Tobacco Master Settlement Agreement Programs Annual Report FY 2013-14

Submitted to the: Governor of Colorado, Joint Budget Committee, Senate Health and Human Services Committee, House of Representatives Public Health Care & Human Services Committee, and Office of the Attorney General.

Produced by the Colorado Department of Public Health and Environment Budget Office, January 15, 2015. More information can be found at www.colorado.gov/cdphe.

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2 PREFACE: TOBACCO MSA FUNDING AND TOBACCO TAX PROGRAMMING

This report, required pursuant to Section 25-1-108.5, C.R.S., concerns Tobacco Master Settlement Agreement (MSA) funds. It does not include fiscal or program information related to the tobacco tax programs commonly known as Amendment 35 programs, authorized pursuant to Section 21 of Article X of the Colorado Constitution, Tobacco Taxes for Health Related Purposes, and Section 24-22-117, C.R.S., (Tobacco Tax Cash Fund). Preface Table 1 distinguishes these Colorado programs.

TABLE 1. COMPARISON OF TOBACCO MSA AND TOBACCO TAX (AMENDMENT 35) PROGRAMMING

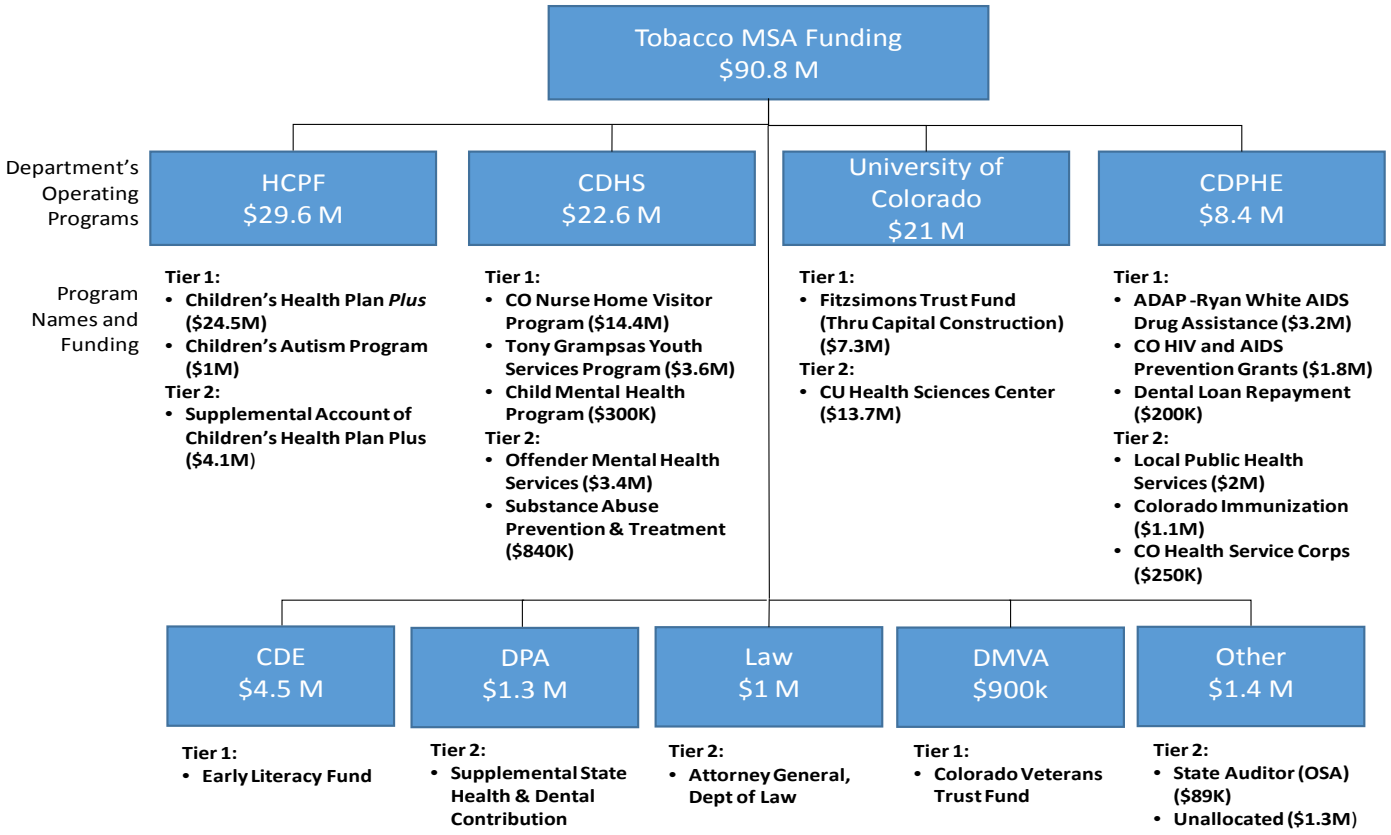
Tobacco Master Settlement Agreement	**Tobacco Tax (Amendment 35)**
The Master Settlement Agreement (MSA) funds are a result of a 1998 law suit between several states and the major tobacco manufacturers in the United States. Colorado's receives an average annual payment of approximately $90 million. MSA funds are appropriated by the General Assembly through the Tobacco Settlement Cash Fund to the Colorado Department of Health Care Policy and Financing, Colorado Department of Education, Colorado Department of Military and Veteran's Affairs, Colorado Department of Human Services, Colorado Department of Public Health and Environment, University of Colorado Health Sciences Center, and the Colorado Department of Personnel and Administration. Section 24-75-1103, C.R.S. states that the majority of monies shall be dedicated to improving the health of the citizens of Colorado. This statute requires that a portion of the monies be allocated to address tobacco-related health problems, including but not limited to tobacco use prevention, reduction, education, cessation, and second-hand smoke reduction programs and that a portion of the funds be used for tobacco-related in-state research and literacy programs.	In 2004, Colorado voters approved Amendment 35 to the Colorado Constitution, which was a tax increase on cigarettes and other tobacco products. In recent years, the Amendment 35 revenue has averaged approximately $145 million per year. The revenue is designated for health care services and tobacco education to improve the health of all Coloradans. Amendment 35 funds are allocated as: • 46% of funds support primary care through the Colorado Department of Health Care Policy and Financing. • 32% of funds support education and prevention through the Colorado Department of Public Health and Environment. These funds support the Tobacco Education, Prevention, and Cessation Grant Program; the Cancer, Cardiovascular and Pulmonary Disease Grant Program; the Health Disparities Grant Program; and the Breast and Cervical Cancer Screening Program. • 19% of funds support comprehensive primary care through the Colorado Department of Human Services. The remainder of funds (3%) is allocated for the General Fund and miscellaneous recipients.

3 EXECUTIVE SUMMARY

Pursuant to Section 25-1-108.5, C.R.S, the Colorado Department of Public Health and Environment (Department or CDPHE) respectfully submits the Tobacco Master Settlement Agreement Annual Performance Report for FY 2013-14. Along with eighteen programs spanning seven executive agencies, the University of Colorado, Office of the State Auditor (OSA), Office of the Attorney General and the Department all receive MSA funds.

This report includes a financial overview of MSA allocations and, when applicable, discusses MSA funds in relation to a program's overall budget. The financial overview is followed by a Program Summary for each program receiving MSA funds. The Program Summary, developed by or in consultation with each program, provides a brief program description, eligible persons served, detailed financials, program objectives, program partners, outputs and outcomes, and challenges and improvement areas. When a program is required to identify its administrative costs, those costs have been included. The Program Summary also communicates the program's operations and effectiveness in achieving its stated goals. In FY 2013-14, the Office of State Auditor completed audits of the Colorado HIV and AIDS Prevention Grants program and the Colorado State Veterans Trust Fund. Audit report information is included in the Program Summary for these two programs.

Figure 1. OVERVIEW OF MSA FUNDING IN COLORADO



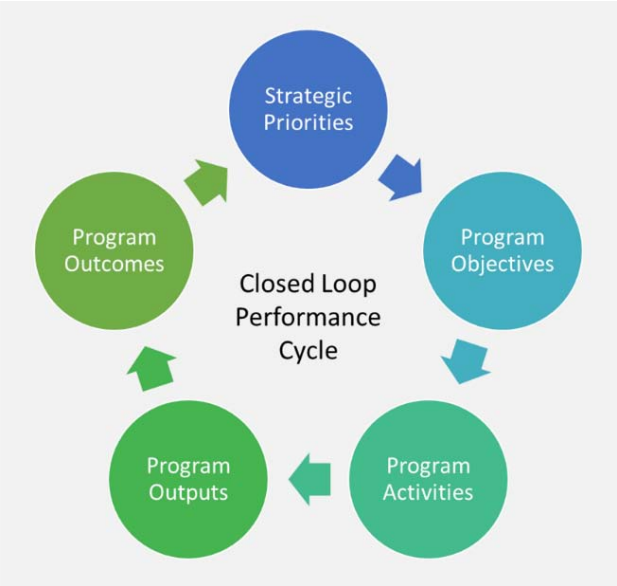
Roles and Responsibilities

Along with the seven State Departments that receive MSA funds and manage the programs, the following entities have a role in executing the Tobacco Master Settlement Agreement:

- The State Treasurer is responsible for distributing annual MSA revenues which are deposited in the Tobacco Settlement Cash Fund and is the custodian of the Tobacco Settlement Trust Fund.
- The Joint Budget Committee (JBC) monitors Tobacco MSA program funding. The FY 2015-16 Staff Budget Briefing concerning the Tobacco Master Settlement Agreement, presented on November 13, 2014, can be found on the JBC website (or at http://www.tornado.state.co.us/gov_dir/leg_dir/jbc/2014-15/tobbrf.pdf).
- The Office of the State Auditor (OSA) is charged with conducting performance audits of programs receiving MSA funds. Section 2-3-113, C.R.S., authorizes the OSA to review programs who receive MSA funds to evaluate their performance and effectiveness of meeting set goals.
- The Office of the Attorney General (Department of Law) is appropriated a portion of the MSA funds to represent the State of Colorado's interests in the ongoing litigation surrounding the Tobacco Master Settlement Agreement; these funds are appropriated to the Tobacco Litigation Settlement Cash Fund(TLSCF).
- The Colorado Department of Public Health and Environment (CDPHE) and the Board of Health are charged with reporting the financial operations and performance of the tobacco settlement programs.
- The Board of Health is required to recommend whether funding for any programs should be discontinued, and whether the General Assembly should consider appropriating MSA funds for any additional programs.

Closed Loop Performance Cycle

Figure 2. CLOSED LOOP PERFORMANCE CYLE



The Department has engaged all 18 program representatives and advised them on a Closed Loop process that results in a clear narrative that ties the strategic priority, objectives and outcomes together. The report aligns with the State Measurement for Accountable, Responsive, and Transparent (SMART) Act, and where possible, shows a linkage between objective, activity, and outcome. Figure 2 depicts the Closed Loop Performance Cycle.

Evaluation and Program effectiveness Insights

- Twelve programs have an evaluation system in place to collect and track outcomes. Five of these twelve programs are in the process of improving their outcome evaluation system.
- Six programs do not have an outcome evaluation system. Three of these are in the process of implementing an outcome-based evaluation system.
- Three programs have no plans. Two of these programs provide insurance and are transactional in nature, and one program uses MSA funds to support an array of operational costs. Though MSA funding is critical to the mission of these programs, MSA funds are not tied to outcomes.
- Contract monitoring or contract compliance may be viable alternatives for assessing program effectiveness when an outcome evaluation system is not feasible.
- The greatest barriers to tracking outcomes are availability of data, data quality, and a lack of grantee familiarity how to collect & measure outcome data.

Board of Health Observations

Though Section 25-1-108.5, C.R.S. charges the Colorado Board of Health and the Colorado Department of Public Health and Environment with monitoring the operation and effectiveness of tobacco settlement program, minimal resources are appropriated for this activity. The Board of Health and Department rely upon each state agency to monitor the performance of its programs regardless of the funding stream. Similarly, the Board of Health and Department defer to the determinations of the General Assembly when appropriating MSA funds (Section 24-75-1104.5, C.R.S.). Nothing in this report should be viewed as circumventing the authority of the General Assembly to enact laws or appropriate funds, or a state agency's authority to determine program priorities or manage the performance of any programs that receive MSA funding.

In reviewing the MSA Program Performance Summaries, the Board found that only the Tony Grampsas Youth Services Program and CDHS Substance Abuse Primary Prevention and Treatment Program assessed or worked to reduce tobacco use. Section 24-75-1103, C.R.S. requires that a portion of the monies be allocated to address tobacco-related health problems, including but not limited to tobacco use prevention, reduction, education, cessation, and second-hand smoke reduction programs, and that a portion of the funds be used for tobacco-related in-state research and literacy programs. The Board finds that report does not demonstrate that sufficient MSA funds are being appropriated for tobacco-related health problems or tobacco-related in-state research as is required by Section 24-75-1103, C.R.S.

Board of Health Recommendations

Pursuant to Section 25-1-108.5, C.R.S., the Board of Health enters the following recommendations:

- The Board of Health recommends that Section 25-1-108.5, C.R.S. be repealed and Title 24, Article 75, Part 11 be reviewed to align statute with current appropriations and streamline MSA program oversight and reporting to hold executive agencies responsible for program performance and reporting. Requiring the Board of Health to monitor and enter a recommendation concerning MSA funded programs duplicates the performance management and reporting of the other six State agencies that provide MSA funded services as well as the Department. Neither the Department nor the Board of Health has authority to compel performance by these other agencies. The review by the Board of Health also duplicates the monitoring efforts of the Joint Budget Committee, State Treasurer, and State Auditor.

- Upon review of this report for FY 2013-14, the Board of Health is unable to identify whether funding should be discontinued for any of the MSA programs. As such, the Board of Health recommends that no funding be discontinued.

- Upon review of this report for FY 2013-14, the Board of Health recommends that MSA funds be allocated to the following additional programs: 1) the Tobacco Education, Prevention, and Cessation Program, 2) the Health Disparities Grant Program and 3) the Cancer, Cardiovascular Disease, and Chronic Pulmonary Disease Prevention, Early Detection, and Treatment (CCPD) Program. The Board of Health works directly with these CDPHE programs and Board of Health members sit on the TEPCP and CCPD committees. Based upon its direct knowledge of and support for these CDPHE programs, the Board of Health can aver that appropriating MSA funds to these programs addresses tobacco-related health problems and tobacco-related in-state research as required by Section 24-75-1103, C.R.S.

    - Tobacco utilization decreases when the consumer cost increases. The tobacco tax, see discussion on page 2, has reduced tobacco use. Decreased tobacco use and tobacco control benefits Colorado and is a shared purpose of the three programs identified above. However, the decline of tobacco use results in a decline of tobacco tax revenue available for the Department's tobacco prevention, control, and research efforts. Along with impacting the overall stability of these programs, the Department is unable to meet community needs with the limited funds available under the tobacco tax. By way of example, in FY 2014-15 communities sought over $39 million in CCPD Program funding and the Department was able to meet only $11.5 million of that need. This recommendation is consistent with the Board of Health's 2011 recommendation to the General Assembly, Attorney General, and Governor.

    - To the extent statutory changes are needed to support the effective use of MSA funds to support the programs identified above or Department tobacco-related research efforts, the Board of Health recommends the General Assembly and Department work together to update the statutes.

Report Contact

For additional information or to provide feedback, please contact Andrew Dudley, Budget Analyst for the Department of Public Health and Environment, at andrew.dudley@state.co.us, or (303) 692-2148.

4 FINANCIAL OVERVIEW – MSA PROGRAM ALLOCATIONS AND TOTAL APPROPIATIONS

MSA Allocations for FY 2013-2014 amounted to $90.8 million. The three largest MSA Allocations are; the Children's Basic Health Plan Plus, the Colorado Nurse Home Visitor Program, and CU Health Sciences Center. Table 2 summarizes MSA program allocations, and identifies how much the MSA funding steam contributes to the overall program budget.

TABLE 2. FY 2013-14 MSA ALLOCATIONS AND TOTAL PROGRAM APPROPRIATION

Program	Tier	MSA Total Allocation	% of Total MSA Revenues	Total Program Appropriation	MSA % of Total Program Appropriation
HCPF - Children's Basic Health Plan Plus	1	$24,507,899	27%	$198,042,940	12%
HCPF - Supplemental Account of the Children's Basic Health Plan Plus	2	$4,060,036	4%	$4,060,036	100%
HCPF - Children's Autism Program	1	$1,000,000	1%	$1,015,693	98%
CDHS - Colorado Nurse Home Visitor Program	1	$14,430,900	16%	$16,390,923	88%
CDHS - Tony Grampsas Youth Services Program	1	$3,630,800	4%	$5,084,649	71%
CDHS - Offender Mental Health Services	2	$3,360,030	4%	$3,406,101	99%
CDHS - Substance Abuse Prevention & Treatment	2	$840,007	1%	$6,195,600	14%
CDHS - Child Mental Health Treatment Program	1	$300,000	<1%	$1,047,149	29%
University of Colorado - CU Health Sciences Center	2	$13,720,122	15%	$65,532,479	21%
University of Colorado - Fitzsimons Trust Fund (thru Capital Construction)	1	$7,261,600	8%	$14,472,263	50%
CDPHE - ADAP - Ryan White AIDS Drug Assistance	1	$3,176,950	4%	$21,745,045	15%
CDPHE - Local Public Health Services	2	$1,960,017	2%	$1,981,744	99%
CDPHE - Colorado HIV & AIDS Prevention Grants Program	1	$1,815,400	2%	$8,195,420	22%
CDPHE - Colorado's Immunization Program	2	$1,120,010	1%	$4,694,151	24%
CDPHE - Colorado Health Service Corps, PCO Loan Repayment	2	$250,000	<1%	$3,236,063	8%
CDPHE - State Dental Loan Repayment Program	1	$200,000	<1%	$200,298	100%
CDE - Early Literacy Fund	1	$4,538,500	5%	$5,150,000	88%
DPA - Supplemental State Health and Dental Contribution	2	$1,260,011	1%	$1,273,980	99%
DMVA - Colorado State Veteran's Trust Fund	1	$907,700	1%	$3,293,178	28%
Legislature - Office of the State Auditor	2	$89,000	<1%		
Law - Attorney General	2	$1,000,000	1%		
Unallocated		$1,341,015	1%		
Total		**$90,769,997**	**100%**		
Tier 1		*$61,769,749*	*68%*		
Tier 2		*$27,659,233*	*30%*		

5 PROGRAM PERFORMANCE SUMMARIES

5.1 HCPF- CHILDREN'S HEALTH PLAN *PLUS* (CHP+) (INCLUDING THE SUPPLEMENTAL ACCOUNT)

Program Overview:

Program Representative:	Shane Mofford, Medical Premiums Unit Manager, shane.mofford@state.co.us, (303) 866-6742
Program Description:	Provides affordable health insurance to children under the age of 19 and pregnant women in low-income families, up to 260% of the Federal Poverty Level (FPL), who do not qualify for Medicaid and do not have private insurance.
Eligible Population:	Uninsured children from 142% FPL to 260% FPL and uninsured pregnant women from 195% FPL to 260% FPL.

Services:	Number of Eligible Persons Served:
Affordable health insurance and oral health care for CHP+ children.	In FY 2013-14, average monthly caseload for CHP+ was 62,505 (61,553 children and 952 pregnant adults).

Financial Overview:

Total Program Appropriation	$198,042,940
MSA Appropriation	$29,564,266
MSA Allocation	$28,567,935

Actual Administrative Program Costs	$4,013,739
% of Total Actual Adm. Costs	2.15%
% of Allowable Adm. Costs	10%

FY 2014-15 Strategic Priorities and Key Goals:

- Reduce the number of uninsured children and pregnant adults under 260% FPL that are not eligible for Medicaid.

Partner Relationships: N/A

Measures of Success:

Program Outputs	Program Outcomes
• CHP+ has provided healthcare to an average monthly caseload of 62,505 children and pregnant adults that would have otherwise been uninsured.	• As of March 2014, CHP+ children now have continuous eligibility. This ensures an additional 12 months of eligibility should a client's income change during their enrollment. This improves the client experience as it helps maintain continuous coverage for healthcare and reduces churn between CHP+ and Medicaid programs.

Program Opportunities and Challenges:

Beginning in FY 2014-15, HCPF has expanded the oral health care benefit for CHP+ children so that it is aligned to the CHIPRA legislation of 2009. HCPF hopes this will result in improved dental outcomes for its clients.

HB 09-1353 allowed Medicaid eligibility for legal immigrant pregnant adults that have been in the country for less than 5 years. HCPF is looking to remove this 5 year bar for CHP+ children and CHP+ pregnant women as well. Currently, the estimated implementation is for FY 2015-16.

5.2 HCPF- CHILDREN'S AUTISM PROGRAM

Program Overview:

Program Representative:	Bret Pittenger, Budget and Policy Analyst, bret.pittenger@state.co.us, 303-866-5955 Candace Bailey, Waiver Manager, Candace.bailey@state.co.us, 303-866-3877
Program Description:	The Children with Autism Waiver (CWA) provides Behavioral Intervention and Treatment or Applied Behavioral Analysis (three different levels) to Medicaid Children Age 0-6 with an autism diagnosis. The waiver is capped at 75 clients who have a waiver expenditure cap of $25,000 per year.
Eligible Population:	Children, ages 0-6, with a diagnosis of autism and whose needs meet Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) level of care.

Services:	Number of Eligible Persons Served:
Behavioral Intervention, Behavioral Treatment or Applied Behavioral Analysis (three different levels)	96 children

Financial Overview:

Total Program Appropriation	$1,015,693
MSA Appropriation	$626,143
MSA Allocation	$1,000,000
MSA Expenditure	$385,151

FY 2014-15 Strategic Priorities and Key Goals:

- Simplify service delivery to increase provider participation.
- Increase the length of stay on the waiver to ensure continuity of service, three years being optimal.
- Eliminate the enrollment cap to be able to serve more children/families.
- Allow for General Fund to pay for clients above the cash fund balance.
- Increase the expenditure cap and allow to the cap to fluctuate.
- Continue the waiver evaluation on an annual basis.

Partner Relationships:

- Community Centered Boards (CCBs) provide case management for CWA clients..
- CDPHE conducts site surveys of CWA providers.
- Provide stakeholder monthly updates at the Children's Disability Advisory Group.

Measures of Success:

Program Outputs	Program Outcomes
• Re-wrote rules to include the additional service and prioritization of the waitlist (ongoing participant treatment evaluation). • The program evaluation is scheduled to conclude by March 2015.	• Due to implementing the new service, families are now able to measure their child's success on the program and treatment needs. • Families can track participant progress through the use of multiple assessments between receiving behavioral treatments.

Program Opportunities and Challenges:

For FY 2013-14, the eligibility age range was 0-6 years of age, with a 5.5 average age for enrollees. In order to achieve optimal benefits, for FY 2014-15, the Department has submitted a budget request to increase participant age range to 0-8 years of age allowing for three-years- of- service regardless of age enrollment. This will allow children and families to get support when they need it most. This aligns with national best practice.

The 300 individuals on the waitlist may not represent the number of individuals in need of support. The program is exploring ways to accurately quantify need.

The program seeks to improve services received, serve more and capture outcomes data. The community is collaborating with the policy staff to develop a plan. Some of these improvement efforts include:

- FY 2013-14 is wrapping up the old system. Improvements/opportunities/challenges are part of the FY 2014-15 plan to report on baseline success measures tied to the program objectives and activities.

The Department's (R-8) request would also:

- Eliminate the enrollment cap.
- Allow for General Fund to pay for clients above the cash fund balance.
- Increase the expenditure cap and allow the cap to fluctuate.
- Continue the waiver evaluation on an annual basis.

5.3 CDHS- COLORADO NURSE HOME VISITOR PROGRAM

Program Overview:

Program Representative:	Julie Becker, Home Visiting Manager, Julie.becker@state.co.us, 303-866-5202
Program Description:	Nurse-Family Partnership (NFP) is an evidenced-based, voluntary, community health program aimed at improving the lives of vulnerable families expecting their first child. It is during the first pregnancy when the best chance exists to promote positive health behaviors and child development. NFP is delivered by registered nurses who are perceived as trusted and competent professionals able to develop therapeutic relationships with clients. Clients are partnered with a registered nurse early in their pregnancy and receive home visits until the child turns two. All nurses delivering NFP are trained on the model by the NFP National Service Office (NFPNSO) and receive nursing consultation and continuing education from Invest in Kids (IIK). All NFP implementing agencies enter data from each visit into a national database. IIK, the NFPNSO, and the University of Colorado (the University) monitor the data to ensure the program is being implemented with fidelity to the model as tested in the original randomized controlled trials.
Eligible Population:	The program is open to all first-time, low-income (200% of federal poverty level) parents. Services are provided from pregnancy through the child's second birthday. 76% of the clients have Medicaid. The cumulative median age of clients in Colorado is 20. NFP is available in 59 of the 64 counties in Colorado.

Services:	Number of Eligible Persons Served:
• Promote preventive health practices, including prenatal care from their healthcare providers, improving their diets and reducing their use of cigarettes, alcohol and illegal substances. • Improve child health and development by helping parents provide responsible and competent care. • Improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work.	4058 clients and 2725 children 44,928 completed visits in FY 2013-14

Financial Overview:

Total Program Appropriation	$16,390,923
MSA Appropriation	$14,176,800
MSA Allocation	$14,430,900
MSA Expenditure	$13,768,777

Actual Administrative Program Costs	$683,153
% of Total Actual Adm. Costs	4.8%
% of Allowable Adm. Costs	5%

FY 2014-15 Strategic Priorities and Key Goals:

- The program aligns with all four domains in the Early Childhood Colorado Framework; the domains are: health; social, emotional and mental health; family support and parent education; and; early learning.
- NFP is working to expand services to Grand and Las Animas counties in the next calendar year.
- Recruitment and retention of a competent NFP nursing workforce is critical as the therapeutic relationship with the nurse is key to the NFP program. When a nurse leaves the program, only about 50% of the nurse's clients remain in the program. The success of NFP depends upon the preparation of NFP nurses and supervisors.

Partner Relationships:

- NFP partners with local communities. All NFP sites are required to have local advisory boards.
- NFP partners with CDHS Child protection to increase collaboration between NFP nurses and CPS.
- NFP partners with HCPF to ensure Medicaid billing for targeted case management (8% of the annual budget).

Measures of Success:

Program Outputs	Program Outcomes among NFP clients.
• 5034 total referrals to NFP. o 1829 referrals from Healthcare Provider/Clinic o 1240 referrals from WIC o 534 referrals from Medicaid o 1431 referrals from various other sources • Client retention: o Pregnancy phase: 79.3% o Infancy phase: 64.5% o Toddler phase: 72.6% • In Colorado NFP employs 175 nurses mostly in Public Health Department settings. The average turnover rate was 15% in FY 2013-14.	• 28.8% reduction in smoking during pregnancy • 9.7% Preterm birth rate among all NFP clients, 9.3% preterm rate for Non-Hispanic/Latina, 9.8% preterm rate for Hispanic/Latina. • 11.4% low birth weight rate. • 95.2% of NFP clients initiate breastfeeding. • 90.6% immunization of NFP 24-month olds. • 2.1% NFP clients had subsequent pregnancies at 6 months postpartum; 8.6% at 12 months and 17.1% at 18 months. • 98% of NFP infants were assessed at 4 and 10 months. Respectively, 4% and 8% needed referral. • 46.8% of NFP clients (18 and older at intake) are working at 6 months postpartum. This increases to 60.2% at 18 months postpartum.

Program Opportunities and Challenges:

IIK partnered with HCPF to receive referrals directly from the Medicaid applications; this program improvement is scheduled for implementation in fall 2014.

NFP worked to be a part of the online benefits website, Colorado's Program Eligibility and Application Kit (PEAK); this enhancement is scheduled for fall 2014 implementation. PEAK aligns Colorado efforts. NFP sites will track number of referrals and conversion to enrolled rates. The average NFP nursing salary is 15% less than the closest comparison of a home health nurse, and 24% less than a nurse working in an outpatient care center.[1] Further, there are not enough graduating nurses to meet the demand. NFP is working with the University of Colorado College of Nursing and creating a specialized training and development curriculum for recent nursing graduates. The program is also exploring the creation of a specialized nursing management program in which to enroll all NFP Nurse Supervisors.

Nurses have reported that intimate partner violence (IPV) is one of the most challenging situations to deal with in working with our population. When IPV is present, it is difficult for the program to have its full impact on families and also contributes to nursing burnout and turnover. The program is working to improve a nurse's ability to intervene when IPV is present.

[1]U.S Department of Labor Bureau of Labor Statistics Occupational Employment and Wages, May 2013. Washington, DC. Available at http://www.bls.gov/oes/current/oes291141.htm Accessed 09/22/14.

5.4 CDHS - TONY GRAMPSAS YOUTH SERVICES PROGRAM

Program Overview:

Program Representative:	Kavitha Kailasam, TGYS Program Administrator, Kavitha.Kailasam@state.co.us, 303-866-4188
Program Description:	The Tony Grampsas Youth Services Program (TGYS) funds community-based organizations that serve children, youth and their families to reduce youth crime and violence, and child abuse and neglect. Using a strengths-based approach, TGYS funded agencies address risk and protective factors that are associated with the prevention of youth crime and violence, and child abuse and neglect. Programs implement positive youth development and early childhood development approaches.
Eligible Population:	Eligible TGYS applicants include local governments, schools, nonprofit organizations, state agencies and institutions of higher education. TGYS-funded agencies serve target populations including children and youth ages 0-24, as well as parents and caregivers.

Services:	Number of Eligible Persons Served:
The TGYS Program supports six funding areas defined by statute: 1. Student dropout prevention 2. Youth mentoring 3. Before- and after-school 4. Restorative justice 5. Early childhood 6. Violence prevention programs	TGYS-funded programs served 53,390 individuals in 43 counties. • 15,105 (28 percent) of the individuals served were children (ages 0-8) • 26,767 (50 percent) were youth (ages 9-18) • 3,505 (7 percent) were young adults (ages 19-24) • 6,582 (12 percent) were parents • 1,431 were community members (3 percent)

Financial Overview:

Total Program Appropriation	$5,084,649
MSA Appropriation	$3,606,650
MSA Allocation	$3,630,800
MSA Expenditure	$3,580,907

Actual Administrative Program Costs	$234,731
% of Total Actual Adm. Costs	4.7%
% of Allowable Adm. Costs	N/A

FY 2014-15 Strategic Priorities and Key Goals:

- TGYS aims to utilize the Statewide Youth Development Plan, September 2014 for assessing the current funding and services landscape in Colorado and informing future TGYS funding and programming decisions. TGYS plans to embed strategic funding priorities in the 2016 Request for Applications.
- As of FY 2014-15, TGYS began funding positive youth development programs impacting marijuana prevention through a risk and protective factor approach.
- TGYS relies upon twelve regarded instruments that capture long-term risk- and protection-related outcomes by surveying participants pre- and post-program. (1) Alcohol, Tobacco and Other Drug Use (ATOD) Use and Attitudes, (2) Attitudes Toward Delinquency, (3) Bullying, Fighting, and Victimization Scale, (4) Records of Colorado Criminal Contacts, (5) Parenting Practices Interview, (6) Perceived Social Support, (7) Resilience Scale, (8) School Engagement Scale, (9) Direct School Records of School Performance, (10) Self-Efficacy Scale, (11) Teacher-Rated Social Competence Scale, and (12) Teaching Strategies GOLD Assessment.

Partner Relationships:

Colorado State University (CSU) provides evaluation services; to improve evaluation CSU provides technical assistance and training to grantees in the areas of outcome measurement and data collection.

- TGYS collaborates with the CDPHE Sexual Violence Prevention (SVP) Program to align efforts to reduce risk and increase protective factors related to youth violence and crime prevention, and sexual violence prevention. TGYS funds programs at the individual and relationship levels, while SVP funds programs that are also providing programming in the community levels.
- TGYS is represented on the CDPHE Child Fatality Prevention System CFPS) statewide review team. TGYS helps implement recommendations generated through this team. When this team found the leading cause of death for youth ages 10-17 in Colorado is suicide, TGYS collaborated with the CFPS to provide suicide prevention gatekeeper training to TGYS funded agencies.

Measures of Success:

Program Outputs	Program Outcomes
TGYS funded 56 agencies, representing a total of 137 local providers through multi-agency and intermediary agency partnerships.	• Significant positive gains in social competence and perceived social support. • Significantly less tolerance toward delinquent behaviors and fewer unexcused school absences. • Youth most at-risk at pre-test demonstrated significantly higher grade point averages; reported significantly lower substance use; and reported significantly higher school engagement, resilience, and self-efficacy. • Youth who participated in a 3-year period (2011-2014) experienced significant positive gains in perceived social support. • They have also experienced significantly less tolerance toward delinquent behaviors and reported significantly lower substance use. • Youth in sixth grade and younger reported feeling significantly more self-efficacious.

Program Challenges and Opportunities:

- TGYS seeks to enhance outcomes by providing technical assistance that will enable community providers to improve their levels of evidence-base.
- TGYS aims to expand its Technical Assistance (TA) and Training efforts to support quality Positive Youth Development implementation throughout the state. Many of TGYS resource sharing efforts can be provided to agencies at no cost (email, social media, etc); therefore, TGYS plans to expand resource sharing beyond just funded grantees to include a wider distribution list. TGYS also plans to support the efforts of the CO 9to25 youth system TA/Training work group.

5.5 CDHS- OFFENDER MENTAL HEALTH SERVICES

Program Overview:

Program Representative:	Jagruti Shah, Manager- Offender Mental Health Programs, 303-866-7504, jagruti.shah@state.co.us
Program Description:	The Offender Mental Health Services Initiative Program has developed community-based services with 11 community mental health centers (CMHCs) to support juveniles and adults with mental illness involved in the criminal justice system. Decisions are made in collaboration with local and state criminal justice agencies, and associated resources.
Eligible Population:	Juveniles and adults with mental health illness involved in the criminal justice system such as jail, problem solving court, mental health institution, parole, probation and community correction programs.
Relevant Legislation:	N/A

Services:	Number of Eligible Persons Served:
Community services that seek to empower the offenders/clients through crisis intervention, home support and individual support. There is also training provided to officers who interface with the "special-need offenders"/clients. Services 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	11 CMHSs served in total 1,387 patients • Arapahoe Douglas Mental Health Network: 81 • AspenPointe: 124 • Aurora Mental Health Center: 64 • Community Reach Center: 57 • Jefferson Center for Mental Health: 354 • Mental Health Center of Denver: 125 • Mental Health Partners: 50 • Mind Spring Health: 140 • North Range Behavioral: 193 • Spanish Peak: 68 • Touchstone: 131

Financial Overview:

Total Program Appropriation	$3,406,101
MSA Appropriation	$3,406,101
MSA Allocation	$3,360,030
MSA Expenditure	$3,390,663

FY 2014-15 Strategic Priorities and Key Goals:

- Increase community capacity to serve juveniles with serious emotional disorders and adults with serious mental illness.
- Provide outcome and recovery oriented services that increase the target population's abilities to function independently in the community as measured by clinical domain outcomes on the CCAR.
- Reduce jail and prison recidivism by offering services to help individuals stay out of the facilities. The program produce cost saving reports.

Partner Relationships:

The program has partnerships with 11 CMHCs.

Measures of Success:

Program Outputs	Program Outcomes
• No outputs identified.	At total level, each of the 5 clinical outcome measures present an improvement. • 0.81 improvement in Symptom Severity • 0.34 improvement in Recovery • 0.51 improvement in Functioning • 2.42 improvement in the GAF Score • 0.43 improvement in Role Performance The program has generated $12,170,488 in cost savings.

Program Challenges and Improvement Opportunities:

At present 11 of the 17 CMHCs in the state receive funds for Offender Mental Health Services Initiative. In the last 5 years, the number of individuals involved in the criminal justice system in the catchment areas of the 5 CMHCs who do not receive these funds has increased due to sentencing reforms around drug related offenses. These centers have requested funding to implement programs to meet the needs of this population.

5.6 CDHS SUBSTANCE ABUSE PRIMARY PREVENTION AND TREATMENT

Program Overview:

Program Representative:	Stan Paprocki, Director of Community Prevention and Early Intervention Programs 303-866-7503 stan.paprocki@state.co.us and Marc S. Condojani, Director of Community Treatment and Recovery Programs 303 866-7173, marc.condojani@state.co.us
Program Description:	**Prevention:** MSA dollars combine with other funding streams to implement statewide substance use disorder prevention activities that align with federal and state prevention priorities. Prevention activities are directed at individuals who do not require treatment for substance use and abuse. The prevention program utilizes a variety of approaches including six Substance Abuse Mental Health Service Abuse (SAMHSA) Centers for Substance Abuse (CSAP) strategies; Information Dissemination, Education, Alternatives, Problem Identification and Referral, Community-based Process, and Environmental. **Treatment:** MSA dollars combine with other funding streams to offer Substance Use Disorder (SUD) services to Colorado residents.
Eligible Population:	**Prevention:** Grantees/Providers are non-profit and community-based organizations who focus on substance/drug prevention. There are currently 53 Providers. The end-user is any individual who may already be using drugs but isn't in need of treatment. Individuals may be of-age or under-age. **Treatment:** Services are available statewide. Colorado, has established priority populations, including injecting drug using pregnant women, pregnant women, other injecting drug users, women with dependent children, and then persons with or at risk of transmitting communicable diseases. Our contracts require that where insurance is available, including Medicaid, that those sources of funding are utilized first. Those who are uninsured, or services that are not covered by insurance can be supported with Office of Behavioral Health (OBH) treatment funds.

Services:	Number of Eligible Persons Served:
Direct and indirect prevention services: • Prescription drug abuse prevention • Employee/workplace prevention services • Fetal Alcohol and Other Prenatal Substance Abuse Prevention • Prevention Evaluation Partners • Regional Prevention Services • The Health and Learning Resource Center • Colorado Family Education, Resources & Training Statewide SUD treatment is provided through 4 managed service-organizations (MSOs) and local providers.	Direct Services: 199,912 individuals served with a total of 11,414 discrete prevention services Indirect Services: The program reached an estimated 3,156,311 individuals with a total of 1,769 indirect services. • Male 1,650,505 (49%) • Female 1,705,324 (51%) • Transgender 390 (<1%); Missing 4 (<1%) These funds supported 20,641 individuals receiving SUD treatment.

Financial Overview:

Total Program Appropriation	$6,195,600
MSA Appropriation	$782,400
MSA Allocation	$840,007
MSA Expenditure	$782,400

FY 2014-15 Strategic Priorities and Key Goals:

- Reduce and mitigate substance abuse including tobacco, marijuana, alcohol and illegal drugs and keep the under-age population from usage. Improve life-coping skills, awareness of drugs' effect on body and mind, and decision-making and influence attitudes and awareness on legal and illegal use of drugs.
- Prevent binge drinking behaviors statewide within high school Hispanic/Latino population.
- Substance Use Disorder (SUD) treatment contracts include performance goals related to timely access to treatment and reduced use of outpatient and residential treatment.

Partner Relationships:

Treatment services partners with the four Managed Service Organizations (MSO), (Signal Behavioral Health Network, Aspen Pointe, West Slope Casa, and Boulder Public Health Department).

Measures of Success:

Program Outputs	Program Outcomes -
Prevention programs deploy research-based principles that: address specific target communities/groups; identify needs, resources, infrastructure within the community; identify and analyzes multiple data sources; are comprehensive and involve a broad range of components, and; consider environmental dynamics that contribute to the use of alcohol and other drugs. Treatment services treatments include: • Differential Assessment Only 3,525 • Traditional Outpatient 11,799 • Intensive Outpatient 1,771 • Day Treatment 85 • Transitional Residential Treatment 848 • Therapeutic Community 450 • Intensive Residential Treatment 1382 • Opioid Replacement Therapy 781	• 8.45% decrease in 30-day binge drinking among Hispanic/Latino high school youth since 2011. The 2014 Partnership For Success (PFS) goal is 25.75% (5% decrease). • Alcohol: Significant increase of perceived risk of harm in post-test. • Disapproval attitudes decreased across alcohol, marijuana and cigarettes in post-test. • Individuals who received outpatient SUD treatment services through MSO subcontracted providers experienced a 78.7 % reduction in the use of their primary substance of abuse from the time of admission to the time of discharge. • 79.2% of clients who were admitted into outpatient SUD treatment, did so within 3 days of their initial contact to the program seeking services.

Program Challenges and Improvement Opportunities:

- Underserved areas are: Denver Metro, Northeastern and Southeastern Colorado. Failure to address substance abuse increases law enforcement costs and student drop-out rates.
- The program seeks to develop provider performance measures that allow for performance benchmarking, tracking over time and scalability of outcome reporting.
- Performance based contracting has been established for FY 2014-15 treatment contracts. OBH produces a monthly scorecard and publishes this on our website and distributes to all contractors, and requires feedback on performance.

Under the Affordable Care Act, Colorado has added a Substance Abuse benefit under Medicaid. The substance abuse benefit under Medicaid is not comprehensive and does not include a residential treatment benefit. OBH has created a billing system that collects service level data. This allows CDHS and HCPF to evaluate the impact of ACA expansion and modify CDHS programming to maximize services and funding.

5.7 CDHS - CHILD MENTAL HEALTH TREATMENT PROGRAM

Program Overview:

Program Representative:	Andrew Gabor, LPC, Manager of the Child Mental Health Treatment Act (CMHTA), Andrew.gabor@state.co.us, 303-866-4277
Program Description:	CMHTA enables children and families to obtain necessary mental health services for their children without unnecessary legal and child welfare system involvement.
Eligible Population:	Children must be under the age of 18, be a child with a mental illness and be at risk of out of home placement or further involvement with county child welfare.

Services:	Number of Eligible Persons Served:
Residential treatment, transitional services from residential back into the home, and community based therapy (including in-home therapy, day treatment, family therapy, and other modalities for children at-risk of out-of-home placement).	The program served 84 children with residential or community-based services. This was a 27% increase from FY 2011-12, and a 30% increase from FY 2012-13.

Financial Overview:

Total Program Appropriation	$1,047,149
MSA Appropriation	$300,000
MSA Allocation	$300,000
MSA Expenditure	$300,000

FY 2014-15 Strategic Priorities and Key Goals:

- Increasing community awareness and understanding of CMHTA, program utilization and data reliability.
- The program has invested in education and training to drive CMHTA awareness within child welfare.

Partner Relationships:

Program participants are referred from hospitals, residential treatment centers, mental health centers, family advocates, county child welfare agencies, and individual families.

Measures of Success:

Program Outputs	Program Outcomes
• The Office of Behavioral Health (OBH) CMHTA.manager completed 22 trainings in communities around the state reaching a total of 266 individuals. • Services to 84 children.	• Between April and June 2014, 9 children were discharged from the program and provided data using the new tool. 7 of the 9 discharged children were at reduced risk of out of home placement due to CMHTA interventions.

Program Challenges and Improvement Opportunities:

- Improve CMHTA awareness by increasing the outreach to county child welfare agencies.
- Increase OBH's ability to reach populations in need of CMHTA and reduce unnecessary out of home placement by increasing the quality of CMHTA data and by improving the ability to track data more effectively.

5.8 CU HEALTH SCIENCES CENTER – UNIVERSITY OF COLORADO – ANSCHUTZ MEDICAL CAMPUS

Program Overview:

Program Representative:	Kim Huber, Assistant Vice Chancellor for Finance and Campus Controller, 303-315-2252, Kim.Huber@ucdenver.edu. Lori Mettler, Assistant Vice Chancellor for Budget, 303-315-2764, Lori.Mettler@ucdenver.edu
Program Description:	The Anschutz Medical Campus is the largest academic health center in the Rocky Mountain region. The campus, which includes six University of Colorado schools and colleges, combines teaching, research, and clinical facilities to prepare the region's future health care professionals and provide the best available health care. Six Area Health Education Centers (AHEC) provide all of the following: training events for 56 Colorado faculty and pre-health advisors who advise over 22,400 high school, 2-yr and 4-yr college students, community engagement events such as the National Western Stock Show which provides medical evaluation for over 1,400 underserved rural community members and educates over 1000 children (2-18 yrs old) about heart health; and training for 646 university students in clinical settings throughout Colorado.
Populations Served:	The school benefits students, patients, and entities that rely upon the school's research.

Services:	Number of Eligible Persons/Units Served:
Health care delivery to the citizens of Colorado. MSA funds contribute to the campus infra-structure and operating costs including: graduate student stipends, scholarships, faculty, curriculum development, student health and wellness, Area Health Education Centers, classroom and library services and operating costs.	Anschutz faculty, staff and students handle more than 1,500,000 patient visits/year.

Financial Overview:

Total Program Appropriation	$65,532,479
MSA Appropriation	$13,720,122
MSA Allocation	$13,720,122
MSA Expenditure	$13,720,122

FY 2014-15 Strategic Priorities and Key Goals:

- Deliver a quality education experience.
- Conduct outstanding research and creative work for the public good.
- Enhance diversity university wide, and foster a culture of inclusion.
- Grow strong, mutually beneficial partnerships that engage our local, national, and global communities.
- Secure the resources to achieve our vision while being responsible stewards of those resources.

Partner Relationships:

- University of Colorado Hospital.
- Children's Hospital Colorado.
- University Physicians, Inc. the faculty practice plan for the University Of Colorado School Of Medicine.

Measures of Success:

Program Outputs	Program Outcomes
• Education and clinical care. • AHEC Services. • MSA funds help the school address issues, such as medical student debt, student respect, diversity and pipeline programs and, review and integration of our curriculum, identified by the School of Medicines accreditation agency.	• Each year, the Anschutz Medical Campus graduates approximately 160 doctors, 75 physical therapists, 40 physician assistants, 90 dentists, 360 nurses, and 200 pharmacists. The majority of these graduates continue to practice health-care in Colorado. • Of the 32,362 CU Anschutz reported alumni, 54% continue to practice health-care in Colorado. • Anschutz faculty, staff and students handle more than 1,500,000 patient visits/year. • AHEC services reach over 16,000 Coloradans of underserved populations.

Program Challenges and Opportunities:

Colorado continues to experiences shortages in health care professionals. The need for academic programs offered by Anschutz Medical Campus continues.

The economic impact of the Anschutz Medical Campus on Colorado's economy is complex. Employment opportunities, an educated workforce and healthy citizens that can contribute to Colorado's communities and Colorado's economy are some of the many benefits from contributing MSA funds to CU Anschutz.

5.9 CDPHE - ADAP - RYAN WHITE AIDS DRUG ASSISTANCE

Program Overview:

Program Representative:	Todd Grove, Health Care Access Unit Lead, Disease Control and Environmental Epidemiology Division, 303-692-2783, todd.grove@state.co.us
Program Description:	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.
Eligible Population:	Persons living with HIV or AIDS who reside in households earning less than 400 % of the federal poverty level.

Services:	Number of Eligible Persons Served:
Outpatient HIV/AIDS formulary medications	• Medicare State Pharmaceutical Assistance Wraparound: 856 • Health Insurance Wraparound: 1,065 • Medicaid Wraparound: 939 • HIV Medication Assistance for the Uninsured: 1,952

Financial Overview:

Total Program Appropriation	$21,745,045
MSA Appropriation	$3,155,820
MSA Allocation	$3,176,950
MSA Expenditure	$2,304,272

FY 2014-15 Strategic Priorities and Key Goals:

- Reduce the occurrence of expensive and long-term hospital stays among people living with HIV or AIDS.
- Reduce emergency room visits due to complications from infections associated with the disease.
- Improve the quality and length of life for those affected by the epidemic.
- Prevent new HIV infections by lowering HIV viral loads and associated infectiousness.

Partner Relationships:

- Denver Infectious Disease Pharmacy, University of Colorado Infectious Disease Pharmacy, Walgreens pharmacy at Rose Medical Center and Walgreens pharmacy at Children's Hospital in Aurora, who dispense medication to eligible enrollees.
- Colorado Health Network, which houses ADAP insurance specialists at four regional offices (Denver, Fort Collins, Colorado Springs, Grand Junction).
- Boulder County AIDS Project, which houses ADAP insurance specialists.

Measures of Success:

Program Outputs	Program Outcomes
79,774 prescriptions were filled with full or partial support from Colorado ADAP.	73 percent of ADAP enrollees achieved HIV viral suppression during the fiscal year, which is 11 percent higher than the average rate for all people living with HIV or AIDS in Colorado.

Program Challenges and Improvement Opportunities:

- Expand the formulary for people who are co-infected with HIV and Hepatitis C. Untreated liver disease is a growing cause of premature mortality among people living with HIV or AIDS.
- Expand adherence counseling and retention in care services for ADAP enrollees to improve viral suppression rates.

5.10 CDPHE - LOCAL PUBLIC HEALTH PLANNING AND SUPPORT

Program Overview:

Program Representative:	Kathleen Matthews, Director, Office of Planning and Partnerships, 303-692-2361, Kathleen.matthews@state.co.us
Program Description:	The program helps Local Public Health Agencies (LPHA) to perform their health and environmental duties pursuant to Section 25-1-512, C.R.S. LPHAs ensure services are conducted and appropriate in the local context. MSA dollars are pass-through and support general operating budgets of Local Public Health Agencies.
Eligible Population:	This funding serves all Colorado residents and visitors.

Services:	Number of Eligible Persons Served:
Health and environmental services include: assessment, planning, and communication; vital records and statistics; communicable disease prevention, investigation, and control; prevention and population health promotion; emergency preparedness and response, environmental health, and administration and governance.	All 54 LPHAs providing local or regional core public health services, and residents and visitors of all Colorado counties.

Financial Overview:

Total Program Appropriation	$8,513,222
MSA Appropriation	$1,981,744
MSA Allocation	$1,960,017
MSA Expenditure	$1,981,744

FY 2014-15 Strategic Priorities and Key Goals:

- Improve Colorado's public health system by facilitating more consistent delivery of core public health services.
- Encourage partnerships among public health agencies and partners to deliver services efficiently.
- Increase the number of LPHAs that provide or assure all core public health services.

Partner Relationships:

CDPHE is an LPHA partner.

Measures of Success:

Program Outputs	Program Outcomes
54 LPHAs provide or assure the required core public health services. Each agency provides individual reports on outputs and outcomes to the related program areas at CDPHE. LPHAs participate in community health assessments and public health improvement planning.	• 25% increase of agencies that locally provide the core public health service of environmental health since 2008 when the Public Health Act passed. • 98% of the agencies completed community health assessments and developed public health improvement plans. • The number of LPHAs that provide or assure all core public health services has increased. • Core public health services impact the prevention of injury, disease, and premature mortality, the promotion of health in the community, and the response to public and environmental health needs and emergencies.

Program Challenges and Improvement Opportunities:

With the population increase, most agencies realize a net reduction in funding each year. At the same time, the demand for services offered through the public health improvement plan increases.

5.11 CDPHE - COLORADO HIV & AIDS PREVENTION GRANTS PROGRAM (CHAPP)

Program Overview:

Program Representative:	Tanya Schrimpscher, DCEED Fiscal Services Manager, Tel: 303-692-2712 Tanya.Schrimpscher@state.co.us
Program Description:	The CHAPP sponsors statewide competitive grants program for HIV and AIDS prevention and education in Colorado.
Eligible Population:	Colorado residents both rural and urban.

Services:	Number of Eligible Persons Served:
The program funds medically accurate HIV and AIDS prevention programs and projects based in behavioral and social science theory and research in order to decrease the transmission and acquisition of HIV and AIDS in Colorado.	CHAPP served 26,630 persons in Colorado.

Financial Overview:

Total Program Appropriation	$8,195,420
MSA Appropriation	$1,876,120
MSA Allocation	$1,815,400
MSA Expenditure	$1,768,294

Actual Administrative Program Costs	$48,713.25
% of Total Actual Adm. Costs	2.701%
% of Allowable Adm. Costs	5%

FY 2014-15 Strategic Priorities and Key Goals:

- Increase early detection of HIV.
- Prevent morbidity and mortality of AIDS.
- Decrease the incidence of STIs and HIV.
- Increase access to and engagement into HIV care to achieve optimal clinical outcomes.
- Target sub-populations include: Men who have Sex with Men (MSM), Intravenous Drug Users (IDU), High Risk Heterosexuals (HRH), Youth and Incarcerated persons, etc.

Partner Relationships:

Boulder County AIDS Project, Brother Jeff, Children's Hospital, Colorado Non Profit Development Center, Colorado Health Network, Colorado Man Reach, DAYS, Empowerment, Greater Denver Interfaith Alliance, Hepatitis C Connection, It Takes A Village, Mile High Council, Pueblo County Health Department, and University of Colorado Denver.

Measures of Success:

Program Outputs	Program Outcomes
Education, outreach, testing and counseling.	• 26,630 persons received prevention education and risk reduction materials. o 21,517 persons were between the ages of 13 and 44. • CHAPP grantees performed 1,774 HIV tests. o 1,766 persons at risk were HIV negative and received HIV counseling. o 7 newly diagnosed HIV positive persons. 5 referred for Partner Services and were interviewed by a Disease Intervention Specialist (DIS). People who know their HIV

	status are less likely to engage in high risk behavior and infect others. • Out of the six (6) Coloradans newly diagnosed HIV positive, 100 percent were linked to HIV related medical care within 90 days of their diagnosis and 100 percent were linked to HIV prevention services in Colorado.

Office of the State Auditor FY 2013-14 Performance Audit Key Facts and Findings (excerpt from the report)

- As of December 31, 2012, approximately 11,700 people were reported to be living in Colorado with HIV or AIDS.
- Approximately $11.4 million in funding has been awarded for 160 grant projects since the Program's inception.
- Overall priority setting for Program funding appears reasonable based on state epidemiological profiles and state and national HIV/AIDS needs assessments and prevention strategies.
- The Program is not actively using the grant solicitation process to ensure that funded grants address the needs of both urban and rural residents, that the Program is responding to emerging needs, or that program funding is being maximized for new projects while holding some resources in reserve for unexpected costs and contingencies.
- Grant project performance thresholds established by the Department were not met for 31 (23 percent) of the 136 performance goals for the 10 sampled projects we reviewed. Problems with grantee performance were not identified in a timely manner for four sampled projects.
- Conflict-of-interest forms for 22 grant applications were not on file for one Advisory Committee member. Additionally, in nine cases an Advisory Committee member reviewed and scored a grant application despite the member's having disclosed some type of personal or professional relationship, affiliation, or interest with the applicant.
- Minutes for five Advisory Committee meetings were not kept, and minutes for four Advisory Committee meetings have not been made publicly available. Not all Advisory Committee meetings receive advance public notice, and meeting notices lack specific agenda information.
- The scope of the Advisory Committee's statutory responsibility and authority have been misunderstood and interpreted too broadly. As a result, the Advisory Committee's role with respect to the Program has grown beyond the General Assembly's intent that the Advisory Committee serve in an advisory, rather than a controlling, capacity.

The full Colorado HIV and AIDS Prevention Grant Program, Performance Audit, July 2013, Department of Public Health and Environment, can be found at the OSA website:
http://www.leg.state.co.us/OSA/coauditor1.nsf/ReportPublic?openform

Program Challenges and Improvement Opportunities:

In FY 2013-14 CHAPP implemented recommendations identified in the OSA Performance Audit. CHAPP is implementing the first year of a newly defined three-year cycle of program objectives and activities delivered through fourteen (14) contracts. The new contracts include both output and outcome measures which will be tracked to measure the extent to which the program is meeting its strategic priorities and objectives.

5.12 CDPHE - COLORADO'S IMMUNIZATION FUND

Program Overview:

Program Representative:	Teri Lindsey, Grants Manager, Teri.lindsey@state.co.us, 303-692-2732
Program Description:	The program provides financial resources to increase the awareness of immunizations, improve vaccination rates and decrease the morbidity of vaccine preventable diseases among all Colorado citizens.
Eligible Population:	Any Coloradoan can receive immunizations.

Services:	Number of Eligible Persons Served:
Provide vaccine and outreach efforts to drive immunization awareness, assessment of immunization status, support to vaccine agencies, etc., are listed under the Output section. One quarter of the Core Services project was funded with MSA funds.	• Enhancement of Immunization Core Services: 14 LPHA projects funded; 63,392 clients seen in LPHA clinics; 304,144 vaccinations administered. • Provide funds to 14 LPHA to cover the administrative cost of providing a cervical cancer vaccination (HPV) to 1,529 underinsured females entering 6th grade.

Financial Overview:

Total Program Appropriation	$4,694,151
MSA Appropriation	$895,289
MSA Allocation	$1,120,010
MSA Expenditure	$868,028

FY 2014-15 Strategic Priorities and Key Goals:

- Increase the awareness of immunizations statewide.
- Improve statewide vaccination rates in all populations.
- Decrease the morbidity of vaccine preventable diseases among all Colorado citizens to improve the lives of all.

Partner Relationships:

The program partners with Local Public Health Agencies (LPHA) in Colorado and Colorado Children's Immunization Coalition (CCIC).

Measures of Success:

Program Outputs	Program Outcomes
Investigate and make recommendations regarding immunization strategies and best practices. • The "Immunize for Good" website received 94,076 web hits during FY 2013-14. • Promoted the "Immunize for Good" website/campaign through 66 community partnerships. • Media outreach to support immunization strategies: o "Vacunalos Por Su Bien" public awareness media; radio, print and outdoor posters reached over 3 million viewers in six weeks. o "Immunize for Good" print media; articles in Colorado Parent Magazine May 2014 and September 2014 Health Issues reached 5,000	Children: Though a portion of Coloradoans are anti-vaccination and "alternative" immunization schedules grew in popularity, Colorado immunization rates held steady. Rates among children ages 19-35 months for the 4:3:1:3:3:1:4 vaccine series were statistically unchanged from 2012 to 2013 (69.2%), and equivalent to the national average. Teens and Tdap vaccine: Substantial barriers to vaccination with the Human papillomavirus (HPV) vaccine continue to exist for providers, teens, and their parents. In Colorado, immunization rates among adolescent females ages

Parents per issue. o "Immunize for Good" print media; Colorado Health & Wellness Magazine Parent Edition with 25,000 readers annual distribution. o "Immunize for Good" print media; Colorado Academy of Family Physicians Website, Online Banner Ad with 15,000 Visits per Month. • Collaborated with 12 local immunization coalitions to develop an annual plan for a focused immunization initiative in partnership with Colorado Immunization Section and in concert with the Colorado Children's Immunization Coalition Strategic Plan. • CCIC hosted six coalition meetings offering educational presentations, networking opportunities and resource sharing to more than 250 members. • 45 leadership organizations and advocates participated in raising awareness and performing outreach campaigns to support VACC and CCIC immunization priorities. • Immunization priority fact sheets, and FAQs were distributed to 3,000 media outlets and mentioned in 25 articles/TV/Radio stories. Enhancement of Immunization Services Grants: • DTaP: Two LPHA projects funded; 2,812 children identified as not up to date for DTaP; 42 special immunization clinics conducted to bring children up to date on DTaP vaccination. • CHINS: funded 22 LPHA projects; completed 912 child care health inspections; status review of 384 child care center children's immunization records; assessed 20,362 individual children's immunization records. • 317 Transition: Funded one LPHA project; developed a sustainable process for recouping costs of providing private vaccines. • Eagle Pilot Project: one additional primary health care provider practice in Eagle County now offers high quality immunizations as a routine part of primary patient care. 317 Policy Transition Vaccine starter packs provided to LPHAs as up-front private vaccine stock. 15 LPHAs received starter packs containing a total of 2,090 doses of vaccine valued at $100,471.	13-17 years for HPV continued to gradually, from 38.0% in 2012 to 39.1% in 2013 (change is not stastically significant). This rate is equivalent to the national average. Teens and HPV vaccine: Colorado immunization rates among adolescent females ages 13-17 years for Human papillomavirus (HPV) increased from 38.0% in 2012 to 39.1% in 2013 compared to the 2013 37.6% national average using the most recent data available. Teens and MCV4 vaccine: Colorado Immunization rates among adolescents ages 13-17 years for Meningococcal conjugate vaccine (MCV4) also held steady from 2012 to 2013. The 2013 rate (73.2%) was statistically unchanged from 2012 and equivalent to the national rate.

Program Challenges and Improvement Opportunities:

Continue to be responsive to community level immunization data and immunization trends and utilize this information when determining the focus of future projects.

5.13 CDPHE - COLORADO HEALTH SERVICE CORPS, PRIMARY CARE OFFICE LOAN REPAYMENT

Program Overview:

Program Representative:	Rich Marquez, MPH, Workforce Programs Specialist, Primary Care Office, Prevention Services Division, 303-691-4916, richard.marquez@state.co.us
Program Description:	The program improves the health of Colorado's medically underserved and vulnerable populations by alleviating health disparities resulting from poor access to primary, mental and oral health care. Health professionals that participate include: primary care physicians (Family Medicine, Internal Medicine, Pediatrics, Obstetrics and Gynecology, and Psychiatry), physician's assistants, dentists (general and pediatric), dental hygienists, nurse practitioners, certified nurse midwives, licensed clinical social workers, licensed professional counselors, psychologists, psychiatric nurse specialists, marriage and family therapists, and clinical pharmacists.
Eligible Population:	Eligible providers must practice in a designated 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 for a full time contract or at least 16 hours per week in direct patient care for a part time contract, serve individuals who are uninsured or publicly insured, offer a sliding fee scale for payment to those below 200 percent of the federal poverty level, and work for a public or nonprofit organization.

Services:	Number of Eligible Providers and Persons Served:
Enable access to primary care services to underserved and vulnerable population by providing health professionals in HPSAs.	In FY 2013-14, 7 primary care providers who received MSA supported loan repayment awards, provided primary care services to 9,453 medically vulnerable, publicly insured and uninsured Coloradans (unduplicated patient visits: Medicaid = 4,043, Medicare = 1,656, CHP+ = 838, Uninsured = 2,916).

Financial Overview:

Total Program Appropriation	$3,236,063
MSA Appropriation	$250,000
MSA Allocation	$250,000
MSA Expenditure	$249,413

FY 2014-15 Strategic Priorities and Key Goals:

The overall strategic priority for CDPHE is to promote health equity and environmental justice. The goal of the program is to improve access to care for medically vulnerable populations by incentivizing clinical practice in underserved communities. In addition, the program seeks to maintain and improve partnerships among private program funders, clinical safety-net employers, and communities that benefit.

Partner Relationships:

- The Colorado Health Foundation
- The Colorado Community Health Network
- Health Resources and Services Administration
- Colorado Behavioral Health Council
- University of Colorado School of Nursing
- Regis University
- University of Colorado School of Medicine
- Clinica Family Health Services
- Colorado Rural Health Center
- Colorado Association of Family Medicine Residencies
- Southeast Mental Health Services
- Comprecare Foundation

Measures of Success:

Program Outputs	Program Outcomes
• Seven (7) primary care providers (4 family physicians, 1 physician assistant, 1 nurse practitioner, and 1 clinical psychologist) who received MSA support loan repayment awards, practiced in health professional shortage area. • Five (5) primary care providers who received MSA supported loan repayment awards, practiced in a Community Health Center, one (1) provider practiced in a Rural Health Clinic, and one (1) provider practiced in a Colorado Mental Health Institute. • Six (6) primary care providers who received MSA support loan repayment awards, practiced in an urban-based clinic that provides care to the medically vulnerable, publicly insured and uninsured. • One (1) primary care provider who received a MSA supported loan repayment award, practiced in a rural-based clinic that provides care to the medically vulnerable, publicly insured, and uninsured.	The Colorado Health Service Corps Loan Repayment Program has a positive impact on a provider's intent to stay at his or her practice site once the obligation to the program has been completed. Provider evaluations monitored by the program confirm: • 77.6% of providers who completed their initial contract are still practicing at the same health care site. • 40.6% of providers anticipate staying 1-3 years at the same practice at the conclusion of their CHSC obligation. • 34.8% of providers anticipate staying 4-8 years at the same practice at the conclusion of their CHSC obligation. • 44.3% of providers anticipate continuing to work with the medically underserved for 16 or more years at the conclusion of their CHSC obligation.

Program Challenges and Improvement Opportunities:

Strengthening data collection for the purposes of reporting program impact and outcomes.

5.14 CDPHE - STATE DENTAL LOAN REPAYMENT

Program Overview:

Program Representative:	Rich Marquez, MPH, Workforce Programs Specialist, 303-691-4916, richard.marquez@state.co.us
Program Description:	The program provides an incentive for dental professionals to provide dental services to underserved populations, particularly those insured by Medicaid and the Child Health Plan+. The program pays all or part of the principal, interest and related expenses of the educational loan of each eligible dental professional and is open to both dentists and dental hygienists.
Eligible Population:	Per Section 25-23-102, C.R.S. the eligible dental professional is a Colorado licensed dentists or dental hygienist who is employed by a Federally Qualified Health Center, owns or is employed by a practice that remains open to new clients enrolled in the Medicaid Program or the Children's Basic Health Plan, or provides, on a pro-bono basis, a significant level of service to underserved populations.

Services:	Number of Eligible Persons Served:
Dental services to underserved populations	• 22 obligated health professionals participated in the Dental Loan Repayment Program (19 Dentists and 3 Registered Dental Hygienists) • 11 dental professionals practiced in rural or frontier counties • 11 dental professionals practiced in an urban practice that serves the medically vulnerable, publicly insured and uninsured. • 24,169 medically vulnerable, publicly insured and uninsured Coloradans (unduplicated patient visits) received care from the obligated providers. The State Dental Loan Repayment Program has served 351,381 medically vulnerable, publicly insured and uninsured Coloradans since its inception.

Financial Overview:

Total Program Appropriation	$200,298
MSA Appropriation	$200,298
MSA Allocation	$200,000
MSA Expenditure	$200,853

FY 2014-15 Strategic Priorities and Key Goals:

- The program directly supports CDPHE strategic priorities; "Promote health equity and environmental justice", and "Oral health Winnable Battle".
- The program has met its two key goals for the fiscal year: conduct the program's first ever in-person site visits and streamline contract compliance processes through the launch of an online, secure, semiannual reporting application.

Partner Relationships:

The University Of Colorado School Of Dental Medicine, the Health Resources and Services Administration (HRSA), Colorado's Federally Qualified Health Centers and the Colorado Dental Association

Measures of Success:

Program Outputs	Program Outcomes
• The State Dental Loan Repayment Program added two new obligated health professionals whose practice sites are community-funded safety net clinics. One of these clinic sites specializes in the delivery of oral health care services for those with HIV/AIDS in Denver. These two providers entered the program in the second half of FY 2013-14 and accounted for 1,865 uninsured patient visits. • Primary Care Office staff conducted the program's first ever in-person site visits. During FY 2013-14, 7 of the program's obligated health professionals received a site visit from program staff.	• The program's direct impact on health care access and its overall contribution to a decrease in specific types of preventable oral disease cannot be directly evaluated because of insufficient data. • However, 8,859 uninsured Coloradans received oral health services through providers receiving loan repayment through the State Dental Loan Repayment Program. • Importantly, the program assured the delivery of Medicaid oral health services in seven private practices, all of which serve rural and frontier communities.

Program Challenges and Improvement Opportunities:

The dearth of eligible dental professionals from within the private practice setting who are open to new clients enrolled in Medicaid or CHP+ has been a challenge with respect to marketing this program. For the upcoming fiscal year the primary care office will seek to improve its communication and outreach to eligible dental professionals in the private practice setting through its partnership with the Colorado Dental Association and through engagement with Colorado Medicaid.

5.15 CDE - EARLY LITERACY GRANT

Program Overview:

Program Representative:	Dian Prestwich, Assistant Director, Prestwich_d@cde.state.co.us, 303-866-6150
Program Description:	The purpose of the Early Literacy Grant is to achieve grade level proficiency with all K-3 students by helping schools to apply the essential components of reading instruction into the teaching structures (includes universal, targeted and intensive instructional interventions). The Early Literacy Grant program promotes Scientifically Based Reading Research instructional systems and READ Act assessments.
Eligible Population:	All local education agencies (LEA) in the state are eligible to apply on behalf of schools which serve students in grades K-3. LEAs may apply on behalf of a school or group of schools (consortium), and BOCES may apply on behalf of school districts.

Services:	Number of Eligible Schools and Students Served:
Improved learning environment for reading including programs designed for targeted and intensive instructional interventions and progress monitoring.	The Early Literacy Grant served 30 schools and 7,617 K-3 students.

Financial Overview:

Total Program Appropriation	$5,150,000
MSA Appropriation	$4,583,938
MSA Allocation	$4,538,500
MSA Expenditure	$4,538,500

FY 2014-15 Strategic Priorities and Key Goals:

- Decrease students scoring in the unsatisfactory range on the third grade state summative assessment by at least 20%
- Decrease students identified as having a Significant Reading Deficiency in grades K-3 combined by at least 25%
- Decrease students reading below benchmark according to the chosen interim assessment by at least 50%

Partner Relationships:

The department partners with schools and school districts, and professional development providers.

Measures of Success:

Program Outputs	Program Outcomes
• Sixteen Early Literacy Grants were awarded to 30 schools representing 15 school districts in 7 regions of the state. Seven of the 16 grants were awarded to consortia, or groups of schools which applied for grant participation in one application.	• 24 schools (80%) met at least one of the program goals (see Key Goals above); 10 schools (33%) met at least two goals; 1 school met all three goals. • Schools improved in all 7 fidelity measures. o Universal instruction – 70% to 81% o Interventions – 74% to 82% o Assessment – 75% to 82% o School Leadership Team – 51% to 69% o Professional Development – 56% to 79% o Data-based Decision Making – 65% to 84% o Community and Family Involvement – 50% to 66%

Program Challenges and Improvement Opportunities:

- To support improvement of grant outcomes and provide more guidance for administrators in the evaluation and use of interim assessment data, the department will conduct 3 data webinars during the school year and invite school leadership teams to participate. The webinars will be conducted live and recorded for future viewing. Webinars will cover such topics as analyzing progress monitoring data and using the data to guide instructional interventions.
- Educators in Early Literacy Grant schools are invited to participate in a state-wide professional development opportunity, the READing Foundations Academy. Teachers may volunteer to participate, and there is no cost involved. During the 7 module, 21 hour academy, teachers will expand their knowledge of foundational reading skills, standards, and comprehension to support their students in developing and advancing their reading ability.

5.16 DPA - SUPPLEMENTAL STATE HEALTH AND DENTAL CONTRIBUTION

Program Overview:

Program Representative:	Judith Kohler; judith.kohler@state.co.us; 303-866-3444
Program Description:	The Supplemental State Health and Dental Contribution Program provides access to affordable and adequate health insurance to children of lower-income state employees .
Eligible Population:	State employees who are qualified to enroll in a medical and/or dental group benefit plan, have an annual household income less than 300% of the federal poverty level, and have at least one dependent child. As of July 1, 2011, marital status, student status, financial support and residency are no longer factors when determining dependency under the Patient Protection and Affordable Care Act (PPACA).

Services:	Number of Eligible Persons Served:
Financial contribution to health insurance	523 employees and 1,275 children

Financial Overview:

Total Program Appropriation	$1,273,980
MSA Appropriation	$1,273,980
MSA Allocation	$1,260,011
MSA Expenditure	$1,329,421

FY 2014-15 Strategic Priorities and Key Goals:

- To permit children of lower-income state employees to have access to health care meeting the affordability and minimum value standards required under the Affordable Care Act.

Partner Relationships: NA

Measures of Success:

Program Outputs	Program Outcomes
• 266 state employees and their children had 100% of their medical insurance premiums funded. • 257 employees were provided a supplement of $246.50 to help fund their medical premiums, reducing the amount these employees had to pay by more than 50%.	• This program reduces the number of uninsured individuals throughout the state; this helps control medical coverage cost for all Colorado residents. • Along with the benefits associated with access to health care, the program benefits state employees and department recruitment and retention efforts.

Program Challenges and Improvement Opportunities:

- Determine eligibility for the supplement program if children are covered under CHIP or Medicaid.
- Obtain additional participant feedback to validate value of the program.
- Research ways to have the supplement in place on July 1 to avoid withholding premiums and issuing refunds

5.17 DMVA - COLORADO STATE VETERAN'S TRUST FUND

Program Overview:

Program Representative:	Ray Z. Dissinger, 720-250-1521, ray.dissinger@dmva.state.co.us
Program Description:	The program fund provides funds for: capital improvements or needed amenities for existing or future veterans community living centers; state veterans cemeteries; division costs, and; grant programs operated by nonprofit veterans organizations.
Eligible Population:	Veterans within Colorado.

Services:	Number of Eligible Persons Served:
Assist veterans through non-profit veterans' organizations, veterans' nursing homes and veterans' cemeteries. Examples of assistance include transportation assistance and funding for basic necessities for homeless and low-income veterans.	12,158 (Instances of Assistance)

Financial Overview:

Total Program Appropriation	$3,293,178
MSA Appropriation	$866,135
MSA Allocation	$907,700
MSA Expenditure	$800,154

FY 2014-15 Strategic Priorities and Key Goals:

The program provides support to Veteran's across a number of different touch points and is working to develop specific program goals. Current goals include establishing community partnerships and assisting post-9/11 veterans and rural veterans. The program is also in the course of developing performance measures.

Partner Relationships: In development

Measures of Success:

FY 2015-16. A description of the outputs and outcomes the program anticipates to collect and track are presented below.

Program Outputs	Program Outcomes
Some data points that may be tracked are number of grants awarded to grantees, number of veterans assisted and types of assistance.	The program would like to assess the degree to which veterans and veterans' well-being improved with program services.

Office of the State Auditor FY 2013-14 Performance Audit Key Facts and Findings (excerpt from the report)

- In the FY 2012-13 grant cycle, there were 40 grant contracts, totaling almost $900,000. The individual grant contract amounts ranged from $2,000 to $79,080.
- Grant application and awarding guidelines contain only broad language that which do not specify clear goals; therefore, do not provide clear direction for using the limited funding to provide assistance where it is most needed.
- We could not determine whether the Board's process for making grant award and funding decisions for the FY 2012-13 grant cycle was consistent and equitable to all applicants or whether it targeted funds to those applicants that could most effectively address the needs of veterans in Colorado.

- We identified 55 of the 900 expenditures in our sample that may not be appropriate to carry out the purpose of the grant project.
- We found that 140 of the 900 expenditures in our sample lacked a detailed and accurate description of the items or services provided, and that for 748 of the 900 expenditures in our sample the documentation provided by the grantees was insufficient to allow the Department to determine whether the payment was appropriate given the purpose of the grant.
- The statements of work in the Department's contracts with the grantees are not clear or comprehensive enough to describe specifically how grant funds are intended to be used by grantees.
- The Department and Board do not measure the number of veterans served, the types of services provided, or how the services helped improve conditions for veterans.
- We found that three previous Board members had voted on grant applications with which they had potential conflicts of interest.
- The Board has not consistently followed the requirements of Colorado's open meetings laws.

The full Veterans Trust Fund Grant Program, Performance Audit, May 2014, Department of Military and Veterans Affairs can be found on the OSA website:
http://www.leg.state.co.us/OSA/coauditor1.nsf/ReportPublic?openform

Program Challenges and Improvement Opportunities:

The program is implementing the following improvement in response to the OSA audit:

- Establish and communicate performance measures and goals, and outcome measures.
- Determine if grantees should identify and set goals.
- Realize benchmarks by reviewing national averages on veteran well-being and other veteran service agencies' success measures and performance on such measures.
- Establish a veteran satisfaction survey that each grantee can administer to the veteran pre- and post-service. Measures will seek to quantify the reasons for seeking support, and the actual improvement on a number of well-being factors.
- Set-up training with potential grant applicants and grantees so that they understand the required outputs and outcomes.
- Identify and share best practices among grantees.