II, the Read to Achieve Board received approximately \$4.3 million and now is only able to fund schools at approximately \$269 per pupil. Although schools are very discouraged regarding the enormity of impact of the reduction of funding, all schools are grateful to receive even the reduced amount of funding to continue providing additional assistance to their lowest readers.

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).

*Accomplishments include:*

- A total of 375 elementary schools successfully participated in serving second and third grade students reading below grade level.
- Received \$16,359,714 from the Tobacco Litigation Settlement Cash Fund to serve 16,289 students.
- Each participating school received approximately \$1,000 per pupil for Year 1 (Cohort 2).
- 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 became proficient on CSAP after a full instructional cycle of intensive reading intervention, with the exception of the schools that did not receive their first year of funding until January, one month prior to the administration of the examinations.
- During the end-of-year evaluation process, 45 schools had 75 percent or more of the participating students reach the statutory goal.
- 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. 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:*

- Work with the schools to maximize results based on lower budgets resulting from the reduction to \$269 per pupil allocation from \$1,000.

*Colorado Department of Human Services*

**Child Mental Health Treatment Program**

Tobacco funds support residential treatment for youth not categorically eligible for Medicaid, but who have become eligible by qualifying for Supplemental Security Income (SSI). The Colorado Department of Human Services, Division of Mental Health (DMH), administers the Act with assistance from a task force including families, service providers and advocates. Families access services through one of the 17 Community Mental Health Centers (CMHCs) in the state. The Act provides local and state appeal processes if services are denied and for unresolved disputes between

local mental health and child welfare agencies. Funding for Residential Treatment Center (RTC) services comes from tobacco settlement funds; private insurance; family fees; SSI benefits minus \$30 per month for the child's personal needs, and Medicaid.

The overall program goal is to provide services to children with significant mental health needs requiring residential treatment level of care, when a dependency and neglect action is neither appropriate nor warranted. Previously, the only option for many Colorado families was to obtain residential treatment through the child welfare or juvenile justice systems, which can lead to custody relinquishment. Programmatic goals for FY 2004-05 included:

- Improving utilization management of RTC placements and community transition services, resulting in appropriate lengths of stay; and,
- Increasing family and service provider awareness of the program.

To increase public awareness about the program DMH developed a web site:

<http://www.cdhs.state.co.us/ohr/mhs/Pages/CMHTA.htm>.

The Child Mental Health Treatment Act (CRS 27-10.3-101) was enacted through HB 99-1116. House Bill 04-1421 allocated \$300,000 in Tobacco Settlement Funds for FY 2004-05.

*Accomplishments include:*

- Fourteen RTCs provided services through the Act in FY 2004-05; most of these facilities are located on the Front Range.
- Ten of the 17 CMHCS in the state assessed and admitted children to RTCs, and two other centers assessed, but did not place children.
- Fiscal year 2004-05 saw a 20 percent increase in youth served, compared to FY 2003-04.

*Areas for development include:*

- In May 2005 the federal Centers for Medicare and Medicaid Services (CMS) notified Colorado that RTCs were not qualified Medicaid provider types. As a result, Medicaid will add Psychiatric Residential Treatment Facilities (PRTFs) as eligible provider types authorized to provide per diem Medicaid services, in addition to less restrictive and costly treatment in the community. Providers will be able to access Medicaid fee for service treatments in less restrictive environments. Future goals include program redesign to accommodate changes required by CMS, and increasing treatment options and utilization by underserved populations.

#### *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, 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 State 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 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.

Senate Bill 03-282, which expanded the use of the funds from veterans outreach programs administered by the division to costs incurred by the division, will sunset July 1, 2006.

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](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.dmv.state.co.us](http://www.dmv.state.co.us).

*Accomplishments include:*

- Allocated \$873,298 from tobacco settlement monies; with \$218,325 retained as principal and \$637,885 appropriated for administration and grant expenditures.
- Of the \$637,885 available for administrative and grant expenditures, budgeted and award amounts included: (1) \$215,439 to the Division of Veterans Affairs for administration, (2) \$88,800 for county veterans service officer payments, (3) \$101,177 to the State Veterans Cemetery in Grand Junction, (4) \$287,370 to grant eligible agencies, (5) \$31,899 for grant administration and travel (6) a \$2,000 payment to the State Auditor. At the end of the reporting period, all but \$6,058.68 had been expended by the grantees and at that time \$6,032.84 was transferred to the division.
- Provided direct or indirect services to more than 3,517 veterans.
- DVA trained 134 county veteran service officers.
- Careful monitoring and oversight of the grants were instrumental in achieving the overall success of the program.
- All grant material and information have been placed on the department's Web site for easy access by potential grant applicants.

*Areas for development include:*

- Continue to monitor implementation of the audit recommendations.
- 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 (NHVP) 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 to avoid alcohol and drugs, including nicotine. Additionally, it addresses a mother's personal health, and it provides care-giving advice for newborn and children's health care, child development and home safety as well as access to educational, social and employment resources needed to achieve personal goals and to improve the well-being of the family.

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 grantees and in monitoring and evaluating the implementation of the program in communities throughout the state. The National Center for Children, Family and Communities, in conjunction with the National Nurse-Family Partnership and Invest in Kids, has established standards to help Nurse Home Visitor Program sites track their adherence to the program model and to monitor outcomes related to common indicators of maternal, child and family functioning. The standards are intended to provide guidance for quality improvement efforts and long-term targets for sites to achieve over time. The National Nurse-Family Partnerships' annual report examined program implementation and participant outcomes.

Additional information about this Nurse Home Visitation Program, also referred to as "Nurse-Family Partnership," may be obtained through the department's Nurse Home Visitor Program at: <http://www.cdphe.state.co.us/ps/nursehome/nursehomevisithom.asp>. The National Nurse-Family Partnership evaluation report may be reviewed at: <http://www.cdphe.state.co.us/ps/nursehome/nfp2004.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](http://www.state.co.us/gov_dir/audit_dir/2003/2003perf/1435.pdf).

*Accomplishments include:*

- The total FY 2004-05 spending authority was \$7,733,199. The grants awarded allowed for services in 49 of the state's 64 counties and increased the number of families served from 1,637 in FY 2003-04 to 1,962 in FY 2004-05.
- The program provided continuation funding to the 17 local agencies that had received awards in the previous fiscal year. The total amount of funding used in FY 2004-05 was \$7,573,845. Of this amount, \$5,536,012 was paid to the 17 local program grantees and \$361,391 was spent by the Colorado Department of Public Health and Environment in administration of the program, which was 4.7 percent of the appropriation and less than the 5 percent allowed for state administrative costs. In addition, \$1,438,949 was transferred to the Department of Health Care Policy and Financing to draw a 1-1 federal match to be paid directly back to the local program providers.
- Services were made available in 21 of the state's 29 rural counties; 18 of its 23 frontier counties; and 10 of its 12 urban counties for a total of 49 counties.



- From the inception of the Nurse Home Visitor Program in FY 2000-01 through June 30, 2005, 5,093 participants have been enrolled into the program, of which 47 percent entered the program by the 16<sup>th</sup> week of gestation and 90 percent entered the program by the 28<sup>th</sup> week of gestation.
- At the end of FY 2004-05, there were 1,718 families with 1,236 children active in the program. Participant characteristics at intake included: The median age of the women served was 19, with 11 years of education completed. 81 percent were unmarried. The largest proportion of participants, or 41 percent, identified themselves as Hispanic or non-Hispanic White (41 percent). 75 percent reported using Medicaid at program intake.
- According to the Nurse-Family Partnership, in FY2004-05, the percentage of women who reported using Medicaid at the time of program intake was 75 percent; at 6 months it was 67 percent; at 12 months it was 66 percent; and at 24 months it was 58 percent.
- Colorado Nurse Family Partnership graduates received an average of 10.3 visits during the pregnancy phase; 20.5 visits during the infancy phase, and 16.2 visits during the toddler phase. National Nurse Family Partnership averages for the numbers of visits per graduate during the three phases were 9.5, 17.4, and 11.5, respectively.

*Areas for development include:*

- Nearly one-third of all of the client attrition in Colorado sites is due to clients moving, which is significantly different than other sites across the nation. The remaining attrition falls into a few categories, some of which are amenable to intervention. There is a strong association between increased visits during pregnancy and client retention during infancy as well as an association between nurse attrition from the program and client attrition. In addition, clients are more likely to stay in program during pregnancy if they are also enrolled in Medicaid. Thus, Colorado Nurse Family Partnership sites are focused on enrolling women early in gestational age; increasing visits in all phases of the program; reducing nurse attrition; and making every effort to see that eligible clients apply for and receive Medicaid benefits.
- Increase the monitoring of modifiable risk factors, including smoking, emerging obstetric complications, and adequate weight gain during pregnancy, that contribute to low-birth weight infants.
- Monitor progress toward meeting program standards for premature births.

*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, or STEPP 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.

The final appropriation for the Tobacco Education, Prevention and Cessation Grant Program in FY 2004-05, the fifth year of operations, was \$4,296,221.

As specified in the enabling legislation for the Tobacco Education, Prevention and Cessation Grant Program, 95 percent of the appropriation or \$4,102,535 was designated for grants and 5 percent or \$193,686 was retained by the division to cover administrative costs. Of the administrative funds, \$148,688 was appropriated for personnel costs and \$44,998 was allocated for operating costs.

In FY 2004-05, \$3,971,626 or 96 percent of the grant appropriation was expended by 45 eligible grantees. Of this amount, \$130,909 or approximately three percent remained unexpended by grantees at the end of the fiscal year and was reverted to the Tobacco Settlement Trust Fund.

During the 2004 legislative session, HB04-1421 was passed and permanently changed the appropriation for the Tobacco Education, Prevention and Cessation Grant Program from 15 percent, not to exceed \$15 million of the annual tobacco settlement payments to 5 percent, not to exceed \$5 million. During the 2005 legislative session, the funding for this program was changed from the Master Settlement Tobacco Funding to the Amendment 35 excise tax funding, and thus the program will not be included in further reports.

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/tobaccohom.asp>

*Accomplishments include:*

- The 36 local health agencies established a total of 211 different objectives in the three different goal areas. Agencies also focus on rebuilding infrastructure cut during previous years.
- The Colorado Quitline served a total of 3,991 callers. Of the callers, 56 percent enrolled in the counseling program and 44 percent requested self-help materials or other information. Total call volume in FY 2004-05 represents a decrease of 4 percent from the previous year. It also is a substantial decrease from FY 2002-03 during which over 10,000 calls were made to the Quitline. The decrease in calls can be attributed to a lack of funding to promote the Quitline through paid advertising.
- Independent follow-up with Quitline users found that for those individuals who participated in the counseling program, 27 percent and 30 percent reported being tobacco free at three and six months, respectively.
- A total of 5,227 Colorado tobacco users registered for in-depth cessation services through the Colorado QuitNet. This is about the same as last year's level and a 35 percent decrease from FY 2002-03. According to non-random self-reports, approximately half of respondents reported being tobacco free at 3, 6 and 12 months. Ninety percent of users said they would recommend the Colorado QuitNet to someone else who was trying to quit smoking.

- Over 2,200 health care providers received tobacco cessation resource materials including resource kits, training videos and CD-ROMS. This is a significant decrease over the previous year when 4,500 providers received these materials. However, physician referrals to the Quitline increased from 4 percent of callers in 2001; 13 percent of callers in 2004; and 30 percent in 2005.
- The clearinghouse distributed over 234,000 tobacco education prevention and cessation “items” including brochures; posters; educational materials and curriculum; and resource kits. This is about a 50 percent decrease from the previous year, an even greater reduction from FY 2002-03 when over 817,000 items were distributed.
- A total of 840 students from 53 high schools across the state participated in the NOT Youth Cessation Program. Upon completion, 36 percent had quit smoking and an additional 40 percent reduced their tobacco use.
- A total of 8,700 college students from 12 campuses around the state participated in campus-based, peer education and cessation programs.
- Over 42,900 students in 158 schools received school-based prevention, education and/or cessation services through the K-12 initiative.
- The Colorado Department of Revenue’s, Liquor and Tobacco Enforcement Unit conducted over 2,700 tobacco-sales compliance checks and issued 176 criminal summons to violating clerks that sold tobacco products illegally.

*Colorado Department of Public Health and Environment*

**Dental Loan Repayment Program**

The Dental Loan Repayment Program was authorized by the Colorado General Assembly 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. The program is open to both dentists and dental hygienists. The program is administered by the Oral Health Program in the Prevention Services Division at the Colorado Department of Public Health and Environment.

The Dental Loan Repayment Program is a direct result of recommendations to the Governor and the Colorado General Assembly from the Colorado Commission on Children’s Dental Health in December 2000. The commission identified loan repayment as a key strategy for addressing the shortage of dental providers willing to serve under-served populations in Colorado and overcoming the significant dental education indebtedness. As a result of this recommendation, Senate Bill 01-164 was passed, creating the state Dental Loan Repayment Program.

The program underwent an audit by the Office of the State Auditor, which presented its findings to the Legislative Audit Committee on July 13, 2004. The auditors made nine recommendations for improving program operations and outcomes, of which seven have already been implemented. Two recommendations regarding prioritization criteria and the loan amount structure were considered by the Colorado Board of Health on October 20, 2004. The board adopted the rules to clarify geographic distribution in loan prioritization, but decided to maintain the current loan amount structure.

The program has collaborated with key stakeholders - including the Colorado Rural Health Center's provider recruitment project; the Colorado Community Health Network; and the University of Colorado Health Sciences Center - to develop a flow chart to assist potential participants in determining the loan repayment programs for which they may qualify.

This flow chart is available at: [http://www.uchsc.edu/ahec/lrp/professions/health\\_professional1.htm](http://www.uchsc.edu/ahec/lrp/professions/health_professional1.htm)

*Accomplishments include:*

- The total number of underserved patients served by participating providers over the length of the program, was 54,830, with 19,310 served in FY 04-05. Of the 19,310 patients served during the past fiscal year 8,734 were Medicaid-eligible children; 873 were Child Health Plan Plus children; 9,606 were uninsured adults and children; and 97 were Old Age Pension recipients.
- The program has become very competitive, with 13 applications received for this fiscal year. Priority was given to returning applicants, followed by Dentist Provider Level I applicants serving more than the required 40 underserved patients per month and practicing in diverse geographic areas.

*Areas for development include:*

- The Dental Loan Repayment Program will continue to seek new venues for marketing the program to private providers to increase participation. This will meet the goal of assuring geographic distribution of funds and assure underserved populations have access to care.

*Colorado Department of Public Health and Environment*

**Tony Gramscas Youth Services Program**

The Tony Gramscas Youth Services (TGYS) Program is a program authorized by §25-20.5-201 through 204, C.R.S. and is intended to provide funding to community-based organizations that serve youth and their families with programs designed to reduce youth crime and violence and to prevent child abuse and neglect. The TGYS Program supports four funding areas, including early childhood programs; student drop-out prevention programs; mentoring programs; and discretionary programs for youth crime and violence prevention. An 11-member statutory board oversees and provides leadership for the program.

The TGYS Program was appropriated \$3,438,259 in Master Settlement Agreement Tobacco funds for FY 2004-05. The grantee and evaluation expenditures for the TGYS Program equaled \$3,326,406, or 97.32 percent of the total; the remaining \$91,460 or 2.67 percent covered personal services, operating, and Tobacco Oversight costs, for a total of \$3,417,866 in expenditures.

In FY 2004-05, the TGYS Program funded 104 local programs for a total of \$3,276,406 in prevention grants. According to the statute, at least 20 percent of the appropriated funds must support early childhood programs and at least 20 percent must support student drop-out prevention programs. In FY 2004-05, 31 percent of TGYS funds supported early childhood programs and 20 percent supported student drop-out prevention programs.

*Accomplishments include:*

- The first full-time staff person was hired for the TGYS Program since the funding for the program was eliminated in 2002.
- Another development related to the infrastructure of the TGYS Program was the revision of the site visit tool and the development of a site visit log. The site visit tool was used during 11 site visits conducted by the TGYS program director and other Child, Adolescent, and School Health program staff from the Colorado Department of Public Health and Environment this year. The site visit log tracked all of these visits and the follow-up contact that needed to occur with grantees in response to those visits.
- The TGYS program director also participated in a work group of the Prevention Leadership Council to develop a site visit tool based on the Uniform Minimum Standards for Prevention and Intervention Programs for Children and Youth. This tool will be used starting in FY 2005-06 by multiple state agencies involved in the work of the Prevention Leadership Council as they site visit local, programs funded by one or more of the state agencies. The TGYS Program will be one of the first state programs to pilot the tool in FY 2005-06.
- In FY 2004-05, four new board members were appointed by the Governor, and two new board members were appointed by the President of the Colorado Senate. All of the new TGYS board members were oriented by the TGYS program director and began participating in board functions soon after their appointments were made.
- In February 2005, the Tony Grampsas Youth Services Program received 236 applications from 348 agencies across the state totaling \$12,380,133 in funding requests. The grant application process was extremely competitive. After an intensive application review process, the Tony Grampsas Youth Services Program awarded 55 grants totaling \$3,252,649 to 115 local, youth-serving organizations offering programs in 55 counties throughout Colorado.

*Areas for development include:*

- The TGYS Program will continue to develop the evaluation tools so overall program effectiveness can be evaluated over the long term, using common outcomes.

*Colorado Department of Public Health and Environment*  
**Colorado AIDS Drug Assistance Program**

The AIDS Drug Assistance Program provides formulary medications on an outpatient basis, free of charge to Colorado residents who have HIV disease and who meet the financial eligibility criteria. The program is funded with federal and state dollars. Federal dollars are allocated from the Health Resources and Services Administration through the Ryan White Comprehensive AIDS Resources Emergency Act. State dollars are received from allocations from the State General Fund and Tobacco Settlement Fund.

The program is administered by Colorado Department of Public Health and Environment through a contract with the University of Colorado School of Pharmacy (Apothecary). The Apothecary is responsible for managing the program on a day-to-day basis; including fulfilling all reporting requirements; verifying client eligibility; filling and mailing prescriptions; placing medication orders; and disseminating information about the program. The Colorado Department of Public Health and Environment is responsible for the purchase of medications, program oversight, satisfying federal

and state reporting requirements; and convening the ADAP Review Committee. The ADAP Review Committee meets monthly and acts in an advisory capacity to the Colorado Department of Public Health and Environment.

Clients must meet financial criteria by obtaining a rating through a financial screening process. To obtain this rating, a client must have a total family income of 300 percent or less of the federal poverty level or a \$28,710 annual income for a family of one and have no other payment source, such as Medicaid prescription coverage to pay for their medications. In addition, clients must meet the medical criteria of a diagnosis of HIV disease.

*Accomplishments include:*

- During the period July 1, 2004, through June 30, 2005, 1,576 clients accessed the program and 35,666 prescriptions were filled at a total cost of \$9,544,102.00. Ninety-five percent of the clients were below 200 percent of the federal poverty level or a \$19,140 annual income for a family of one.
- The formulary currently includes all of the antiretroviral medications (26) and most of the medications to treat opportunistic infections (22) associated with HIV disease. The formulary includes a total of 48 medications.
- Based on the average \$10,008 cost per client, per year the tobacco settlement funds paid for 301 clients.
- The Tobacco Settlement allocation allowed the program to eliminate the wait list; add the medications to treat opportunistic infections back to the formulary; and add Fuzeon (T20) the newest antiretroviral to the formulary. In addition, with this increased funding, the program has been able to sustain itself, while continuing to add approximately 25-to-30 new eligible individuals monthly.

*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, 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 University of Colorado 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 evaluating and awarding grants, the Colorado Tobacco Research Program concluded all research projects in 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](http://www.cu.edu/ctrp).

*Accomplishments include:*

- Provided more than \$17.2 million after three funding cycles to fund a total of 44 active research projects and eight completed projects at eight different Colorado institutions. 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.

## **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. These regulations have been updated to include new programs and eliminate old programs. The revised regulations will be effective January 1, 2006:

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

2. State Auditor's Performance Reports:

<http://www.leg.state.co.us/OSA/coauditor1.nsf/ReportPublicRelease?OpenForm>

- Children's Basic Health Plan, state fiscal year 2001;
- Read to Achieve Program, state fiscal year 2002;
- Colorado Nurse Home Visitor Program, state fiscal year 2003;
- Comprehensive Primary and Preventive Care Grant Program, state fiscal year 2004;
- Veterans Trust Fund, state fiscal year 2004;
- State Dental Loan Repayment Program, state fiscal year 2005; and
- Tobacco Education, Cessation and Prevention, state fiscal year 2005.

3. Tobacco Settlement Programs' Annual Reports:

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

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