

# STATE OF COLORADO

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Colorado Department  
of Public Health  
and Environment

## **Tobacco Settlement Monitoring Report**

Submitted to the Governor; Joint Budget Committee; the Colorado House of Representatives Health, 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, 2009

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## **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) 2007-08, which spans from July 1, 2007, to June 30, 2008, 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 eighth-annual tobacco settlement monitoring report. Through SB 07-097 the General Assembly changed the financial structure of the Tobacco Master Settlement programs. Senate Bill 07-97 redirected the moneys that remain after the Tier 1 allocation (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, Dental Loan Repayment Program, Tony Grampsas Youth Services Program, Ryan White Program, Children's Autism Program, Child Mental Health Treatment Program, and Colorado HIV and AIDS Prevention Grants Program) to a group of health-related programs listed in Section 24-75-

1104.5 (1.5), C.R.S., that are referred to as "Tier 2" programs. House Bill 07-1359 further altered the distribution of settlement moneys by accelerating the use of a portion of the settlement payments and diverting another portion into a special account that can, until April 2008, be used to pay for over expenditures and supplemental appropriations for the Children's Basic Health Plan and the Colorado Benefits Management System. One of the "Tier 2" programs, appropriated in the Colorado Department of Public Health and Environment is the "Short Term Innovative Health Grant Program" that is designed to provide short term (one year or less) grants to community organizations to improve the health of Colorado citizens. There were several subsequent bills that redirected portions of the Short Term Innovative Health grant program appropriation to other projects identified in the bills. The Tier 2 programs are not reporting for FY 2007-08 as the program activities are new.

**Key legislation** No bills were passed in the 2008 session that impacted Tobacco Settlement.

### **Board of Health Recommendation**

The Colorado Board of Health recommends funding be continued for core tobacco settlement programs 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
- Dental Loan Repayment Program
- Child's Mental Health Treatment program
- Ryan White Program
- Tony Grampsas Youth Services Program
- Children's Autism Program
- HIV and AIDS Prevention Grant Program

#### *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:

- Children's Basic Health Plan, Department of Health Care Policy and Financing, state fiscal year 2001; state fiscal year 2008
- Read to Achieve Program, Department of Education, state fiscal year 2002, state Fiscal year 2007;
- Colorado Nurse Home Visitor Program, Department of Public Health and Environment, state fiscal year 2003; state fiscal year 2006
- Comprehensive Primary and Preventive Care Grant Program, Department of Health Care Policy and Financing, state fiscal year 2004, state Fiscal Year 2007;
- 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;
- The Tobacco Education, Prevention and Cessation, Department of Public Health and Environment, state fiscal year 2005;
- Performance Audits of Tobacco Settlement Programs, December 2006.

#### *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 2007-2008, 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, 5 percent, not to exceed \$8 million;
- Colorado State Veterans Trust Fund, 1 percent, not to exceed \$1 million;
- Colorado Nurse Home Visitor Program, beginning in FY 2007-08, 12 percent, up to \$19 million. Rises by one percentage point each year up to 19 percent in FY 2014-2015;
- Dental Loan Repayment Program, \$200,000 maximum;
- 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, up to \$1 million per year
- Child Mental Health Treatment Program, \$300,000 per year;
- Tony Grampsas Youth Services Program, 4 percent, not to exceed \$5 million; and,
- HIV and AIDS Prevention Grant Program, 2 percent, not to exceed \$2 million

#### *Disbursement of Funds*

PROGRAM	2007-2008 LONG BILL APPROPRIATION	2007-2008 REVISED APPROPRIATION
Children's Basic Health Plan	\$21,456,931	\$22,851,718
Comprehensive Primary & Preventive Care Grants	\$2,682,116	\$2,682,116
Read to Achieve	\$5,277,293	\$5,067,784
Veterans Trust Fund	\$648,909	\$716,693
Nurse Home Visitor	\$9,866,610	\$10,728,465
Dental Loan Repayment	\$200,000	\$200,000
Tony Grampsas Youth Services	\$3,576,155	\$3,602,098
Ryan White	\$3,129,136	\$3,151,836
Child Mental Health Treatment	\$300,000	\$276,243
Children's Autism Program	\$702,597	\$273,607
HIV and AIDS Prevention	\$3,179,666	\$3,036,023
<b>Total</b>	<b>\$51,019,413</b>	<b>\$52,550,620</b>



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 five programs:

- Comprehensive Primary and Preventive Care Grant;
- Nurse Home Visitor;
- Tony Grampsas Youth Services;
- Ryan White; and,
- Child Mental Health Treatment.

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 six 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;
- Children with Autism; and,
- HIV and AIDS Prevention.

Tables 3 through 5 (state fiscal years 2006 through 2008) 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 2005-2006 Treasury disbursements and reversion of funds**

PROGRAM	2005-2006 FINAL APPROPRIATION	EXPENDITURES	FUNDS FORWARDED TO '07	FUNDS REVERTED TO THE TRUST FUND
Children's Basic Health Plan*	\$20,927,529	\$20,927,529	\$0	\$0
Comprehensive Primary and Preventive Care	\$2,615,941	\$2,604,927	\$0	\$11,014
Read to Achieve*	\$4,359,902	\$4,359,902	\$0	\$0
Veterans Trust Fund*	\$871,980	\$871,980	\$0	\$0
Nurse Home Visitor	\$8,719,804	\$8,662,974	\$0	\$56,830
Dental Loan Repayment*	\$199,612	\$199,612	\$0	\$0
Ryan White	\$3,051,931	\$3,051,931	\$0	\$0
Tony Grampsas	\$3,487,921	\$3,472,813	\$0	\$15,108
Child Mental Health Treatment	\$299,418	\$209,029	\$0	\$90,389
Children with Autism*	\$395,143	\$0	\$395,143	\$0
Totals	\$44,929,181	\$44,360,697	\$395,143	\$173,341

\*Program retains funds in individual account, and money is not returned to the Treasurer.

**Table 4: State fiscal year 2006-2007 Treasury disbursements and reversion of funds**

PROGRAM	2006-2007 FINAL APPROPRIATION	TOTAL EXPENDITURES	FUNDS FORWARDED TO '08	FUNDS REVERTED TO THE TRUST FUND
Children's Basic Health Plan*	\$20,973,924	\$19,214,822	\$1,759,102	\$0
Comprehensive Primary and Preventive Care	\$2,401,215	\$2,310,510	\$0	\$90,705
Read to Achieve*	\$4,369,567	\$4,003,088	\$366,479	\$0
Veterans Trust Fund*	\$873,913	\$800,618	\$73,295	\$0
Nurse Home Visitor	\$9,013,048	\$8,774,714	\$0	\$311,629
Dental Loan Repayment*	\$199,619	\$199,619	\$0	\$0
Ryan White	\$2,801,522	\$2,801,522	\$0	\$0
Tony Gramscas	\$3,201,741	\$3,191,316	\$0	\$10,425
Child Mental Health Treatment	\$220,992	\$53,254	\$0	\$167,738
Children with Autism*	\$156,688	\$121,084	\$35,604	\$0
HIV Aids Prevention*,**	\$1,584,448	\$1,584,448	\$0	\$0
Totals	\$45,796,677	\$43,054,995	\$2,234,480	\$507,202

\*Program retains funds in individual account, and money is not returned to the Treasurer.

\*\*New Program in FY 2006-07

**Table 5: State fiscal year 2007-2008 Treasury disbursements and reversion of funds**

PROGRAM	2007-2008 FINAL APPROPRIATION	TOTAL EXPENDITURES	FUNDS FORWARDED TO '09	FUNDS REVERTED TO THE TRUST FUND
Children's Basic Health Plan*	\$22,851,718	\$22,851,718	\$0	\$0
Comprehensive Primary and Preventive Care	\$2,682,116	\$2,452,392	\$0	\$229,724
Read to Achieve*	\$5,067,784	\$4,452,495	\$615,289	\$0
Veterans Trust Fund*	\$716,693	\$661,352	\$55,341	\$0
Nurse Home Visitor	\$10,692,502	\$9,995,394	\$0	\$697,108
Dental Loan Repayment*	\$200,000	\$198,271	\$1,729	\$0
Ryan White	\$3,151,836	\$3,151,836	\$0	\$0
Tony Gramscas	\$3,602,098	\$3,602,098	\$0	\$0
Child Mental Health Treatment	\$276,243	\$276,243	\$0	\$0
Children with Autism*	\$273,607	\$273,607	\$0	\$0
HIV Aids Prevention*, **	\$3,036,023	\$1,785,258	\$1,250,765	\$0
Totals	\$52,550,620	\$49,700,664	\$1,923,124	\$926,832

\*Program retains funds in individual account, and money is not returned to the Treasurer.

\*\*New Program in FY 2006-07

#### *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. A proportional share of the money allocated to the State Auditor's Office then reduces the appropriations for each of the programs. 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 2005-06; \$88,878 FY 2006-07; \$89,735; and FY 2007-2008 \$79,958. The monitoring costs in FY 05-06; \$30,375 FY 06-07; \$28,155 and, FY 2007-2008 \$30,866.

#### *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 9. Allowable administrative costs and actual expenditures as reported by the tobacco settlement programs.**

<b>PROGRAM</b>	<b>ALLOWED '05-'06</b>	<b>ACTUAL COSTS '05- '06</b>	<b>ALLOWED '06-'07</b>	<b>ACTUAL COSTS '06- '07</b>	<b>ALLOWED '07-'08</b>	<b>ACTUAL COSTS '07-'08</b>
Comprehensive Primary and Preventive Care	1.0% = \$26,680	0.1% = \$20,194	1.0% = \$24,012	0.1% = \$19,749	1.0% = \$26,821	1.0% = \$27,792
Read to Achieve	1.0% of the fund = \$43,696	Less than 1.0% = \$39,109	3.0% = \$131,087	0.1% = \$9,438	3.0% = \$152,034	Less than 1.0% = \$24,821
Veterans Trust Fund	5.0% = \$44,389	\$19,436	5.0% = \$31,265	\$31,263	5.0% = \$35,835	\$35,732
Nurse Home Visitor	5.0% = \$435,990	4.8% = \$412,026	5.0% = \$450,636	4.9% = \$441,471	5.0% = \$534,625	4.67% = \$499,697
Dental Loan Repayment	20.0% = \$39,922	4.8% = \$9,644	20.0% = \$39,924	6.4% = \$12,731	10.0% = \$20,000	4.51% = \$9,021
Tony Grampas Youth Services	Use of admin funds not specified	3.5% = \$118,994	Use of admin funds not specified	3.0% = \$240,224	Use of admin funds not specified	6.0% = \$249,808
Ryan White Program	Use of admin funds not specified	0.045% = \$1,358	Use of admin funds not specified	0.1% = \$1,774	Use of admin funds not specified	0.85% = \$2,662
Children with Autism Program	Use of admin funds not specified	8.1% = \$32,093	Use of admin funds not specified	53.8% = \$84,355	Use of admin funds not specified	28.1% = \$76,822
Child Mental Health Treatment Program	Use of admin funds not specified	0.0% = \$0	Use of admin funds not specified	Less than 1% = \$189	Use of admin funds not specified	Less than 1% = \$0
HIV and AIDS Prevention	N/A	N/A	5.0% = \$80,041	5.0% = \$80,041	5.0% = \$151,81	2.5% = \$75,688

**Table 10. 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 205% 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.	Kindergarten, 1 <sup>st</sup> , 2 <sup>nd</sup> and 3 <sup>rd</sup> grade pupils 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.

<b>Program</b>	<b>Eligible Grantees</b>	<b>Eligible Population</b>	<b>Key Goals</b>
Veterans Trust Fund	State veteran's nursing homes, state veterans cemeteries, division of veteran's 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.
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.
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.

<b>Program</b>	<b>Eligible Grantees</b>	<b>Eligible Population</b>	<b>Key Goals</b>
Ryan White AIDS Drug Assistance	Funding goes directly to purchasing prescription medications for eligible individuals.	A client must have a total family income of 400% or less of the federal poverty level, which is a \$30,630 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.
HIV and AIDS Prevention	Nonprofit organizations that are governed by a board of directors, are tax exempt or local health departments	Directed toward eligible grantees for the purpose of medically accurate HIV and AIDS prevention and education programs that are based in behavioral and social science theory.	In conjunction with the grantee requirements, to prevent morbidity and mortality of this disease by implementing comprehensive, medically accurate programs in HIV and AIDS prevention and education that are based in behavioral and social science theory and research.

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 11. Number of eligible persons served for state fiscal years '05-'06, '06-'07 and '07-'08.**

<b>PROGRAM</b>	<b>'05-'06 Persons served</b>	<b>'06-'07 Persons served</b>	<b>'07-'08 Persons served</b>
Children's Basic Health Plan (CBHP)	Average monthly enrollment for children, 41,945 and average monthly enrollment for pregnant women, 963.	Average monthly enrollment for children, 47,047 and average monthly enrollment for pregnant women, 1,170.	Average monthly enrollment for children, 57,795 and average monthly enrollment for pregnant women, 1,570.
Comprehensive Primary and Preventive Care	Medical services were provided to 5,839 patients, 12,431 medical encounters were conducted; Obstetrical/Gynecological services were provided to 2,418 patients for a total of 10,372 Obstetrical/gynecological visits; Dental services were provided to 79 patients and 144 dental encounters were conducted; Mental health services were provided to 118 patients and 1,205 mental health encounters were conducted.	Medical services were provided to 4,184 patients, 13,649 medical encounters were conducted; Dental services were provided to 557 patients and 1,105 dental encounters were conducted; Mental health services were provided to 129 patients and 1,605 mental health encounters were conducted; Pharmacy services were provided to 1,451 patients and 6,305 pharmacy encounters were conducted.	Medical services were provided to 5,102 patients through 17,602 medical encounters; Dental services were provided to 1,386 patients through 3,167 dental encounters; Optical services were provided to 1,110 patients through 2,418 optical encounters; Subsidy payments toward the purchase of eyeglasses were provided to 945 patients through 2,418 optical encounters.
Read to Achieve	350 schools, nearly 16,500 students.	331 schools, over 14,000 students.	54 schools, nearly 3,800 students.
Veterans Trust Fund	15 grantees, 7,045 veterans received either direct or indirect services.	24 grantees, 11,058 veterans received either direct or indirect services.	22 grantees, 7,717 veterans received either direct or indirect services
Nurse Home Visitor	18 sites, 2,162 families.	18 sites, 2,187 families.	18 sites, 2,358 families.

<b>PROGRAM</b>	<b>'05-'06 Persons served</b>	<b>'06-'07 Persons served</b>	<b>'07-'08 Persons served</b>
Dental Loan Repayment	Seventeen dentists and two dental hygienists.	Nine new dental providers participated in the program during this fiscal year, in addition to 12 continuing providers.	Fourteen new dental providers participated in the program during this fiscal year, in addition to 13 continuing providers.
Children with Autism	No children received services in FY 2005-06. Legislation allows for Children to begin to access services in fiscal year 2005-06	Children with Autism program served 52 children in FY 2006-07.	Children with Autism program served 75 children in FY 2007-08.
Tony Grampsas Youth Services	Tony Grampsas Youth Services Programs served 27,391 children, youth, and parents.	Tony Grampsas Youth Services Programs served 39,059 children, youth, and parents.	Tony Grampsas Youth Services Programs served 29,361 children, youth, and parents.
Child Mental Health Treatment Program	21 children received residential mental health treatment	45 children received residential mental health treatment	30 children received residential mental health treatment
Ryan White AIDS Drug Assistance	Total clients served by all funding sources were 1,682.	Total clients served by all funding sources were 1,468.	Total clients served by all funding sources were 2,243.
HIV and AIDS Prevention	Program started July, 2006	18 HIV and AIDS prevention projects were funded throughout the state to address the needs of individuals at-risk of acquiring or transmitting HIV.	24 HIV and AIDS prevention projects were funded throughout the state to address the needs of individuals at-risk of acquiring or transmitting HIV.

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.cdph.state.co.us/pp/tobacco\\_oversight/index.htm](http://www.cdph.state.co.us/pp/tobacco_oversight/index.htm). Or call the Colorado Department of Public Health and Environment at (303) 692-2148 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 health insurance for children and pregnant women in low-income families who are not eligible for Medicaid and have incomes at or below 205 percent of the federal poverty level. The Colorado Department of Health Care Policy and Financing, which contracts with private vendors for many of the program services, administered the program.

In FY 07-08, the program was appropriated a total of \$117,849,356 by the Legislature to serve an average monthly enrollment of 58,915 children and 1,560 adult pregnant women per month.

Extensive marketing and outreach continued in FY 2007-08. The marketing and outreach strategy included advertising, media relations, and outreach. Television, radio, and print advertisements ran during the year with the campaign theme "Keeping Colorado kids healthy throughout the seasons". A main focus of the advertising campaign was to reach the ethnically diverse and geographically remote areas of Colorado. Media relation's activities included monthly English and Spanish columns sent to over 200 publications highlighting health and safety tips.

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/titlexxi/cbhpAddindex.asp>

*Accomplishments include:*

- CHP+ provided medical and dental benefits to an average monthly enrollment of 57,795 children, a 23% increase from the previous year.
- Provided medical benefits to 1,570 pregnant women per month, a 34% increase from the previous year.
- A total of 139,298 applications were downloaded from the Children's Basic Health Plan website.

*Areas for development include:*

- Improve health status for participants by assuring access to appropriate health care services;
- Effectively increase program enrollment as well as total CHP+ providers statewide;
- Work with congressional delegation to ensure full SCHIP reauthorization and funding;
- Enroll CHP+ eligible children into CHP+ At Work, which provides financial assistance to working families with employer-sponsored insurance; and
- Maximize the effectiveness of CHP+ 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 (CPPC) Grant Program is authorized by Sections 25.5-3-201 through 25.5-3-207, C.R.S., Comprehensive Primary and Preventive Care Grant Program Act. 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. In May 2004, the General Assembly passed House Bill 04-1421, which permanently reduced grant funding through the CPPC Grant Program from the original six percent of the money received by the state through the tobacco settlement funds to three percent of these funds not to exceed a maximum of \$5 million per year. The program is administered by the Colorado Department of Health Care Policy and Financing and is under the direction of the Medical Services Board.

As required in statute, the CPPC Grant Program goes through a performance audit every three years. The program's second audit commenced in June 2006 and included reviewing grantees' project contracts and documentation; visiting providers' sites; and meeting with the grant program administration.

Since the first grant awards were made in April 2001, more than \$26.8 million has been disbursed to health care providers. This funding has succeeded in providing medical, dental, mental health and pharmaceutical services to at least 122,746 patients in 273,172 encounters and to make funding available for 31 construction/remodeling projects that resulted in additional or updated facilities. These numbers demonstrate the impact the CPPC Grant Program is making toward expanding primary and preventive care services to Colorado's uninsured or medically indigent.

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>.

*FY 2007-08 accomplishments include:*

- \$2,452,392 was awarded and paid to 14 different health care providers.
- A total of at least 7,139 uninsured, low-income clients received services for a total of at least 20,769 encounters, specifically:
  - Medical services were provided to 5,102 clients through 17,602 medical encounters;

- Dental services were provided to 1,386 clients through 3,167 dental encounters; and
- Pharmacy services were provided to 651 clients.
- Eleven health care clinics were able to hire or maintain staff.
- In Alamosa County, medical and dental services were provided through a mobile health unit to 419 clients.
- In Mesa County, a remodel was completed to construct an optical exam lane and hire a second optometrist to provide optical care to 1,110 clients through 2,418 encounters. Subsidy payments were also provided towards the purchase of eyeglasses for 945 of these clients.
- In Alamosa, a Diabetes Care Program was maintained which provided diabetes testing, education and diabetes care to 156 patients through 1,104 encounters.

*Areas for development include:*

- Continue to promote the grant program so that more providers can seek to meet the qualifications of the program and the funds can be utilized in more areas of the state; and
- Continue to partner with the CPPC Grant Program Advisory Committee to review and revise the program as required by legislation or as the needs of providers change.

**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 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 Long Term Care Division administers the program for the Department.

Funding for this program includes an allocation of Tobacco Master Settlement monies. A total of \$273,607 in tobacco settlement monies was transferred to the Colorado Autism Treatment Fund at the end of the fiscal year 2007-2008 for use in fiscal year 2008-2009.

*Accomplishments include:*

- Additional providers were added to the program increasing the total number of participating providers to 13. A payment system for the providers has been created and providers have received payment.
- The maximum enrollment on the waiver of 75 children was reached and 192 children are currently on a waiting list for the waiver.

*Areas for development include:*

- Create a new assessment tool for children applying for waived enrollment by the targeted implementation date of July 2009.

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 kindergarten, first-, second-, and third-grade 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, 2009.

During the first year of Read to Achieve (Funding Cycle III), 7 of the 54 participating *Colorado Reading First* (a federally funded reading initiative) schools received both Read to Achieve and *Colorado Reading First* funds. Leveraging funds through these two programs allows schools to continue providing a systematic research-based approach to reading instruction and assessment. In addition to leveraging funds through *Colorado Reading First*, the Colorado Department of Education (CDE) has also 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). All 54 schools in the program during FY 2007-08 also received Title I funding. During Year 1 of Funding Cycle III, 73% of the 54 schools met or exceeded the statutory goal of at least 65% of students reaching achievement goals. Notably, more than half of the schools exceeded a goal of 80%.



*Accomplishments include:*

- During the 2007-08 school year, the Read To Achieve grant program served over 3,500 students in 54 schools.
- The Read To Achieve Board used clearly-defined decision criteria, based on legislation, to recommend schools for continued funding. The Board recommended continued funding for 51 schools in Year 2 of Funding Cycle III.
- Initial student performance data have shown that of the 54 participating schools that submitted data by June 3, 2008, 73% met the statutory goal.

*Areas for development include:*

The consistent use of a standard test should enable future evaluations to better identify the differences in program structures, processes, and outcomes between schools that are performing proficiently and those that are not. This would provide program administrators, school administrators, and teachers with the guidance to provide the Read to Achieve services in a way that is most likely to help children achieve reading proficiency. It will also be helpful to determine the return on investment for these grant monies. Some of these planned efforts include the following:

- A web-based, automated database is in development to capture data more consistently and efficiently, so that datasets will be complete and accurate. This should also reduce the burden on schools to produce data about program profiles and achievement.
- A cross sectional study is planned to study Reading First, Read to Achieve, and other Title I students to analyze which services are best across programs and across schools.
- A Longitudinal study of school progress, students progress within Read to Achieve, and ongoing progress after the third grade are also in the planning stages.

Colorado Department of Human Services  
**Child Mental Health Treatment Program**

The Child Mental Health Treatment Act program provides access to services for children with serious mental health issues when a dependency and neglect action is unwarranted. The Act applies to children who are Medicaid eligible, as well as to those who do not have Medicaid when services are requested. Tobacco settlement funds support services for the latter group, who are defined in statute as “children at-risk of out-of-home placement” and served by their local Community Mental Health Center (CMHC). The program provides assessments to determine if a child qualifies for services, residential and community-based transition services for eligible children, appeal processes if services are denied, and dispute resolution when mental health agencies and county departments cannot come to agreement about which is responsible for providing services.

The Colorado General Assembly appropriated \$276,243 of Tobacco Master settlement funds for the FY 2007-2008 Child Mental Health Treatment Act program. Eligible children received residential treatment and transition services, which included case management and an array of

other interventions. Residential treatment was provided by Therapeutic Residential Child Care Facilities (TRCCFs) and, to a lesser extent, by Psychiatric Residential Treatment Facilities (PRTF). Transition services were coordinated by the respective CMHC.

The primary goal of the Child Mental Health Treatment Act program (27-10.3-101, et seq., C.R.S.), is to provide mental health treatment services, including residential treatment, to eligible children and their families, when a dependency and neglect action is unwarranted. Allocated funds support services for children who are not categorically eligible for Medicaid, have a mental illness, require residential treatment level of care, and, if placed in residential treatment, are eligible for Supplemental Security Income (SSI). Children who are categorically eligible for Medicaid are accorded the same processes and rights granted under the Act; however, the respective Behavioral Health Organization (BHO) is responsible for providing necessary mental health services.

The program emphasizes the concept of family-driven services, encouraging parents and guardians to be active participants in all aspects of services, including involvement in the initial assessment, planning necessary services, selection of service providers, and participating in home and community based services. Prior to enactment of the Child Mental Health Treatment Act, the only public avenue available to Colorado parents seeking mental health treatment for their child was a dependency and neglect action. This practice has become a nationwide concern<sup>1</sup>; one study<sup>2</sup> suggested that between 23% and 25% of parents surveyed with children who had a serious emotional disturbance were required to relinquish custody in order to obtain mental health services for their child. Further, parents independently seeking intensive mental health treatment for their children may assume a significant financial risk. Even with private insurance, parents are subject to costly co-payments and limited coverage for the types of intensive services required by children with serious emotional disturbances, which can cost in excess of \$5,000 per month.

Since its inception, the Act has undergone statutory, program, and policy changes in order to make it more responsive to the needs of eligible children and families. One example is the increased funding made available in FY 2005-2006 by the General Assembly to provide transition services to youth returning to their homes and community following residential treatment. This has allowed the program to reduce residential lengths of stay and increase positive post-discharge outcomes for youth and families. Most recently, SB 07-230 made major modifications to the Act, which included; broadening the array of services available; better defining the role of mental health agencies, expanding appeal rights available to families to include discharge decisions, and increasing data reporting requirements.

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<sup>1</sup> U.S. General Accountability Office, *Child Welfare and Juvenile Justice: Federal Agencies Could Play a Stronger Role in Helping States Reduce the Number of Children Placed Solely to Obtain Mental Health Services* (GAO-03-397) (Washington, D.C.: U.S. GAO, April 2003).

<sup>2</sup> Friesen, B.J., et al. Research in the Service of Policy Change: The "Custody Problem", *Journal of Emotional and Behavioral Disorders* 11, no.1 (Spring 2003): 39-47.

*Accomplishments include:*

- Served 49 youth, 19 received community-based services and 30 received residential services with an average length of stay of 93 days as compared to 177 days in FY 2006-2007.
- Provided training on the Act and the resulting changes to 17 Community Mental Health Centers in coordination with the Federation of Families for Children's Mental Health-Colorado Chapter.
- Hired a licensed mental health professional whose duties include review/approval of plans of care and utilization management.
- Developed a CMHTA brochure to educate families, agencies, service providers, and other relevant community resources.
- Further, DBH worked closely with the General Assembly and program stakeholders to craft statutory changes to the Act focused on improving program operations, which resulted in the enactment of SB 07-230.

*Areas for development include:*

- Data collection is an identified area for further development as well as developing a strategy to effectively evaluate the program.

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

The Colorado State Veterans Trust Fund is designed with the specific goal of assisting all eligible veterans residing in the State of Colorado regardless of race, color, national origin, religion, and sexual preference, marital or religious status by providing funds for the following:

- State Veteran's Nursing Homes for capital improvements and needed amenities.
- Costs incurred by the Legislative Oversight Committee and veterans nursing home commission to evaluate quality of care provided at certain state veteran's nursing homes.
- Operation and maintenance of existing or future State Veterans Cemeteries.
- Costs incurred by the Division.
- Non-profit Veterans Service Organizations to assist homeless veterans and their families, providing veteran transportation to and from Veteran Medical Centers and Doctor's appointments; stand-downs; veteran's forums, and programs to assist the veteran in employment or job related services.

There are approximately 475,000 eligible veterans in the State of Colorado. Obviously, not all of them require assistance. Those that do include nursing home residents, homeless and indigent veterans, combat disabled veterans, invalids, under-employed and the unemployed.

Additional information about the Veterans Trust Fund may be obtained at:  
[www.dmva.state.co.us](http://www.dmva.state.co.us).

*Accomplishments include:*

- Veterans Trust Fund (VTF) received an allocation of \$716,693 for FY 07-08. Of that amount a total of \$603,250 was made available for administration and grant expenditures.
- Veterans in nine (9) rural communities were assisted via transportation programs that provided a means for veterans and dependents to meet medical appointments, and other needed services.
- Assisted in the operations of six (6) major homeless/incarcerated veteran projects in the metropolitan areas of Denver, El Paso, Jefferson, Weld, Mesa, and Pueblo Counties.
- Provided funds for the purchase of four (4) vehicles to accommodate transportation programs and nursing home residents.
- Funds were also provided for veterans job service programs in Aurora, and Northglenn.

**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 NHVP makes nurse home visitation services available to all first-time pregnant women whose incomes are under 200 percent of the Federal Poverty Level and who elect to participate in the program. The program addresses a mother's personal health; provides advice for newborn care giving, children's health care, child development, and home safety; and increases access to educational, social and employment resources needed to achieve personal goals and 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 Nurse-Family Partnership National Service Office 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 Nurse-Family Partnership National Service Office annual evaluation 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>.

*Accomplishments include:*

- The Colorado General Assembly appropriated \$9,866,610 of Tobacco Master Settlement Agreement (MSA) funds for the FY2007-08 Nurse Home Visitor Program. Subsequent adjustments provided an additional appropriation of \$825,892 and resulted in a final appropriation amount of \$10,692,502.

- The grants awarded for FY2007-08 allowed for services in 52 of the state's 64 counties and increased the number of families served from 2,187 in FY2006-07 to 2,358 in FY2007-08.
- An eighth round of the competitive grant application process was conducted for FY2007-08 awards. The applications were reviewed by the Nurse-Family Partnership National Service Office, which was designated by the National Center for Children, Families, and Communities (the National Center), of the University of Colorado at Denver. The National Center, or its designee, is responsible for assisting the Colorado State Board of Health in the selection of the programs to be funded. For FY2007-08, the same 18 programs funded in FY2006-07 were recommended for continuation funding. In addition, one new agency was awarded funding and three continuation grantees were awarded an expansion grant for a total of 2,640 families to be served in 52 counties during FY2007-08.
- A statistically significant 20 percent reduction in smoking during pregnancy (15 percent national NFP average)
  - A statistically significant reduction of 3.5 in the number of cigarettes smoked per day for those who continued to smoke (2.5 national NFP average)
- A statistically significant 64 percent reduction in marijuana use during pregnancy
- A statistically significant 26 percent reduction in alcohol use during pregnancy
- A statistically significant 46 percent reduction in experience of violence during pregnancy

*Areas for development include:*

- A two-year planning and development process is currently underway to roll out a new and improved data management system in late 2009.
- The Nurse-Family Partnership National Service Office Nursing Practice Team continues to assess delivery methods and curricula to provide the best education possible to home visiting nurses and supervisors. A significant revision of the core education provided to nurse home visitors and supervisors occurred in early 2007 and improvements to the delivery of education taking effect in July 2007.
- The Nurse-Family Partnership National Service Office continues to utilize cross-functional teams to provide technical assistance and support to NFP implementing agencies.

**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 01-164. 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 pays all or part of the principal, interest and related expenses of the educational loan of each eligible dental professional and is open to both dentists and dental hygienists. This was one of nine recommendations submitted to the Governor and General Assembly by the Colorado Commission on Children's Dental Health in December 2000. The Commission, in recognition of the shortage of dental providers willing to serve low-income

populations, recommended offering educational loan repayments and other incentives to recent dental graduates to encourage the retention of current providers and the success in recruitment of new providers.

*Accomplishments include:*

- The total number of underserved patients served by the providers participating in the Dental Loan Repayment Program to date is 159,756 with 37,722 served in FY 2007-08.
  - This fiscal year total includes 17,851 Medicaid-eligible children; 3,776 Child Health Plan Plus children; 15,808 uninsured adults and children; and 287 Old Age Pension recipients.
- The program has become very competitive, with 22 applications received for this fiscal year. Applications included 17 dentists and 5 hygienists from 9 counties. 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.
- The Oral Health Unit is in year two of a three-year federal grant from the Bureau of Health Professions, which has allowed the unit to add up to two additional loan repayment participants per year for three years.
- The Colorado Health Institute worked with the Oral Health Unit this past year in conducting a rural dentist survey to help understand the characteristics of dental providers that work in remote areas. This will help the organization learn what can entice and keep a provider in a dental professional shortage area and provide more access to dental care in rural areas.

*Areas for development include:*

- The Dental Loan Repayment Program will continue to seek new venues for marketing the program to private providers to assure participation and a competitive application process. This will meet the goal of assuring geographic distribution of funds and assure underserved populations have access to care.
- The program will also investigate better ways to fund new providers when recipients change places of employment, move, or have other circumstances arise and cause them to leave the program early.

**Colorado Department of Public Health and Environment  
Tony Grampsas Youth Services Program**

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

For fiscal year 2007-08, the TGYS Program was appropriated \$3,602,098 in Master Settlement Agreement Tobacco funds and \$300,000 in Before and After School Cash funds. Therefore, out of the total \$3,902,098 appropriated to the TGYS Program, the TGYS Board allocated \$3,346,032 to 117 local TGYS providers through 58 grants.

An additional \$185,000 was allocated to the OMNI Institute for evaluation, technical assistance and monitoring services. An allocation of \$121,258 was designated for capacity building and support services for TGYS provider organizations, and \$249,808 in funds supported administrative costs.

According to statute, at least 20% of the appropriated grantee funds must support early childhood programs and at least 20% must support student dropout prevention programs. In FY 2007-08, 21% of TGYS funds supported early childhood programs, and 20% supported student dropout prevention programs.

*Accomplishments include:*

- The TGYS Program is designed to serve children, youth, and families across Colorado. In FY 2007-08, TGYS-funded programs served 52 out of the 64 Colorado counties and served 29,361 children, youth, and adults. Of this total, 25,042 of the individuals served were children and youth, and 4,319 of the individuals were parents or caregivers.
- 37 grantees reported that 9,782 of those served qualify for free and reduced school lunch, which represents 45 percent of the children and youth these agencies served.
- In FY 2007-08, the TGYS Program, in partnership with The OMNI Institute, continued the program-wide outcome evaluation. TGYS identified a number of long-term participant outcomes shown in research to be important factors in youth crime and violence reduction as well as child abuse prevention. These outcomes were measured by grantees administering validated, reliable pre-test and post-test instruments to program participants.
- The results from all 23 measures demonstrated change in the desired direction, and 19 out of 23 pre/post measures showed statistically significant change. Outcomes demonstrating desirable and significant results included: delinquency, life skills, bullying, self-esteem, self-efficacy, adult bonding, use of alcohol, tobacco and other drugs, and parenting skills. Analyses by age and gender revealed approximately equal levels of change across subgroups indicating that TGYS programming is benefiting the full range of participants served.

*Areas for development include:*

- There will be continued efforts to coordinate and streamline evaluation efforts across the state that overlap with the TGYS population (e.g., Results Matter, Partners Mentoring Association, Invest in Kids).

- Although TGYS service providers understand the importance of implementing evidence-based programs with fidelity, an important next step for TGYS is to link program dosage information, or number of sessions, to outcome data. This would allow researchers, program staff, and local providers to understand the ways in which implementation affects outcomes and to identify specific ways to maximize program effects for sub-groups within the target populations served.
- It will be important to identify opportunities to move toward a quasi-experimental evaluation design to better evaluate TGYS Program effects. Such opportunities include the identification and utilization of national- or state-level data that can be used as comparison groups for specific measures, and selecting measures for which comparison data are available.
- Although statewide funders operate on a fiscal year timeline, a potentially significant improvement in the depth of evaluation results could occur if we had the capacity to examine individuals across multiple years, even after they exit TGYS programming. Since we are ultimately trying to answer the question of whether we are reducing risk and improving the quality of life for at-risk youth and parents, their functioning over the long-term is critical to examine.

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

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 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 the 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, and satisfying federal and state reporting requirements

*Accomplishments include:*

- During the period July 1, 2007, through June 30, 2008, 2,243 clients accessed the program and 42,322 prescriptions were filled at a total cost of \$9,971,130.
- The formulary currently includes all of the FDA approved antiretroviral medications (29) and most of the medications to treat opportunistic infections (81) associated with HIV disease. The formulary includes a total of 110 medications.



- The medications provided through the ADAP reduce the occurrence of expensive, long-term hospital stays; keep people out of emergency rooms due to complications from opportunistic infections associated with the disease; allow people to keep working and be productive members of our society; and improve the quality of life for those affected by the epidemic.

Colorado Department of Public Health and Environment  
**Colorado HIV and AIDS Prevention Grant program (CHAPP)**

The Colorado HIV and AIDS Prevention Grant Program (CHAPP) provides funding for medically accurate human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) prevention programs statewide. The competitive grants program was created to address local community needs in the areas of medically accurate HIV and AIDS prevention and education. The program is specifically intended to support implementation of programs that are based in behavioral and social science theory and research that will decrease the transmission and acquisition of HIV and AIDS in Colorado.

HIV and AIDS remain a major health concern in Colorado. As of June 30, 2008, a cumulative total of 9,170 cases of AIDS and an additional 6,440 cases of HIV infection have been reported in Colorado. Newly diagnosed AIDS cases have continued to trend downwards over the last five years, whereas cases of HIV have increased 26 percent over the last five years. In addition, it is estimated that more than 25 percent of Americans with HIV infection are unaware of their status, and therefore are at considerable risk for developing AIDS or unknowingly transmitting HIV. There is a substantial opportunity to prevent morbidity and mortality of this disease by implementing comprehensive, medically accurate programs in HIV and AIDS prevention and education that are based in behavioral and social science theory and research.

Through CHAPP, during the period July 1, 2007, through June 30, 2008, 24 HIV and AIDS prevention projects were funded throughout the state to address the needs of individuals at-risk of acquiring or transmitting HIV. The total funding amount awarded for the initial 18 projects (named *Cohort One*) was \$1,042,867. The total funding amount awarded for the six projects for fiscal year 2007-2008 (named *Cohort Two*) was \$821,412. Eligible entities for funding consideration through CHAPP are nonprofit organizations that are governed by a Board of Directors, have the benefit of tax-exempt status pursuant to section 501(c)(3) of the federal Internal Revenue Code, or local health departments. It is important that these funds remain available to supplement federal HIV and AIDS funding in order to reduce the impact of HIV/AIDS on the residents of Colorado.

*Accomplishments include:*

- Since July 1, 2006, the program has funded 24 projects that have begun work in reducing the acquisition and transmission of HIV/AIDS in Colorado. All currently funded grantees have been working extensively with an external evaluator, chosen by the CHAPP Advisory Committee, and approved by the Board of Health. All funded CHAPP grantees are implementing interventions that are medically accurate HIV and AIDS

prevention and education programs that are based in behavioral and social science theory and research.

*Areas for development include:*

- Continue development of program and additional grantees to fully implement program requirements and expectations.