

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) 2011-12, which spans from July 1, 2011, to June 30, 2012, 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

The Tobacco Master Settlement Agreement is a multi-year monetary award from the major U.S. tobacco manufacturers in response to litigation brought by states against the tobacco industry. The Colorado legislature has declared that this funding will be used to enact tobacco use prevention, education, and cessation programs; related health programs; and literacy programs with the goal of improving the health of Coloradoans.

Pursuant to the Tobacco Master Settlement Agreement reached between states and tobacco manufacturers in the late 1990s, Colorado receives an annual allocation of tobacco settlement funds, currently estimated at \$90 million. Recent year receipts have been significantly affected by funds withheld by manufacturers due to a dispute over whether states are diligently enforcing provisions of the settlement agreement related to "nonparticipating manufacturers". Legal proceedings related to this dispute are ongoing.

This Tobacco Settlement monitoring report is legislatively mandated. Per statute the report provides information regarding the distribution and usage of the Tobacco Master Settlement funds. This is the eleventh annual tobacco settlement monitoring report. The Colorado Board of Health recommends funding be continued for the core tobacco settlement programs included

in this report and makes no recommendation for any changes or additional programs 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 approximately \$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:

- The amount of tobacco settlement monies received by the program for the preceding fiscal year;
- 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.
- Information evaluating the operation of the program, including effectiveness of the program in achieving its stated goals; and
- Any other information required by rule of the state board.

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 Treasurer's annual fund distribution report;

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, state fiscal year 2010;
- 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,
- Performance audits of Tobacco Tax and Tobacco Settlement Revenue Collections and Distributions Departments of Revenue and Treasury

Office of the State Treasurer

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

Historic Legislation

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 11 Tier 1 programs receive their allocations to a group of 9 additional health-related programs listed in Section 24-75-1104.5 (1.5), C.R.S.,. These are referred to as Tier 2 programs and include the CU Denver Health Sciences Fund, Colorado Indigent Care Program, Medicaid Shortfalls at Children's Hospital, Local Public Health Planning and Support, Colorado Immunization Program, Short-term Innovative Health Program Grants, Offender Mental Health Services, Alcohol and Drug Abuse, Supplemental State Health and Dental Contribution.

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.

Additionally, seven bills (the "Innovative Grant Fund" bills, S.B. 07-4, S.B. 07-146, S.B. 07-232, H.B. 07-1057, H.B. 07-1064, H.B. 07-1335, and H.B. 07-1346) tapped tobacco settlement money that would have otherwise supported the Short-term Innovative Health Program.

Key legislation

(A) Three bills were passed in the 2010 session that impacted Tobacco Settlement funding.

HB10-1140 Veterans Trust Fund Guard Armories (Nikkel—Shaffer B) This bill allows funds from the Veterans Trust Fund to be used to build National Guard armories at Alamosa, Grand Junction, and Windsor, with an effective repeal date of July 1, 2011.

HB10-1323 Use Of Tobacco Tax Master Settlement (Pommer—Ferrandino) To help balance the state budget for fiscal years 2009-10 and 2010-11, the bill limits the amount of tobacco money transferred to the comprehensive primary and preventive care grant program to the amount committed for grants on or before September 30, 2009, and transfers the remaining amount to the general fund. For FY 2010-11, the appropriation of \$2.9 million is transferred to the general fund. The bill also directs the following changes:

- a transfer of \$2 million from the Colorado indigent care program to the general fund for FY 2009-10;
- the \$1.6 million balance remaining in the short-term innovative health program fund at the end of FY 2010-11 is transferred to the general fund;
- the creation of the supplemental tobacco litigation settlement moneys account in the comprehensive primary and preventive care fund is repealed; and
- for FY 2010-11 and each year after, the children's basic health plan trust fund shall receive 13.5% of the master settlement moneys (up from 5% in FY 2009-10).

SB10-73 Nurse Home Visitor Program Admin (Tapia—McFadyen) The act modifies and clarifies the roles of the department of public health and environment (department) and the health sciences facility at the university of Colorado (health sciences facility) with regard to the nurse home visitor program (program), which receives moneys from tobacco litigation settlement funds and sets forth the general assembly's intent that the 2 entities collaborate. The most notable changes are:

- A requirement that the health sciences facility work with the state auditor's office during its annual evaluations of tobacco settlement programs;
- A requirement that the health sciences facility, rather than the state board of health and the department, monitor the effectiveness of the program;
- Caps the amount of the money annually appropriated for the program from the Nurse Home Visitor fund, that the department may retain at 5%, of which up to 2% may be retained by the department for its costs to implement the program and up to 3% may be used to compensate the health sciences facility for its costs in administering the program; and
- To implement the act the appropriation for the department is reduced by 1.0 FTE.

(B) Three bills were passed in the 2011 session that impacted Tobacco Settlement funding.

SB11-216 Children's Basic Health Plan General Fund Appropriation (Hodge—Ferrandino) For the 2011-12 fiscal year and each fiscal year thereafter, the act changes the distribution of tobacco master settlement moneys to decrease moneys provided to various cash-funded programs and redirects those moneys to offset the general fund costs of the children's basic health plan program. The most notable changes are:

- Reallocates an additional 3% of the Tier 1 distribution of master tobacco settlement moneys to the children's basic health plan program instead of to the comprehensive primary and preventative care grant program;

- Reallocates an additional 1% of the Tier 2 distribution of master tobacco settlement moneys to the children's basic health plan program instead of to the pediatric specialty hospital fund.
- Transfers the balance of moneys in the pediatric specialty hospital fund on August 1, 2011, to the general fund and abolishes the pediatric specialty hospital fund, effective September 1, 2011.
- Transfers the balance of moneys in the comprehensive primary and preventive care fund on August 1, 2011, to the general fund and abolishes the comprehensive primary and preventive care grant fund, effective September 1, 2011.
- The comprehensive primary and preventive care grant program is repealed, effective September 15, 2011.
- Appropriation for the Short Term Innovative Health Program is transferred to the general fund for FY 2010-11.

SB11-225 Investment Earnings on Tier 2 Tobacco Litigation Settlement Moneys (Hodge—Gerou) This bill redirects certain transfers of tobacco-settlement moneys from the Short-term Innovative Health Program Grant Fund to the General Fund and transfers the balance of the Short-term Innovative Health Program Grant Fund to the General Fund at the end of FY 2011-12 in order to augment FY 2011-12 General Fund revenues. Under prior law, at the end of each fiscal year most "Tier Two" tobacco-settlement programs transferred unspent settlement dollars and interest to the Short-term Innovative Health Program Grant Fund. At year's end, the State Treasury also transferred certain other unspent tobacco settlement dollars to the Short-term Innovative Health Program Grant Fund. For FY 2011-12 and subsequent years, this bill directs these transfers to the General Fund.

HB11-1281 Health Care Professional Loan Forgiveness Programs - Consolidation of Nursing Teacher Loan Forgiveness Pilot Program with Health Professional Loan Repayment Program (Boyd—Joshi) This bill consolidates the Nursing Teacher Loan Forgiveness Pilot program administered by Collegeinvest, with the Health Professional Loan Repayment Program, known as the Colorado Health Service Corps, administered by the Primary Care Office in the Department of Public Health and Environment. This consolidation allows nursing faculty and health care professional faculty members serving in qualified faculty positions at educational institutions with accredited nursing or health care professional training programs to obtain loan repayment through the Colorado Health Service Corps.

The membership of the Colorado health service corps advisory council is adjusted to add at least 2 members representing professional nursing organizations, at least 2 advanced practice nurses who hold faculty positions at 2 different educational institutions, and one advanced practice nurse who holds a faculty position at a 2-year educational institution.

The act retains \$227,000 of the balance in the Nursing Teacher Loan Forgiveness Fund for purposes of paying outstanding loan repayment obligations and associated administrative costs and transfers the remaining balance in the Nursing Teacher Loan Forgiveness Fund to the General Fund. Additionally, starting July 1, 2011, \$250,000 of the "Tier Two" tobacco-settlement moneys are annually allocated to the Colorado Health Service Corps Fund, and the

current allocation to the Short-term Innovative Health Program Grant Fund is reduced by a corresponding amount.

(C) Four bills were passed in the 2012 session that impacted Tobacco Settlement funding.

SB12-114 Tobacco Litigation Settlement - disputed payments - expansion of definition.

(Levy—Lambert) Before the enactment of this act, the law had required all Tobacco Litigation Settlement disputed payments to be credited to the state General Fund, but it would not have required any disputed payments to be so credited in the future because it defined "disputed payments" to include only payments received by the state between July 1, 2008, and June 30, 2011. The act expands the definition of "disputed payments" to include all payments received by the state on or after July 1, 2008, that otherwise meet the criteria for being disputed.

HB12-1238 Early Literacy Education (Massey--Johnston) This bill repeals the "Colorado Basic Literacy Act" on July 1, 2013, and replaces it with the "Colorado READ Act". The act repeals the Read-to-Achieve Fund and replaces it with the Early Literacy Fund (ELF). The ELF consists of any moneys remaining in the Read-to-Achieve Fund as of June 30, 2012; 5% of the Tobacco Master Settlement moneys up to \$8 million per year; and, beginning in the 2013-14 fiscal year, up to \$16 million of the interest received on the Permanent School Fund. In the 2012-13 budget year, the department will expend the ELF moneys on the Read-to-Achieve grants that are outstanding as of July 1, 2012, and may use any remaining moneys to provide technical support to local education providers. Beginning in the 2013-14 budget year, the department will annually expend the ELF moneys as follows:

- \$1 million to provide literacy support in the form of professional development delivered by experts in literacy on a regional basis to local education providers;
- \$4 million for grants awarded through the early literacy grant program;
- Up to 1% of the moneys in the ELF to offset the costs incurred by the department in administering the act;
- The remaining moneys allocated to local education providers on a per-pupil basis, based on the number of enrolled early grade students with significant reading deficiencies, to provide specified interventions (per-pupil intervention moneys).

The department will administer an early literacy grant program to provide money to applying local education providers to implement literacy support and intervention instruction programs, including professional development, to assist students in early grades to achieve reading competency.

HB12-1247 Tobacco Litigation Settlement - moneys - Annual Reductions in Amount of Accelerated Payments (Steadman—Gerou) Before the enactment of the act, the law required over 90% of the allocations of Tobacco Litigation Settlement moneys (settlement moneys) for tobacco programs to be made through payments of settlement moneys received in the same fiscal year in which they are allocated (accelerated payments). Because the state receives settlement

moneys in the last quarter of each fiscal year, it uses general fund moneys as working capital to operate tobacco programs until it receives each year's settlement moneys.

This de facto loan of General Fund moneys creates a risk of loss to the General Fund if the settlement moneys received in any given fiscal year are substantially lower than anticipated, which might occur if, for example, the state lost an ongoing legal dispute with tobacco manufacturers. To reduce the risk of loss to the general fund, the act annually reduces the amount of accelerated payments. The act offsets the annual reductions by repealing the short-term innovative health program grant fund, which currently receives 6% of tier 2 settlement program allocations, and requiring the additional tobacco litigation settlement cash fund moneys made available by the elimination of the grant fund to be used to supplement annual allocations of settlement moneys.

HB12-1249 Tobacco Litigation Settlement – Allocation to State Auditor’s Office (Steadman—Gerou) Current law requires the General Assembly to annually appropriate 0.1% of the Tobacco Litigation Settlement moneys received by the state (settlement moneys) to the Office of the State Auditor for the costs of conducting program reviews and evaluations of the performance of tobacco settlement programs. The funding comes out of and proportionally reduces the amount of settlement moneys received by all tier 1 tobacco settlement programs reviewed and evaluated during a fiscal year. Beginning with the 2012-13 fiscal year, the act replaces the 0.1% appropriation with an annual allocation to the state auditor's office of \$89,000 of settlement moneys.

IV. 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 changes or additional programs for which the General Assembly should consider appropriating monies received pursuant to the Master Settlement Agreement.

V. PROGRAM OVERVIEW

Pursuant to section 24-75-1104.5, C.R.S., for state fiscal year 2011-2012, the following programs receive monies subject to appropriations based on statutory funding methodologies; percentages are based on the total master settlement funding received each year:

Tier 1 Programs

- Children’s Basic Health Plan, 27 percent, not to exceed \$33 million each year, with a minimum of \$17.5 million. (24 percent, not to exceed \$30 million in previous years.
- Comprehensive Primary and Preventive Care Grant Program was eliminated in 2011-12 per SB11-216. Previously the program was allocated 3 percent, not to exceed \$5 million; except in 2009-10 and 2010-11 the annual appropriation 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;
- 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, 13 percent, not to exceed \$19 million. Beginning in FY 2007-08, 12 percent, with a maximum of \$19 million. Rises by one percentage point each year up to 19 percent in FY 2014-2015.
- Dental Loan Repayment Program, \$200,000 maximum;
- Tony Gramscas Youth Services Program, 4 percent, not to exceed \$5 million;
- ADAP-Ryan White AIDS Drug Assistance Program, 3.5 percent, not to exceed \$5 million per year;
- HIV and AIDS Prevention Grant Program, 2%, not to exceed \$2 million; and,
- Child Mental Health Treatment Program, \$300,000 per year

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 General Fund.

Tier 2 Programs

- University of Colorado at Denver Health Sciences Center shall receive 49 percent of the remaining monies after Tier 1 has been funded. (This funding is used to pay off construction bonding, and no report is submitted)
- Colorado Indigent Care Program was eliminated in 2011-12 per SB11-216. Historically the program, received 8.5 percent of the remaining monies after Tier 1 has been funded, except in 2009-10 and 2010-11 the annual appropriation was transferred to the General Fund.
- The Pediatric Specialty Hospital Fund (Medicaid Shortfalls at Children's Hospital) was eliminated in 2011-12 per SB11-216. In previous years the program received 1 percent of the remaining monies after Tier 1 has been funded.
- Children's Basic Health Plan Trust shall receive 6 percent of the remaining monies after Tier 1 has been funded. Prior to 2011-12, the program was allocated 5 percent of the remaining moneys after Tier 1 had been funded.
- Public Health Services Support Fund (Local Public Health Planning and Support) shall receive 7 percent of the remaining monies after Tier 1 has been funded.
- Colorado Immunization Fund shall receive 4 percent of the remaining monies after Tier 1 has been funded.
- The Short Term Innovative Health Program Fund shall receive 6 percent of the remaining monies after Tier 1 has been funded, except in 2008-2009, 2009-10, 2010-11 and 2011-12 the annual appropriation was transferred to the General Fund.
- Offender Mental Health Treatment shall receive 12 percent of the remaining monies after Tier 1 has been funded.

- Division of Alcohol and Drug Abuse shall receive 3 percent of the remaining monies after Tier 1 has been funded.
- Supplemental State Contribution Fund (Supplemental State Health and Dental Contribution) shall receive 4.5 percent of the remaining monies after Tier 1 has been funded.
- Colorado Health Service Corps Fund (added to Tier 2 in FY12 by HB11-1281) shall receive \$250,000 of the remaining monies 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 the following 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 Program.

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 listed below have authority to retain unspent and unencumbered funds in their specific program fund:

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

The Tier 2 Programs have, by statute, their interest and any unencumbered/unexpended funds at the end of the year transferred to the General Fund.

Table 1: FY 2011-12 and FY 2012-13 appropriations

	FY 2011-12 Long Bill Appropriation	FY 2011-12 Revised Appropriation (Long bill, special bills and supplementals)	FY 2012-13 Appropriation
Tier 1 Programs			
Department of Health Care Policy and Financing			
Children's Basic Health Plan	\$28,292,000	\$28,292,000	\$28,230,480
Comprehensive Primary & Preventive Care Grants*	Eliminated		
Children with Autism	\$1,000,000	\$1,000,000	\$1,000,000
Department of Education			
Read to Achieve	\$4,391,241	\$4,391,241	\$5,242,516
Department of Military and Veteran's Affairs			
Veteran's Trust Fund	\$861,789	\$861,789	\$982,657
Department of Public Health and Environment			
Nurse Home Visitor	\$13,541,949	\$12,737,350	\$13,037,008
Dental Loan Repayment**	\$203,225	\$203,225	\$200,298
Tony Gramscas Youth Services	\$3,613,049	\$3,609,324	\$3,575,764
ADAP-Ryan White	\$3,158,161	\$3,158,161	\$3,125,420
HIV and Aids Prevention	\$1,776,335	\$1,774,664	\$2,137,476
Department of Human Services			
Child Mental Health Treatment Program	\$300,000	\$300,000	\$300,000
Tier 1 Subtotal	\$57,137,749	\$56,327,754	\$44,794,611

	FY 2011-12 Appropriation	FY 2011-12 Revised Appropriation	FY 2012-13 Appropriation
Tier 2 Programs			
Department of Health Care Policy and Financing			
Colorado Indigent Care Program*	Eliminated		
Medicaid Shortfalls at Children's Hospital-Pediatric Specialty Hospital fund*	\$296,872	\$0	\$0
Department of Public Health and Environment			
Local Public Health Planning and Support	\$2,078,104	\$2,045,938	\$1,989,030
Colorado Immunization Program (includes transfers to HCPF)	\$1,187,488	\$1,187,488	\$1,136,590
Short-term Innovative Health Program Grants*	\$0	\$0	\$0
Colorado Health Service Corps	\$250,000	\$250,000	\$250,000
Department of Human Services			
Offender Mental Health Services	\$3,560,930	\$3,561,930	\$3,404,101
Division of Alcohol and Drug Abuse	\$816,621	\$799,1077	\$851,758
Department of Personnel And Administration			
Supplemental State Health and Dental Contribution	\$1,335,924	\$1,335,924	\$1,278,660
Tier 2 Subtotal	\$9,525,939	\$16,372,357	\$8,910,139
TOTAL	\$66,663,688	\$72,700,111	\$53,704,750

Please note that the Short Term Innovative Health and Colorado Indigent care programs did not receive funding in FY 2009-10, FY 2010-11 or FY 2011-12. The funding for these programs has been transferred to support other programs during the financial crisis.

*Per SB11-216, program and annual appropriation is eliminated for FY 2011-12 and subsequent out years.

** For FY 2011-12, a budget amendment was approved to utilize the balance of earned interest in the fund.

Tables 2, 3 and 4 (state fiscal years 2009-12, 2010-11 and 2011-12) list funds disbursed from the Tobacco Settlement Cash Fund and funds reverted to the Tobacco Settlement Trust Fund as reported by the State Treasurer. 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 2009-2010 Treasury disbursements and reversion of funds

TIER 1 PROGRAMS	2009-2010 AVAILABLE TREASURY ALLOCATIONS	ACTUAL TRANSFERS FROM TREASURY	FUNDS FORWARDED TO 2010-11	FUNDS REVERTED TO THE TRUST FUND
Children's Basic Health Plan*	\$31,586,571	\$25,814,362	\$5,772,209	\$0
Comprehensive Primary and Preventive Care	\$242,041	\$130,298	\$0	\$111,743
Children with Autism*	\$1,042,785	\$1,000,000	\$42,785	\$0
Read to Achieve*,**	\$4,990,663	\$4,990,663	\$0	\$0
Veterans Trust Fund*	\$1,078,911	\$998,133	\$80,778	\$0
Nurse Home Visitor	\$12,975,724	\$12,651,361	\$0	\$324,363
Dental Loan Repayment*, **	\$200,000	\$199,591	\$409	\$0
Tony Gramscas Youth Services	\$3,992,530	\$3,986,075	\$0	\$6,455
ADAP-Ryan White	\$3,622,156	\$3,493,464	\$0	\$128,692
HIV Aids Prevention*, **	\$2,778,366	\$1,996,265	\$782,101	\$0
Child Mental Health Treatment Program	\$300,000	\$275,886	\$0	\$24,114
Tier 1 Subtotal	\$62,809,747	\$55,536,098	\$6,678,282	\$595,367
TIER 2 PROGRAMS				
Colorado Indigent Care Program	\$0	\$0	\$0	\$0
Medicaid Shortfalls at Children's Hospital	\$283,000	\$283,000	\$0	\$0
Local Public Health Planning and Support	\$2,450,000	\$2,450,000	\$0	\$0
Colorado Immunization Program	\$1,400,000	\$1,400,000	\$0	\$0
Short-term Innovative Health Program Grants*	\$0	\$0	\$0	\$0
Offender Mental Health Services	\$4,200,000	\$4,200,000	\$0	\$0
Alcohol and Drug Abuse	\$1,050,000	\$1,050,000	\$0	\$0
Supplemental State Health and Dental Contribution.	\$1,575,000	\$1,469,800	\$340,667	\$0
Tier 2 Subtotal	\$10,958,000	\$10,852,800	\$340,667	\$0
TOTAL	\$73,767,747	\$66,388,898	\$7,018,949	\$595,367

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

** Programs with a higher actual transfer than available allocation had fund balance available for use.

Table 3: State fiscal year 2010-2011 Treasury disbursements and reversion of funds

TIER 1 PROGRAMS	2010-2011 AVAILABLE TREASURY ALLOCATIONS	ACTUAL TRANSFERS FROM TREASURY	FUNDS FORWARDED TO 2010-11	FUNDS REVERTED TO THE TRUST FUND
Children's Basic Health Plan*	\$26,910,570	\$26,910,570	\$0	\$0
Comprehensive Primary and Preventive Care	\$2,824,017	\$0	\$0	\$0
Children with Autism*	\$1,000,000	\$1,000,000	\$0	\$0
Read to Achieve*,**	\$4,706,694	\$4,706,694	\$0	\$0
Veterans Trust Fund*	\$941,339	\$941,339	\$0	\$0
Nurse Home Visitor	\$13,178,744	\$13,152,160	\$0	\$26,584
Dental Loan Repayment*, **	\$200,000	\$200,000	\$0	\$0
Tony Gramscas Youth Services	\$3,765,355	\$3,765,294	\$0	\$61
ADAP-Ryan White	\$3,294,685	\$3,294,685	\$0	\$0
HIV Aids Prevention*, **	\$1,882,678	\$1,882,678	\$0	\$0
Child Mental Health Treatment Program	\$300,000	\$300,000	\$0	\$0
Tier 1 Subtotal	\$59,004,082	\$56,153,420	\$0	\$26,645
TIER 2 PROGRAMS				
Colorado Indigent Care Program	\$0	\$0	\$0	\$0
Medicaid Shortfalls at Children's Hospital	\$307,000	\$307,000	\$0	\$0
Local Public Health Planning and Support	\$2,239,190	\$2,239,190	\$0	\$0
Colorado Immunization Program	\$1,279,537	\$1,279,537	\$0	\$0
Short-term Innovative Health Program Grants*	\$0	\$0	\$0	\$0
Offender Mental Health Services	\$3,838,611	\$3,838,611	\$0	\$0
Alcohol and Drug Abuse	\$959,653	\$959,653	\$0	\$0
Supplemental State Health and Dental Contribution.	\$1,439,479	\$1,439,479	\$0	\$0
Tier 2 Subtotal	\$10,063,470	\$10,063,470	\$0	\$0
TOTAL	\$69,067,552	\$66,216,890	\$0	\$26,654

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

** Programs with a higher allocation than transfer had fund balance available for use.

Table 4: State fiscal year 2011-2012 Treasury disbursements and reversion of funds

TIER 1 PROGRAMS	2011-2012 AVAILABLE TREASURY ALLOCATIONS	ACTUAL TRANSFERS FROM TREASURY	FUNDS FORWARDED TO 2012-13	FUNDS REVERTED TO THE TRUST FUND
Children's Basic Health Plan*	\$24,071,775	\$24,071,775	\$0	\$0
Comprehensive Primary and Preventive Care (eliminated)	\$0	\$0	\$0	\$0
Children with Autism*	\$1,000,000	\$1,000,000	\$0	\$0
Read to Achieve*,**	\$4,457,736	\$4,457,736	\$0	\$0
Veterans Trust Fund*	\$891,547	\$861,339	\$30,208	\$0
Nurse Home Visitor	\$12,737,350	\$12,418,552	\$0	\$318,798
Dental Loan Repayment*, **	\$200,000	\$200,000	\$0	\$0
Tony Gramsas Youth Services	\$3,566,189	\$3,555,968	\$0	\$10,221
ADAP-Ryan White	\$3,120,416	\$3,111,081	\$0	\$9,335
HIV Aids Prevention*, **	\$1,783,094	\$1,783,094	\$0	\$0
Child Mental Health Treatment Program	\$300,000	\$300,000	\$0	\$0
Tier 1 Subtotal	\$52,128,107	\$51,759,545	\$30,208	\$338,354
TIER 2 PROGRAMS				
Colorado Indigent Care Program (eliminated)	\$0	\$0	\$0	\$0
Medicaid Shortfalls at Children's Hospital (eliminated)	\$0	\$0	\$0	\$0
Local Public Health Planning and Support	\$2,052,059	\$2,052,059	\$0	\$0
Colorado Immunization Program	\$1,172,606	\$1,172,606	\$0	\$0
Short-term Innovative Health Program Grants (eliminated)	\$0	\$0	\$0	\$0
Offender Mental Health Services	\$3,517,816	\$3,517,816	\$0	\$0
Alcohol and Drug Abuse	\$879,454	\$879,454	\$0	\$0
Supplemental State Health and Dental Contribution.	\$1,319,181	\$1,319,181	\$0	\$0
Colorado Health Service Corps	\$250,000	\$250,000	\$0	\$0
Tier 2 Subtotal	\$9,191,116	\$9,191,116	\$0	\$0
TOTAL	\$61,319,223	\$60,950,661	\$30,208	\$338,354

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

** Programs with a higher allocation 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. The appropriation is one-tenth of one percent of the annual settlement payment. The appropriation for each program is reduced by a proportional share of the money allocated to the State Auditor's Office. This replaced a direct payment from each program to the Auditor's Office. Each program is still required to directly pay the Colorado Department of Public Health and Environment for their portion of the oversight and monitoring costs.

The auditing costs were as follows:

- FY 2005-06 \$88,878;
- FY 2006-07 \$89,735;
- FY 2007-08 \$79,958;
- FY 2008-09 \$14,126;
- FY 2009-10 \$61,760
- FY 2010-11 \$5,728
- FY 2011-12 \$19,976

The monitoring costs for the Department of Public Health and Environment were as follows:

- FY 2005-06 \$30,375;
- FY 2006-07 \$28,155;
- FY 2007-08 \$30,866;
- FY 2008-09 \$30,979;
- FY 2009-10 \$27,795
- FY 2010-11 \$24,987
- FY 2011-12 \$24,994

Administrative Costs

The tobacco settlement statute limits the amount of funds available for administrative costs incurred by the programs or boards. The allowable administrative costs are 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 administrative cost 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.

TIER 1 PROGRAMS	ALLOWED '09-'10	ACTUAL COSTS '09-'10	ALLOWED '10-'11	ACTUAL COSTS '10-'11	ALLOWED '11-'12	ACTUAL COSTS '11-'12
Children's Basic Health Plan *	Use of admin funds not specified	N/A	Use of admin funds not specified	N/A	Use of admin funds not specified	N/A
Comprehensive Primary and Preventive Care**	1.0% = \$38,866	Less than 1% = \$3,889	1.0% = \$0	\$0	0%	\$0
Children with Autism Program	Use of admin funds not specified	3.9% = \$39,589	Use of admin funds not specified	2.6% = \$26,792	Use of admin funds not specified	Less than 1% = \$6,727
Read to Achieve	3.0% = \$149,720	1.8% = \$92,930	3.0% = \$188,721	1.9% = \$123,950	3.0% = \$131,737	2.6% = \$117,324
Veterans Trust Fund	5.0% = \$53,946	2.9% = \$31,375	5.0% = \$54,139	2.5% = \$26,616	5.0% = \$43,089	3.7% = \$32,582
Nurse Home Visitor	5.0% = \$672,402	2.9% = \$393,395	5.0% = \$672,223	5.0% = \$675,073	5.0% = \$636,867	4.9% = \$633,670
Dental Loan Repayment	10.0% = \$20,000	7.5% = \$15,004	10.0% = \$22,466	6.6% = \$14,933	10.0% = \$20,322	11.3% = \$22,972
Tony Gramscas Youth Services	Use of admin funds not specified	5.4% = \$225,305	Use of admin funds not specified	6.2% = \$238,946	Use of admin funds not specified	6.2% = \$222,985
ADAP-Ryan White Program	Use of admin funds not specified	Less than 1% = \$858	Use of admin funds not specified	Less than 1% = \$949	Use of admin funds not specified	
HIV and AIDS Prevention	5.0% = \$148,315	6.3% = \$188,018	5.0% = \$146,910	2.2% = \$66,095	5.0% = \$88,733	Less than 1% = \$14,117
Child Mental Health Treatment Program	Use of admin funds not specified	\$0	Use of admin funds not specified	\$0	Use of admin funds not specified	\$0
Local Public Health Planning and Support	Use of admin funds not specified	\$0	Use of admin funds not specified	\$0	Use of admin funds not specified	\$0
Colorado Immunization Fund	Use of admin funds not specified	Less than 1% = \$392	Use of admin funds not specified	Less than 1% = \$370	Use of admin funds not specified	Less than 1% = \$370

TIER 2 PROGRAMS	ALLOWED '09-'10	ACTUAL COSTS '09-'10	ALLOWED '10-'11	ACTUAL COSTS '10-'11	ALLOWED '11-'12	ACTUAL COSTS '11-'12
Short-Term Innovative Health Program	Use of admin funds not specified	\$0	Use of admin funds not specified	\$0	Use of admin funds not specified	\$0
Offender Mental Health services	Use of admin funds not specified	2.5% = \$105,894	Use of admin funds not specified	2.5% = \$98,921	Use of admin funds not specified	1.7% = \$62,336
Alcohol and Substance Abuse Prevention and Treatment	Use of admin funds not specified	Less than 1% = \$100	Use of admin funds not specified	7.5% = \$73,995	Use of admin funds not specified	9.1% = \$73,104
Supplemental State Health and Dental Contribution	Use of admin funds not specified	Less than 1% = \$442	Use of admin funds not specified	Less than 1% = \$415	Use of admin funds not specified	\$0
Colorado Health Service Corps (new for FY12)					Use of admin funds not specified	\$0

*Program does not have administrative costs specified, nor do they report on administrative costs.

**Master Settlement Funding has been eliminated through SB11-216.

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

Tier 1 Programs	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 who live in a family under 205% of poverty and are not Medicaid eligible.	Administer a public/private partnership program to provide subsidized health insurance and a dental program for children in low-income families.
Comprehensive Primary and Preventive Care Grant	Qualified provider that provides comprehensive primary care services; accepts all patients regardless of ability to pay; 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.
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.
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 pupils and raise literacy and reading comprehension to the proficiency level on the 3 rd grade reading assessment prior to beginning 4 th grade.

Tier 1 Programs (cont.)	Eligible Grantees	Eligible Population	Key Goals
Veterans Trust Fund	State veteran's nursing homes, state veterans cemeteries, division of veteran's affairs, nonprofit veterans' organizations.	Veterans, no income eligibility requirements.	Fund capital improvements for state veterans nursing homes, costs incurred by state veterans cemeteries and veterans outreach programs, and veterans programs operated by nonprofit veterans organizations.
Nurse Home Visitor	Any non profit, or for-profit corporation, religious or charitable organization, institution of higher education, visiting nurse association, existing visiting nurse program, local health department, county department of social services, political subdivision of the state or other governmental agency or any combination thereof.	Mother's income below 200% of poverty; first-time mothers through child's second birthday. May be Medicaid eligible.	Provide the services of trained nurse home visitors to provide education and case management services to low-income, first-time pregnant women to improve their pregnancy outcomes, the health and development of their children and the long-term economic self-sufficiency of their families.
Dental Loan Repayment	Dentists and hygienists who agree to provide care to underserved populations for a minimum of two years.	Children's Basic Health Plan and Medicaid participants and other underserved Coloradans.	Fund a dental loan repayment program to encourage and enable dental professionals to provide care through the Children's Basic Health Plan, Medicaid program, and to other underserved populations in Colorado.

Tier 1 Programs (cont.)	Eligible Grantees	Eligible Population	Key Goals
Tony Grampsas Youth Services	Any private non-profit or not-for-profit community-based organization; faith-based organization; local government including public health, human service, and law-enforcement agency; local public or private school, school district or group of school districts; Board of Cooperative Education Services; institution of higher education; Colorado National Guard; state agency, or state operated program, State agencies must demonstrate 100% pass through of funds to local programs.	All Children, Youth, and Families across Colorado, primarily those children and youth determined to be “at risk”. At-risk students are defined as students who are at-risk of dropping out of school because of their socio-economic background, lack of adult support, language barriers, poor academic performance, or other identified indicators that cause students to drop out of school.	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.
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 and have no other payment source, such as private health insurance or Medicaid prescription coverage to pay for their medications. In addition, clients must meet the medical criteria of a diagnosis of HIV disease.	Provide 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.	Local health agencies or Nonprofit organizations that are governed by a board of directors and are tax exempt.	Eligible grantees for the purpose of medically accurate HIV and AIDS prevention and education programs that are based in behavioral and social science theory.	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.

Tier 1 Programs (cont.)	Eligible Grantees	Eligible Population	Key Goals
Child Mental Health Treatment Program	Residential Treatment Centers	Youth not categorically eligible for Medicaid, but who have become eligible by qualifying for Supplemental Security Income (SSI).	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.
Tier 2 Programs	Eligible Grantees	Eligible Population	Key Goals
Colorado Indigent Care Program	Local Health agencies	Colorado residents who are at or below 250% of the Federal poverty level and are not eligible for Medicaid or Child Health Plan <i>Plus</i>	Provides funding to clinics and hospitals so that medical services can be provided at a discount to Colorado residents that meet the eligibility requirements
Local Public Health Services	Local Public Health agencies	Public health agencies for use in providing population based health services	Supplement the per capita funding provided through state general funds for local public health agencies.
Colorado Immunization Fund	Health care providers	All Colorado children and families.	Provide financial resources for immunizations, immunization strategies, and the Cervical Cancer Immunization Program.

Tier 2 Programs (cont.)	Eligible Grantees	Eligible Population	Key Goals
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	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.
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.

Tier 2 Programs (cont.)	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.
Colorado Health Service Corps	Qualified health professionals who agree to practice for at least three years in a community with a federally recognized shortage of primary care providers.	Providers must practice in a Health Professional Shortage Area (HPSA) for a period of not less than three years, spend at least 32 hours per week in direct patient care, serve individuals who are uninsured or publicly insured, offer a sliding fee scale for payment to those below 200% of the federal poverty level, and work for a public or nonprofit institution.	Improve the health of Colorado’s underserved and medically vulnerable populations by alleviating health disparities resulting from poor access to primary health services.

The following table identifies the actual number of persons served as reported by the individual tobacco settlement programs. Data for some programs does 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.

PROGRAM	'09-'10 Persons served	'10-'11 Persons served	'11-'12 Persons served
Tier 1			
Children’s Basic Health Plan (CBHP)	Average monthly enrollment for children, 68,725, and average monthly enrollment for pregnant women, 1,561.	Average monthly enrollment for children, 67,267, and average monthly enrollment for pregnant women, 1,742.	Average monthly enrollment for children, 74,266, and average monthly enrollment for pregnant women, 2,064.

PROGRAM	'09-'10 Persons served	'10-'11 Persons served	'11-'12 Persons served
Comp. Primary and Preventive Care	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, results were not reported.	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, results were not reported.	SB 11-216 eliminated Master Settlement funding to this program.
Children with Autism	Children with Autism program served 75 children in FY 2009-10.	Children with Autism program served 75 children in FY 2010-11.	Children with Autism program served 75 children in FY 2011-12.
Read to Achieve	41 schools, over 2,500 students.	47 schools, over 1,900 students	36 schools, over 1,300 students
Veterans Trust Fund	35 grantees, 10,645 veterans received either direct or indirect services.	42 grantees, 9,776 veterans received either direct or indirect services.	44 grantees, 10,422 veterans received either direct or indirect services.
Nurse Home Visitor	19 sites, 2,590 families	19 sites, 2,590 families	19 sites, 2,515 families
Dental Loan Repayment	15 new providers participated in the program, bringing the total number of awards given since the program's inception to 94.	12 new providers participated in the program, bringing the total number of awards given since the program's inception to 106.	1 new provider participated in the program, bringing the total number of awards given since the program's inception to 107.
Tony Grampsas Youth Services	Tony Grampsas Youth Services Programs served 52,161 children, youth, and parents.	Tony Grampsas Youth Services Programs served 49,959 children, youth, and parents.	Tony Grampsas Youth Services Programs served 33,073 children, youth, and parents.
ADAP-Ryan White AIDS Drug Assistance	Total clients served by all funding sources were 2,574. 1,879 through direct medication assistance and 695 through Medicare wrap around assistance	Total clients served by all funding sources were 2,912, with 64,942 prescriptions filled.	Total clients served by all funding sources were 3,419, with 74,382 prescriptions filled.

PROGRAM	'09-'10 Persons served	'10-'11 Persons served	'11-'12 Persons served
HIV and AIDS Prevention	33 HIV and AIDS prevention projects were funded throughout the state to address the needs of individuals at-risk of acquiring or transmitting HIV.	21 HIV and AIDS prevention projects were funded throughout the state. The programs reached nearly 12,700 persons.	19 HIV and AIDS prevention projects were funded throughout the state. The programs reached nearly 8,300 persons
Child Mental Health Treatment Program	CMHTA assessed 55 youth, and placed 36 in either residential or community-based treatment during FY09-10, including those admitted in previous fiscal years.	CMHTA served 62 youth. 28 received residential services, 52 received community-based transition services and 27 received community alternative services.	CMHTA served 50 youth. 24 received residential services, 47 received community-based transition services and 25 received community alternative services
Tier 2			
Local Public Health Services	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.	The program provided funding to all 54 Local health Agencies in Colorado to serve residents of Colorado counties.
Colorado Immunization Fund	The Immunization Fund provided funds to 12 local public health and non-profit agencies to provide immunization services to local providers and citizens of their communities through two pilot project opportunities. A total of 44 immunization education sessions were provided (396 persons in attendance), 128 immunization clinics were held, and 2000 clients were vaccinated.	The Immunization Fund provided funds to 17 local public health and non-profit agencies to provide immunization services and infrastructure improvement to local providers and citizens of their communities	The Immunization Fund provided funds to 15 local public health and non-profit agencies to provide immunization services and infrastructure improvement to local providers and citizens of their communities.

PROGRAM	'09-'10 Persons served	'10-'11 Persons served	'11-'12 Persons served
Short Term Innovative Health	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	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	SB 11-216 eliminated Master Settlement funding to this program.
Offender Mental Health Services	During FY 2009-10, the Offender Mental Health Services Initiative Program served 1,889 individuals (1,485 adults and 404 juveniles).	During FY 2010-11, the Offender Mental Health Services Initiative Program served 1,280 individuals. (1,076 adults and 204 juveniles).	During FY 2011-12, the Offender Mental Health Services Initiative Program served 1,616 individuals. (1,330 adults and 286 juveniles).
Substance Abuse Prevention and Treatment	The Program served a total of 798,327 clients since program inception. Direct services were provided to 25,449 clients and indirect services were provided to 772,878 clients and community members. The treatment program served 20,799 unique clients	The Program served 54,221 clients in FY 2010-11. Direct services were provided to 52,695 clients, and 1,679 clients received Indirect services. Substance Abuse Treatment services were provided to 25,188 persons, of which 21,971 were unique clients.	The Program served 2,012,224 clients in FY 2011-12. Direct services were provided to 74,355 clients, and 1,937,869 clients received Indirect services (population-based prevention programs and environmental strategies, e.g. media campaigns).
Supplemental State Health and Dental Contribution	623 state employees received the supplement under level 1 & 2; Level 3 applicants were declined due to lack of funds. 9 were new enrollments by employees who had previously waived coverage. An additional 22 employees enrolled dependents who had not previously been insured.	362 state employees received the supplement under Level 1 qualification. Level 2 & 3 applicants were declined due to lack of funds. 13 were new enrollments by employees who had previously waived coverage. An additional 8 employees enrolled dependents who had not previously been insured.	672 state employees received the supplement under Level 1 qualification, 353 under Level 2, and 156 under Level 3. 31 were new enrollments by employees who had previously waived coverage. An additional 10 employees enrolled dependents who had not previously been insured.

PROGRAM	'09-'10 Persons served	'10-'11 Persons served	'11-'12 Persons served
Colorado Health Service Corps (new for FY11-12)			4 providers (2 rural, 2 urban), increased access to health care in four counties; and served an additional 1,311 Medicaid, 47 CHP, 773 Medicare and 1,148 uninsured who accessed a sliding fee discount.

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. Effective May 1, 2010, eligibility for both children and pregnant women was increased to 250 percent of the federal poverty line. The Colorado Department of Health Care Policy and Financing contracts with private vendors for many of the program services, and administers the program.

In FY 2011-12, the program was appropriated a total of \$28,292,000 in Master Settlement funding by the General Assembly to serve an average monthly enrollment of 74,266 children and 2,064 adult pregnant women.

Following the 2011 Legislative Session, Governor Hickenlooper vetoed SB 11-213 "Concerning Enrollee Cost-Sharing for Children Enrolled in the Children's Basic Health Plan," which would have increased cost-sharing for CHP+ families between 206% and 250% FPL by 1,000%. Per the Governor's veto letter, the Department began working with the Governor's Office and stakeholders to develop a cost-sharing structure that would be minimally disruptive, efficient and effective. The product of this collaboration is being implemented in two stages. The first stage was implemented during FY 2011-12 and increased annual enrollment fees for families with incomes above 205% FPL. The second stage is nominal increases in copayments beginning in FY 2012-13. Additional information regarding increased cost-sharing can be found on the Department's website at:

<http://www.chpplus.org/index.cfm?action=fees&language=eng>

The Department has continued its outreach efforts through its comprehensive, "Healthy Communities" model which integrates CHP+ outreach and Medicaid Early Periodic Screening,

Diagnosis, and Treatment (EPSDT) outreach and administrative case management activities. Healthy Communities supports the client through the lifecycle of outreach, enrollment, eligibility and access to appropriate health care services.

Accomplishments in FY 2011-12 include:

- CHP+ provided medical and dental benefits to an average monthly enrollment of 74,266 children, a 10.4% increase from the previous year.
- CHP+ provided medical benefits to an average monthly enrollment of 2,064 adult pregnant women, an 18.6% increase from the previous year.
- Eligibility for CHP+ was increased from 205% to 250% of federal poverty line on May 1, 2010. As of June 30, 2012, this expansion has provided coverage to approximately 9,100 children and 450 pregnant women who previously were not eligible for public assistance.
- In an effort to enroll more CHP+ children into managed care organizations, the Department is continuing its efforts to move the program to a risk-based managed care model in additional counties.
- In January 2012, the Department implemented the first part of its cost-sharing plan which increased annual enrollment fees for CHP+ families with incomes between 206% and 250% FPL from \$25 for those with one child and \$35 for those with more than one child to \$75 and \$105, respectively.

Key Goals of CHP+ and Continuing areas of development include:

- Improve health status for participants by assuring access to appropriate health care services.
- Ensure continual cost-effectiveness in the Plan.
- Effectively increase program enrollment and retention.
- Continue to implement all provisions included in the Children's Health Insurance Program Reauthorization Act.
- Maximize the effectiveness of CHP+ as a public/private partnership.

Upcoming Changes in FY 2012-13:

- Per SB 11-008, which increases Medicaid eligibility for children ages 6 through 19 with family income up to 133% FPL, newly eligible children who would have otherwise been enrolled in CHP+ will be transitioned into Medicaid beginning January 2013.
- Per SB 11-250, which increases Medicaid eligibility for pregnant women with family income to 185% FPL, newly eligible pregnant women who would have otherwise enrolled in CHP+ will be transitioned into Medicaid in January 2013.
- As the authority to cover pregnant women in CHP+ through Colorado's section 1115 Demonstration Waiver expires on December 31, 2012, eligible pregnant women with family income between 186% and 250% FPL will transition to CHP+ coverage under the Title XXI (Children's Health Insurance Program, or CHIP) State Plan in January 2013. The authority for the CHP+ at Work premium assistance program through the Waiver will also expire at the end of calendar year 2012, and eligible clients will also transition to coverage under the CHIP State Plan beginning January 2013.
- As a result of these changes in eligibility, Colorado's previously separate CHIP program will become a combination Medicaid-CHIP program as some clients will receive health care through Medicaid expansions but maintain Title XXI funding.

- Beginning in January 2013, children will no longer be denied CHP+ eligibility on the basis of a family member's employment with the State as long as they meet all other eligibility criteria.
 - Beginning in January 2013, CHP+ clients will no longer be required to select an MCO when they apply for the program. Instead, they will be passively enrolled into one of the MCOs available in their county. Clients will have 90 days to change the MCO by calling the Department's Enrollment Broker.

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

SB 11-216 permanently eliminated the Comprehensive Primary and Preventive Care fund in order to increase Tobacco Master Settlement fund support for the Children's Basic Health Program.

The Comprehensive Primary and Preventive Care (CPPC) Grant Program was 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 provided grants to health care providers in order to expand primary and preventive services to Colorado's low-income residents. The program was not intended to supplant or expand state Medicaid, the Children's Basic Health Plan or the Colorado Indigent Care Program. The grants were 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 was administered by the Colorado Department of Health Care Policy and Financing and is under the direction of the Medical Services Board.

In response to the economic downturn, during 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 2010-11.

Subsequently, the August 25, 2009 Budget Balancing Plan for FY 2009-10 presented to the Joint Budget Committee, proposed elimination of 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, with approximately \$125,000 paid to grantees.

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.

Areas for development include:

- The Department looks forward to awarding additional CPPC grants for improving access to primary and preventative care services for low-income, uninsured Coloradans when the economy improves and funding is restored.
- The Department requested a partial restoration of funding to the program for FY 2010-11 through the FY 2010-11 Budget Request. The amount requested for use in FY 2010-11 was \$2,326,677. Due to the on-going budget crisis, the funding request was denied. The FY 2010-11 appropriation was \$0.

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

Funds received by the Colorado Autism Treatment Fund are used to provide eligible children with services including behavioral therapies and case management. The Home and Community Based Services (HCBS) waiver for Children with Autism (CWA) was authorized by the enactment of Senate Bill 04-177. The legislation created the program to support children 0 to 6 years of age with autism, with the goal of allowing them to live in the community rather than in an institution. The program accomplishes this by providing a waiver benefit for behavior therapy. However, no eligible child may receive services with costs in excess of twenty-five thousand dollars annually, pursuant to 25.5-6-804 (2), C.R.S. The statute requires implementing a federally approved waiver, establishing rules, enrolling providers, determining rates, establishing a payment system and providing oversight. The maximum enrollment for the program is 75 children. The program served 75 children in FY 2011-12 and expects to serve 75 children during FY 2012-13.

A total of \$ 1,000,000 in tobacco settlement monies was transferred to the Colorado Autism Treatment Fund during FY 2011-12.

Additional information about the Children's Autism Program may be obtained through the Colorado Department of Health Care Policy and Financing's Web site at: www.colorado.gov/hcpf.

Accomplishments include:

- The program has maintained enrollment of 75 children with a current waitlist of 285.

Areas for development include:

- Improve access to medical care for children that are diagnosed with autism. For FY 2012-13, the Department will continue to make the program more efficient and effective for clients' families, case managers, and service providers.

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; making recommendations to the State Board of Education regarding which schools should receive grants; making recommendations on 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.

In 2011–2012, the fourth cohort of schools implemented its second year of the Colorado Read To Achieve program. RTA is designed to support children who are below grade level in reading, as determined by the RTA approved literacy assessment, *Dynamic Indicators of Basic Early Literacy Skills (DIBELS)*. Thirty-six schools out of the original 47 schools (77%) remained in the program after the first year of a three-year cycle of implementation.

Additional information about the Read to Achieve Grant Program may be obtained through the Colorado Department of Education's Web site at:
<http://www.cde.state.co.us/coloradoliteracy/rta/download/GovernorsReportFinal.pdf>

Accomplishments include:

- During the 2011-12 school year, the Read to Achieve grant program served over 1,300 students in 36 schools.
- Thirty-five schools will continue receiving funding for 2012-2013, the third year of a three-year funding cycle.
- The FY 2012-13 school year will be the final year of the Read to Achieve grant, a new Early Literacy Grant, funded through the Colorado READ Act (House Bill 12-1238) will take its place.

Areas for development include:

- Provide optional differentiated professional development opportunities based on school needs.
- Monitor the administration, scoring, and reporting of program assessments to determine the reliability and 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 website 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.
- Provide on-going data webinars throughout the school year to provide timely support in analyzing DIBELS data.

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, marital status or sexual preference, 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 421,300 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; and under-employed and unemployed veterans.

Additional information about the Veterans Trust Fund may be obtained at:
www.dmva.state.co.us.

Accomplishments include:

- Veterans in the Front Range urban corridor, the Grand Junction area and ten (10) rural communities were assisted via transportation, employment assistance and homeless programs that provided a means for veterans and dependents to make medical appointments, find jobs and access other needed services;
- The trust fund provided funds for the purchase of three (3) vehicles to accommodate transportation programs and nursing home residents;
- \$31,480 was provided in a grant to the Florence State Veterans Nursing Home for an Enhanced Bathing Program

Areas for development include:

- Outreach to all Veterans Service Organizations (VSOs) in the state especially in rural areas to provide the broadest network of VSOs for disbursement of funds throughout the state.

- Work with VSOs to develop a self sustaining program at the roots level.
- Work at the state and national level through Department of Military and Veterans Affairs to provide additional funding to support the Colorado State Veterans Trust Fund.
- Emphasize support of female veterans' issues to help rectify the imbalance in services provided to the male and female veterans' populations.

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

The Nurse Home Visitor Program (NHVP) is authorized by Section 25-31-101 C.R.S. The program 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 FY 2011-12 Long Bill appropriated \$13,541,949 of Tobacco Master Settlement Agreement (MSA) funds to the Nurse Home Visitor Program although \$797,627 and \$6,972 were restricted due to the passage of subsequent legislation. The final FY 2011-12 spending authority was \$12,737,350.

Additional information about the Nurse Home Visitation Program, also referred to as "Nurse-Family Partnership," may be obtained at:

<http://www.cdphe.state.co.us/ps/nursehome/index.html>

Accomplishments include:

- The grants awarded for FY 2011-12 funded services in 50 of the state's 64 counties.
- The program served 2,515 families during FY 2011-12.
- The program provided continuation funding to the 19 local agencies that had received awards in the previous fiscal year.

- The Nurse-Family Partnership National Service Office identified the following outcomes achieved by local grantees;
 - A statistically significant reduction of 20 percent in smoking during pregnancy for Colorado participants as compared to the national NFP average reduction of 16 percent.
 - A statistically significant reduction of 62 percent in marijuana use during pregnancy.
 - A statistically significant reduction of 32 percent in alcohol use during pregnancy.
 - A statistically significant reduction of 80 percent in experience of violence during pregnancy.
 - 10.7 percent preterm birth rate for Colorado participants as compared to the national NFP average of 11.3 percent.
 - 92 percent of Colorado participants initiated breastfeeding, up from 91 percent in FY 10-11. (National NFP average is 79 percent)
- 75 percent of Colorado NFP clients 18 years or older at intake and 62 percent of those 17 years or younger were employed at program completion. Compared to the national NFP sample rate of 73 percent and 60 percent respectively.

Areas for development include:

- Continue expansion of Nurse Home Visitor programs in Alamosa, Saguache, Costilla, Crowley and Otero counties,
- Investigate additional opportunities for Medicaid reimbursement for home visitation services through collaboration with HCPF, The National Center, Invest in Kids and the Nurse-Family Partnership national service organization.

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. The program is open to both dentists and dental hygienists.

On July 1, 2011, and effective for FY 11-12, all administrative functions of the Dental Loan Repayment Program were transferred from the Oral Health Unit located in the Prevention Services Division of the Colorado Department of Public Health and Environment (CDPHE) to the Primary Care Office also located in the Prevention Services Division of CDPHE. The program continues to operate under the auspices of the Colorado Health Service Corps and is now known as the Expanded Dental Loan Option of the Colorado Health Service Corps. All operational functions necessary to execute dental loan repayment to qualified dental

professionals, and as expressly articulated in State Statute and Colorado State Board of Health rule were retained.

A total of \$203,225 was appropriated for the implementation of the Dental Loan Repayment Program in FY 2011-12. Of this amount \$178,843 was expended as loan repayment; \$22,972 was spent on administrative costs, and \$1,410 remained unspent.

Additional information about the Dental Loan Repayment Program may be obtained at the Colorado Department of Public Health and Environment's website at:

<http://www.cdphpe.state.co.us/pp/oralhealth/DentLoan.html>

Accomplishments include:

- One new provider participated in the program during the FY 2011-12 fiscal year, bringing the total number of awards given since the program's inception to 107.
- Since inception, providers have been located in eleven counties with all or part of each county currently designated as a Dental Health Providers Shortage Area (HPSA) and in 12 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 those awarded funds from the federal Bureau of Health Professions grant) is 310,189, with 15,502 served in FY 2011-12.
- The FY 2011-12 total served includes 9,987 Medicaid-eligible children; 168 Child Health Plan Plus children; and 5347 uninsured adults and children.
- In FY 2011-12, providers include;
 - 9 Level I dentists (minimum of 40 patients/month)
 - 1 Level III dentist (10 patients/month)
 - 2 Level II hygienist (10 patients/month)

Areas for development include:

- Ensuring sufficient number of applications to expend all available funds;
- Collaborating with key stakeholders to market the program to current licensed providers and students;
- Increasing the number of persons from underserved populations whose dental needs are met;
- Complete program transition to Colorado Health Service Corps operations.

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

The Tony Grampsas Youth Services (TGYS) Program is authorized by §25-20.5-201 through 204, C.R.S. the program makes grants to community-based organizations that provide services to youth and their families with the goal of reducing youth crime and violence and preventing 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 2011-12, the TGYS Program was appropriated \$3,613,049 in Master Settlement Agreement Tobacco funds. The passage of SB11-076, the PERA bill, reduced that appropriation by \$3,722. Funding allocations were further reduced by \$53,359 due to a reduction in MSA revenue. Final TGYS program funding for FY 2011-12 was \$3,555,968.

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 2011-12, 38 percent of TGYS funds supported early childhood programs, and 21 percent supported student dropout prevention programs.

Additional information about the Tony Grampsas Youth Services Program may be obtained at the Colorado Department of Public Health and Environment's website at:
<http://www.cdphe.state.co.us/>

Accomplishments include:

- In fiscal year 2011-12, TGYS-funded programs served 33,073 children, youth and adults, in 45 out of 64 Colorado counties. Of this total, 9,128 were children (ages 0-8), 16,431 were youth (ages 9-18), 431 were young adults (ages 19-24), and 2784 were parents.
- In fiscal year 2011-12, the TGYS Program funded to 29 grantees representing 104 local TGYS providers, for a total of \$3,555,968.
- All 29 grantees were compliant with reporting requirements.
- TGYS staff created a three-year strategic plan to expand the reach of TGYS services through evaluation and resource sharing.
- TGYS staff continue to receive positive comments from the annual grantee survey regarding the management of the grant and the accessibility of TGYS staff to local communities.

Areas for development include:

- The TGYS program will continue to work to make necessary adjustments in response to funding reductions while minimizing impacts to the program's mission as much as possible.

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

The AIDS Drug Assistance Program (ADAP) provides formulary medications on an outpatient basis, free of charge to Colorado residents who have HIV disease and who meet the financial eligibility criteria. The program is funded with federal and state dollars. Federal dollars are allocated from the Health Resources and Services Administration (HRSA) through The Ryan White HIV/AIDS Treatment Extension Act of 2009. State dollars are received from allocations from the General Fund and Tobacco Settlement fund.

The ADAP formulary currently includes all of the FDA approved antiretroviral medications and most of the medications to treat opportunistic infections associated with HIV disease. These life saving medications reduce the occurrence of expensive and 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 and length of life for those affected by the epidemic.

Colorado supports three mechanisms in support of improved access to formulary medications.

- 1) Some People Living With HIV or AIDS (PLWHA) are sufficiently disabled by their condition to 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.
- 2) A second group of PLWHA is able to access insurance through their employer, or through COBRA (Consolidated Budget Reconciliation Act) – related insurance extension after they have left a former employer. For these individuals, Colorado ADAP offers varying levels of assistance in maintaining this insurance, be it through premium, co-insurance, deductibles, or co-payments.
- 3) Other people living with HIV who have no access to Medicare or other insurance coverage receive their medications directly, at either an ADAP-affiliated pharmacy or through mail order from Walgreens at Rose Hospital in Denver.

Over 3,400 Coloradoans benefited from Colorado ADAP from July 1, 2011 through June 30, 2012 through a combination of State and Federal funding. These individuals filled approximately 75,000 prescriptions.

In fiscal year 2011-2012, \$3,111,544 from the Tobacco Settlement Fund was expended for the Colorado AIDS Drug Assistance Program (ADAP) for medications and for insurance support for medication.

Additional information about the Colorado AIDS Drug Assistance Program-Ryan White may be obtained at the Colorado Department of Public Health and Environment’s website at:
<http://www.cdphe.state.co.us>

Accomplishments include:

- During FY 2011-12, 3,419 clients accessed the program and 74,382 prescriptions were filled (up from 2,912 clients and 64,942 prescriptions in FY 2010-11).

Areas for development include:

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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 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 December 31, 2011, a cumulative total of 4,999 living cases of AIDS and an additional 6,347 living 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. The number of newly diagnosed cases of HIV and AIDS has remained constant over the last five years. In addition, the Centers for Disease Control and Prevention (CDC) estimates that approximately 21 percent of Americans with HIV infection are unaware of their status, and therefore are at considerable risk for developing AIDS or unknowingly transmitting HIV. CHAPP provides 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.

A total amount of \$1,749,866 of CHAPP funds were expended, during the period of July 1, 2011, through June 30, 2012, to support 19 HIV and AIDS education and prevention projects and. The funds were awarded through contracts to address the needs of persons at-risk of acquiring or transmitting HIV throughout the state. \$174,000 of CHAPP funding was awarded to support the final year of a statewide evaluation project during the same time period.

The statewide evaluation project, conducted by OMNI Institute, evaluated the effectiveness of all CHAPP funded initiatives for the period of July 1, 2011, through June 30, 2012. The evaluation project analyzed cross-site data (shared data elements across all funded programs), assessed standardized outcomes across all grantees, and enhanced on-site evaluation capacity at each of the project sites. Projects serving adults that included the opportunity to be tested for HIV showed that among these participants, the proportion who had been tested for HIV increased significantly from 46.9 percent to 95.7 percent.

The overall aggregate evaluation results demonstrated that the HIV prevention projects funded by CHAPP have positively impacted HIV/AIDS knowledge, attitudes and beliefs in adult

populations reached, and that the CHAPP program enhanced self-efficacy skills for young adults across the state.

Additional information about the Colorado HIV and AIDS Prevention Grant Program may be obtained at the Colorado Department of Public Health and Environment's website at: <http://www.cdphe.state.co.us/>

Accomplishments include:

- For FY 2011-12, CHAPP HIV prevention programs reached nearly 8,300 persons;
- 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;
- Program recipients included 2,069 adults and 163 youth;
- CHAPP funded agencies reached an additional 6,365 persons through outreach services;

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.

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 help families struggling to access mental health services for their children. Prior to this legislation, families were often subjected to unnecessary legal and system involvement such as relinquishing parental rights in order to obtain 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. Qualifying 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 at-risk children. Services include, but are not limited to, processing state-level appeals when services are denied; reviewing and approving plans of care submitted by CMHCs; providing reimbursement for services; collecting and reporting data; 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, so these Tobacco settlement funds are only used to provide the above services to children who are not categorically eligible for Medicaid.

Additional information about the Child Mental Health Treatment Program may be obtained through the Colorado Department of Human Service's Web site at: www.cdhs.state.co.us/

Accomplishments include:

- 50 youth received treatment under CMHTA-funded services, including those admitted in previous fiscal years
- Of the 50 youth served, 24 received residential services, 47 received community-based/transition services; and 25 received community alternative services.
- 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.
- Provided ongoing education to families on CMHTA program eligibility and service availability.
- Provided ongoing technical assistance to community mental health centers and providers.

Areas for development include:

- DBH is developing a data tracking system that will allow for accurate submission and monitoring of data requirements.
- Community education has also proven to be an ongoing area for development for the CMHA program. Though there are bi-monthly to quarterly CMHTA training, cross-agency and stakeholder education will be an area that requires continued development.

Tier 2 Programs

Colorado Department of Health Care Policy and Financing
Colorado Indigent Care Program

SB 11-216 eliminated FY 2011-12 funding for the Colorado Indigent Care program in order to increase Tobacco Master Settlement fund support for the Children's Basic Health Program.

Historically, the Colorado Indigent Care Program provide funding to clinics and hospitals so that medical services can be provided at a discount to Colorado residents that meet the eligibility requirements for the Program. The Colorado Indigent Care Program is not a health insurance program. To be eligible for discounted services under the Colorado Indigent Care Program, an applicant must meet the following requirements:

- Must be a Colorado resident or migrant farm worker and a U.S. citizen or legal immigrant;

- Must have income and resources combined at or below 250% of the Federal Poverty Level (FPL); and
- Cannot be eligible for the Medicaid Program or Child Health Plan *Plus* (CHP+) program.

Additional information about the Colorado Indigent Care Program may be obtained through the Colorado Department of Health Care Policy and Financing's Web site at: www.colorado.gov/hcpf.

Accomplishments include:

- N/A.

Areas for development include:

- As a result of the statewide budget emergency, the program has been suspended.

Colorado Department of Health Care Policy and Financing **Medicaid Shortfalls at Children's Hospital- Pediatric Specialty Hospital Fund**

SB 11-216 permanently eliminated the Pediatric Specialty Hospital fund in order to increase Tobacco Master Settlement fund support for the Children's Basic Health Program.

Historically, this funding was used to reduce 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 sections 25-3.5-703(4) (f), C.R.S. and (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.

Additional information about the Medicaid Shortfalls at Children's Hospital- Pediatric Specialty Hospital Fund may be obtained through the Colorado Department of Health Care Policy and Financing's Web site at: www.colorado.gov/hcpf.

Accomplishments include:

- N/A.

Areas for development include:

- N/A

Colorado Department of Public Health and Environment
Local Public Health Planning and Support

The Local Public Health Planning and Support program provides grant funding to local public health agencies for use in providing population based health services. The Tobacco master Settlement funding is used to supplement the per capita funding provided through state general funds for local public health agencies. The funds are used to provide local public health services.

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

Additional information about the Local Public Health Planning and Support Program may be obtained at the Colorado Department of Public Health and Environment's website at:
<http://www.cdphe.state.co.us/>

Accomplishments include:

- All 54 Local Public Health Agencies in Colorado received funding from the Local Public Health Planning and Support program;
- 53 out of the 54 local public health agencies are engaged in the statewide system for conducting community health assessments and developing local public health plans based on priority needs (up from 8 in FY2010-11);
- The majority the action steps outlined in the 2009 Colorado Public Health Improvement Plan were completed to strengthen Colorado's public health system, improving the ability for state and local public health agencies to work collectively to address Colorado's health issues and to identify and implement systems and processes that use resources more efficiently.

Areas for development include:

- In FY 2012-13, county and district public health assessments will be integrated into CDPHE's statewide health assessment to better inform state level decisions and policy development;
- Continue building state and local partnerships to strengthen Colorado's public health system and provide more effective and efficient public health services;
- Identify areas in the state system that need improvement to better support county and district agencies through the state system functions of:
 - Planning and Implementation;
 - Technical Assistance and Support;
 - Evaluation and Quality Improvement and;
 - Available Resources.

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.

Additional information about the Colorado Immunization Program may be obtained at the Colorado Department of Public Health and Environment’s website at:
<http://www.cdphe.state.co.us/>

Accomplishments include:

- The Immunization Core Services Enhancement Funding allowed 15 local public health agencies to enhance immunization core services activities which served thousands of Colorado citizens and contributed to an increased overall immunization rate in the state of Colorado.
- During FY12, the variety of project activities included:
 - more than 21,729 visits were made to project websites,
 - 12 VACC meetings were facilitated and managed,
 - 2,000 poster and 18,500 post card orders were distributed as a result of the Good to Go mobile web application,
 - 244 childrens’ immunization records were reviewed for up-to-date status,
 - 454 vaccinations provided through the CHINS Project,
 - 277 child care providers attended a class on child care immunization requirements,
 - And, 47 individuals (14 child health liaisons, 9 child care center directors, 10 child care center staff, and six child care health consultants) from 29 different child care centers, along with 2 family child care home providers were interviewed as part of a multiple case study analysis.

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
Short-term Innovative Health Program

HB 12-1247 permanently eliminated funding for the Short-term Innovative Health program in order to increase Tobacco Master Settlement fund support to the General Fund.

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

Additional information about the short-Term Innovative Health Program may be obtained at the Colorado Department of Public Health and Environment's website at:
<http://www.cdphe.state.co.us/>

Accomplishments include:

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

Areas for development include:

- N/A: There continues to be no funds allocated to this program.

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.

During FY 2011-12, eleven (11) Community Mental Health Centers (CMHCs) were funded to develop projects tailored to meet the offender mental health needs in their local community. 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. Additionally, some CMHCs used project resources to collect necessary data in order to evaluate program effectiveness.

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

The program services provided through the Offender Mental Health Services Initiative include:

- Assertive Community Treatment
- Aggression Replacement Training
- Integrated Dual Diagnosis Treatment
- Intensive Case Management
- Cognitive Behavioral Therapy
- Functional Family Therapy
- Medication Management
- Dialectical Behavioral Therapy
- Multi-Systemic Therapy
- Wraparound Services
- Supportive Housing
- Trauma Recovery and Empowerment
- Supportive Employment Services
- Individual Psychotherapy
- Case Management
- Crisis Intervention Training

Additional information about the Offender Mental Health Services Program may be obtained at the Colorado Department of Human Services' website at:

www.cdhs.state.co.us/

Accomplishments include:

- During FY 2011-12, the Offender Mental Health Services Initiative Program served 1,616 individuals, a 26% increase in clients from FY 2010-11. The Division is confident that the outcomes and number of consumers who receive services will continue to benefit from this innovative service model.
- It should be noted that the program achieved this respectable amount of consumers served with a decrease of \$358,536 in program funding due to the reduction in revenue generated the previous year

Areas for development include:

N/A

Colorado Department of Human Services

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

The Community Prevention and Treatment Program was created by the General Assembly in FY 2007-08 through SB07-097. This Bill created the Alcohol and Drug Abuse Community Prevention and Treatment Fund with the requirement that 3% of the Tier II tobacco settlement funds to be appropriated annually by the General Assembly to “provide additional state funding to provide or purchase community prevention and treatment services in accordance with section 27-80-106, C.R.S.”

The funds are appropriated to the Department of Human Services and administered by the Division of Behavioral Health (DBH). DBH allocates 25% of the appropriation for the provision of statewide community prevention services/programs and 75% for the provision of statewide community treatment services.

In FY 2011-12, \$816,621 was appropriated to DBH for the implementation of the Community Prevention and Treatment program. However, a reduction in anticipated MSA revenues resulted in a final program funding of \$799,107. Of this amount, \$181,501 was allocated for prevention programs, and \$544,502 was allocated for treatment services.

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.

Treatment services include 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 as follows:

- 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.

Additional information about the Alcohol and Drug Abuse Program--Community Prevention and Treatment Program may be obtained at the Colorado Department of Human Services' website at: http://www.cdhs.state.co.us/adad/PDFs/HHS%20Report%202010_Final.PDF

Accomplishments include:

- For FY 2011-12, there were 26,225 discharges from substance abuse treatment (excluding detoxification and DUI services).
- A decline from 40% to 18% (admission to discharge) in the proportion of all treatment clients reporting any substance use in the previous 30 days.

Areas for development include:

- N/A

Department of Personnel and Administration
Supplemental State Health and Dental Contribution

The Supplemental State Health and Dental Contributions for 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. Currently, the dependent children of state employees are presently ineligible for Children's Basic Health Plan (CHP) assistance. The Supplemental State Health and Dental Contribution 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) C.R.S. 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 (300%) of the Federal Poverty Level; and has at least one dependent other than their legal spouse.

Eligible employees are assessed into three groups:

- Level 1 - less than 200% of the federal poverty level;
- Level 2 - 200% to 249% of the federal poverty level;
- Level 3 - 250% to 299% of the federal poverty level.

The available funds will first be used to provide supplemental aid to Level 1 recipients in an amount that uses the entire available principal of the fund or reduces the employee's medical premium to \$0. Any remaining principal shall then be used for Level 2 recipients before supplementing Level 3 eligible employees, applying the same process outlined for level 1. If additional principal remains after supplementing all three levels medical premiums at 100%, the

remaining funds will be used to supplement dental premiums first for Level 1, then Level 2 and finally Level 3 applying the same process as outlined above.

Additional information about the Supplemental State Health and Dental Contribution Program may be obtained at the Colorado Department of Personnel and Administration's website at: www.colorado.gov/dpa

Accomplishments include:

- The Department received and reviewed 1,229 applications, of which 1,181 were approved.
- 672 applications were approved for Level 1 aid, 353 for Level 2 and 156 for Level 3 aid.
- 31 employees participated in the Special Open Enrollment.
- 10 employees with no coverage or Employee Only coverage added children
- And 15 employees who had no coverage, Employee Only or Employee + Children coverage migrated to Family coverage.
- 1,736 Children were covered under the program in FY 2011-12 (up from 911 in FY 2010-11).
- The Department has developed a process of collecting income reporting for all household members age 16 or over.

Areas for development include:

- The Department continues to strive toward supplementing all levels identified within HB07-1335.
- If it is not possible to reach 100% for all Levels, the Department intends to focus on providing a partial supplement for Levels 2 and 3.
- Additionally, the Department strives to maximize the efficiencies of the application system with enhanced reporting capabilities.

Colorado Department of Public Health and Environment
Colorado Health Service Corps

The Colorado Health Service Corps program was created with the purpose of improving the health of Colorado's underserved and medically vulnerable populations by alleviating health disparities resulting from poor access to primary health services. This will be achieved by forgiving educational loan debt held by licensed primary, behavioral and oral health professionals who agree to serve low-income, publicly insured, uninsured and geographically isolated Coloradans. The program expansion made possible by the funds increased the number of health care providers in underserved communities while improving the retention of providers already working in those communities. Further, this program increased the number of health service encounters delivered to underserved and medically vulnerable people in Colorado. To be eligible, providers must practice in a Health Professional Shortage Area (HPSA) for a period of not less than three years, spend at least 32 hours per week in direct patient care, serve individuals who are uninsured or publicly insured, offer a sliding fee scale for payment to those below 200% of the federal poverty level, and work for a public or nonprofit institution. Once

these minimum criteria were met, applicants were selected by the governor appointed CHSC Advisory Council, which is made up of health workforce experts and representatives of key stakeholder organizations.

Access to primary medical, oral and behavioral health care is a requisite for good health. Over 1 million Coloradans live in communities with less than half of the primary health providers needed to optimally deliver primary health services. This grant served populations facing high barriers to health services access resulting from insufficient numbers of providers.

Additional information about the Colorado Health Service Corps program may be obtained at the Colorado Department of Public Health and Environment's website at:

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

Accomplishments include:

- Since assuming administration of the state loan repayment program, the Primary Care Office has grown a \$200,000 a year program to, what is now, collectively a \$15 million program, expansion that could not have been accomplished without the variety of funding streams.

Areas for development include:

- The Program is scheduled to have two more iterations throughout the 2013 year, thereby increasing the total program participation by approximately 50 providers, to the current 198.
- This is an additional 25% increase to total providers serving the underserved, which may account for an additional 200,000 medically underserved Coloradoans receiving primary health care services.