

STATE OF COLORADO



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
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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) 2008-09, which spans from July 1, 2008, to June 30, 2009, 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 ninth-annual tobacco settlement monitoring report. Through SB 07-097 the General Assembly changed the financial structure of the Tobacco Master Settlement programs. Senate Bill 07-097 redirected the moneys that remain after the Tier 1 allocation (Children's Basic Health Plan 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 Gramscas Youth Services Program, ADAP-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. These Tier 2 programs include Comprehensive Primary and Preventive Care Grants Program, Medicaid Shortfalls at Children's Hospital, Children's Basic Health Plan Trust, Offender Mental Health Services, Alcohol and Drug Abuse, Supplemental State Health and Dental Contribution, Colorado Immunization Program, Local Public Health Services, and Short-term Innovative Health Program Grants.

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 did not report for FY 2007-08 as the program activities were new.

Key legislation Three bills were passed in the 2009 session that impacted Tobacco Settlement.

HB09-1223 Tobacco Litigation Fund & CO Benefit Mgmt Sys (Marostica—Tapia) This bill extended the deadline for expending funds in the Health Care Supplemental Appropriations and Overexpenditure Account of the Tobacco Litigation Settlement Cash fund through FY 2009-10. It also states that any unexpended moneys in the fund as of April 15, 2010 will revert to the General Fund.

SB09-210 Tobacco Settlement Health Programs (Tapia—Ferrandino). The bill transfers \$977,346 of tobacco-settlement moneys to the General Fund in FY 2008-09 and \$2.4 million in FY 2009-10. The FY 2008-09 transfers are comprised of the following:

- \$65,000 from the ADAP-Ryan White AIDS Drug Assistance Program in the Department of Public Health and Environment (DPHE);
- \$149,070 from payments to local health agencies in the DPHE; and
- \$977,346 from the Comprehensive Primary and Preventative Grant Program in the Department of Health Care Policy and Financing (DHCPF).

For FY 2009-10, the bill directs a transfer of \$2.4 million from the Tobacco Litigation Settlement Cash Fund to the General Fund. This money would have otherwise been transferred to the Comprehensive Primary and Preventative Care Fund for grants to private health clinics. The bill also simplifies budgeting by merging two streams of tobacco litigation settlement revenue that support the Children's Basic Health Plan and by specifying that annual funding for Home- and Community-based Services for Children with Autism from the Tobacco Litigation Settlement Cash Fund is \$1.0 million.

SB09-269 Adjust Tobacco Settlement Moneys Alloc (White—Ferrandino). The bill transfers moneys that the state receives under the terms of the tobacco Master Settlement Agreement to the General Fund. Specifically, the bill:

- caps the amount of tobacco settlement revenue allocated to tobacco settlement programs at \$100.0 million for FY2009-10 and reduces appropriations to affected settlement supported programs;
- transfers \$1.1 million and any disputed settlement payments from the Tobacco Litigation Settlement Cash Fund to the General Fund;
- delays for one year the mandated 1 percent growth in the allocation of settlement moneys to the Nurse Home Visitor Program, maintaining program funding at the FY 2008-09 level;
- maintains funding for the AIDS Drug Assistance Program at the FY 2008-09 level; and
- changes the funding source for the Summer School Grant Program from the State Education Fund to the Read-to-Achieve Cash Fund (\$1.0 million); and

- transfers \$65 million of settlement revenue received in April 2010 to the General Fund to support FY 2009-10 expenditures and directs a like amount of the April 2011 revenue among tobacco settlement programs in FY 2010-11

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.

The 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 19 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 Mental Health Treatment program
- ADAP-Ryan White Program
- Tony Grampas Youth Services Program
- Children's Autism Program
- HIV and AIDS Prevention Grant Program
- Colorado Indigent Care Program
- Medicaid Shortfalls at Children's Hospital
- Colorado Immunization Program
- Local Public Health Services
- Short-term Innovative Health Program Grants
- Offender Mental Health Services
- Division of Alcohol and Drug Abuse
- Supplemental State Health and Dental Contribution

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; state fiscal year 2009;
- 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 2003;
- State Dental Loan Repayment Program, Department of Public Health and Environment, state fiscal year 2004;
- Tobacco Education, Prevention and Cessation Program, Department of Public Health and Environment, state fiscal year 2005;
- Performance Audits of Tobacco Settlement Programs (executive summary), December 2008.

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 2008-2009, 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; except in 2009-10 \$2.4 million dollars will be transferred to the General Fund.
- 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; except that in FY 2009-10 the percentage is the same as in FY 2008-09.
- Dental Loan Repayment Program, \$200,000 maximum;
- ADAP-Ryan White AIDS Drug Assistance Program, 3.5 percent, not to exceed \$5 million per year; in FY 2008-09 \$65,000 was transferred to the General Fund.
- 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 Grampas Youth Services Program, 4 percent, not to exceed \$5 million; and,
- HIV and AIDS Prevention Grant Program, 2 percent, not to exceed \$2 million

In the 2007 legislative session, the Tier 2 programs were added. These programs are subject to appropriation based on the following guidelines.

The Tier 1 programs have been fully funded, and all over expenditures and supplemental appropriations have been made. In most cases any interest earned and unexpended/unencumbered funds at the end of the fiscal year will revert to the Short Term Innovative Health Program Cash Fund.

- University of Colorado at Denver and Health Sciences Center shall receive 49% of the remaining moneys after Tier 1 has been funded.
- Colorado Indigent Care Program shall receive 8.5% of the remaining moneys after Tier 1 has been funded.
- Children's Basic Health Plan Trust shall receive 5% of the remaining moneys after Tier 1 has been funded.
- The Pediatric Specialty Hospital Fund (Medicaid Shortfalls at Children's Hospital) shall receive 1 % of the remaining moneys after Tier 1 has been funded.

- Colorado Immunization Fund shall receive 4 % of the remaining moneys after Tier 1 has been funded.
- Public Health Services Support Fund (Local Public Health Services) shall receive 7% of the remaining moneys after Tier 1 has been funded.
- The Short Term Innovative Health Program Fund shall receive 6 % of the remaining moneys after Tier 1 has been funded.
- Offender Mental Health Treatment shall receive 12% of the remaining moneys after Tier 1 has been funded.
- Division of Alcohol and Drug Abuse shall receive 3 % of the remaining moneys after Tier 1 has been funded.
- Supplemental State Contribution Fund (Supplemental state health and Dental Contribution) shall receive 4.5% of the remaining moneys after Tier 1 has been funded.

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 five Tier 1 programs:

- Comprehensive Primary and Preventive Care Grant;
- Nurse Home Visitor;
- Tony Grampsas Youth Services;
- ADAP-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 Tier 1 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.

The Tier 2 Programs have their interest and any unencumbered/unexpended funds at the end of the year transferred to the Short Term Innovative Health Program Fund.

Table 1: FY 2008-09 and FY 2009-10 appropriations

Program	2008-09 Long Bill Appropriation	FY 2008-09 Revised Appropriation	FY 2009-10 Appropriation
Department of Health Care Policy and Financing			
Children's Basic Health Plan	\$29,516,747	\$26,674,098	\$32,022,542
Comprehensive Primary & Preventive Care Grants	\$6,459,236	\$3,082,680	\$745,369
Children with Autism	\$273,607	\$726,393	\$888,312
Colorado Indigent Care Program	\$3,130,481	\$2,153,125	\$3,020,548
Medicaid Shortfalls at Children's Hospital-Pediatric Specialty Hospital fund	\$368,292	\$317,000	\$350,000
Department of Education			
Read to Achieve	\$6,524,508	\$6,524,508	\$6,509,704
Department of Military and Veteran's Affairs			
Veteran's Trust Fund	\$627,500	\$977,500	\$639,411
Department of Public Health and Environment			
Nurse Home Visitor	\$13,845,461	\$13,453,722	\$13,453,722
Dental Loan Repayment	\$246,131	\$246,131	\$200,000
Tony Gramscas Youth Services	\$4,260,142	\$4,139,607	\$3,992,530
ADAP-Ryan White	\$3,727,624	\$3,557,156	\$3,622,156
HIV And Aids Prevention	\$3,217,179	\$3,217,179	\$2,650,333
Local Public Health Services	\$2,706,245	\$2,428,973	\$2,578,202
Colorado Immunization Program	\$1,375,175	\$1,379,546	\$938,273
Short-term Innovative Health Program Grants	\$2,959,390	592,679	\$0
Department of Human Services			
Child Mental Health Treatment	\$280,387	\$280,387	\$280,387
Offender Mental Health Services	\$4,173,152	\$4,480,243	\$4,264,303
Division of Alcohol and Drug Abuse	\$1,043,689	\$1,127,508	\$1,050,000
Department of Personnel And Administration			
Supplemental State Health and Dental Contribution	\$1,739,729	\$1,739,729	\$1,599,114

Please note that the Short Term Innovative Health program does not have an appropriation for FY 2009-10. The funding for this program has been transferred to the General Fund. The program will be restored in FY 2012-13.

Tables 2, 3 and 4 (state fiscal years 2006-07, 2007-08 and 2008-09) list 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 2: State fiscal year 2006-2007 Treasury disbursements and reversion of funds

PROGRAM	2006-2007 FINAL APPROPRIATION	TOTAL EXPENDITURES	FUNDS FORWARDED TO 2007-08	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
ADAP-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.

Table 3: State fiscal year 2007-2008 Treasury disbursements and reversion of funds

PROGRAM	2007-2008 FINAL APPROPRIATION	TOTAL EXPENDITURES	FUNDS FORWARDED TO 2008-09	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
ADAP-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.

Table 4: State fiscal year 2007-2008 Treasury disbursements and reversion of funds

PROGRAM	2008-2009 FINAL APPROPRIATION	TOTAL TRANSFERS FROM TREASURY	FUNDS FORWARDED TO 2009-10	FUNDS REVERTED TO THE TRUST FUND
Children's Basic Health Plan*	\$26,674,098	\$26,674,098	\$0	\$0
Comprehensive Primary and Preventive Care	\$5,235,805	\$5,227,305	\$0	\$8,500
Read to Achieve*,**	\$6,524,508	\$5,174,508	\$0	\$0
Veterans Trust Fund*	\$977,500	\$998,551	\$1,051	\$
Nurse Home Visitor	\$13,453,722	\$12,361,408	\$0	\$1,092,314
Dental Loan Repayment*, **	\$246,131	\$200,000	\$0	\$0
ADAP-Ryan White	\$3,557,156	\$3,400,575	\$0	\$156,581
Tony Gramscas	\$4,139,607	\$4,074,033	\$0	\$65,574
Child Mental Health Treatment	\$280,387	\$280,387	\$0	\$0
Children with Autism*	\$726,393	\$726,393	\$0	\$0
HIV Aids Prevention*, **	\$3,217,179	\$1,997,101	\$0	\$0
Medicaid Shortfalls at Children's Hospital	\$317,000	\$317,000	\$0	\$0
Colorado Immunization Program	\$1,379,546	\$1,469,168	\$0	\$0
Local Public Health Services	\$2,428,973	\$2,421,973	\$0	\$7,000
Short-term Innovative Health Program Grants*	\$92,679	\$2,203,751	\$2,111,072	\$0
Offender Mental Health Services	\$4,480,243	\$4,407,502	\$0	\$72,741
Alcohol and Drug Abuse	\$1,127,508	\$1,101,875	\$0	\$25,633
Supplemental State Health and Dental Contribution.	\$1,739,729	\$1,652,813	\$0	\$86,916
Totals	\$76,598,164	\$74,688,441	\$2,112,123	\$1,515,259

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

** Program with a higher appropriation than transfer had fund balance available for use.

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 were as follows: FY 2005-06; \$88,878 FY 2006-07; \$89,735; and FY 2007-2008 \$79,958. The monitoring costs in FY 2005-06; \$30,375 FY 2006-07; \$28,155, FY 2007-2008 \$30,866. FY 2008-09 \$30,979.

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 5 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 5, 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 5. Allowable administrative costs and actual expenditures as reported by the tobacco settlement programs.

PROGRAM	ALLOWED '06-'07	ACTUAL COSTS '06- '07	ALLOWED '07-'08	ACTUAL COSTS '07-'08	ALLOWED '08-'09	ACTUAL COSTS '08-'09
Comprehensive Primary and Preventive Care	1.0% = \$24,012	0.1% = \$19,749	1.0% = \$26,821	1.03% = \$27,792	1.0% = \$28,951	Less than 1% = \$19,688
Read to Achieve	3.0% = \$131,087	3.0% = \$131,087	3.0% = \$152,034	3.0% = \$152,034	3.0% = \$196,275	Less than 3.0% = \$113,884
Veterans Trust Fund	5.0% = \$31,265	5% = \$31,263	5.0% = \$35,835	5% = \$35,732	5.0% = \$48,875	2.8% = \$28,335
Nurse Home Visitor	5.0% = \$450,636	4.9% = \$441,471	5.0% = \$534,625	4.67% = \$499,697	5.0% = \$672,681	4.1% = \$508,968
Dental Loan Repayment	20.0% = \$39,924	6.4% = \$12,731	10.0% = \$20,000	4.51% = \$9,021 ¹	10.0% = \$20,000	7.4% = \$14,828
Tony Gramscas Youth Services	Use of admin funds not specified	3.0% = \$240,224	Use of admin funds not specified	6.0% = \$249,808	Use of admin funds not specified	5% = \$245,520
ADAP-Ryan White Program	Use of admin funds not specified	0.1% = \$1,774	Use of admin funds not specified	0.85% = \$2,662	Use of admin funds not specified	0.03% = \$1,774
Children with Autism Program	Use of admin funds not specified	53.8% = \$84,355	Use of admin funds not specified	28.1% = \$76,822 ²	Use of admin funds not specified	5.3% = \$40,406
Child Mental Health Treatment Program	Use of admin funds not specified	Less than 1% = \$189	Use of admin funds not specified	Less than 1% = \$0	Use of admin funds not specified	Less than 1% = \$0
HIV and AIDS Prevention	5.0% = \$80,041	5.0% = \$80,041	5.0% = \$151,81	2.5% = \$75,688	5.0% = \$160,855	2.5% = \$81,626
Colorado Immunization Fund	No Program	No Program	No Program	No Program	Use of admin funds not specified	Less than 1% = \$472
Local Public Health Services	No Program	No Program	No Program	No program	Use of admin funds not specified	Less than 1% = \$0
Short-Term Innovative health Program	No Program	No Program	Use of admin funds not specified	7.4% = \$63,871	Use of admin funds not specified	9.8% = \$58,161
Offender mental health services	No program	No Program	N/A	N/A	\$107,003	\$100,889

¹ The decrease in administrative costs for the Dental Loan Repayment Program for FY 2007-08 is due to vacancy savings.

² The change in percentages in actual administrative costs for the Autism Program is because the annual appropriation increased significantly.

PROGRAM	ALLOWED '06-'07	ACTUAL COSTS '06- '07	ALLOWED '07-'08	ACTUAL COSTS '07-'08	ALLOWED '08-'09	ACTUAL COSTS '08-'09
Alcohol and substance abuse prevention and treatment	No Program	No Program	N/A	N/A	\$73,995	0
Supplemental state health and dental contribution	No Program	No Program	N/A	N/A	\$92,383	\$83,024

*Children's Basic Health Plan does not have administrative costs specified, nor do they report on administrative costs.

Table 6. Eligible grantees, populations, and key goals as defined by statute.

Program	Eligible Grantees	Eligible Population	Key Goals
Children's Basic Health Plan	Children's Basic Health Plan.	Uninsured children; under 19 years of age, 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.
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.
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.

Program	Eligible Grantees	Eligible Population	Key Goals
Read to Achieve	Any public school, including charter schools.	Kindergarten, 1 st , 2 nd and 3 rd 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 nd and 3 rd grade pupils and raise literacy and reading comprehension to proficiency level on the 3 rd grade reading assessment prior to beginning 4 th grade.
Veterans Trust Fund	State 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.
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.

Program	Eligible Grantees	Eligible Population	Key Goals
Tony Grampas 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.
Local Public Health Services	Local Public Health agencies	Public health agencies for use in providing population based health services	Public health services provided at a population level.
Child Mental Health Treatment Program	Residential Treatment Centers	Tobacco funds support residential and community 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.

Program	Eligible Grantees	Eligible Population	Key Goals
ADAP-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 and 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.
Colorado Immunization Fund	Local Public Health agencies, health care providers	All Colorado children and families.	The Colorado Immunization Fund provides financial resources for immunizations, immunization strategies, and the Cervical Cancer Immunization Program.
Short Term Innovative Health	Participation in the program is limited to organizations that meet the following criteria: identified priorities that could be advanced in a single fiscal year, are innovative and do not have an alternative funding source.	All Coloradans	The short-Term Innovative Health program was established by the legislature to "make short-term grants of no more than one fiscal year in duration to fund innovative health programs designed to improve the health of Coloradoans.

Program	Eligible Grantees	Eligible Population	Key Goals
Offender Mental health Services	Community-based organizations that collaborate with local and State juvenile and criminal justice agencies.	Juveniles and adults with mental illness involved in the criminal justice system	Increase community capacity to serve juveniles with serious emotional disorders (SED) and adults with serious Mental illness (SMI); Provide outcome and recovery oriented services that increase the target population's ability to function independently in the community; Promote collaboration among communities and across mental health and criminal justice systems; Reduce jail and prison recidivism; Provide for long term, local sustainability; Provide cost effective services
Alcohol and drug Abuse Prevention and Treatment	Community Programs established by the Division of Behavioral Health and community organizations within the seven sub-state planning areas established by the Division of Behavioral Health.	Individuals and families who are indicated to be at high risk for substance abuse, persons involuntarily committed for treatment due to the perceived danger to themselves or to others caused by alcohol or drug dependence, pregnant substance-abusing women, injecting drug users, substance abusing women with dependent children, and adolescents with substance use disorders, including binge drinking.	Provide young people, families and communities with the resources and skills to increase protective factors and decrease risk factors linked to substance abuse. Enhance and expand substance abuse treatment services statewide. Provide group, individual, and/or family counseling aimed at reducing substance use, increasing abstinence, improving housing situations, gaining employment, and reducing involvement with the juvenile or criminal justice systems.

Program	Eligible Grantees	Eligible Population	Key Goals
Supplemental State health and Dental Contribution	These are not typical “grants” the employee receives the benefit directly.	A state employee as defined in Section 24-50-603 (7) who is eligible by virtue of their employment to enroll in a group benefit plan; has an annual household income of less than three hundred percent of the Federal Poverty Level; and has at least one dependent other than their legal spouse.	Encourage lower-income employees with dependent children to enroll in health insurance offered by the state by supplementing plan premiums. Promote the use of disease management programs to reduce the costs of health care.

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 7. Number of eligible persons served for state fiscal years, '06-'07, '07-'08 and '08-'09.

PROGRAM	'06-'07 Persons served	'07-'08 Persons served	'08-'09 Persons served
Children's Basic Health Plan (CBHP)	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.	Average monthly enrollment for children, 61,582 and average monthly enrollment for pregnant women, 1,656.
Comp. Primary and Preventive Care	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.	Medical services were provided to 7,798 patients, 12,818 medical encounters were conducted; Dental services were provided to 3,437 patients and 7,723 dental encounters were conducted; Mental health services were provided to 132 patients and 212 mental health encounters were conducted. Optical services were provided to 933 patients through 1,800 encounters.
Read to Achieve	331 schools, over 14,000 students.	54 schools, nearly 3,800 students.	51 schools, over 3,200 students.
Veterans Trust Fund	24 grantees, 11,058 veterans received either direct or indirect services.	22 grantees, 7,717 veterans received either direct or indirect services	29 grantees, 10,116 veterans received either direct or indirect services.
Nurse Home Visitor	18 sites, 2,187 families.	18 sites, 2,358 families.	19 sites, 2,590 families.

PROGRAM	'06-'07 Persons served	'07-'08 Persons served	'08-'09 Persons served
Dental Loan Repayment	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.	Fifteen new dental providers participated in the program during this fiscal year, in addition to fourteen continuing providers.
Children with Autism	Children with Autism program served 52 children in FY 2006-07.	Children with Autism program served 75 children in FY 2007-08.	Children with Autism program served 75 children in FY 2008-09.
Tony Grampsas Youth Services	Tony Grampsas Youth Services Programs served 39,059 children, youth, and parents.	Tony Grampsas Youth Services Programs served 29,361 children, youth, and parents.	Tony Grampsas Youth Services Programs served 45,996 children, youth, and parents.
Child Mental Health Treatment Program	45 children received residential mental health treatment	30 children received residential mental health treatment	CMHCs assessed 45 youth, and placed 44 in either residential or community-based treatment during FY 08-09, including those admitted in previous fiscal years.
ADAP-Ryan White AIDS Drug Assistance	Total clients served by all funding sources were 1,468.	Total clients served by all funding sources were 2,243.	Total clients served by all funding sources were 2,018. 1,427 through direct medication assistance and 591 through Medicare wrap around assistance
Local Public Health Services	No program	The program provided funding to all 54 Local health Agencies in Colorado to serve residents of Colorado counties.	The program provided funding to all 54 Local health Agencies in Colorado to serve residents of Colorado counties.
HIV and AIDS Prevention	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.	32 HIV and AIDS prevention projects were funded throughout the state to address the needs of individuals at-risk of acquiring or transmitting HIV.

PROGRAM	'06-'07 Persons served	'07-'08 Persons served	'08-'09 Persons served
Colorado Immunization Fund	No Program	No Program	Beginning in November 2008, the Immunization Fund provided funds to 16 local public health and non-profit agencies to provide immunization services to local providers and citizens of their communities through two pilot project opportunities. Within the variety of project activities completed, a total of 42 immunization education sessions were provided (623 persons in attendance), 139 immunization clinics were held, and 4,781 clients were vaccinated.
Short Term Innovative Health	No program	Since this was a new program, results were not reported.	Grants were made to fund five different projects. In each case, services were aimed at a specific population group, e.g. – nursing women. These were not direct services, so the number of individuals served is not available.
Offender Mental health Services	No Program	Since this was a new program, results were not reported	During FY 2008-09, the Offender Mental Health Services Initiative Program served 1,547 individuals (1,257 adults and 290 juveniles).

PROGRAM	'06-'07 Persons served	'07-'08 Persons served	'08-'09 Persons served
Substance Abuse Prevention and Treatment	No Program	Since this was a new program, results were not reported	The prevention programs served 675,458 clients in FY 2008-09. DIRECT Services were provided to 89,704 clients and indirect services were provided to 585,748 clients and community members. The treatment program served 17,488 unique clients.
Supplemental State health and Dental Contribution	No Program	Since this was a new program, results were not reported	482 state employees received the supplemental insurance benefit. Of those 16 were new enrollments from employees who had previously waived coverage. An additional 26 employees enrolled dependents who had not previously been insured.

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. 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.

Tier 1 Programs

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 08-09, the program was appropriated a total of \$130,957,000 by the Legislature to serve an average monthly enrollment of 61,801 children and 1,693 adult pregnant women per month.

The FY 2008-09 marketing campaign included a strategic mix of English and Spanish television, radio and print ads reinforcing the CHP+ key messages and encouraging families to find out more about the program and their eligibility. The goal of media relations was to earn free positive media exposure to increase awareness of CHP+. Colorful and simple program materials are available and were widely promoted as free for organizations interested and willing to promote CHP+. Bilingual fact sheets, brochures, posters and applications; a desk guide and monthly electronic newsletter for professionals; and articles in English and Spanish included key messages regarding CHP+ and offered pertinent contact information for families to learn more about CHP+ and apply for enrollment into the program. These resources made it easy for agencies and community sites to familiarize the families they served with CHP+.

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:

- The Children's Basic Health Plan provided medical and dental benefits to an average monthly enrollment of 61,582 children, up from 57,795 from the previous year.
- The Children's Basic Health Plan provided medical benefits to an average monthly enrollment of 1,656 adult pregnant women, up from 1,570 from the previous year.
- A total of 61,560 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;
- Implement provisions from the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009, as well as the Colorado Health Care Affordability Act, which will increase CHP+ income eligibility from 205% of FPL to 250% of FPL;
- Enroll Children's Basic Health Plan 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. The program is administered by the Colorado Department of Health Care Policy and Financing and is under the direction of the Medical Services Board.

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 CPPC Grant Program's final FY 2008-09 appropriation was \$3,082,680 as given in the add-ons to the Long Bill (SB 09-259).

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 administrators.

The resulting performance audit including the Department's response was published in May 2007.

The Department provided a status report on the response to the May 2007 auditor's recommendations in October 2007. As a result of the auditor's recommendations, the Department implemented a more formalized definition of "rural provider", a process to ensure consistency in establishing deliverables and written guidance to be used as a reference when determining if a grant award should be reduced or cancelled.

Since the first grant awards were made in April 2001, approximately \$32.3 million has been disbursed to health care providers. This funding has succeeded in providing medical, dental, mental health, optical and pharmaceutical services to at least 136,360 patients in 317,676 encounters and to make funding available for 40 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 populations.

Costs of the Program:

During FY 2008-09, \$2,895,100 was distributed to eligible providers as grants. An additional \$19,688 was used on administration of the program. Per 25.5-3-207 (1), C.R.S. (2009), the Department may retain up to 1% of the amount annually transferred to the Comprehensive Primary and Preventive Care Grants Fund for administrative purposes. The funding remaining from the initial allocation of \$3,082,680 was rolled forward for use in FY 2009-10 per a footnote (15A) to the Long Bill add-ons (SB 09-259) authorizing such an action.

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: www.colorado.gov/hcpf under the Providers menu.

Accomplishments include:

- \$2,895,100 was awarded and paid to 14 different health care providers.
- A total of at least 7,798 uninsured, low-income clients received services for a total of at least 22,553 encounters, specifically:
 - Medical services were provided to 2,969 clients through 12,818 medical encounters;
 - Dental services were provided to 3,437 clients through 7,723 dental encounters;
 - Mental health services were provided to 132 clients through 212 encounters;
 - Optical services were provided to 933 clients through 1,800 encounters; and
 - Pharmacy services were provided to 327 clients.
- Thirteen health care clinics hired or maintained staff.
- Two health care clinics purchased medical or dental equipment.
- In southwestern Colorado, a provider purchased and installed Electronic Practice Management System software across nineteen clinic locations.
- In Alamosa County, medical and dental services were provided through a mobile health unit to 630 clients
- In Denver, a clinic completed renovation and construction for a new medical facility.
- In Pueblo, site preparation and foundation construction were completed for a new medical clinic.
- In Alamosa, a Diabetes Care Program was maintained, classroom space was added and additional staff was hired, which provided diabetes testing, education and diabetes care to 103 clients through 1,366 encounters.

Areas for development include:

- In the 2009 legislative session, the General Assembly significantly decreased CPPC grant funding for FY 2009-10 through the passage of SB 09-210, SB 09-269, and SB 09-259 – the Long Bill. These reductions meant that available funds for previously awarded multi-year CPPC grants were reduced and that there was no funding for new projects. Therefore, no applications were sought for new grant awards for FY 2009-10.
- Subsequently, in his August 25, 2009 Budget Balancing Plan for FY 2009-10 presented to the Joint Budget Committee, Governor Bill Ritter, Jr., eliminated funding for existing CPPC grant awards effective September 1, 2009. Previously awarded multi-year CPPC grant contracts with deliverables in FY 2009-10 were terminated effective September 30, 2009.

- The Department looks forward to awarding additional CPPC grants for improving access to primary and preventative care services for low-income, uninsured Coloradans when funding is restored.
- The Department has requested a partial restoration of funding to the program for FY 2010-11 through the FY 2010-11 Budget Request submitted to the Joint Budget Committee on November 6th, 2009. The amount requested for use in FY 2010-11 was \$2,326,677.

Colorado Department of Health Care Policy and Financing **Children with Autism**

The Home and Community Based Services (HCBS) waiver for Children with Autism (CWA) 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 through the provision of waiver services such as behavior therapy. The statute requires implementing a federally approved waiver, establishing rules, enrolling providers, determining rates, establishing a payment system and providing oversight. The maximum enrollment of 75 children was maintained in FY 2008-09 and is expected to continue during FY 2009-10.

Funding for this program includes an allocation of Tobacco Master Settlement Funding. A total of \$753,354 in new tobacco settlement monies was transferred to the Colorado Autism Treatment Fund during FY 2008-09. Funds received by the Colorado Autism Treatment Fund are used to provide eligible children waiver services including behavioral therapies and case management.

Accomplishments include:

- Between October 2008 and June 2009, additional providers were added to the program, increasing the total number of participating providers from 13 to 19 and substantially improving access to services provided through the waiver.
- The providers are fully certified by the Department of Public Health and Environment to ensure compliance with the rules within their first year of service.
- The waiver has maintained enrollment of 75 children and a waitlist of approximately 240.
- The waiver was renewed by the Centers for Medicare and Medicaid Services (CMS) with the department's robust quality management strategy.

Areas for development include:

- Improve access to medical care for children that are diagnosed with autism. For FY 2009-10, the Department plans to make the waiver more efficient and effective for clients' families, case managers, and service providers.
- The program administrator will monitor a statistically significant sample of cases across all Community Centered Boards to ensure quality enrollment and case management.

- The Department is enrolling new providers and hosting provider training on an ongoing basis and continues to increase availability of providers for families of children on the waiver.
- The administrators for the HCBS waivers for children and stakeholders are in the final stages of refining a new assessment tool for children applying for waiver enrollment. The new tool will be initially tested and implemented by July 2010 and will better assess the Level of Care for children in need of Long Term Care Services.

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 of each year.

During the second year of Read To Achieve (Funding Cycle III), 8 of the 51 participating schools received both Read To Achieve and Colorado Reading First funds. Forty-eight of the schools in the program also received Title I funding. Schools were able to leverage funds through these programs, allowing them to provide systematic, explicit, scientifically research-based reading instruction and assessments. These funds were used to supplement, not supplant, monies currently used.

Accomplishments include:

- During the 2008-09 school year, the Read To Achieve grant program served over 3,200 students in 51 schools.
- 71 percent of students met or exceeded program benchmark goals.
- The comprehensive application process was revised in Spring 2007 to include clear expectations, an evaluation rubric, professional development, support, a review process, and individualized feedback in July and August 2007. Forty-one schools will be funded for 2009-2010.

- In the second year (July 1, 2008 - June 30, 2009), 51 schools received funds for a total of \$5,804,998. For the second year, less than 2 percent of the original appropriation was spent on administering the program.

Areas for development include:

Future evaluations using the DIBELS sub-tests should allow for better identification of program success. This will allow program administrators to compare the program structures, processes, and outcomes among schools that are performing at or above the statutory goal. In 2009-2010, the CDE will

- Study the correlation between Grade 3 CSAP and Grade 3 DIBELS outcomes.
- Provide differentiated and optional professional development opportunities based on school needs including consultants in buildings to offer support and professional expertise.
- Monitor the administration, scoring, and reporting of program assessments to determine the validity of the test data.
- Guide educators in the Read To Achieve schools in collecting, recording, and reporting reliable and valid test information.
- Provide technical assistance and support.
- Maintain and update the Read To Achieve Web site as a useful and current means of communicating with Read To Achieve educators.
- Conduct school visits to provide technical assistance and support to ensure that students are receiving supplemental reading time.
- Determine that the scoring and reporting of program assessments are done efficiently and effectively.
- Provide schools with summative student achievement data to improve and guide instruction.

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

The Child Mental Health Treatment Act (CMHTA) was enacted through H.B. 99-1116 to address the issue of families struggling to access mental health services for their children. Prior to this legislation, families were often subjected to unnecessary legal and system involvement solely to obtain necessary mental health services for their children. Contributing factors to this issue included public and private health insurance limitations; inadequate supplies of mental health services; limited availability of services through mental health agencies and schools; attitudes about families of children with serious mental health needs; and difficulties meeting eligibility rules.

The Child Mental Health Treatment Act (CMHTA) pertains to “children at-risk of out of home placement” and children covered under the Medicaid capitation program. A “child at-risk” is one who has a mental illness, is not categorically eligible for Medicaid, requires residential level of care or a community-based equivalent, and qualifies for Supplemental Security Income (SSI) if residential care is needed. Families access services through one of the 17 Community Mental Health Centers (CMHCs) in the state. The Division of Behavioral Health (DBH), formerly the

Division of Mental Health and the Alcohol and Drug Abuse Division, manages the program for children at-risk including, but not limited to, processing state-level appeals when services are denied, review and approval of plans of care submitted by CMHCs, reimbursement for services, data collection and reporting, and providing training and technical assistance to families, service providers, family advocates, and other stakeholders. Behavioral Health Organizations (BHOs) are responsible for financing and providing services for children covered under the Medicaid capitation program, according to their contractual relationship with the Department of Health Care Policy and Financing (HCPF) and the mandates of the Child Mental Health Treatment Act. Other than a data reporting requirement, DBH has no oversight authority with BHOs regarding the CMHTA since they are contractually responsible to HCPF. DBH does not pre-authorize services for children served by BHOs. Funds received from The Tobacco Litigation Settlement Cash Fund do not apply to Medicaid eligible children.

The Colorado General Assembly appropriated \$280,387 of Tobacco Master settlement funds for the FY 2008-2009 Child Mental Health Treatment Act program. In total, the CMHTA spent \$98,733 for community alternative services (for children who only received community-based services), \$405,740 for residential services, and \$157,440 for transitional (post-residential) services and \$18,327 for case management.

Accomplishments include:

- Served 44 youth, 21 received community-based services and 31 received residential services with an average length of stay of 178.92 days (note some of the 31 youth who received residential services also received community based services).
- Developed and distributed an updated procedural manual for service providers.
- Developed a CMHTA brochure in English and in Spanish to educate families, agencies, service providers, and other relevant community resources.
- Identified and utilized new treatment resources for families requiring intensive in-home treatment.
- Post-residential transitional services utilization increased in fiscal year 2008-2009 from prior fiscal years
- Maintained a comprehensive program web site (<http://www.cdhs.state.co.us/dmh/CMHTA.htm>) containing pertinent information for families, service providers, and other stakeholders.
- Assisted families with costs related to visiting children while in care.

Areas for development include:

- DBH is developing a data tracking system that will allow for accurate submission and monitoring of data requirements.
- DBH is also developing a strategy to effectively evaluate the program and plans to have this in place by the end of FY 2009-10.
- The CMHTA program is exploring increasing the number of children served through the program. One solution that is currently in process is providing continuing education and outreach regarding the program to local child welfare agencies, youth corrections, Department of Education and community mental health centers.
- The program is also working to address utilization barriers for rural counties where access to mental health services is difficult.

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 426,000 eligible veterans in the State of Colorado. Not all of them require assistance. Those that do require assistance 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.dmv.state.co.us.

Accomplishments include:

- Veterans Trust Fund (VTF) received an allocation of \$977,500 for FY 08-09. Of that amount a total of \$593,725 was made available for administration and grant expenditures.
- Veterans in nine (9) rural communities, the front-range urban corridor and Grand Junction 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 front-range urban corridor and Grand Junction.
- Provided funds for the purchase of one (1) vehicle to accommodate transportation programs and nursing home residents.
- Funds were also provided for veterans' job service programs in several cities.

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. Research shows that short-term and long-term improvements in the health and the life

courses of participating mothers and their children result when specially trained nurses provide home visitation services for low-income, first-time mothers, from early in pregnancy through the child's second birthday.

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 annual Long Appropriations Bill appropriated \$13,845,461 of Tobacco Master Settlement Agreement (MSA) funds for FY2008-09 for the Nurse Home Visitor Program. Senate Bill 09-197 restricted the amount by \$391,739 resulting in a final appropriation of \$13,453,722.

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 grants awarded for FY2008-09 funded services in 52 of the state's 64 counties and increased the number of families served from 2,358 in FY2007-08 to 2,590 in FY2008-09.
- The program provided continuation funding to the 18 local agencies that had received awards in the previous fiscal year, expanded three current agencies and added one new agency for a total of 19.
- MSA funds were also used to provide the match to draw down additional Medicaid funds and for the Colorado Department of Public Health and Environment's (CDPHE) administration of the Nurse Home Visitor Program.
- All of the Nurse Home Visitor Program grantees provided services in accordance with the training requirements, program protocols, program management information system and program evaluation requirements of the nurse home visitation intervention model (NFP) developed and tested by Dr. David Olds and colleagues.
- The Nurse-Family Partnership National Service Office completed an evaluation of each local program funded in FY2008-09, noting those that have been successful in implementing the NFP model. Data were analyzed for the 11,030 Colorado participants enrolled since inception of the program, with the following results

- A statistically significant reduction of 20 percent in smoking during pregnancy for Colorado participants as compared to the national NfP average reduction of 15 percent.
- A statistically significant reduction of 3.4 in the number of cigarettes smoked per day for Colorado participants who continued to smoke as compared to the national NfP average reduction of 2.5.
- A statistically significant reduction of 64 percent in marijuana use during pregnancy.
- A statistically significant reduction of 32 percent in alcohol use during pregnancy.
- A statistically significant reduction of 46 percent in experience of violence during pregnancy.
- 8.8 percent preterm birth rate for Colorado participants as compared to the national NFP average of 9.7 percent.
- 9.1 percent low birth weight rate for Colorado participants as compared to the national NFP average of 9.3 percent.
- At 12 months of age, 82 percent of Colorado participating infants were fully immunized as opposed to the national NFP average of 84 percent. By 24 months 91 percent of Colorado participants were fully immunized as compared to the national NFP average of 92 percent.
- 88 percent of Colorado participants initiated breastfeeding as opposed to the national NFP average of 75 percent.
- Of those who entered the program without a high school diploma or GED, 41 percent
- Of Colorado participants completed their diploma/GED by program completion as opposed to the national NFP average of 43 percent.
- 61 percent of Colorado NFP clients 18 years or older at intake (vs. 57 percent for the national NFP sample) and 47 percent of those 17 years or younger (vs. 43 percent for the national NFP sample) were employed at program completion.

Areas for development include:

- The Nurse Home Visitor Program received level funding from The Nurse-Family Partnership National Service Office for FY2008-09 to FY2009-10. In addition, Medicaid reimbursement rates for the program were significantly reduced effective June 26, 2009 resulting in a need to utilize a higher amount of tobacco settlement dollars to keep provider funding whole in FY2009-10. These factors led to the decision to only provide continuation funding for the 19 current grantees, with no dollars awarded for program expansion or new sites. An estimated 2,590 families will be served in 52 counties in FY2009-10.
- A planning and development process is underway to roll out a new and improved data management system
- The Nurse-Family Partnership National Service Office Nursing Practice Team will continue to assess delivery methods and curricula to provide the best education possible to home visiting nurses and supervisors.

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.

A total of \$246,131 was appropriated for implementation of the Dental Loan Repayment Program from the tobacco settlement monies in FY 2008-09. The appropriation is usually \$200,000 for the program. However, for FY 2008-09 the Oral Health Unit requested the unused funds from previous years totaling \$46,131 to be released for spending making the total appropriation \$246,131. Of this amount, \$246,130 was expended, with \$231,302 awarded in loan repayments and \$14,828 spent on administrative costs.

Accomplishments include:

- Fifteen new dental providers participated in the program during this fiscal year, in addition to 14 continuing providers, for a total of 29 current providers and a total of 79 providers since the program’s inception.
- Since inception, providers have been located in nine counties with all or part of each county currently designated as a Dental Health Providers Shortage Area (HPSA), and in 11 counties with extensive underserved populations.
- The total number of underserved patients served by the providers participating in the Dental Loan Repayment Program to date (including the five participating through the federally funded Bureau of Health Professions grant) is 220,551, with 60,795 served in FY 2008-09.
- The FY 2008-09 total served includes 19,009 Medicaid-eligible children; 10,962 Child Health Plan Plus children; 29,971 uninsured adults and children; and 853 Old Age Pension recipients.
- A new points system was established to better prioritize provider applicants. Priority was given to applicants serving in a Dental Health Professional Shortage Area, returning applicants, dentist provider Level I, and highest number of underserved populations seen.
- In FY 2008-2009, providers include 18 Level I dentists (40 patients/month), one Level II dentist (20 patients/month), five Level III dentists (10 patients/month), five Level I hygienists (20 patients/month), and no Level II hygienists (10 patients/month).
- The Colorado Health Institute continued to work with the Oral Health Unit this past year in compiling the data from the rural dentist survey with results from previous

surveys of Colorado's dentist and dental hygienist workforce. This information will help identify the characteristics and background experiences to better understand how to find and prepare future providers to serve rural and underserved communities in Colorado.

A copy of this report can be found at

<http://www.coloradohealthinstitute.org/Documents/workforce/OralHealthReport.pdf>

Areas for development include:

- In accordance with CRS 25-23-103(6), the Oral Health Unit is working with the Primary Care Office to assess the possibility of leveraging money from the dental loan repayment program with the state healthcare professional loan repayment program to allow more dental providers the opportunity to receive loan repayment. Projections show that approximately an additional \$92,000 could be drawn as a federal match to disperse for dental loan repayment.
- The Dental Loan Repayment Program will continue to seek new venues for marketing the program to private providers to ensure participation and a competitive application process. This will meet the goal of ensuring geographic distribution of funds and providing underserved populations with access to care.

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 six funding areas including early childhood, student dropout prevention, youth mentoring, before and after-school, restorative justice, and violence prevention programs. An 11-member statutory board oversees and provides leadership for the program.

For fiscal year 2008-09, the TGYS Program was appropriated \$4,139,607 in Master Settlement Agreement Tobacco funds, \$1,000,000 in General Funds and \$300,000 in Before- and After-School Cash funds. Out of the total \$5,439,607 appropriated to the TGYS Program, the TGYS Board allocated \$4,906,452 to 154 local TGYS providers. An additional \$224,893 was allocated to the Omni Institute for evaluation, technical assistance and monitoring services. An allocation of \$266,762 was designated for personnel services, and \$41,500 in funds supported operating and travel costs.

According to statute, at least 20 percent of the appropriated grantee funds must support early childhood programs and at least 20 percent must support student dropout prevention programs. In fiscal year 2008-09, 27 percent of TGYS funds supported early childhood programs, and 21 percent supported student dropout prevention programs.

Accomplishments include:

- In fiscal year 2008-09, TGYS-funded programs served 45,996 children, youth and adults, in 54 out of 64 Colorado counties. Of this total, 26,611 were children (ages 0-

8), 12,002 were youth (ages 9-18), 980 were young adults, 6,323 were parents, and 80 were educators.

- Results from Fiscal Year 2008-09 evaluations show positive statistically significant change on 12 of the 20 relevant measures e.g., increases for school performance measures and parenting measures; decreases for bullying and substance use.
- DPS Math scores also showed a large effect size and statistically significant change.
- The high-risk participants showed positive changes in School Bonding, School Performance, Coping Strategies, Self-Efficacy and Negative Parenting Practices.
- The TGYS Program implemented a comprehensive monitoring plan to ensure grantee programmatic and fiscal compliance. The monitoring mechanisms implemented in fiscal year 2008-09 included conducting site visits (one per three-year grant cycle), progress calls (one per year), reviewing annual reports and checking billing status.

Areas for development include:

- Given the \$1,000,000 General fund budget reduction which has resulted from the State's fiscal crisis, the TGYS program will be working to make necessary adjustments in response to the funding reduction while minimizing impacts to the program's mission as much as possible.
- Work with grantees as they move into the second year of the three-year grant cycle.
- Continue to work with partners and grantees who received funding from The Statewide Strategic Use Fund. Through this grant 12 returning TGYS grantees received TANF (Temporary Assistance to Needy families) funding. This funding also provides one time funding for one additional grantee, which would otherwise not have been funded in 2008-09.
- Begin to work with the new evaluator who was selected through the mandatory competitive RFP process.

Colorado Department of Public Health and Environment
Colorado AIDS Drug Assistance Program-Ryan White

The AIDS Drug Assistance-Ryan White 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.

Colorado supports two mechanisms in support of improved access to formulary medications. Some people living with HIV or AIDS are so severely disabled by their condition that they qualify for Medicare, including Medicare Part D prescription drug plans. For these individuals, Colorado ADAP offers "wrap around" assistance paying for premiums, co-payments, and other out-of-pocket costs. Other people living with HIV have no access to Medicare or other insurance coverage; they receive their medications directly, at either an ADAP-affiliated pharmacy or through mail order from The Apothecary, a retail pharmacy associated with the University of Colorado School of Pharmacy.

The 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 formulary currently includes all of the FDA approved antiretroviral medications (29), most of the medications to treat opportunistic infections and other medical complications associated with HIV disease (81). The formulary includes a total of 110 medications.

In fiscal year 2008-2009, \$3,400,575 from the Tobacco Settlement Moneys was expended for the Colorado AIDS Drug Assistance Program (ADAP). As provided in the enabling legislation, 0.03 percent or \$1,174 was retained by the Division for administrative costs and \$3,399,401 was expended directly for medications and insurance support for medication.

Accomplishments include:

- During the period July 1, 2008, through June 30, 2009, 2,018 clients accessed the program and 57,210 prescriptions were filled.
- 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.

Areas for development include:

- Creation of an interface between the pharmacy database and the case management database. This interface would allow case managers to track claims and eligibility information and thereby support people living with HIV and AIDS to remain in HIV care and be adherent to their treatment regimens.
- As medications for the treatment of HIV are available in generic form in future years, the division will institute incentives to ensure that the least costly medication is prescribed, without sacrificing effectiveness.

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, 2009, a cumulative total of 9,500 cases of AIDS and an additional 6,516 cases of HIV infection have been reported in Colorado. The number of newly diagnosed cases of HIV and AIDS has remained constant over the last five years. 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 HIV and AIDS prevention and education programs based in behavioral and social science theory and research.

Accomplishments include:

- During the period of July 1, 2008, through June 30, 2009, 32 HIV and AIDS prevention projects were funded throughout the state to address the needs of persons at-risk of acquiring or transmitting HIV.
- For the project period of July 1, 2008, through June 30, 2009, CHAPP HIV prevention programs reached 8,810 persons.
- All funded CHAPP grantees have implemented medically accurate HIV and AIDS prevention and education programs based in behavioral and social science theory and research.
- A material review process was developed to ensure that materials used in conjunction with funded projects are medically accurate and acceptable to the target populations for whom they are intended.
- End of project period data demonstrated progress towards several outcome goals, including increased early detection, increased knowledge of HIV (testing) status, and increased disclosure of HIV status to partners.
- CHAPP-funded programs were able to deliver at least one unit of service in 54 of Colorado's 64 counties.

Areas for development include:

- Enhance the reach of services to high-risk populations.
- Identify opportunities for additional program efficiency, including further streamlining of funding distribution and contract oversight.

Tier 2 Programs

Note: the Comprehensive Primary and Preventive Care Grants Program and The Children's Basic Health Plan program fall under both Tier 1 and Tier 2 programs. Information for these programs is included in the Tier 1 section above.

Colorado Department of Health Care Policy and Financing

Medicaid Shortfalls at Children's Hospital- Pediatric Specialty Hospital Fund

This funding reduces Children's Hospital's uncompensated costs associated with serving Colorado Indigent Care Program (CICP) and Medicaid clients. The intent is that the funding provides an additional incentive for continued participation in the Colorado Indigent Care program. This funding is not for a specific program, but is intended to be used in "offsetting the Medicaid shortfall for the regional pediatric trauma center as defined in section 25-3.5-703(4) (f), C.R.S." (24-75-1104.5 (1.5) (a) (X) (A)). Children's Hospital is the regions only pediatric specialty Hospital and is essential to providing Trauma care for children.

Accomplishments include:

- The Children's Hospital served 1,110 unique clients through the Colorado Indigent Care Program (CICP) and 38,288 unique Medicaid clients during FY 2008-09.

- Services Provided include immunizations, well-child visits, access to a medical home, dental benefits, hearing aids, eyeglasses, prescription drugs, inpatient and outpatient hospital services, and physical, occupational and speech therapies.

Colorado Department of Public Health and Environment **Colorado Immunization Program**

The Colorado Immunization Fund provides financial resources for immunizations, immunization strategies, and the Cervical Cancer Immunization Program. The Vaccine Advisory Committee (VACC) was established to investigate and make recommendations regarding immunization strategies for improving vaccination rates Statewide. The mission statement of VACC is “Every Colorado parent who wants his or her child fully immunized will experience no financial or structural barriers to this occurring”. In order to fulfill this mission, five subcommittees were created with specific charges. These subcommittees are Best Practices, Innovative Health Programs, Public Awareness and Education, Colorado Immunization Information System (CIIS) Registry, and Special Projects.

During the 2007 legislative session, the General Assembly enacted legislation (Senate Bill 07-097) that allocated four percent of the Supplemental Tobacco Litigation Settlement Money to be transferred to the Colorado Immunization Fund.

Accomplishments include:

- Beginning in November 2008, the Immunization Fund provided funds to 16 local public health and non-profit agencies to provide immunization services to local providers and citizens of their communities through two pilot project opportunities. Within the variety of project activities completed, a total of 42 immunization education sessions were provided (623 persons in attendance), 139 immunization clinics were held, and 4,781 clients were vaccinated.
- Developed the Statewide Immunization Public Awareness Strategic Plan which was designed to enhance and improve the public awareness regarding immunizations throughout the state of Colorado. When implemented, the plan will serve thousands of Colorado citizens and contribute to an increased overall immunization rate in the state.
- Core Service Enhancement Funding allowed 22 public health agencies to enhance infrastructure and immunization core services activities, which served thousands of Colorado citizens and contributed to an increased overall immunization rate in the state.
- The three CIIS Continuation Grants connected 62 new provider offices to CIIS and facilitated the entry of 13,780 new records into CIIS.
- The Cervical Cancer Immunization Program reimbursed a portion of the administrative fee to local agencies for vaccinating 13,044, 11 year old females.

Areas for development include:

- Continue to improve immunization rates, which will result in fewer individuals at risk from vaccine-preventable diseases.
- Move forward with the Statewide Immunization Public Awareness Strategic Plan.

- Review and revise funding distribution plans for subsequent years based upon input from the agencies.
- Facilitate the utilization of CIIS by immunization providers across Colorado

Colorado Department of Public Health and Environment
Local Public health Services

According to statute the county or district public health agency shall use these moneys to provide support for public health services, as established by the State Board of Health pursuant to §25-1-503(1), C.R.S. and in accordance with Section §25-1-512 C.R.S. and Section §24-75.1104.5 (1.5) (a) (IV) C.R.S. The county or district public health agency shall participate in assessment and planning efforts at the state, regional and local level facilitated by the Office of Planning and Partnerships. These efforts shall include assessing, maintaining and improving local capacity to provide services as established by the State Board of Health. An annual report for the previous calendar year is to be submitted on a yearly basis.

This funding is used to supplement the per capita funding provided through state general funds for local public health agencies to provide local public health services. The scope of work is designed to:

1. Provide accountability to assure State monies are being used effectively to provide public health services.
2. Develop and maintain a consistent planning framework that integrates local public health planning with statewide public health planning.
3. Inform state level decisions and policy development by integrating county and district public health plans with CDPHE strategic planning.
4. Build state and local partnerships focused on strengthening Colorado's public health system.
5. Identify areas in the state system that need improvement to better support county and district agencies through the state system functions of 1) Planning and Implementation; 2) Technical Assistance and Support; 3) Evaluation and Quality Improvement; and 4) Resources.

These funds are distributed to local public health agencies for use in implementing locally determined public health priorities based on community health assessments. These public health activities could include maternal and child health activities, immunizations, disease control and surveillance, prevention programs, etc.

Accomplishments include:

- All 54 Local Public health agencies in Colorado received funding.
- In response to SB 194-08, the Public Health Act, an advisory group has been formed comprised of representatives from local health agencies, environmental and public health officials; CDPHE leadership; the Colorado Association of Local Public Health Officials, Colorado Counties, INC and the State Board of Health. A planning process has been developed and is underway to create the statewide public health improvement plan collaboratively among local, state and other public health system stakeholders.

- CDPHE developed guidance documents for Local health Agencies that were used for establishing local health agencies, including a template for county resolutions and guidance documents on forming local boards of health and public health fund requirements for the county treasurer.

Areas for development include:

- The Statewide Public Health Improvement Plan is anticipated to be complete in December 2009. This plan will identify core services and establish standards for measurement which are the necessary foundation for the local health agencies community assessment instruments and plans. The Department intends to develop a standardized template for community health assessments, a planning template and a capacity assessment. Once these templates are complete the Department will begin working with local public health agencies to develop assessments and plans.

Colorado Department of Public Health and Environment

Short-term Innovative Health Program

The short-Term Innovative Health program was established by the legislature to "make short-term grants of no more than one fiscal year in duration to fund innovative health programs designed to improve the health of Coloradoans." Participation in the program is limited to organizations that meet the following criteria: identified priorities that could be advanced in a short period of time, have not been attempted by the Department previously and could not be funded by an alternative funding source. Program authorization can be found at 25-36-101 CRS

Accomplishments include:

- Grants in the amount of \$162,600 were made to 5 local organizations. Grants covered a wide variety of topics including youth mentoring, suicide prevention, preconception health, infant mortality among African Americans and breastfeeding promotion (helping new mothers to initiate breastfeeding and extend the time they breastfeed their infants)
- The Department has been drafting program rules and working with the Board of Health to finalize those rules. This work was not completed as funding was withdrawn.
- The Department began development of a website to make information about the program readily available. This work was not completed as funding was withdrawn.

Areas for development include:

- As a result of the statewide budget emergency, funding to this program was withdrawn as of October 2009. The existing grants were completed, and no future grants were made.

Colorado Department of Human Services
Offender Mental Health Services

The primary goal of the Offender Mental Health Services Initiative Program is to reduce recidivism for juveniles and adults with mental illness involved in the criminal justice system. The program attempts to develop community-based services in collaboration with local and State juvenile and criminal justice agencies.

Program goals include

- Increase community capacity to serve juveniles with serious emotional disorders (SED) and adults with serious Mental illness (SMI)
- Provide outcome and recovery oriented services that increase the target population's ability to function independently in the community.
- Promote collaboration among communities and across mental health and criminal justice systems
- Reduce jail and prison recidivism
- Provide for long term, local sustainability
- Provide cost effective services

Services provided include

- Medication management
- Development of Assertive Therapeutic Communities
- Aggression Replacement
- Cognitive Behavioral Therapy (CBT), Solution-focused Treatment
- Wellness Management
- Recovery classes
- Supported Employment Services
- Alcohol Treatment Units
- Wellness & Recovery Centers
- Jail Diversion
- M-TREM (Male-Trauma Recovery and Empowerment Model)
- Trauma Focused CBT
- Functional Family Therapy
- Dialectic Behavioral Therapy
- Multi Systemic Therapy
- Integrated Dual Disorders Treatment
- Motivational Interviewing
- Benefits acquisition
- Housing assistance
- Pharmacological treatment
- Individual and group psychotherapy

Accomplishments include:

- During FY 2008-09, the Offender Mental Health Services Initiative Program served 1,547 individuals (1,257 adults and 290 juveniles).
- During FY 2008-09, eleven Community Mental Health Centers (CMHCs) were funded to develop projects tailored to meet their local needs. Each CMHC established goals concerning the number and types of juveniles with serious emotional disorders (SED) and/or adults with serious mental illness (SMI) to be served.
- a preliminary analysis of program level data and CCAR data indicates that overall, the Offender Mental Health Services Initiative Program was effective in achieving its stated goal of reducing recidivism for juveniles and adults with mental illness involved in the criminal justice system through community-based services in collaboration with the criminal and juvenile justice systems.

Colorado Department of Human Services

Alcohol and Drug Abuse Program--Community Prevention and Treatment Program

The Division of Behavioral Health allocates 25% of the appropriation for community prevention services/programs and 75% for treatment services. This is consistent with the legislative intent established in SB07-097.

The 25% (\$281,127) allocated for prevention services and programs enhance existing programs that the Division of Behavioral Health has established in communities throughout Colorado. The moneys are distributed equitably through 52 provider contracts. Prevention programs provide young people, families and communities with the resources and skills to increase protective factors and decrease risk factors linked to substance abuse. These programs provide a range of services that include education, training, problem identification and referral, community and school-based strategies, information dissemination and environmental programs. Services are delivered in multiple ways. Direct Services are more intensive and focus on individuals and families who are indicated to be at high risk for substance abuse (i.e. mentoring or parenting classes), while Indirect Services focus on community based processes such as developing coalitions, changing local policies, and environmental strategies such as social marketing campaigns and health curricula in schools.

The 75% (\$843,381) allocated for treatment services is prioritized for enhancing/expanding substance abuse treatment services statewide. The Division of Behavioral Health achieves this by equitably increasing funds available for services in each of the seven sub-state planning areas. Substance use disorder treatment funded by the tobacco settlement dollars is used for group, individual, and/or family counseling aimed at reducing substance use, increasing abstinence, improving housing situations, gaining employment, and reducing involvement with the juvenile or criminal justice systems. The required basic treatment services in the treatment contracts are detoxification, outpatient opioid replacement treatment, individual, group and family outpatient therapy, intensive outpatient therapy, transitional residential treatment, therapeutic community and intensive residential treatment. These services are delivered through statewide contracts with four managed service organizations, which subcontract with providers in six geographic regions. Populations primarily served are

persons involuntarily committed for treatment due to the perceived danger to themselves or to others caused by alcohol or drug dependence, pregnant substance-abusing women, injecting drug users, substance abusing women with dependent children, and adolescents with substance use disorders, including binge drinking.

Accomplishments include:

- The prevention programs served 675,458 clients in FY 2008-09
- The prevention program provided DIRECT Services to 89,704 clients and indirect services to 585,748 community members.
- statistically significant decreases ($p < .05$) were noted in 30 day use of alcohol, smokeless tobacco, and LSD/hallucinogens for surveyed youth ages 12 to 17 who had received prevention services.
 - o For those participants who used a given substance at pre-test, statistically significant decreases ($p < .05$) were noted in 30 day use of that substance for cigarettes, alcohol, smokeless tobacco, marijuana, and other drug use (LSD/hallucinogens, amphetamines, crack, and cocaine).
- Statistically significant ($p < .05$) changes were noted in:
 - o An increase in participants' perception of risk related to having five or more drinks of alcohol once or twice a week, smoking one or more packs of cigarettes per day, and smoking marijuana once or twice a week.
 - o A decrease in approval of alcohol use, indicating that youth attitudes against alcohol use were strengthened over the course of the program.
- For FY 2008-09, there were 23,216 discharges from substance abuse treatment (excluding detox and DUI services), 17,488 were unique clients.
 - o In FY 2008-09, there was a decline from 48% to 19% (admission to discharge) in the proportion of all treatment clients reporting any substance use in the previous 30 days.

For more detailed reporting on substance abuse prevention and treatment services, costs and performance specific to the Division of Behavioral Health, the Department provided its October 31, 2009, report to the General Assembly: "The Costs and Effectiveness of Substance Use Disorder Programs in the State of Colorado." It can be found at http://www.cdhs.state.co.us/adad/Documents/Denver%20CEWG%202007_Fnl%20update%206-4-08_1.doc.

Department of Personnel and Administration
Supplemental State Health and Dental Contribution

The Supplement of Low-Income State Employee Benefits Program was established pursuant to HB07-1335. The legislation was intended to encourage lower-income employees with dependent children to enroll in health insurance offered by the state by supplementing plan premiums. The program also promotes the use of disease management programs to reduce the costs of health care. This disease management program includes a childhood asthma program, with funding used to make copayments for appropriate asthma drugs and specialty pulmonary supervision.

Eligibility criteria includes an employee as defined in Section 24-50-603 (7) who is eligible by virtue of their employment to enroll in a group benefit plan; has an annual household income of less than three hundred percent of the Federal Poverty Level; and has at least one dependent other than their legal spouse.

Accomplishments include:

- The Department received and reviewed 691 applications, of which 482 were approved.
- Two special open enrollment periods were offered to allow those who qualified for the supplement to enroll or add dependents.
- Although most of the employees who applied for the supplement were already enrolled in healthcare coverage, 16 new enrollments were made by employees who had previously waived coverage and an additional 26 employees enrolled uninsured dependents during the special enrollment periods.
- In all, coverage for 1,100 children was supplemented in FY 2008-09.
- Employee contributions were reduced to zero for all applicants.
- DPA was able to supplement all applicants in Tiers 1, 2 and 3 at 100% during FY 2008-09 for medical coverage, but the program did not have sufficient funds to supplement dental coverage.
- Using the \$160,000 appropriated from the Short-Term Innovative Health Program grant fund, a pilot disease management program was established. The pilot was aimed at lower-income state employees and their dependents that have had at least one asthma-related hospital admission or emergency room visit. Of the 82 employees meeting the eligibility criteria. Ten responded to the outreach and enrolled in the initiative and eight completed the program. Final results from the eight participants showed a small wellness improvement from 19 on the original benchmarking Childhood Asthma Control Test to 20.6 out of a possible 27 on the final test.