

**COLORADO GENERAL ASSEMBLY  
JOINT BUDGET COMMITTEE**



**FY 2011-12 STAFF BUDGET BRIEFING**

**DEPARTMENT OF PUBLIC HEALTH  
AND ENVIRONMENT**

**(Administrative and Health Divisions)**

**JBC Working Document - Subject to Change  
Staff Recommendation Does Not Represent Committee Decision**

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December 15, 2010**

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**FY 2011-12 BUDGET BRIEFING  
STAFF PRESENTATION TO THE JOINT BUDGET COMMITTEE**

**DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

**(Administrative and Health Divisions)**

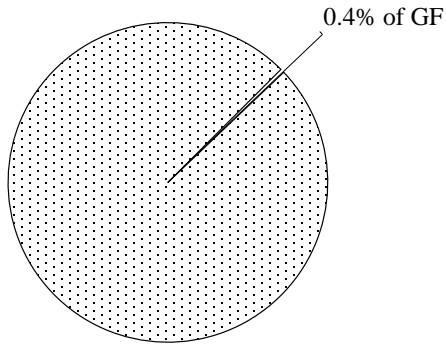
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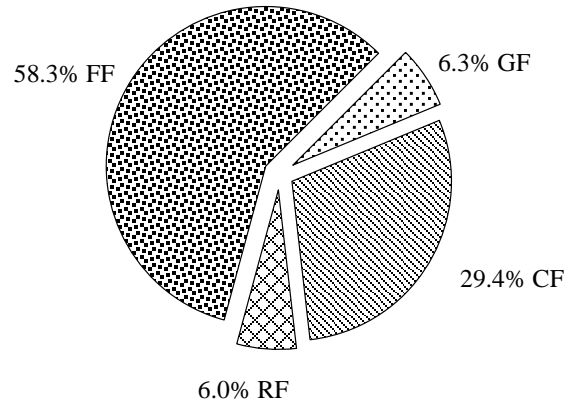
**FY 2011-12 Joint Budget Committee Staff Budget Briefing  
Department of Public Health and Environment**

**GRAPHIC OVERVIEW**

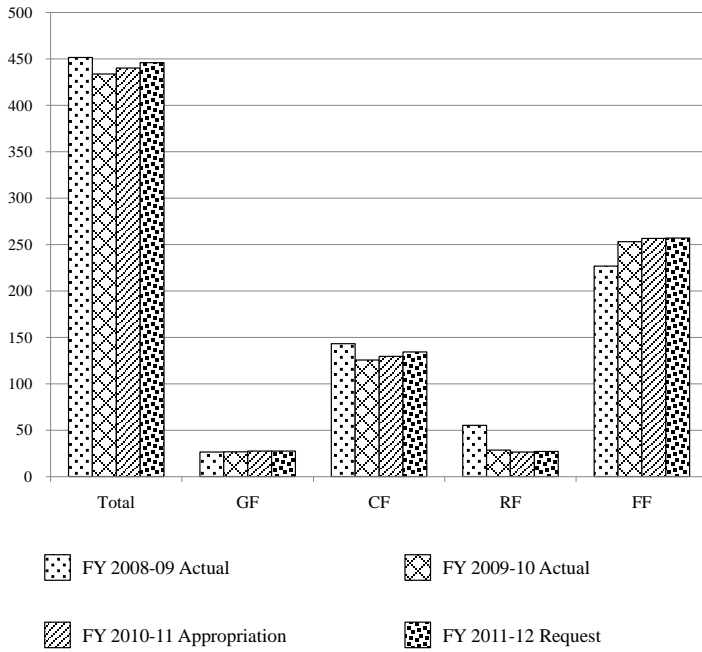
**Department's Share of Statewide General Fund**



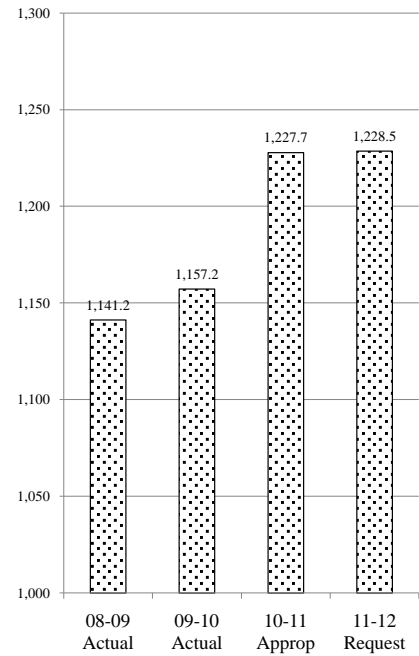
**Department Funding Sources**



**Budget History  
(Millions of Dollars)**



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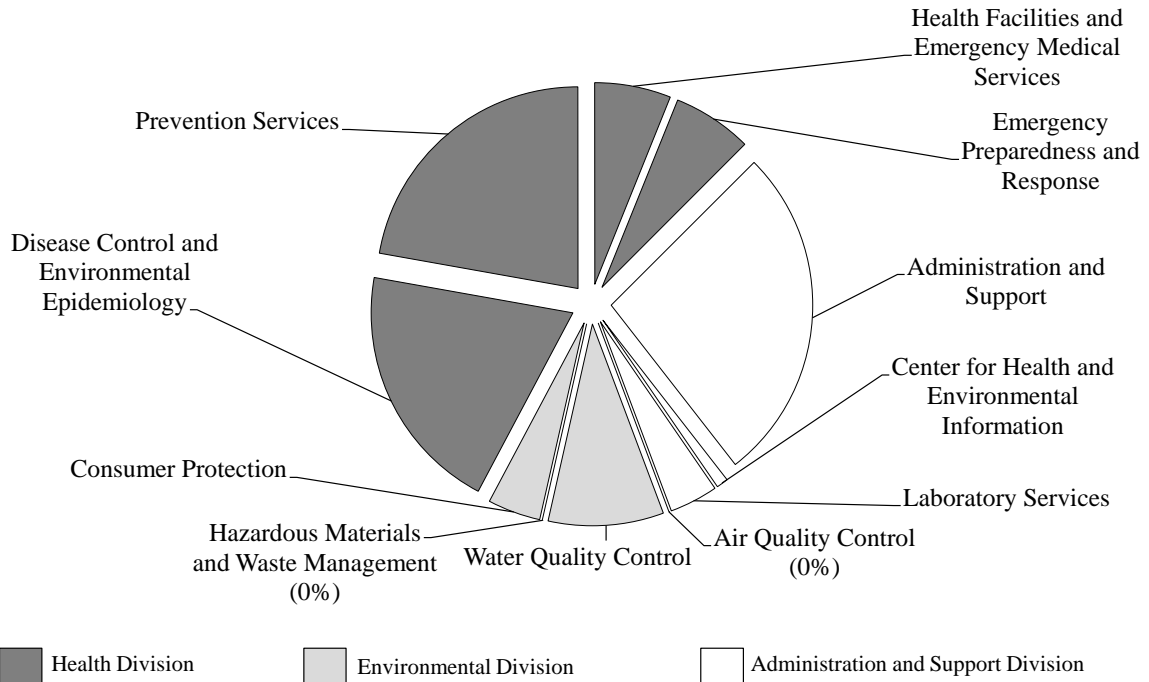


Unless otherwise noted, all charts are based on the FY 2010-11 appropriation.

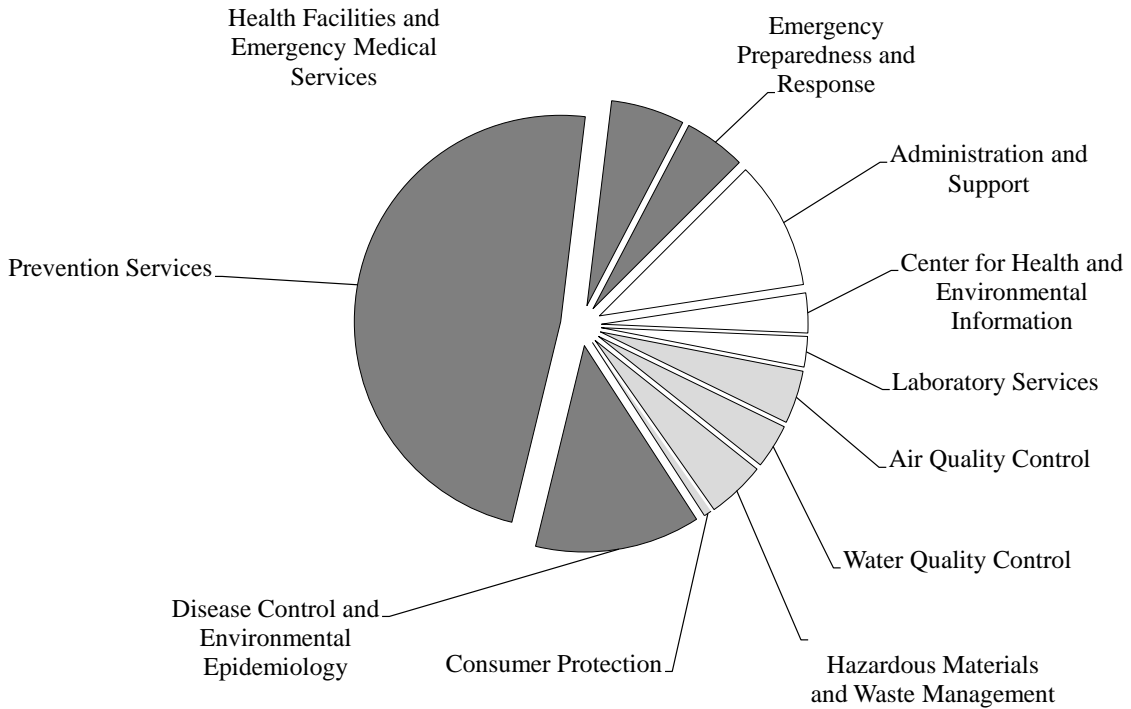
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Department of Public Health and Environment**

**GRAPHIC OVERVIEW**

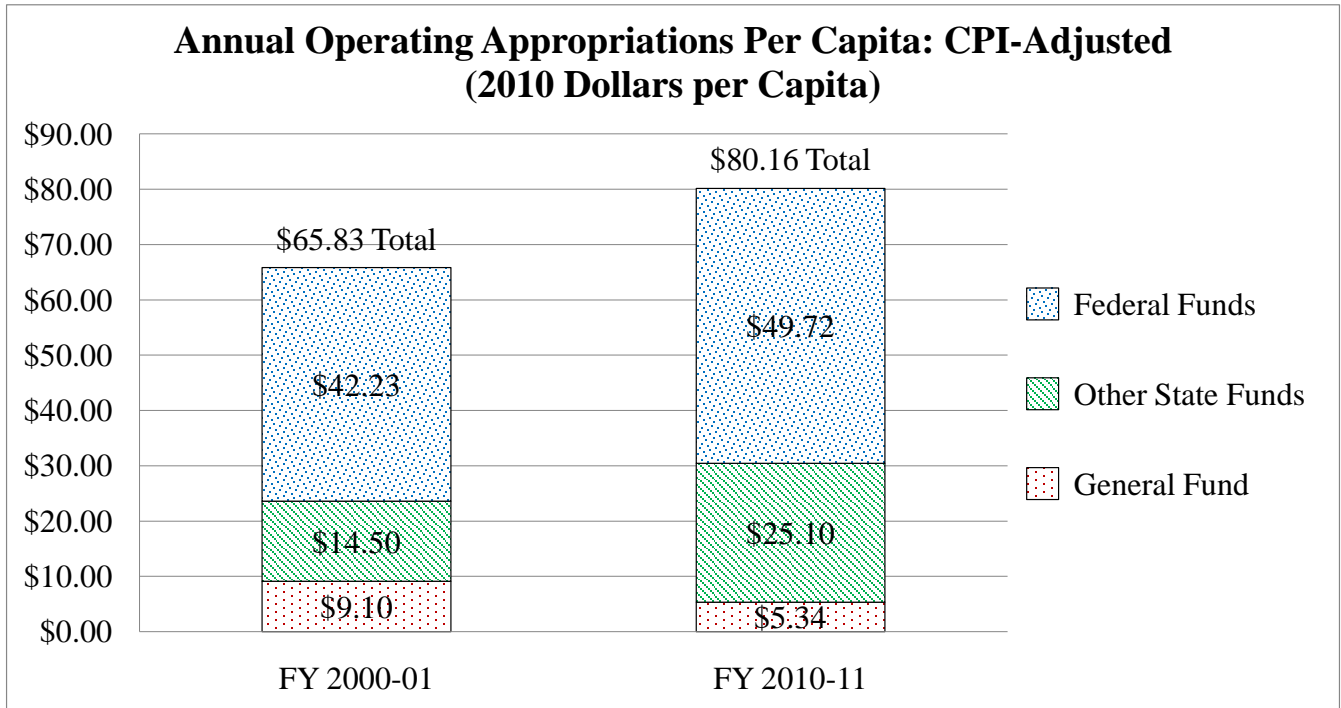
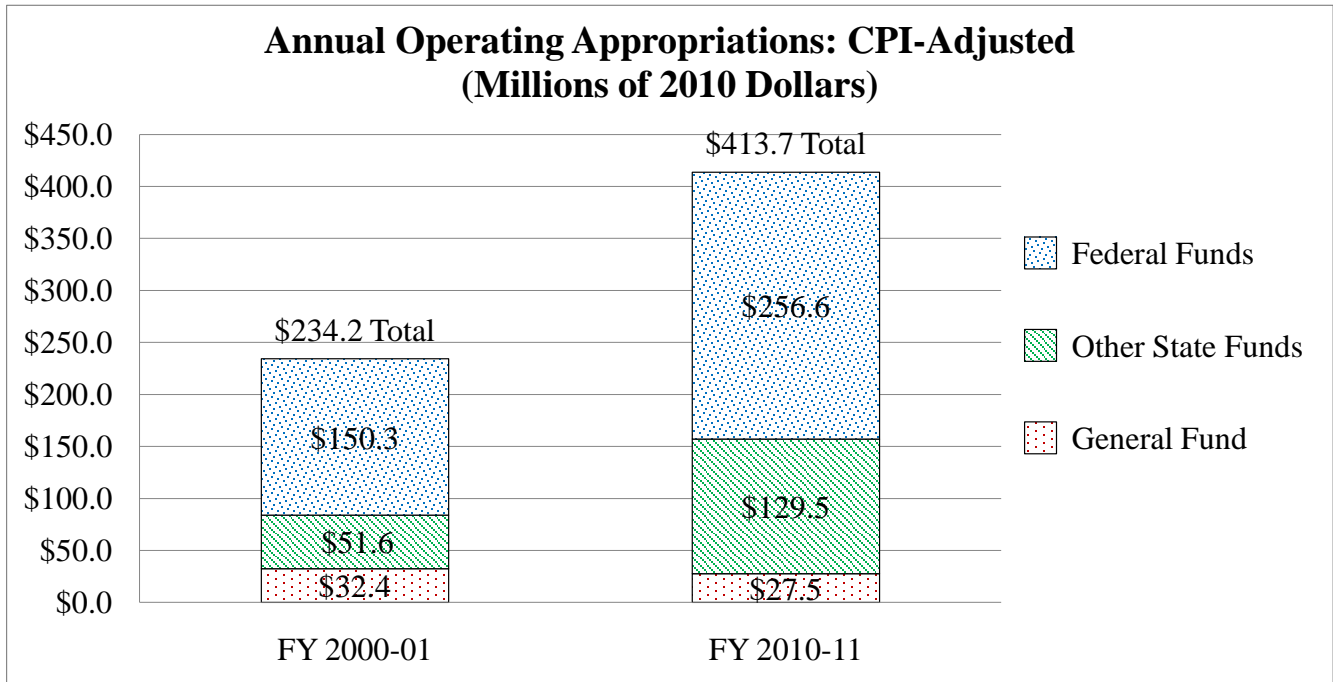
**Distribution of General Fund by Division**



**Distribution of Total Funds by Division**



**FY 2011-12 Joint Budget Committee Staff Budget Briefing  
 Department of Public Health and Environment  
 COMPARISON OF FY 2000-01 AND FY 2010-11 APPROPRIATIONS**



NOTES: (1) The appropriations above *exclude* duplicate appropriations (i.e., these appropriations exclude reappropriated funds for FY 2010-11 and, for FY 2000-01, exclude amounts that would have been classified as reappropriated funds). For this department, the excluded amounts primarily reflect internal transfers of Amendment 35 moneys, internal transfers of indirect cost assessments, and transfers from HCPF to pay for Medicaid/Medicare facility certification.

(2) For the purpose of providing comparable figures, FY 2000-01 appropriations are adjusted to reflect changes in the Denver-Boulder-Greeley consumer price index (CPI) from 2000 to 2010. Based on the Legislative Council Staff September 2010 Economic and Revenue Forecast, the CPI is projected to increase 21.9 percent over this period.

(3) In the per capita chart, above, appropriations are divided by the Colorado population (for 2000 and 2010, respectively). Based on the Legislative Council Staff September 2010 Economic and Revenue Forecast, Colorado population is projected to increase by 18.9 percent over this period.

**FY 2011-12 Joint Budget Committee Staff Budget Briefing  
Department of Public Health and Environment  
(Administrative and Health Divisions)**

**DEPARTMENT OVERVIEW**

**JBC Staff Assignments**

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In the Long Bill, the Department of Public Health and Environment is comprised of eleven divisions that are grouped, for JBC briefing and figure setting purposes, as follows:

**Administrative and Health Divisions:**

- Administration and Support, except for the Special Environmental Programs Subdivision
- Center for Health and Environmental Information
- Laboratory Services
- Disease Control and Environmental Epidemiology Division
- Prevention Services Division
- Health Facilities and Emergency Medical Services Division
- Emergency Preparedness and Response Division

**Environmental Divisions:**

- Administration and Support Division, Special Environmental Programs Subdivision
- Air Quality Control Division
- Water Quality Control Division
- Hazardous Materials and Waste Management Division
- Consumer Protection

This briefing focuses on the Administrative and Health Divisions. The Environmental Divisions will be presented separately by another analyst.

**Key Responsibilities**

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The Key Responsibilities of the Administrative and Health Divisions are as follows:

- Maintain the state's vital records of births, deaths, marriages, and marriage dissolutions.
- Gather and analyze health-related data in a variety of areas.
- Distribute state funds to local health agencies and provide advice and support to those agencies to help ensure the provision of public health services.
- Distribute state funds to local governments and to non-governmental entities, via grants, to deal with a variety of health-related problems, such as tobacco use, health disparities, HIV/AIDS awareness, and cancer, cardiovascular and pulmonary disease.
- Prevent and control communicable diseases through surveillance, investigation, reporting, training, and education.

- Ameliorate and control the causes of chronic disease and injury through education and direct service programs.
- Coordinate prevention services for children and youth.
- Provide health care and preventive services to low-income, at-risk populations including women and children.
- Assist families of children with special health care needs in accessing diagnostic services, medical care and ongoing support.
- Establish and enforce standards for the operation of health care facilities through licensing, education, inspection and investigation.
- Assist local emergency medical services providers with training, coordination and equipment purchases.
- Certify emergency medical technicians (EMTs) and coordinate the state's trauma care system.
- Prepare for a wide variety of disasters, natural as well as man-made, including wildfires, infectious disease epidemics, food and water borne disease outbreaks, and terrorist attacks.

## **Factors Driving the Budget**

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### **Federal Programs**

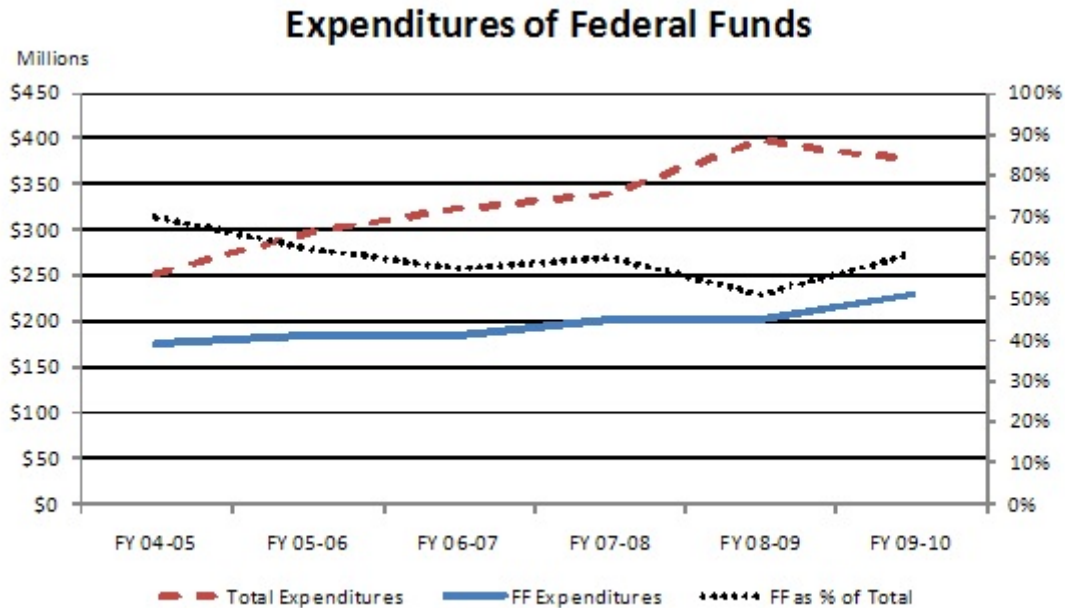
Federal funds are the largest funding source for programs in the health divisions. Prior to FY 2005-06, these funds made up between three fifths and three quarters of the Administrative and Health Divisions' budgets. This portion dipped beginning in FY 2005-06, after voters approved Amendment 35 (Tobacco Taxes for Health Related Purposes), and now constitutes approximately half of the Department's budget.

Federal funding is directed at two types of programs: (1) those that help ensure the health of all state residents through epidemiological monitoring and analysis or through assessment of health risk factors and access to care; and (2) those that provide direct services to certain groups of residents, such as low-income individuals in need of family planning services or families of children with special health care needs.

The bulk of the federal funds finance programs that are completely federally funded, such as the Women, Infants and Children ("WIC") program grant. However, some programs are linked to state funds through a required match, such as the Maternal and Child Health Block Grant.

Federal funds in some divisions, such as the Health Facilities and Emergency Medical Services Division, remain relatively steady over time. Other divisions, especially Disease Control and Environmental Epidemiology, apply for many one-year and supplemental grants (which are available when funds remain after the granting federal agency, often the Centers for Disease Control, has awarded the first round of funding to all who are eligible). The grants in these categories fluctuate substantially.

<b>Administrative and Health Divisions, Actual Expenditures in millions of \$</b>	<b>FY 04-05</b>	<b>FY 05-06</b>	<b>FY 06-07</b>	<b>FY 07-08</b>	<b>FY 08-09</b>	<b>FY 09-10</b>
Expenditures of Federal Funds	\$176.1	\$184.9	\$185.5	\$202.5	\$202.8	\$229.4
Total Expenditures	252.9	297.5	324.5	338.9	396.6	376.4
Federal Funds as Percent of Total	69.6%	62.2%	57.2%	59.8%	51.1%	60.9%



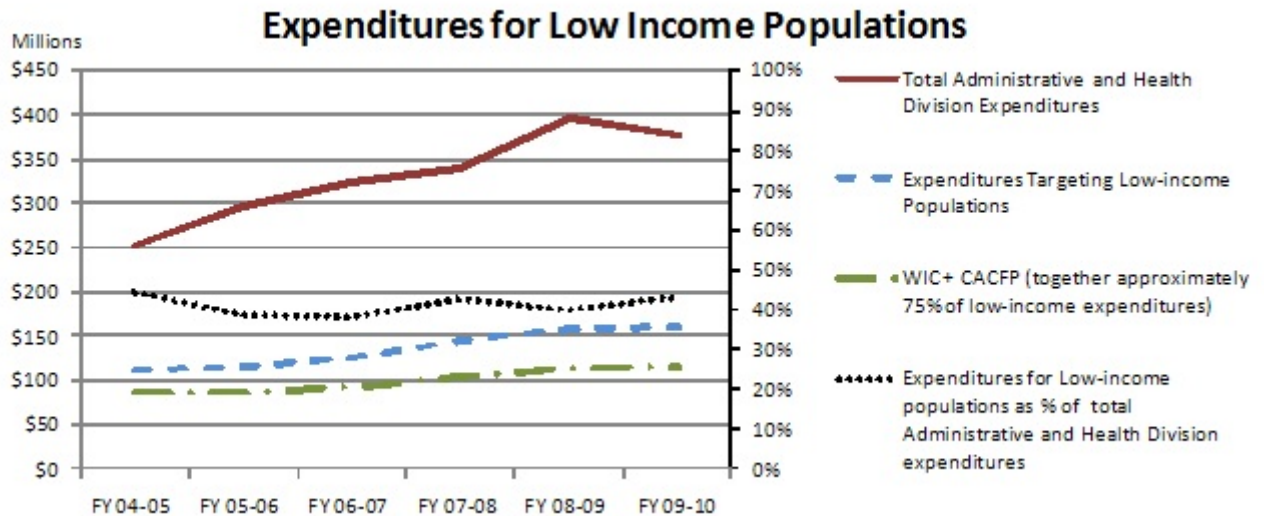
### **Providing Health Care Related Services to Low-income Populations**

This factor is closely linked to the federal funding described above. Although some federal grants, such as those for emergency preparedness and response, are not linked to low-income populations, a substantial portion of the federal funds provided to the health divisions are designed to serve low-income populations, with the income cutoff varying from program to program. For example, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) serves households with income less than 185 percent of federal poverty guidelines (\$40,793 annually for a family of four in 2010). For free mammograms provided by the Women's Wellness Connection, the annual income limit is 250 percent of federal poverty guidelines (\$55,125 for a family of four in 2010). Services are often delivered through contracts with local health providers. The AIDS Drug Assistance Program (ADAP) requires that the income of participants not exceed 400% of the federal poverty guideline (\$43,320 for a single individual in 2010). The following table shows overall appropriations for programs directly targeted at low-income individuals and compares them to the total budget of the Administrative and Health Divisions. Other programs within the Department may also serve this population. Note that the bulk of the funding for these programs is federal; two of these programs, the WIC program and the Child and Adult Care Food Program, which provides meals and snacks at day care facilities, are completely federally supported and account for \$93.5



million of actual spending in FY 2009-10. The decline since FY 2004-05 in the size of these programs relative to the total Administrative and Health Divisions budget primarily reflected the increases in funding for other programs in the Administrative and Health divisions.

<b>Administrative and Health Divisions, Actual Expenditures in millions of \$</b>	<b>FY 04-05</b>	<b>FY 05-06</b>	<b>FY 06-07</b>	<b>FY 07-08</b>	<b>FY 08-09</b>	<b>FY 09-10</b>
Programs Targeting Low-income Populations	\$111.6	\$115.6	\$124.8	\$144.1	\$159.0	\$161.2
Total Expenditures	252.9	297.5	324.5	338.9	396.6	376.4
As a Percent of Total Administrative and Health Divisions Budget	44.1%	38.9%	38.5%	42.5%	40.1%	42.8%
WIC and CACFP (Child and Adult Care Food Program)	86.4	86.2	91.9	104.3	114.4	115.2
As a Percent of Total Administrative and Health Divisions Budget	34.2%	29.0%	28.3%	30.8%	28.8%	30.6%



### Tobacco Funding

Two tobacco-related funding sources support a number of the Department's programs: the payments that Colorado receives pursuant to the 1998 Master Settlement Agreement with tobacco manufacturers, and the revenues collected under the provisions of Amendment 35, which increased state taxes on tobacco products and provided guidelines concerning expenditures of those revenues.

Colorado began receiving Master Settlement Agreement payments in FY 1999-00 and began expending them in FY 2000-01. The Department's two initial settlement-supported programs have subsequently grown to nine, with the most recent increase occurring in FY 2007-08 when S.B. 07-97 added three more programs. The following table shows the Department's expanding list of settlement programs:

<b>Tobacco Master Settlement Agreement Supported Programs</b>	<b>FY Begun</b>	<b>FY Ended</b>
Nurse Home Visitor Program	2000-01	
Tobacco Education, Prevention and Cessation Program (stopped receiving settlement money when Amendment 35 provided alternative funding)	2000-01	2005-06
Dental Loan Repayment Program	2002-03	
Tony Gramscas Youth Services Program	2004-05	
Ryan White HIV/AIDS Program	2004-05	
Colorado HIV-AIDS Prevention Grant Program	2006-07	
Distributions to Local Public Health Agencies	2007-08	
Colorado Immunization Program	2007-08	
Short-term Innovative Health Program Grants	2007-08	

As a consequence of the growth of tobacco-settlement revenues and the statutory changes that added the programs listed above, the amount of settlement money expended by the Department rose from \$3.4 million in FY 2000-01 to a peak of \$26.4 million in FY 2008-09 and subsequently declined. Significant appropriations growth also occurred, but that growth story is more complex because prior to FY 2006-07 appropriations for several of the programs appeared twice in the Long Bill, once when the money was appropriated into cash funds that supported each program, and once when it was appropriated to the program itself. House Bill 06-1310 eliminated these double counts.

Voters approved Amendment 35 (*Tobacco Taxes for Health Related Purposes*) in November 2004. The state began collecting related tobacco tax revenues in January 2005, but revenue did not start flowing to Amendment-35 programs until FY 2005-06 when the enabling legislation, S.B. 05-1262, was enacted:

<b>Amendment 35 Tobacco Tax Supported Programs</b>	<b>FY Begun</b>
Tobacco Education, Prevention, and Cessation Grant Program	2005-06
Health Disparities Grant Program	2005-06
Cardiovascular, Pulmonary, and Chronic Disease Grant Program	2005-06
Breast and Cervical Cancer Screening Program	2005-06
Immunizations Performed by County Public Health Nursing Services	2006-07

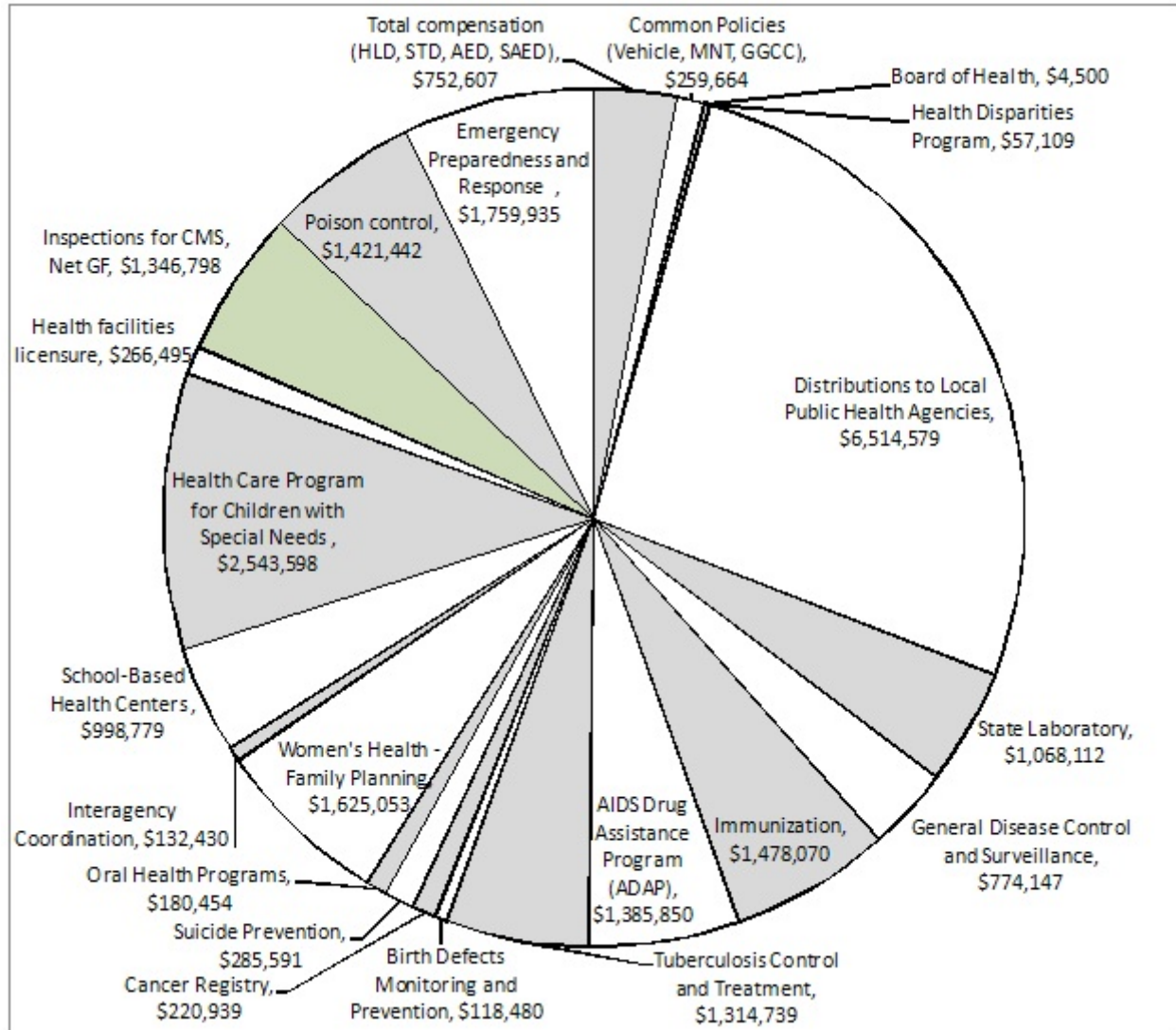
The appropriations story for Amendment-35-supported programs is again more complex than the corresponding expenditures story because some of the related appropriations occur twice in the Long Bill.

The following table summarizes tobacco-related expenditures by the Department in recent years. Expenditures by these programs were classified as cash funds exempt until FY 2007-08 because they were exempt from TABOR's limits, but are now classified as cash funds.

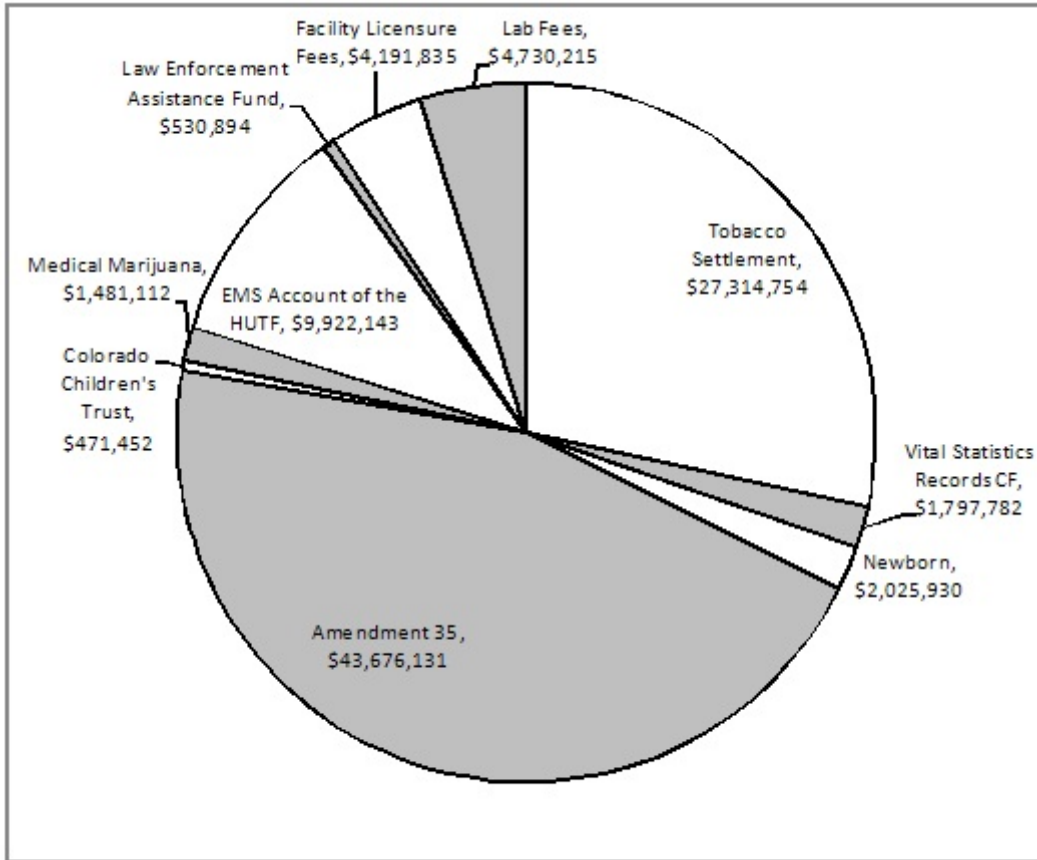
<b>Actual Expenditures from the Tobacco Settlement and Amendment 35 Revenue (Millions of \$)</b>	<b>FY 03-04</b>	<b>FY 04-05</b>	<b>FY 05-06</b>	<b>FY 06-07</b>	<b>FY 07-08</b>	<b>FY 08-09</b>	<b>FY 09-10</b>
Tobacco Settlement funding	\$10.7	\$18.4	\$15.4	\$15.2	\$21.6	\$26.9	\$27.3
Amendment 35 funding	0.0	0.0	42.0	70.0	51.3	59.9	35.6
Total	10.7	18.4	57.4	85.2	72.9	86.8	62.9
As a percent of total Administrative and Health Divisions expenditures	4.2%	7.3%	19.3%	26.3%	21.5%	21.9%	16.7%
As a percent of Administrative and Health Divisions expenditures from non-federal sources	18.7%	24.0%	51.0%	61.3%	53.4%	44.8%	42.8%

The next two pie chart show the distribution of General Fund appropriations among Health and Administration division programs and the composition of Health and Administrative division cash funding sources.

**Distribution of General Fund Among Health And Administration Programs**



### Health and Administration Cash Funding Sources



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(Administrative and Health Divisions)**

**DECISION ITEM PRIORITY LIST**

Decision Item	GF	CF	RF	FF	Total	FTE
1	0	1,093,939	27,500	0	1,121,439	1.0
<p><b>Medical Marijuana Registry</b></p> <p><b>Center for Health and Environmental Information.</b> The Department requests that the \$1.3 million appropriation for the medical-marijuana registry that is <i>currently in law</i> for FY 2010-11 be increase by \$1,121,439 cash funds and 1.0 FTE for FY 2011-12. Please note, however, that in June 2010 the JBC approved a \$2,022,229 interim FY 2010-11 supplemental that would, if it becomes law, raise the registry's FY 2010-11 appropriation to \$3.3 million. Relative to a \$3.3 million appropriation, this request represents a decrease of \$900,790 for the registry. The decrease reflects the Department's expectation that it will work through its large backlog of medical-marijuana registry applications by the close of FY 2010-11. Since the Department remains uncertain of the long run level of applications to the registry, all but one of the 20 workers hired with this decision item will be temporary. The Department will use \$266,000 of the appropriation to contract with the Department of Personnel, Division of Central Services for data entry work. Central Services does not need a corresponding appropriation because it already has sufficient spending authority. <i>Statutory authority: Section 25-1.5-106, C.R.S.</i></p>						
2	0	396,637	0	0	396,637	1.0
<p><b>Newborn Screening Laboratory and Genetics Counseling</b></p> <p><b>Laboratory Services.</b> The Department requests a cash funds appropriation of \$396,637 and 1.0 FTE to add two tests to the panel of blood tests performed on all Colorado newborns: (1) \$376,637 to add Severe Combined Immunodeficiency Disorder (SCID, also known as Bubble Boy Syndrome), and (2) \$20,000 to add follow-up confirmatory testing for Alpha Thalassemia. SCID is a severe condition that leads to death if undiagnosed and untreated within the first months of life; it can be successfully treated with a bone-marrow transplant. Alpha Thalassemia can cause severe anemia and even death but can also be successfully treated. The additional appropriations would be funded by increasing the newborn blood screening fee from \$85 to \$92. This fee is usually paid by insurers or by Medicaid. <i>Statutory authority: Sections 25-4-1001 through 1006, C.R.S.</i></p>						
3	0	0	(110,933)	0	(110,933)	(0.9)
<p><b>Prenatal Plus Administration Transfer</b></p> <p><b>Multiple Divisions.</b> Both the Department of Public Health and Environment (CDPHE) and the Department of Health Care Policy and Financing (HCPF) request that most of the Prenatal Plus Program, which is Medicaid funded, be transferred from CDPHE to HCPF. This program, which targets pregnant women who are at risk of delivering low-birth-weight infants, costs \$119,000 annually to operate, with half of this cost tracing to the General Fund and half tracing to federal funds. Approximately \$6,000 of program costs would remain in CDPHE for vital-records work and the remainder would be transferred to HCPF. CDPHE and HCPF both state that HCPF can administer the program more effectively. HCPF states that the program would have to be scaled back or possibly discontinued if a cost-effective alternative to CDPHE administration cannot be found. The overall savings to the state budget would equal \$1,502. <i>Statutory authority: Section 25.5-5-309 (1), C.R.S.</i></p>						

<b>Decision Item</b>	<b>GF</b>	<b>CF</b>	<b>RF</b>	<b>FF</b>	<b>Total</b>	<b>FTE</b>
4 Legal Services	0	0	132,066	0	132,066	0.0
NP-8 <b>Printing of Statewide Warrants and Mainframe Documents</b> <b>Multiple Divisions.</b> This statewide decision item is submitted through the Department of Personnel (DPA) in order to transition statewide printing services for certain types of printing jobs from the Office of Information Technology (OIT) to DPA. <i>Statutory Authority: Section 24-30-1101 through 1102, C.R.S.</i>	0	0	4,555	0	4,555	0.0
<b>Total</b>	<b>0</b>	<b>1,490,576</b>	<b>53,188</b>	<b>0</b>	<b>1,543,764</b>	<b>1.1</b>

## BASE REDUCTION ITEM PRIORITY LIST

Base Reduction	GF	CF	RF	FF	Total	FTE						
NP-2	(163,910)	0	(75,270)	0	(239,180)	0.0						
<p><b>Statewide 2 Percent Across the Board General Fund Personal Services Reduction</b></p> <p><b>Various Line Items.</b> The Governor's Office requests a temporary, one-time 2 percent reduction to the General Fund portion of all personal services appropriations for FY 2011-12. <i>Statutory authority: Section 24-37-301, C.R.S., and Section 24-37-304, C.R.S.</i></p>												
NP-3	0	(18,313,649)	(2,686,351)	0	(21,000,000)	0.0						
<p><b>Amendment 35 Funding Reduction</b></p> <p><b>Administration and Support Division; Prevention Services Division.</b> The Department requests that the JBC introduce legislation that will permit \$21 million of Amendment 35 (tobacco tax) revenue that currently supports (1) the Health Disparities Grant Program; (2) the Cancer, Cardiovascular and Pulmonary Disease Grant Program (CCPD) and (3) the State Tobacco Education, Prevention, and Cessation Program (STEPP) to be appropriated to the Department of Health Care Policy and Financing for Medical Services Premiums. The General Fund appropriation in HCPF for Medical Services Premiums would be reduced by a corresponding \$21 million. The appropriations would come from the following sources:</p> <table style="margin-left: 40px; border: none;"> <tr> <td style="padding-left: 20px;">Health Disparities</td> <td style="text-align: right;">\$2,686,351</td> </tr> <tr> <td style="padding-left: 20px;">CCPD</td> <td style="text-align: right;">14,189,594</td> </tr> <tr> <td style="padding-left: 20px;">STEPP</td> <td style="text-align: right;">4,124,055</td> </tr> </table> <p><i>Statutory authority: to be created by the proposed legislation</i></p>							Health Disparities	\$2,686,351	CCPD	14,189,594	STEPP	4,124,055
Health Disparities	\$2,686,351											
CCPD	14,189,594											
STEPP	4,124,055											
NP-5	(392)	(21,191)	(9,803)	(25,713)	(57,099)	0.0						
<p><b>Pro-Rated Benefits</b></p> <p><b>Executive Director's Office.</b> The Governor's Office requests an on-going change to Health, Life, and Dental (HLD) coverage policy for part-time employees. As part of this request, the state will only cover a pro-rated portion of HLD benefits based on the number of hours each employee works. <i>Statutory authority: Section 24-50-603 (7), C.R.S., Section 24-50-604 (1), C.R.S., and Section 24-50-604 (3), C.R.S..</i></p>												
NP-6	(162,746)	(682,218)	(230,685)	(891,924)	(1,967,573)	0.0						
<p><b>Statewide PERA Adjustment</b></p> <p><b>Various Line Items.</b> The Governor's Office requests continuation of S.B. 10-146, concerning a one-time modification of contribution rates of the Public Employees' Retirement Association (PERA). This request would continue to require all State employees participating in PERA defined benefit and defined contribution pension plans to contribute an additional 2.5 percent of salary for retirement in FY 2011-12. <i>Statutory authority: Section 24-51-401, C.R.S.</i></p>												



<b>Base Reduction</b>	<b>GF</b>	<b>CF</b>	<b>RF</b>	<b>FF</b>	<b>Total</b>	<b>FTE</b>
NP-7	0	(50,000)	(13,350)	(3,314)	(66,664)	0.0
<b>Annual Fleet Vehicle Replacement</b>						
<p><b>Administration and Support.</b> This non-prioritized request reflects adjustments in costs for leased vehicles. Leases are managed on a centralized basis by the Department of Personnel (DPA). Adjustments are addressed by the Committee as part of common policy figure setting. For FY 2011-12, the Department of Personnel is proposing the replacement of 319 vehicles statewide, including 22 in the Department of Natural Resources. <i>Statutory authority: Section 24-30-1104 (2) (a), C.R.S., and Section 24-30-1117, C.R.S.</i></p>						
<b>Total</b>	<b>(327,048)</b>	<b>(19,067,058)</b>	<b>(3,015,459)</b>	<b>(920,951)</b>	<b>(23,330,516)</b>	<b>0.0</b>

### TRANSFER REQUEST

<b>Unnumbered Requested CF Transfer</b>	<b>GF</b>	<b>CF</b>	<b>RF</b>	<b>FF</b>	<b>Total</b>	<b>FTE</b>
	0	10,000,000	0	0	10,000,000	0.0
<b>Transfer from the Medical Marijuana Cash Fund to the General Fund</b>						
<p>The Department requests that \$10,000,000 be transferred from the Medical Marijuana Program Cash Fund to the General Fund. The Department presents evidence that projected fund revenues are sufficient to support such a transfer. A transfer requires a bill. This <i>Statutory authority: to be created by the proposed legislation.</i></p>						
<b>Total</b>						

**FY 2011-12 Joint Budget Committee Staff Budget Briefing  
Department of Public Health and Environment  
(Administrative and Health Divisions)**

**OVERVIEW OF NUMBERS PAGES**

The following table summarizes the total change, in dollars and as a percentage, between the Department's FY 2010-11 appropriation for the *entire department* and the FY 2011-12 request.

**Total Requested Change, Entire Department, FY 2010-11 to FY 2011-12 (millions of dollars)\***

Category	GF	CF	RF	FF	Total	FTE
FY 2010-11 Appropriation	\$27.5	\$129.5	\$26.5	\$256.6	\$440.1	1,227.7
FY 2011-12 Request	27.5	134.3	27.0	257.0	445.8	1,228.5
Increase / (Decrease)	\$0.0	\$4.8	\$0.5	\$0.4	\$5.7	0.8
Percentage Change	0.0%	3.7%	2.0%	0.2%	1.3%	0.1%

\*Totals may not sum due to rounding.

The General Fund column of the above table includes a General Fund Exempt appropriation of \$447,000 for FY 2010-11 and a corresponding request of \$422,149 for FY 2011-12.

The following table highlights the individual changes contained in the Department's FY 2011-12 budget request for the entire Department, as compared with the FY 2010-11 appropriation. For additional detail, see the numbers pages in Appendix A.

**Requested Changes, Entire Department, FY 2010-11 to FY 2011-12**

Category	GF	CF	RF	FF	Total	FTE
<b>Change due to prior-session decisions:</b>						
Prior-session bills	0	(909,382)	0	0	(909,382)	(0.3)
Prior-session decision items	<u>0</u>	<u>(84,855)</u>	<u>0</u>	<u>0</u>	<u>(84,855)</u>	<u>0.0</u>
Subtotal	0	(994,237)	0	0	(994,237)	(0.3)
<b>Change due to decisions for FY 11-12:</b>						
Extend and adjust use of Amendment 35 revenue for Medical Services Premiums	(24,851)	3,779,001	222,592	0	3,976,742	0.0
Prioritized Decision Items	0	1,490,576	48,633	0	1,539,209	1.1
Total Compensation Adjustment	176,516	475,428	296,636	451,225	1,399,805	0.0
Common Policy Base Adjustment	26,849	184,782	41,199	(75,333)	177,497	0.0
Non-prioritized statewide decision items	0	0	4,555	0	4,555	0.0
2% GF Personal Services Reduction	(163,910)	0	(75,270)	0	(239,180)	0.0
Non-prioritized statewide base reduction items	(392)	(71,191)	(23,153)	(29,027)	(123,763)	0.0

<b>Category</b>	<b>GF</b>	<b>CF</b>	<b>RF</b>	<b>FF</b>	<b>Total</b>	<b>FTE</b>
Continue statewide PERA adjustment	(22,945)	(62,212)	(28,926)	51,743	(62,340)	0.0
Fund Mix Adjustment	<u>0</u>	<u>(49,072)</u>	<u>49,072</u>	<u>0</u>	<u>0</u>	<u>0.0</u>
Subtotal:	(8,733)	5,747,312	535,338	398,608	6,672,525	1.1
<b>Total Change</b>	<b>(\$8,733)</b>	<b>\$4,753,075</b>	<b>\$535,338</b>	<b>\$398,608</b>	<b>\$5,678,288</b>	<b>0.8</b>

**FY 2011-12 Joint Budget Committee Staff Budget Briefing  
Department of Public Health and Environment  
(Health and Administration Division)**

**BRIEFING ISSUE**

**ISSUE: Significant Actions Taken from FY 2007-08 to FY 2010-11 to Balance the Budget**

Total appropriations to the Department of Public Health and Environment have decreased since FY 2007-08 due to significant declines in appropriations of cash and reappropriated funds. The declines are in substantial part due to the transfer of Amendment 35 tobacco-tax dollars to the Department of Health Care Policy and Financing in support of medical services premiums. They are also due to the elimination of a number of double appropriations of Amendment 35 revenues.

Since the most recent economic downturn started in 2008, the General Assembly has also taken a number of actions to mitigate General Fund increases in this department. As a result, the General Fund appropriation to the Department increased by \$3.6 million (15.1 percent) from FY 2007-08 to FY 2010-11.

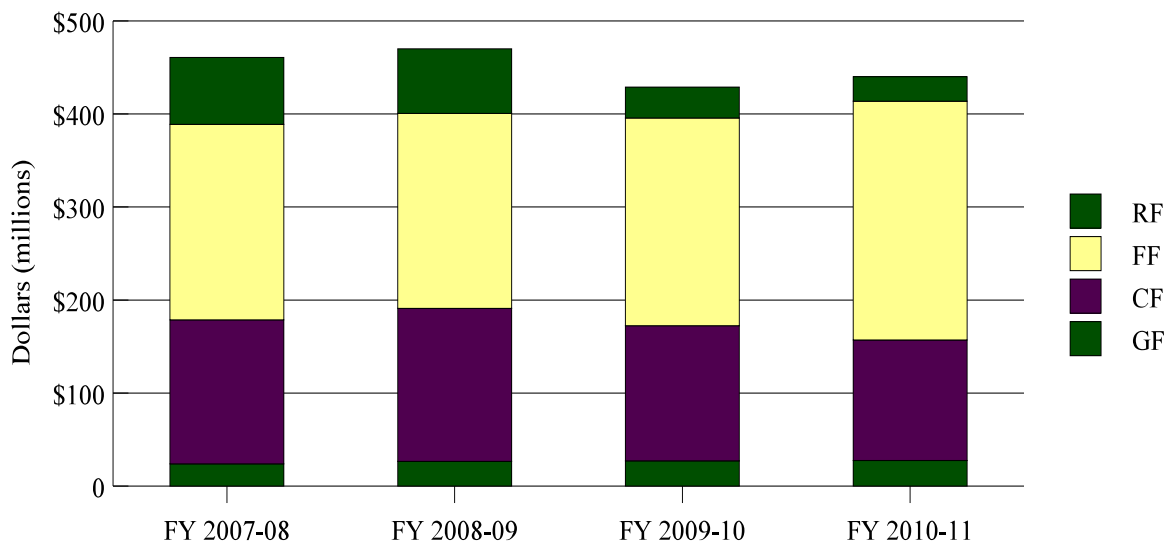
**SUMMARY:**

- ❑ The General Assembly transferred \$46.7 million of Amendment 35 tobacco-tax dollars from the Department of Public Health and Environment to the Department of Health Care Policy and Financing to support medical services premiums, freeing a like amount of General Fund for other purposes.
- ❑ The General Assembly made a variety of one-time reductions in appropriations to the Department that collectively reduced General Fund appropriations by \$837,000.
- ❑ The General Assembly made a series of permanent reductions in appropriations to the Department that collectively reduced the General Fund appropriation by \$1.9 million.
- ❑ The General Assembly transferred a total of \$44.4 million from the Department's cash funds to support the General Fund in FY 2008-09, FY 2009-10 and FY 2010-11.

**DISCUSSION:**

From FY 2007-08 to FY 2010-11, total appropriations to the Department of Public Health and Environment decreased by 4.5 percent (\$20.7 million). The decrease was the consequence of reduced appropriations of cash and reappropriated funds that exceeded increased support from federal funds and the General Fund.

## Department Appropriations FY 2007-08 to FY 2010-11



Appropriations to the Department of Public Health and Environment for FY 2007-08 through FY 2010-11 are illustrated in the bar chart and detailed in the table below.

Department of Public Health and Environment Appropriations FY 2007-08 to FY 2010-11					
	Total Funds	General Fund	Cash Funds	Federal Funds	Reappropriated Funds
FY 2007-08 /a	\$460,801,638	\$23,932,469	\$154,725,214	\$210,131,476	\$72,012,479
FY 2008-09	469,965,999	26,586,357	164,440,239	209,613,716	69,325,687
FY 2009-10	428,940,743	27,076,170	145,250,938	223,379,861	33,233,774
FY 2010-11	440,148,279	27,541,461	129,530,277	256,596,843	26,479,698
Increase/(Decrease.) /b	(\$20,653,359)	\$3,608,992	(\$25,194,937)	\$46,465,367	(\$45,532,781)
Percent Change /b	(4.5)%	15.1%	(16.3)%	22.1%	(63.2)%

a/ FY 2007-08 Appropriations have been adjusted to reflect the same "cash funds" and "reappropriated funds" format implemented in FY 2008-09. Source: Page 417 of the FY 2008-09 Appropriations Report.

b/ Increase/(Decrease) and Percent Change compare FY 2007-08 and FY 2010-11.

As illustrated in the bar chart above, between FY 2007-08 and FY 2010-11 there was a substantial increase in appropriations of federal funds that was accompanied by a more gradual increase in General Fund appropriations. These increases were more than offset by substantially larger reductions in appropriations of cash and reappropriated funds, resulting in an overall appropriations decrease of more than \$20 million or 4.5 percent. Over this period:

- Federal funds rose by \$46.5 million or 22.1 percent, though the increase began with a half-million dollar decline between FY 2007-08 and FY 2008-09 that largely reflected anticipated reductions in federal funding in the environmental divisions. A jump occurred between FY 2008-09 and FY 2009-10 when \$17.6 million of federal funding for emergency preparedness and response that was previously off-budget was included for the first time in the Long Bill. The increases continued in FY 2010-11 when Long Bill appropriations were increased by a further \$33.0 million, largely to catch up with the federal funding increases that had occurred in the preceding years that had not been reflected in the Long Bill.
- General Fund rose by \$3.6 million or 15.1 percent, beginning with a \$2.7 million increase between FY 2007-08 and FY 2008-09 that reflected increased General Fund support for (1) the Tony Grampsas Youth Services Program, (2) immunizations, (3) school-based health centers, and (4) Tuberculosis Control and Treatment. The increases in FY 2009-10 and FY 2010-11 were largely due to increased funding for the state laboratory and increased state matching funds for federal emergency preparedness and response grants. These increase were partially offset by elimination of the Colorado Student Before-and-After-School Project and the Old Age Pension dental program and the elimination of the General Fund increase for the Tony Grampsas Youth Services Program that had occurred a year earlier.
- Reappropriated funds fell by \$45.5 million or 63.2 percent, beginning with a \$2.7 million reduction between FY 2007-08 and FY 2008-09 that reflected a decline in Amendment 35 (tobacco tax) revenues that was compounded by reduced carry-forward balances of unexpended appropriations from FY 2007-08. The elimination of a number of double appropriations of Amendment 35 revenues resulted in a \$36.0 million reappropriated-funds reduction the following year. The decline continued into FY 2010-11 when reappropriated funds fell by \$6.7 million, a consequence of transferring \$45.7 million of Amendment 35 revenue to the Department of Health Care Policy and Financing to provide medical services.
- Cash funds fell by \$25.2 million or 16.3 percent, though the decline began with a \$9.7 million increase from FY 2007-08 to FY 2008-09 that was in substantial part due to extra tobacco settlement revenue for the Department's settlement-supported programs. Declines began in FY 2009-10 when a \$5 million cash-fund revenue increase resulting from the increased automobile registration fees imposed by of S.B. 09-002 (in support of emergency medical services) was overwhelmed by a decline in cash funds appropriations of amendment 35 revenue decline and by the elimination of short-term grants for innovative health programs, with the savings directed to the General Fund. In FY 2010-11, a surge in medical-marijuana-related spending was more than offset by reductions in tobacco-settlement revenue and in available amendment 35 revenues, the latter a consequence of transfers to the Department of Health Care Policy and Financing in support of medical services premiums.

Beginning in January of 2009 and continuing through the 2010 Session, the General Assembly has taken a number of actions to reduce General Fund expenditures of the health and administration divisions. These actions are discussed in more detail below.

### **Major Budget Balancing Actions from FY 2007-08 to FY 2010-11**

1. The Department's January 2009 supplemental bill reduced FY 2008-09 General Fund appropriations by \$250,000 with a variety of one-time measures that reduced FY 2008-09 appropriations. Included were reductions for community nursing services, environmental inspections, interagency prevention program coordination, school-based health centers, and a hiring freeze. Fifteen percent of these reductions were due to refinancing with cash funds; the remainder were direct reductions.
2. The FY 2009-10 appropriation approved during the 2009 session eliminated General Fund support for the Tony Grampas Youth Services Program, saving \$1.0 million, and eliminated support for the Colorado Student Before-and-After-School Project, saving \$300,000. It also reduced by \$103,000, General Fund, the appropriation for Interagency Prevention Programs Coordination. In addition, the General Assembly reduced to zero the cash funds appropriation for Short-term Grants for Innovative Health Programs, which is supported with tobacco-settlement revenue, thus freeing moneys in the Short Term Innovative Health Program Grant Fund for transfer to the General Fund, and it refinanced an ongoing \$61,000 General Fund appropriation for S.B. 07-228 (Monitoring Vendor Performance in State Contracts) with cash funds. These are all ongoing changes that can be continued indefinitely. In addition the appropriation included a one-time 1.82 percent decrease for all personal services line items with 20 or more FTE, which reduced General Fund appropriations by a further \$71,000.
3. The Department's January 2010 supplemental bill reduced General Fund appropriations by \$173,000, with the entire reduction coming from one-time furloughs.
4. The FY 2010-11 appropriation approved during the 2010 session included a one-time, state-wide increase of 2.5 percent for employee PERA contributions and a corresponding reduction in state contributions. Applied to the Department, this action reduced total appropriations by \$1.9 million, including \$145,000 of one-time General Fund reductions. The appropriation also permanently eliminated support for the Old Age Pension dental program, saving \$398,000 General Fund and reduced funding for immunization programs by \$99,000 annually for two years.

### **Actions Taken to Increase Available State General Fund Revenues**

1. During the 2009 and 2010 sessions, the General Assembly declared state fiscal emergencies for FY 2009-10 and FY 2010-11, which allowed Amendment 35 tobacco-tax revenues to be used in those years for any health-related purpose. The General Assembly then appropriated \$21.0 million of Amendment 35 revenue to HCPF for medical services premiums in FY 2009-10 and appropriated another \$25,691,418 in FY 2010-11, reducing the General Fund appropriation to HCPF each year by an identical amount, thus freeing a total of \$21.0 + \$25.7 = \$46.7 million of General Fund for other purposes. Of the transferred amounts, \$23.5 million

came from the Tobacco Education Programs Fund, which normally provides grants for tobacco education, prevention and cessation, \$17.7 million came from the Prevention, Early Detection and Treatment Fund, which normally provides grants for programs that fight cancer, cardiovascular and pulmonary disease, and \$5.5 million came from the Health Disparities Grant Program Fund, which normally provides grants to programs that reduce disparities. An additional \$40,000 came from a survey research group within the Department. Since fiscal emergencies can only be declared for one year at a time, these funding adjustments are temporary.

2. The General Assembly transferred a total of \$44.4 million from the Department's cash funds to support the General Fund in FY 2008-09, FY 2009-10 and FY 2010-11, with the largest transfers coming from the Hazardous Substance Response Fund (\$32.5 million), the Short Term Innovative Health Program Grant Fund (\$5.9 million), and the Medical Marijuana Program Cash Fund (\$3.3 million).



**FY 2011-12 Joint Budget Committee Staff Budget Briefing  
Department of Public Health and Environment  
(Health and Administration Division)**

**BRIEFING ISSUE**

**ISSUE: Create a Cash Fund for the State Laboratory**

Discusses the advantages of establishing an additional cash fund for the state laboratory and recommends that the JBC sponsor legislation to establish such a fund.

**SUMMARY:**

- Three out of every eight dollars collected by the state laboratory for the services it provides do not go into a cash fund. Any revenues from these sources that are unspent at year's end are transferred to the General Fund.
- The lab's inability to carry unspent revenues forward makes it difficult for some laboratory programs to accumulate revenue to purchase equipment. As a result the programs must resort to leases and lease-purchase arrangements, which are sometimes more costly than outright purchase.

**RECOMMENDATION:**

- Staff recommends that the JBC sponsor legislation that establishes a cash fund for the lab that will receive revenues that currently are not deposited in any cash fund.

**RECOMMENDATION:**

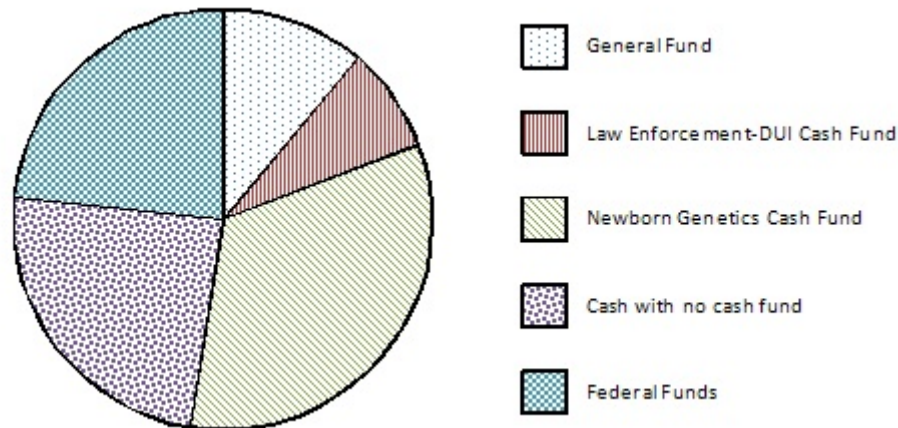
The state laboratory, which appears as the Laboratory Services Division in PHE's Long Bill, has two operational units:

1. **Chemistry and Microbiology**, which conducts tests and provides analysis and advice for the Department's health and environmental programs and for outside clients. Its activities include analysis of blood and tissue specimens, testing for newborn genetic disorders, diagnostic testing for bacterial diseases, analysis for disease outbreaks, water testing, and environmental testing.

2. **Certification**, which certifies private medical laboratories, environmental laboratories (including water testing labs), dairy on-site laboratories, and law enforcement breath alcohol testing devices throughout the state.

As the following chart shows, the division receives 66 percent of its funding from cash sources, with an additional 11 percent coming from the General Fund and 23 percent coming from federal sources.

**Sources of Funding for the State Lab**



Much of the lab's cash revenues come from fees that it charges for the services it provides. Perhaps the most surprising fact about these revenues and this chart is that approximately 3 out of every 8 dollars that the laboratory collects are not placed in a cash fund. From an internal control perspective, this is not a cause for concern; revenues that are not in a cash fund are just as secure as revenues that are. However, unspent revenues that are not in a cash fund cannot be carried forward from year to year; any amounts collected during the course of the fiscal year that were not used to pay salaries, operating expenses, and other costs of running the laboratory are transferred to the General Fund at year's end.

The inability to retain unspent amounts at the end of a fiscal year has an unfortunate consequence. Programs within the lab that generate revenues that are not placed in a cash fund cannot accumulate revenue to purchase equipment. Each year these programs must pay for their equipment out of current revenues, which makes it difficult to acquire costly equipment with a long life.

If the lab had a cash fund for these revenues and the fund balance could be carried from year to year, it could better budget for equipment acquisitions. Many pieces of laboratory equipment are very expensive and the division can not generate enough revenue in any given year to purchase the equipment. Where possible, the lab has resorted to lease-purchase agreements to resolve this issue, even though it sometimes meant that the lab had to utilize a lease-purchase arrangement that was less favorable than outright purchase. In other instances, lease purchase has been unavailable because

suppliers of certain types of equipment suppliers don't offer these types of agreements. In these cases the lab must resort to a lease.

At the request of Staff, the lab provided an example that illustrates the comparative costs of acquiring an inductively coupled plasma optical emissions spectrometer, which can be purchased outright for \$104,681. The total cost over 14 years of the three ownership options are as follows:

Option	Total cost over 14 years
Purchase (including a service agreement)	\$263,352
Lease	\$360,334
Lease-Purchase	\$309,280

**Recommendation: Staff recommends that the JBC sponsor legislation that establishes a cash fund for the lab that will receive revenues that currently are not deposited in any cash fund.**

This cash fund must be permitted to carry its balance forward from year to year. Revenues and expenditures of the fund will equal approximately \$2.4 million annually. Because the fund's left over revenues will not be transferred to the General Fund at the end of the year, the General Fund will lose between \$17,000 and \$25,000 per year in reverted fees (this is the amount that has been reverted in recent years).

**FY 2011-12 Joint Budget Committee Staff Budget Briefing  
Department of Public Health and Environment  
(Health and Administration Division)**

**BRIEFING ISSUE**

**ISSUE: Direct a Portion of Tobacco Settlement Revenue to a Rainy Day Fund**

Discusses the tobacco Master Settlement Agreement, the statutory rules governing the allocation of settlement revenues, recent settlement revenues, and the current dispute with tobacco manufacturers. Reviews the intent of the agreement and suggests that several settlement-supported programs do not accord with this intent because they are not health-care related. Recommends that the Committee sponsor legislation to permanently abolish these programs and use the resulting savings to create a rainy day fund for health care purposes.

**SUMMARY:**

- Provides an overview of the tobacco Master Settlement Agreement, the statutory rules governing the allocation of settlement revenues, the size of recent settlement revenues, and the current dollar allocation of revenues.
- Reviews the current dispute with participating tobacco manufacturers concerning diligent enforcement of state laws governing non-participating manufacturers.
- Explores the intent of the master settlement agreement and examines current settlement programs in light of this intent. Concludes that three settlement-supported programs do not accord with the commonly accepted intent.

**RECOMMENDATION:**

- Staff recommends that the Committee sponsor legislation to permanently abolish several tobacco programs and use the resulting savings to create a rainy day fund that would only be used in the event of a recession. This fund would be used during the current downturn to support health-related programs that would otherwise require General Fund appropriations, and after the recession is over it would accumulate settlement dollars and interest until the next recession when it would again be available to support health-related programs.
- If the Committee decides not to follow this staff recommendation, Staff recommends that the Committee introduce legislation that transfers revenue from the Short-term Grants for Innovative Health Programs to the General Fund, as it has in each of the past two years.

## DISCUSSION:

**Historical Background:** In the mid 1990's, various states began litigation against the major tobacco companies, trying to recover Medicaid and other health-care costs that they had incurred as a result of smoking-related diseases. Following separate 1997 settlements with Mississippi, Florida, Texas, and Minnesota, the remaining states agreed to the Master Settlement Agreement in November 1998. In the agreement, the participating tobacco manufacturers agreed to

1. Abide by a variety of public health restrictions on the advertising and marketing of cigarettes,
2. Create and fund the American Legacy Foundation, which conducts youth-targeted anti-tobacco advertising, and
3. Make specified payments to the settling states in perpetuity.

In return, the settling states agreed to release the participating manufacturers from health-related claims by the states and their local governments related to the use, manufacture and marketing of tobacco products.

A number of smaller tobacco companies subsequently joined the Master Settlement Agreement, agreeing to abide by its provisions. The tobacco companies that are now parties to the agreement are collectively known as Participating Manufacturers while tobacco companies that have not joined are called Non Participating Manufacturers.

### Colorado's Tobacco Settlement Allocation Rules

The settlement payments for a given calendar year are due the following April 15<sup>th</sup>. For example, the payments due for calendar year 2010 will be distributed to the states on April 15, 2011. The statutory rules governing Colorado's allocation of this revenue are complex; in order to make the rules more easily comprehensible staff will present a somewhat simplified version that produces correct results in most cases.

Settlement moneys received in April are divided among programs starting on the following July 1<sup>st</sup>, i.e. starting with the beginning of the next fiscal year. The revenue is first divided among what are commonly called Tier 1 programs, which collectively utilize about two thirds of the total, and the remainder is then allocated among the Tier 2 programs. The following table lists the Tier 1 settlement programs and provides an overview of each program's statutory funding rule:

Tier 1 Program	Portion of the Total Allocation
Children's Basic Health Plan	24%, not to exceed \$30 million and not less than \$17.5 million.
Nurse Home Visitor Program	14% in FY 2010-11, 15% in FY 2011-12, rising 1% annually to 19% in FY 2015-16, not to exceed \$19 million in any year.
Fitzsimons lease purchase	8%, not to exceed \$8 million

<b>Tier 1 Program</b>	<b>Portion of the Total Allocation</b>
Read-to-achieve Grant Program, Reading Assistance Grant Program (Section 22-88-102, C.R.S.), and Reimbursements to school districts for costs of educating juvenile offenders in adult detention facilities (Section 22-32-141, C.R.S.)	5%, not to exceed \$8 million
Tony Gramscas Youth Services Program	4%, not to exceed \$5 million
HIV/AIDS Drug Assistance Program	3.5%, not to exceed \$5 million
Comprehensive Primary and Preventive Care Grant Program	3%, not to exceed \$5 million
HIV and AIDS Prevention Grant Program	2%, not to exceed \$2 million
State Veterans	1%, not to exceed \$1 million. (10% of the State Veterans allocation is retained in the State Veterans Trust Fund and the remaining 90%, plus interest earned by the trust, is expended. See H.B. 09-1329.)
Autism Treatment Fund	\$1,000,000 annually (fixed)
Child Mental Health Treatment Act	\$300,000 annually (fixed)
Dental Loan Repayment Program	\$200,000 annually (fixed)

Tobacco-settlement revenue that is not allocated to tier 1 programs (the "remainder") by the above table is allocated among tier 2 programs in the percentages detailed below:

<b>Tier 2 Program</b>	<b>Percentage of Remainder</b>	
	<b>FY 2009-10</b>	<b>FY 2010-11</b>
University of Colorado Health Sciences Center	49.0%	49.0%
Mental health services for juvenile and adult offenders	12.0%	12.0%
Comprehensive Primary and Preventive Care Grant Program (the Rural and Public Hospital Grant portion of this program)	8.5%	0.0%
Local public health services	7.0%	7.0%
Children's Basic Health Plan	5.0%	13.5%
Supplemental state contribution for group benefit plans	4.5%	4.5%
Colorado Immunization Program	4.0%	4.0%
Alcohol and drug abuse and treatment programs	3.0%	3.0%
Short-term Grants for Innovative Health Programs	6.0%	6.0%
Medicaid Shortfalls at Children's Hospital	1.0%	1.0%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>

Note that the Tier 2 programs utilize all of the remaining revenue. The cash fund that supports Short-term Grants for Innovative Health Programs also receives the following transfers at the end of each fiscal year: (1) income earned during the year by the cash funds that support most of the other tier 2 programs; and (2) moneys that were allocated to some of the other settlement programs but were not expended.

**The Non-Participating-Manufacturer Problem:** The Master Settlement Agreement adds about \$4.30 to the cost of a carton of cigarettes purchased from participating manufacturers. From the outset, it was recognized that the extra costs the settlement imposes would place participating manufacturers at a competitive disadvantage when compared with the "non participating manufacturers" (NPMs) who have not joined the agreement. In an effort to level the playing field, the agreement required states to enact a model statute that forces non participating manufacturers to make payments into escrows accounts that are comparable to what they would have paid to the states had they participated in the agreement.

Concern that the agreement would cause participating manufacturers to lose market share led to the inclusion of an NPM adjustment clause in the agreement, which reduces payments that the participating manufacturers make to the states. This adjustment comes into play when three conditions are satisfied for a given year:

1. the market share of participating manufacturers declines by 2 percent or more,
2. an independent economic consultant finds that the agreement significantly contributed to this decline, and
3. an arbitrator finds that a given state failed to diligently enforce its NPM statute.

If all three conditions occur, then an aggregate NPM adjustment, which is computed with a complex formula, is proportionately allocated among those states that are found to have failed to have diligently enforce their NPM laws. In no case however, can the adjustment exceed the amount that the state received in the year in question. Because of the way the reduction is allocated, diligent enforcement determinations must be made for all the participating states before the aggregate adjustment can be distributed.

By the time that the 2003 settlement payment was due in 2004, the market share of the major tobacco manufacturers had declined 8.2 percent relative to 1997. The participating firms went ahead and made the 2003 payment but, believing that the payment should be reduced by an NPM adjustment, they also set in motion a process that led an independent economic consultant to conclude that the agreement significantly contributed to this decline.

Following the consultant's decision, two of the major tobacco manufacturers, Reynolds and Lorillard, joined by some smaller manufacturers, decided to reduce their April 2006 distribution to the states by the amount of the potential 2003 NPM adjustment. Another large firm, Philip Morris, which has a \$354 million potential NPM adjustment for 2003, decided to pay in full, though it asserts that it is also entitled to the adjustment. The \$798 million that Reynolds and Lorillard withheld was placed in a

escrow account where it awaits diligent-enforcement determinations for all states. The accounting firm that oversees the distribution of settlement payments, recognizing that it could not predict which states will be determined not to have diligently enforced, decided to reduce each state's 2006 payment by a proportionate share of the \$800 million. Colorado's share of the reduction equaled \$10.9 million. Had Philip Morris chosen to place its disputed \$354 million in a disputed payments account, Colorado's payment would have declined another \$4.2 million. For calendar year 2004 and subsequent years the participating manufactures have continued to assert that they are entitled to the NPM adjustment and Reynolds and Lorillard, again joined by some smaller manufacturers have continued to withhold payments. Philip Morris has continued to make payments.

The Department of Law, in its December 3 written hearing responses summarized the current status of the arbitration:

The 2003 NPM Adjustment/Diligent Enforcement Arbitration began in July 2010. Hearings have been held in July and October, with two more hearings scheduled for December 2010. The panel scheduled early hearings for jurisdictional issues and for argument on determining what preliminary legal issues needed to be decided before the opening of state specific cases. Briefing and argument on these preliminary legal issues is staggered from December 2010 through April 2011. Discovery in the case has been ordered and proceeding on a similar timeline, with the close of all discovery by July 2011. The Panel has set July 2011 for a status hearing to determine the order and grouping of state-specific hearings.

Following a decision for the 2003 adjustment, the arbitration process would then be repeated for 2004 and following years; though the process would presumably be much accelerated. Because an increasing number of smaller manufacturers have joined the settlement recently, the market share of participating manufactures has risen and the aggregate amount of the adjustment is progressively smaller for 2004 and later years.

**Recent Settlement Revenues:** The following table presents the actual tobacco-settlement revenues in recent years. The column titled "Full payment" is the amount Colorado should have received had no withholding occurred.



## Tobacco Settlement Revenues

<b>FY Payment Is Received</b>	<b>This Payment Determines Approps in FY:</b>	<b>Full Payment</b>	<b>Amount Withheld</b>	<b>Total Received, Excluding Special Payments</b>	<b>% Change of Total Received Before Special Payments</b>	<b>Special Payments</b>
<b>Actual Payments:</b>						
2003-04	2004-05	\$86.1	\$0.0	\$86.1		\$0.0
2004-05	2005-06	87.4	0.0	87.4	1.5%	0.0
2005-06	2006-07	91.1	(10.9)	80.2	-8.2%	0.0
2006-07	2007-08	92.7	(8.8)	83.9	4.6%	0.0
2007-08	2008-09	111.4	(7.7)	103.7	23.6%	0.0
2008-09	2009-10	112.5	(7.1)	105.4	1.6%	7.4
2009-10	2010-11	102.5	(7.9)	94.6	-10.2%	0.0

Amounts are in millions of dollars.

A review of the "Total Received Excluding Special Payments" column in this table shows that tobacco settlement revenues have been somewhat volatile. The FY 2005-06 decline of settlement revenues was due to the start of withholding by participating manufacturers. The Special payment received in FY 2008-09 is also related to this ongoing dispute. The FY 2007-08 surge was due to the start of a series of "Strategic Contribution" payments, which the Master Settlement Agreement requires manufacturers to make for ten years. The FY 2010-11 decline is due to the effects of the recession and the 61.6¢ per pack federal excise tax that was placed on cigarettes in April 2009.

Unfortunately, the preceding tables do not tell the entire story. Senate Bills 09-264 and 09-269, and H.B. 10-1323 adjust several of the FY 2009-10 and FY 2010-11 Tier 1 and Tier 2 allocations determined using the above tables. These bills collectively transfer \$6.9 million and \$4.4 million of settlement moneys to the General Fund in FY 2009-10 and FY 2010-11. The following tables detail the allocations to tier 1 and tier 2 programs that result from application of the full set of rules.

<b>Tier 1 Program</b>	<b>FY 2009-10 Allocation</b>	<b>FY 2010-11 Allocation</b>
<b>Legislative Department</b>		
Office of the State Auditor	\$103,640	\$112,831
<b>Department of Education</b>		
Read-to-achieve Grant Program and other education programs	4,990,663	4,719,367
<b>Department of Health Care Policy and Financing</b>		
Comprehensive Primary and Preventive Care Grant Program	594,398	0
Children's Basic Health Plan Trust	24,955,183	22,652,963
State share of funding required for the Children with Autism Act	<u>1,000,000</u>	<u>1,000,000</u>
<b>Subtotal - Department of Health Care Policy and Financing</b>	<b>26,549,581</b>	<b>23,652,963</b>

<b>Tier 1 Program</b>	<b>FY 2009-10 Allocation</b>	<b>FY 2010-11 Allocation</b>
<b>Department of Higher Education</b>		
Fitzsimons lease purchase	8,000,000	7,566,964
<b>Department of Military and Veterans Affairs</b>		
Colorado State Veterans	998,133	943,873
<b>Department of Human Services</b>		
Child Mental Health Treatment Act	300,000	300,000
<b>Department of Public Health and Environment</b>		
Dental Loan Repayment Program	200,000	200,000
AIDS and HIV Prevention Grant Program	1,996,265	1,887,747
AIDS Drug Assistance Program	3,493,464	3,303,557
Tony Gramscas Youth Services Program	3,992,530	3,775,494
Nurse Home Visitor Program	<u>13,453,724</u>	<u>13,214,228</u>
<b>Subtotal - Department of Public Health and Environment</b>	<b>23,135,983</b>	<b>22,381,026</b>
<b>Total</b>	<b>\$64,078,000</b>	<b>\$59,677,024</b>

<b>Tier 2 Program</b>	<b>FY 2009-10 Allocation</b>	<b>FY 2010-11 Allocation</b>
<b>Department of Higher Education</b>		
University of Colorado, Health Sciences Center	\$17,150,000	\$15,718,416
<b>Department of Health Care Policy and Financing</b>		
Comprehensive Primary and Preventive Care Grant Program (redirected to Children's Basic Health Plan in FY 2010-11)	575,000	0
Medicaid shortfalls at Children's Hospital	283,000	307,000
Children's Basic Health Plan Trust	<u>1,750,000</u>	<u>4,330,584</u>
<b>Subtotal - Department of Health Care Policy and Financing</b>	<b>2,608,000</b>	<b>4,637,584</b>
<b>Department of Human Services</b>		
Mental Health Services for juvenile and adult offenders	4,200,000	3,849,408
Alcohol and drug abuse programs	<u>1,050,000</u>	<u>962,352</u>
<b>Subtotal - Department of Human Services</b>	<b>5,250,000</b>	<b>4,811,760</b>
<b>Department of Personnel and Administration</b>		
Supplemental state contribution for group benefit plans	1,575,000	1,443,528

<b>Tier 2 Program</b>	<b>FY 2009-10 Allocation</b>	<b>FY 2010-11 Allocation</b>
<b>Department of Public Health and Environment</b>		
Local public health agencies	2,450,000	2,245,488
Colorado Immunization Program	1,400,000	1,283,136
Short-term Grants for Innovative Health Programs (some of all of this allocation was transferred to the General Fund)	<u>358,429</u>	<u>0</u>
<b>Subtotal - Department of Public Health and Environment</b>	<b>4,208,429</b>	<b>3,528,624</b>
<b>Total</b>	<b>\$30,791,429</b>	<b>\$30,139,912</b>

**The Intent of the Master Settlement Agreement.** The Recitals at the beginning of the Master Settlement Agreement, declare that the states entered into the agreement to further their policies regarding public health, including policies to reduce underage tobacco use. The Recitals include the following statement, which provides some indication as to how the states were expected to spend their settlement moneys (*italics added*):

[T]he Settling States and the Participating Manufacturers...have agreed to settle their respective lawsuits and potential claims pursuant to terms *which will achieve for the Settling States and their citizens significant funding for the advancement of public health, the implementation of important tobacco-related public health measures, including the enforcement of the mandates and restrictions related to such measures, as well as funding for a national Foundation dedicated to significantly reducing the use of Tobacco Products by Youth...the Settling States and the Participating Manufacturers...memorialize and agree as follows*

(The "national foundation" in this recital is the tobacco-industry-funded American Legacy Foundation, mentioned earlier.)

The consent decree that Colorado Attorney General Gale Norton and the participating tobacco manufacturers signed on November 25, 1998 was more specific (*italics added*):

The funds provided to the State of Colorado under...the Agreement are compensation to be held in trust, with specific expenditures to be determined by the General Assembly and Governor through the normal appropriation process. *It is the intent and recommendation of the parties to this Agreement that such funds be used for public health purposes only, including but not limited to State and local governmental entity health service programs, medical research, and tobacco-related health programs.*

Despite these statements of intent, the agreement imposes no spending restrictions upon Colorado; it does not require settlement payments to be spent on anti tobacco programs, on smoking-related health programs, or on health programs of any kind. However, public opinion seems to support the idea that

tobacco settlement revenue should be spent on smoking abatement or health-related programs; editorial writer and other opinion leaders periodically criticize state and local governments for failing to spend tobacco settlement moneys on anti-smoking programs or on health care.

**Implementing Intent with a Health Care Rainy Day Fund:** Bearing in mind the stated intent of the Master Settlement Agreement and public perceptions of its purpose, staff has examined Colorado's settlement-supported programs and has identified several programs that deviate from this standard.

**Staff recommends that the Committee sponsor legislation to permanently abolish several tobacco programs and use the resulting savings to create a modest rainy day fund that would only be used in the event of a recession. This fund would be used during the current downturn to support health-related programs that would otherwise require General Fund appropriations, and after the recession is over it would accumulate settlement dollars and interest until the next recession when it would again be available to support health-related programs.**

The public and members of the General Assembly have frequently acknowledged the value of a rainy day fund. If the Committee sponsored legislation that reduced tobacco-settlement appropriations enough to free \$10 million annually for such a fund, the state would have approximately \$50 million set aside each time a downturn occurs, assuming that recessions occur once every 5 to 6 years, as they have during the post-war era. This is modest relative to the size of the current revenue shortfall, but staff believes that the benefits of an extra \$10 million of annual spending are more than offset by the harm created by an extra \$50 million of cuts during a downturn.

**Staff recommends that the Committee select several criteria for program evaluation and use those criteria to decide which programs should be eliminated.** Specifically, staff suggests the following:

1. **Does the program contribute to the health of Coloradans?** This criteria is consistent with the Master Settlement Agreement's recitals, and with public perceptions.
2. **Does the program reduce tobacco use?** This criteria is also consistent with public perceptions and with the recitals. Staff would normally rank this as a key criterion, but Amendment 35 has provided support for Tobacco Education, Prevention, and Cessation programs and has substantially reduced the importance of this consideration.
3. **Does the program draw a federal match?** Such leverage makes a program more appealing.
4. **Will a cut to the program require a back fill with state funds?** In such cases, elimination of the program makes little sense because the state will need to find an alternative funding source.

A review of settlement programs with these criteria in mind leads staff to conclude that the Read-to-Achieve Grant Program, which is in the Department of Education and the Tony-Grampsas Youth Services Program, which is in the Department of Public Health and Environment, should no

longer receive funding from tobacco settlement revenues. The Read To Achieve program has neither a health care nor an anti-tobacco components. The Tony Grampsas Youth Services Program has a modest anti-tobacco component.

Read To Achieve grant funding is awarded to eligible elementary schools, including charter and Institute Charter schools, and groups of eligible schools to fund intensive reading programs. The program targets kindergarten through third-grade students, as well as and students between the third and fourth grades whose reading readiness or literacy and reading comprehension skills are below the levels established by the State Board of Education.

The Tony Grampsas Youth Services Program awards grants to community-based programs that target youth for intervention services in an effort to reduce incidents of youth crime and violence. In addition, the Program focuses on funding programs that prevent or reduce child abuse and neglect.

Staff suggests that the Committee also add Short-term Grants for Innovative Health Programs to this list. This grant program, which was established by S.B. 07-97 made few grants during its first three years of operations and the moneys the program receives have been transferred to the General Fund in each of the past two years.

The following table shows the resulting reduction in cash fund appropriations to settlement programs. These savings would, during the recession, be used to support health-related programs that would otherwise require General Fund appropriations and, after the recession, would be allowed to accumulate until the next economic downturn.

	Allocation of Settlement Revenues
Read-to-Achieve Grant Program	\$4,719,367
Tony-Grampsas Youth Services Program	3,775,494
Short-term Grants for Innovative Health Programs	1,924,704
Total	\$10,419,565

**Alternative Staff Recommendation:** If the Committee decides not to follow the staff recommendation described above, Staff recommends that the Committee introduce legislation that transfers revenue from the Short-term Grants for Innovative Health Programs to the General Fund, just as it has in each of the past two years. Staff estimates that this transfer will provide \$1.8 million of support for the General Fund in FY 2011-12. As noted above, the grant program is not currently operating, so the transfer would not require any grant reductions. The transfer would require special legislation that could be included in another tobacco-settlement bill.

**FY 2011-12 Joint Budget Committee Staff Budget Briefing  
 Department of Public Health and Environment  
 (Administrative and Health Divisions)**

**APPENDIX A: NUMBERS PAGES**

	<b>FY 2008-09</b>	<b>FY 2009-10</b>	<b>FY 2010-11</b>	<b>FY 2011-12</b>	<b>Decision Item</b>
	<b>Actual</b>	<b>Actual</b>	<b>Approp</b>	<b>Request</b>	<b>Approp v Request</b>
<div style="border: 1px solid black; padding: 5px;">                     DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT                      (Administration and Health Divisions)                      Executive Director: Martha Rudolph                 </div>					
<b>(1) ADMINISTRATION AND SUPPORT</b>					
<i>This division provides policy direction and support services including: accounting budgeting, facilities, procurement, internal audit, management analysis and human services. It includes the Executive Director's Office, Office of Communications, Office of Legal And Regulatory Affairs, Office of Policy and Public-Private Initiatives and the Office Of Customer Service. The primary cash funds and cash funds exempt sources include the Pollution Prevention Fund and indirect cost recoveries.</i>					
<b>(A) Administration</b>					
Personal Services	4,513,506	4,732,011	4,742,969	4,742,425	BR #NP6
FTE	<u>58.8</u>	<u>60.8</u>	<u>61.1</u>	<u>61.1</u>	
Cash Funds Exempt/RF	4,484,816	4,709,204	4,714,279	4,713,914	
FTE	58.6	0.0	0.0	0.0	
Federal Funds	28,690	22,807	28,690	28,511	
Retirements	<u>469,915</u>	<u>481,145</u>	<u>481,145</u>	<u>481,145</u>	
Cash Funds	0	0	0	0	
Cash Funds Exempt/RF	469,915	481,145	481,145	481,145	

	<b>FY 2008-09</b>	<b>FY 2009-10</b>	<b>FY 2010-11</b>	<b>FY 2011-12</b>	<b>Decision Item</b>
	<b>Actual</b>	<b>Actual</b>	<b>Approp</b>	<b>Request</b>	<b>Approp v Request</b>
Health, Life, and Dental	<u>2,333,057</u>	<u>2,337,971</u>	<u>6,531,678</u>	<u>7,022,045</u>	DI #3, DI #NP5
General Fund	431,808	460,272	511,770	588,221	
Cash Funds	1,464,998	1,318,190	2,250,677	2,442,119	
Cash Funds Exempt/RF	436,251	559,509	640,921	792,053	
Federal Funds	0	0	3,128,310	3,199,652	
<i>Medicaid Cash Funds</i>	<i>261,864</i>	<i>0</i>	<i>233,203</i>	<i>275,062</i>	
<i>GF in Medicaid CF</i>	<i>68,862</i>	<i>0</i>	<i>50,123</i>	<i>96,240</i>	
<i>Net General Fund</i>	<i>500,670</i>	<i>460,272</i>	<i>561,893</i>	<i>684,461</i>	
Short-term Disability	<u>52,362</u>	<u>67,762</u>	<u>116,631</u>	<u>139,140</u>	DI #3
General Fund	7,992	9,160	8,830	11,523	
Cash Funds	30,695	41,788	40,744	48,307	
Cash Funds Exempt/RF	13,675	16,814	12,801	16,145	
Federal Funds	0	0	54,256	63,165	
<i>Medicaid Cash Funds</i>	<i>4,755</i>	<i>5,886</i>	<i>4,942</i>	<i>5,463</i>	
<i>GF in Medicaid CF</i>	<i>1,645</i>	<i>3,738</i>	<i>1,483</i>	<i>1,898</i>	
<i>Net General Fund</i>	<i>9,637</i>	<i>12,898</i>	<i>10,313</i>	<i>13,421</i>	
S.B. 04-257 Amortization Equalization Disbursement	<u>642,400</u>	<u>872,322</u>	<u>1,824,646</u>	<u>2,201,140</u>	DI #3
General Fund	96,310	116,162	134,762	182,281	
Cash Funds	377,795	539,200	651,555	764,176	
Cash Funds Exempt/RF	168,295	216,960	198,220	255,460	
Federal Funds	0	0	840,109	999,223	
<i>Medicaid Cash Funds</i>	<i>67,815</i>	<i>88,196</i>	<i>76,513</i>	<i>86,483</i>	
<i>GF in Medicaid CF</i>	<i>8,264</i>	<i>30,199</i>	<i>14,954</i>	<i>30,060</i>	
<i>Net General Fund</i>	<i>104,574</i>	<i>146,361</i>	<i>149,716</i>	<i>212,341</i>	
S.B. 06-235 Supplemental Amortization Equalization Disbursement	<u>280,154</u>	<u>543,934</u>	<u>1,329,452</u>	<u>1,768,990</u>	DI #3
General Fund	43,544	71,335	97,245	146,476	

	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	Decision Item
	Actual	Actual	Approp	Request	Approp v Request
Cash Funds	158,140	337,000	475,092	614,070	
Cash Funds Exempt/RF	78,470	135,599	144,535	205,497	
Federal Funds	0	0	612,580	802,947	
<i>Medicaid Cash Funds</i>	27,285	47,467	55,791	69,712	
<i>GF in Medicaid CF</i>	401	16,250	11,737	24,263	
<i>Net General Fund</i>	43,945	87,585	108,982	170,739	
Salary Survey and Senior Executive Service	<u>1,343,417</u>	<u>0</u>	<u>0</u>	<u>0</u>	
General Fund	206,252	0	0		
Cash Funds	775,239	0	0		
Cash Funds Exempt/RF	361,926	0	0		
Federal Funds	0	0	0		
<i>Medicaid Cash Funds</i>	125,846	0	0		
<i>GF in Medicaid CF</i>	34,263	0	0		
<i>Net General Fund</i>	240,515	0	0	0	
Performance-based Pay Awards	<u>614,627</u>	<u>0</u>	<u>0</u>	<u>0</u>	
General Fund	94,718	0	0		
Cash Funds	366,046	0	0		
Cash Funds Exempt/RF	153,863	0	0		
Federal Funds	0	0	0		
<i>Medicaid Cash Funds</i>	53,500	0	0		
<i>GF in Medicaid CF</i>	18,211	0	0		
<i>Net General Fund</i>	112,929	0	0	0	
Shift Differential	<u>0</u>	<u>0</u>	<u>14,883</u>	<u>14,546</u>	
General Fund	0	0	0	230	
Cash Funds	0	0	0	3,633	
Cash Funds Exempt/RF	0	0	0	20	
Federal Funds	0	0	14,883	10,663	



	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	Decision Item
	Actual	Actual	Approp	Request	Approp v Request
Workers' Compensation	<u>273,205</u>	<u>325,758</u>	<u>330,463</u>	<u>368,588</u>	
General Fund	0	0	0	0	
Cash Funds	0	0	0	0	
Cash Funds Exempt/RF	273,205	325,758	330,463	368,588	
Operating Expenses	<u>1,198,755</u>	<u>1,237,364</u>	<u>1,262,707</u>	<u>1,294,762</u>	DI #1, DI #NP8
Cash Funds Exempt/RF	1,198,755	1,237,364	1,262,707	1,294,762	
Federal Funds	0	0	0	0	
Legal Services	<u>1,731,226</u>	<u>1,900,772</u>	<u>2,076,300</u>	<u>2,141,805</u>	DI #4
Hours	0		26,723		
Cash Funds	662,378	0	115,633	0	
Cash Funds Exempt/RF	941,356	1,900,772	1,960,667	2,141,805	
Federal Funds	127,492	0	0	0	
Administrative Law Judge Services	<u>7,640</u>	<u>25,160</u>	<u>44,128</u>	<u>9,369</u>	
Cash Funds Exempt/RF	7,640	25,160	44,128	9,369	
Payment to Risk Management and Property Funds	<u>155,605</u>	<u>151,439</u>	<u>51,806</u>	<u>113,109</u>	
Cash Funds	6,904	9,069	9,069	9,069	
Cash Funds Exempt/RF	148,701	142,370	42,737	104,040	
Vehicle Lease Payments	<u>255,940</u>	<u>236,836</u>	<u>415,012</u>	<u>348,348</u>	DI #NP7
General Fund	0	1,081	1,081	1,081	
Cash Funds	158,207	149,402	310,170	260,170	
Cash Funds Exempt/RF	39,554	39,738	74,800	61,450	
Federal Funds	58,179	46,615	28,961	25,647	
Medicaid Cash Funds	0	15,475	15,475	15,475	
GF in Medicaid CF	0	4,952	4,952	4,952	

	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	Decision Item
	Actual	Actual	Approp	Request	Approp v Request
<i>Net General Fund</i>	0	6,033	6,033	6,033	
Leased Space	4,846,326	5,148,502	5,909,582	5,909,582	
Cash Funds	158,402	158,672	233,106	233,106	
Cash Funds Exempt/RF	4,663,160	4,977,586	5,638,088	5,638,088	
Federal Funds	24,764	12,244	38,388	38,388	
Capitol Complex Leased Space	31,663	32,847	33,037	32,954	
Cash Funds Exempt/RF	31,663	32,847	33,037	32,954	
Communications Services Payments	6,799	6,799	6,382	6,506	
Cash Funds Exempt/RF	6,799	6,799	6,382	6,506	
Utilities	472,362	541,404	596,671	596,671	
Cash Funds	58,799	135,214	161,324	161,324	
Cash Funds Exempt/RF	368,943	390,727	390,727	390,727	
Federal Funds	44,620	15,463	44,620	44,620	
Building Maintenance and Repair	271,785	296,838	271,858	271,858	
Cash Funds Exempt/RF	271,785	296,838	271,858	271,858	
Reimbursement for Members of the State Board of Health	5,413	5,050	4,500	4,500	
General Fund	4,500	4,500	4,500	4,500	
Cash Funds Exempt/RF	913	550	0	0	
Indirect Cost Assessment	401,909	481,788	448,913	448,913	
Cash Funds	183,696	196,292	207,941	207,941	
Cash Funds Exempt/RF	1,936	95,759	95,759	95,759	
Federal Funds	216,277	189,737	145,213	145,213	

	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	Decision Item
	Actual	Actual	Approp	Request	Approp v Request
<b>SUBTOTAL - (A) Administration</b>	19,908,066	19,425,702	26,492,763	27,916,396	5.4%
FTE	<u>58.8</u>	<u>60.8</u>	<u>61.1</u>	<u>61.1</u>	<u>0.0</u>
General Fund	885,124	662,510	758,188	934,312	23.2%
Cash Funds	4,401,299	2,884,827	4,455,311	4,743,915	6.5%
Cash Funds Exempt/RF	14,121,621	15,591,499	16,343,254	16,880,140	3.3%
Federal Funds	500,022	286,866	4,936,010	5,358,029	8.5%
<i>Medicaid Cash Funds</i>	<i>541,065</i>	<i>157,024</i>	<i>385,924</i>	<i>452,195</i>	<i>17.2%</i>
<i>GF in Medicaid CF</i>	<i>131,646</i>	<i>55,139</i>	<i>83,249</i>	<i>157,413</i>	<i>89.1%</i>
<i>Net General Fund</i>	<i>1,016,770</i>	<i>717,649</i>	<i>841,437</i>	<i>1,091,725</i>	<i>29.7%</i>
<b>(B) Special Health Programs</b>					
<b>(1) Health Disparities Program</b>					
Personal Services	409,812	402,377	404,365	402,889	BR #NP2,
FTE	<u>6.4</u>	6.0	<u>6.3</u>	<u>6.3</u>	BR #NP6
General Fund	51,246	49,917	50,178	49,067	
FTE	0.6	0.0	0.0	0.0	
Cash Funds Exempt/RF	358,566	352,460	354,187	353,822	
FTE	5.8	0.0	0.0	0.0	
Operating Expenses	<u>36,946</u>	<u>28,168</u>	<u>35,838</u>	<u>65,838</u>	
General Fund	6,931	6,931	6,931	6,931	
Cash Funds Exempt/RF	30,015	21,237	28,907	58,907	
Health Disparities Grants - CFE/RF	2,980,718	4,076,396	712,713	905,305	BR #NP3
<b>SUBTOTAL - (B) Health Disparities Program</b>	3,427,476	4,506,941	1,152,916	1,374,032	19.2%
FTE	<u>6.4</u>	<u>6.0</u>	<u>6.3</u>	<u>6.3</u>	<u>0.0</u>
General Fund	58,177	56,848	57,109	55,998	-1.9%
Cash Funds Exempt/RF	3,369,299	4,450,093	1,095,807	1,318,034	20.3%

	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	Decision Item
	Actual	Actual	Approp	Request	Approp v Request
<b>(C) Local Public Health Planning and Support</b>					
Assessment and Planning Program	530,487	543,333	664,343	661,941	BR #NP2,
FTE	<u>5.2</u>	<u>6.1</u>	<u>8.4</u>	<u>8.4</u>	BR #NP6
General Fund	259,974	308,320	309,490	304,098	
FTE	2.2	0.0	0.0	0.0	
Cash Funds	48,282	15,631	137,851	139,396	
FTE	0.6	0.0	0.0	0.0	
Federal Funds	222,231	219,382	217,002	218,447	
FTE	2.4	0.0	0.0	0.0	
Distributions to Local Public Health Agencies	8,439,892	<u>8,540,933</u>	<u>8,249,086</u>	<u>8,249,086</u>	
General Fund	5,962,731	5,962,731	5,962,731	5,962,731	
Cash Funds	2,477,161	2,578,202	2,286,355	2,286,355	
Environmental Health Services Not Provided by Local Health Departments - GF	234,296	241,726	242,358	242,358	
<b>SUBTOTAL - (C) LOCAL PUBLIC HEALTH PLANNING AND SUPPORT</b>	9,204,675	9,325,992	9,155,787	9,153,385	0.0%
FTE	5.2	6.1	<u>8.4</u>	<u>8.4</u>	<u>0.0</u>
General Fund	6,457,001	6,512,777	6,514,579	6,509,187	-0.1%
FTE	2.2	0.0	0.0	0.0	0.0
Cash Funds	2,525,443	2,593,833	2,424,206	2,425,751	0.1%
FTE	0.6	0.0	0.0	0.0	0.0
Cash Funds Exempt/RF	0	0	0	0	n/a
Federal Funds	222,231	219,382	217,002	218,447	0.7%
FTE	2.4	0.0	0.0	0.0	0.0

	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	Decision Item
	Actual	Actual	Approp	Request	Approp v Request
<b>(D) Special Environmental Programs</b>					
Program Costs	1,382,637	1,076,277	945,479	947,363	BR #NP6
FTE	9.6	9.9	7.8	7.8	
Cash Funds	170,299	162,941	255,824	256,348	
FTE	2.3	0.0	0.0	0.0	
Cash Funds Exempt/RF	0	0	0	0	
Federal Funds	1,212,338	913,336	689,655	691,015	
FTE	7.3	0.0	0.0	0.0	
Animal Feeding Operations (AFO) Program	53,880	442,596	474,339	469,201	BR #NP6
FTE	0.5	3.2	3.5	3.5	
General Fund	0	100,000	100,000	100,000	
FTE	0.0	0.0	0.0	0.0	
Cash Funds	53,880	342,596	374,339	369,201	
FTE	0.5	0.0	0.0	0.0	
Recycling Resources Economic Opportunity Program - CF	2,047,005	1,864,726	2,640,716	1,853,846	BR #NP6
FTE	1.6	1.6	1.6	1.6	
Advanced Technology Research Grants	551,515	1,082,107	0	0	
Cash Funds	551,515	1,082,107	0	0	
Cash Funds Exempt/RF	0	0	0	0	
Oil and Gas Consultation, Personal Services - CF	0	128,219	110,904	108,208	BR #NP6
FTE	0.0	1.4	1.0	1.0	
Oil and Gas Consultation, Operating Expenses - CF	0	1,214	9,789	9,789	
Innovative Higher Education Research Fund - CF	0	0	314,813	0	

	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	Decision Item
	Actual	Actual	Approp	Request	Approp v Request
Waste Tire Program Costs - CF	0	0	3,052,850	3,367,663	
FTE	0.0		0.8	1.0	
<b>SUBTOTAL - (D) Special Environmental Programs</b>	4,035,037	4,595,139	7,548,890	6,756,070	-10.5%
FTE	<u>11.7</u>	<u>16.1</u>	<u>14.7</u>	<u>14.9</u>	<u>0.2</u>
General Fund	0	100,000	100,000	100,000	0.0%
Cash Funds	2,822,699	3,581,803	6,759,235	5,965,055	-11.7%
Cash Funds Exempt/RF	0	0	0	0	n/a
Federal Funds	1,212,338	913,336	689,655	691,015	0.2%
<b>TOTAL - (1) ADMINISTRATION AND SUPPORT</b>	36,575,254	37,853,774	44,350,356	45,199,883	1.9%
FTE	<u>82.1</u>	<u>89.0</u>	<u>90.5</u>	<u>90.7</u>	<u>0.2</u>
General Fund	7,400,302	7,332,135	7,429,876	7,599,497	2.3%
Cash Funds	9,749,441	9,060,463	13,638,752	13,134,721	-3.7%
Cash Funds Exempt/RF	17,490,920	20,041,592	17,439,061	18,198,174	4.4%
Federal Funds	1,934,591	1,419,584	5,842,667	6,267,491	7.3%
Medicaid Cash Funds	541,065	157,024	385,924	452,195	17.2%
GF in Medicaid CF	131,646	55,139	83,249	157,413	89.1%
Net General Fund	7,531,948	7,387,274	7,513,125	7,756,910	3.2%

**(2) CENTER FOR HEALTH AND ENVIRONMENTAL INFORMATION (CHEIS)**

*The Health Statistics and Vital Records section maintains data for all births, deaths, marriages, and marriage dissolutions; tracks data for internal and external use; and provides records to other agencies and the public.*

**(A) Health Statistics and Vital Records**

Personal Services	3,254,370	3,206,607	4,190,474	5,238,017	DI #1, DI #3,
FTE	51.1	53.1	68.9	69.4	BR #NP2,
General Fund	0	0	0	0	BR #NP6
Cash Funds	1,970,418	2,076,450	3,143,972	4,183,500	

	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	Decision Item
	Actual	Actual	Approp	Request	Approp v Request
Cash Funds Exempt/RF	101,148	3,550	3,550	5,872	
Federal Funds	1,182,804	1,126,607	1,042,952	1,048,645	
<i>Medicaid Cash Funds</i>	<i>3,550</i>	<i>3,550</i>	<i>3,550</i>	<i>5,872</i>	
<i>GF in Medicaid CF</i>	<i>1,775</i>	<i>1,608</i>	<i>1,775</i>	<i>2,936</i>	
<i>Net General Fund</i>	<i>1,775</i>	<i>1,608</i>	<i>1,775</i>	<i>2,936</i>	
Operating Expenses	<u>307,866</u>	<u>316,445</u>	<u>484,566</u>	<u>466,231</u>	DI #1
Cash Funds	101,976	153,766	299,750	281,415	
Cash Funds Exempt/RF	21,074	0	0	0	
Federal Funds	184,816	162,679	184,816	184,816	
Transfer to DORA for Medical Marijuana (New Line) - CF			593,333	121,766	
<b>SUBTOTAL - (A) Health Statistics and Vital Records</b>	<b>3,562,236</b>	<b>3,523,052</b>	<b>5,268,373</b>	<b>5,826,014</b>	<b>10.6%</b>
FTE	<u>51.1</u>	<u>53.1</u>	<u>68.9</u>	<u>69.4</u>	<u>0.5</u>
General Fund	0	0	0	0	n/a
Cash Funds	2,072,394	2,230,216	4,037,055	4,586,681	13.6%
Cash Funds Exempt/RF	122,222	3,550	3,550	5,872	65.4%
Federal Funds	1,367,620	1,289,286	1,227,768	1,233,461	0.5%
<i>Medicaid Cash Funds</i>	<i>3,550</i>	<i>3,550</i>	<i>3,550</i>	<i>5,872</i>	<i>65.4%</i>
<i>GF in Medicaid CF</i>	<i>1,775</i>	<i>1,608</i>	<i>1,775</i>	<i>2,936</i>	<i>65.4%</i>
<i>Net General Fund</i>	<i>1,775</i>	<i>1,608</i>	<i>1,775</i>	<i>2,936</i>	<i>65.4%</i>
<b>(B) Information Technology Services</b>					
Personal Services	2,056,768	2,244,482	279,515	254,616	DI #3, BR #NP2,
FTE	<u>20.5</u>	<u>20.1</u>	<u>1.8</u>	<u>1.8</u>	BR #NP6
Cash Funds	139,595	160,855	72,028	70,972	
FTE	0.6	0.5	0.2	0.2	
Cash Funds Exempt/RF	1,756,940	1,796,152	202,338	183,644	
FTE	18.5	17.0	1.6	1.6	

	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	Decision Item
	Actual	Actual	Approp	Request	Approp v Request
Federal Funds	160,233	287,475	5,149	0	
FTE	1.4	2.6	0.0	0.0	
<i>Medicaid Cash Funds</i>	<i>15,145</i>	<i>15,145</i>	<i>15,145</i>	<i>0</i>	
<i>GF in Medicaid CF</i>	<i>7,573</i>	<i>6,860</i>	<i>7,573</i>	<i>0</i>	
<i>Net General Fund</i>	<i>7,573</i>	<i>6,860</i>	<i>7,573</i>	<i>0</i>	
Operating Expenses	<u>788,058</u>	<u>757,295</u>	<u>790,314</u>	<u>790,314</u>	
Cash Funds	101,677	96,076	103,927	103,927	
Cash Funds Exempt/RF	661,213	661,219	661,219	661,219	
Federal Funds	25,168	0	25,168	25,168	
Purchase of Services from Computer Center	<u>385,773</u>	<u>287,654</u>	<u>5,389,819</u>	<u>5,409,655</u>	
General Fund	0	0	248,229	274,819	
Cash Funds	42,572	36,807	725,891	910,648	
Cash Funds Exempt/RF	328,800	234,461	1,799,269	1,693,912	
Federal Funds	14,401	16,386	2,616,430	2,530,276	
<i>Medicaid Cash Funds</i>	<i>0</i>	<i>0</i>	<i>144,547</i>	<i>144,547</i>	
<i>GF in Medicaid CF</i>	<i>0</i>	<i>0</i>	<i>52,147</i>	<i>52,147</i>	
<i>Net General Fund</i>	<i>0</i>	<i>0</i>	<i>300,376</i>	<i>326,966</i>	
Multiuse Network Payments	<u>55,275</u>	<u>55,275</u>	<u>598,361</u>	<u>681,089</u>	
General Fund	0	0	10,354	10,613	
Cash Funds	0	0	983	1,008	
Cash Funds Exempt/RF	55,275	55,275	345,560	422,148	
Federal Funds	0	0	241,464	247,320	
Management and Administration of OIT	<u>111,907</u>	<u>100,799</u>	<u>487,804</u>	<u>498,027</u>	
Cash Funds Exempt/RF	111,907	100,799	289,223	294,481	
Federal Funds	0	0	198,581	203,546	



	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	Decision Item
	Actual	Actual	Approp	Request	Approp v Request
<b>SUBTOTAL - (B) Information Technology Services</b>	3,397,781	3,445,505	7,545,813	7,633,701	1.2%
FTE	<u>20.5</u>	<u>20.1</u>	<u>1.8</u>	<u>1.8</u>	<u>0.0</u>
General Fund	0	0	258,583	285,432	10.4%
FTE	0.0	0.0	0.0	0.0	0.0
Cash Funds	283,844	293,738	902,829	1,086,555	20.4%
FTE	0.6	0.5	0.2	0.2	0.0
Cash Funds Exempt/RF	2,914,135	2,847,906	3,297,609	3,255,404	-1.3%
FTE	18.5	17.0	1.6	1.6	0.0
Federal Funds	199,802	303,861	3,086,792	3,006,310	-2.6%
FTE	1.4	2.6	0.0	0.0	0.0
<i>Medicaid Cash Funds</i>	<i>15,145</i>	<i>15,145</i>	<i>159,692</i>	<i>144,547</i>	<i>-9.5%</i>
<i>GF in Medicaid CF</i>	<i>7,573</i>	<i>6,860</i>	<i>59,720</i>	<i>52,147</i>	<i>-12.7%</i>
<i>Net General Fund</i>	<i>7,573</i>	<i>6,860</i>	<i>318,303</i>	<i>337,579</i>	<i>6.1%</i>
<b>(C) Indirect Cost Assessment</b>	<u>607,692</u>	<u>815,844</u>	<u>835,177</u>	<u>835,177</u>	
Cash Funds	349,689	541,974	550,663	550,663	
Cash Funds Exempt/RF	12,392	10,025	37,678	37,678	
Federal Funds	245,611	263,845	246,836	246,836	
<b>TOTAL - (2) CENTER FOR HEALTH AND ENVIRONMENTAL INFORMATION (CHEIS)</b>	7,567,709	7,784,401	13,649,363	14,294,892	4.7%
FTE	<u>71.6</u>	<u>73.2</u>	<u>70.7</u>	<u>71.2</u>	<u>0.5</u>
General Fund	0	0	258,583	285,432	10.4%
Cash Funds	2,705,927	3,065,928	5,490,547	6,223,899	13.4%
Cash Funds Exempt/RF	3,048,749	2,861,481	3,338,837	3,298,954	-1.2%
Federal Funds	1,813,033	1,856,992	4,561,396	4,486,607	-1.6%
<i>Medicaid Cash Funds</i>	<i>18,695</i>	<i>18,695</i>	<i>163,242</i>	<i>150,419</i>	<i>-7.9%</i>
<i>GF in Medicaid CF</i>	<i>9,348</i>	<i>8,468</i>	<i>61,495</i>	<i>55,083</i>	<i>-10.4%</i>
<i>Net General Fund</i>	<i>9,348</i>	<i>8,468</i>	<i>320,078</i>	<i>340,515</i>	<i>6.4%</i>

	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	Decision Item
	Actual	Actual	Approp	Request	Approp v Request

**(3) LABORATORY SERVICES**

*Provides testing and analyses for both health and environmental programs. Program areas include: chemistry, microbiology, newborn screening, and radioactive materials certification. The primary cash funds and cash funds exempt sources include the following: Newborn Screening and Genetic Counseling Fund, Radiation Control Cash Fund, Law Enforcement Assistance Fund, funds appropriated to the Water Quality Control Division and indirect cost recoveries.*

**(A) Director's Office**

Personal Services	545,311	413,010	474,692	470,671	BR #NP6
FTE	<u>7.4</u>	<u>5.9</u>	<u>5.3</u>	<u>5.3</u>	
Cash Funds	545,311	376,713	474,692	470,671	
FTE	7.4	5.7	5.3	5.3	
Federal Funds	0	36,297	0	0	
FTE	0.0	0.2	0.0	0.0	
Operating Expenses	<u>1,885</u>	<u>20,199</u>	<u>22,421</u>	<u>22,421</u>	
General Fund	0	0	0	0	
Cash Funds	1,885	20,199	22,421	22,421	
Indirect Cost Assessment	<u>1,256,889</u>	<u>1,566,647</u>	<u>1,591,175</u>	<u>1,591,175</u>	
Cash Funds	842,144	1,113,058	1,233,152	1,233,152	
Cash Funds Exempt/RF	0	0	30,000	30,000	
Federal Funds	414,745	453,589	328,023	328,023	
<b>SUBTOTAL - (A) Director's Office</b>	1,804,085	1,999,856	2,088,288	2,084,267	-0.2%
FTE	<u>7.4</u>	<u>5.9</u>	<u>5.3</u>	<u>5.3</u>	<u>0.0</u>
Cash Funds	1,389,340	1,509,970	1,730,265	1,726,244	-0.2%
FTE	7.4	5.7	5.3	5.3	0.0
Cash Funds Exempt/RF	0	0	30,000	30,000	0.0%
FTE	0.0	0.0	0.0	0.0	0.0
Federal Funds	414,745	489,886	328,023	328,023	0.0%

	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	Decision Item
	Actual	Actual	Approp	Request	Approp v Request
FTE	0.0	0.2	0.0	0.0	0.0
<b>(B) Chemistry and Microbiology</b>					
Personal Services	3,576,829	3,984,968	4,203,563	4,234,868	DI #2, BR #NP2,
FTE	<u>55.8</u>	<u>51.7</u>	<u>60.9</u>	<u>61.9</u>	BR #NP6
General Fund	162,269	758,952	751,834	733,713	
FTE	2.1	11.2	11.2	11.2	
Cash Funds	2,244,195	1,958,622	2,341,613	2,399,210	
FTE	35.6	21.5	32.0	33.0	
Cash Funds Exempt/RF	133,690	49,234	95,304	90,747	
FTE	3.9	3.1	3.5	3.5	
Federal Funds	1,036,675	1,218,160	1,014,812	1,011,198	
FTE	14.2	15.9	14.2	14.2	
Operating Expenses	<u>2,656,312</u>	<u>3,570,996</u>	<u>3,378,797</u>	<u>3,647,916</u>	DI #2
General Fund	12,711	316,278	316,278	316,278	
Cash Funds	2,213,873	2,539,638	2,632,158	2,901,277	
Cash Funds Exempt/RF	139,486	140,119	140,119	140,119	
Federal Funds	290,242	574,961	290,242	290,242	
<b>SUBTOTAL - (B) Laboratory Services - Chemistry and Microbiology</b>					
	6,233,141	7,555,964	7,582,360	7,882,784	4.0%
FTE	<u>55.8</u>	<u>51.7</u>	<u>60.9</u>	<u>61.9</u>	<u>1.0</u>
General Fund	174,980	1,075,230	1,068,112	1,049,991	-1.7%
FTE	2.1	11.2	11.2	11.2	0.0
Cash Funds	4,458,068	4,498,260	4,973,771	5,300,487	6.6%
FTE	35.6	21.5	32.0	33.0	1.0
Cash Funds Exempt/RF	273,176	189,353	235,423	230,866	-1.9%
FTE	3.9	3.1	3.5	3.5	0.0
Federal Funds	1,326,917	1,793,121	1,305,054	1,301,440	-0.3%

	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	Decision Item
	Actual	Actual	Approp	Request	Approp v Request
FTE	14.2	15.9	14.2	14.2	0.0
<b>(C) Certification</b>					
Personal Services	567,160	629,451	704,319	703,616	BR #NP2,
FTE	<u>9.0</u>	<u>9.2</u>	<u>10.5</u>	<u>10.5</u>	BR #NP6
General Fund	0	0	0	0	
FTE	0.0	0.0	0.0	0.0	
Cash Funds	381,051	482,728	522,520	520,667	
FTE	6.4	7.0	7.9	7.9	
Cash Funds Exempt/RF	0	0	0	0	
FTE			0.0	0.0	
Federal Funds	186,109	146,723	181,799	182,949	
FTE	2.6	2.2	2.6	2.6	
Operating Expenses	<u>97,818</u>	<u>80,170</u>	<u>98,002</u>	<u>98,002</u>	
Cash Funds	60,299	60,483	60,483	60,483	
Federal Funds	37,519	19,687	37,519	37,519	
<b>SUBTOTAL - (C) Certification</b>	664,978	709,621	802,321	801,618	-0.1%
FTE	<u>9.0</u>	<u>9.2</u>	<u>10.5</u>	<u>10.5</u>	<u>0.0</u>
General Fund	0	0	0	0	n/a
FTE	0.0	0.0	0.0	0.0	0.0
Cash Funds	441,350	543,211	583,003	581,150	-0.3%
FTE	6.4	7.0	7.9	7.9	0.0
Cash Funds Exempt/RF	0	0	0	0	n/a
FTE	0.0	0.0	0.0	0.0	0.0
Federal Funds	223,628	166,410	219,318	220,468	0.5%
FTE	2.6	2.2	2.6	2.6	0.0
<b>TOTAL - (3) LABORATORY SERVICES</b>	8,702,204	10,265,441	10,472,969	10,768,669	2.8%

	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	Decision Item
	Actual	Actual	Approp	Request	Approp v Request
FTE	<u>72.2</u>	<u>66.8</u>	<u>76.7</u>	<u>77.7</u>	<u>1.0</u>
General Fund	174,980	1,075,230	1,068,112	1,049,991	-1.7%
FTE	2.1	11.2	11.2	11.2	0.0
Cash Funds	6,288,758	6,551,441	7,287,039	7,607,881	4.4%
FTE	49.4	34.2	45.2	46.2	1.0
Cash Funds Exempt/RF	273,176	189,353	265,423	260,866	-1.7%
FTE	3.9	3.1	3.5	3.5	0.0
Federal Funds	1,965,290	2,449,417	1,852,395	1,849,931	-0.1%
FTE	16.8	18.3	16.8	16.8	0.0

**(4) AIR QUALITY CONTROL DIVISION**

**(5) WATER QUALITY CONTROL DIVISION**

**(6) HAZARDOUS MATERIALS AND WASTE MANAGEMENT DIVISION**

**(7) CONSUMER PROTECTION**

*These environmental divisions are presented separately by another analyst*

**(8) DISEASE CONTROL AND ENVIRONMENTAL EPIDEMIOLOGY DIVISION**

*This division seeks to reduce illness and premature deaths with programs that focus on preventing and controlling communicable diseases, related diseases, and their complications. This includes investigating incidents, assessing the prevalence of diseases, and evaluating potential risks posed by environmental and toxicological exposures. The primary source of cash funds exempt is federal funds appropriated in the Department of Human Services.*

**(A) Administration, General Disease Control and Surveillance**

Personal Services	878,119	924,275	815,174	807,002	BR #NP2,
FTE	<u>9.0</u>	<u>10.3</u>	<u>13.1</u>	<u>13.1</u>	BR #NP6
General Fund	589,890	642,394	551,014	533,501	
FTE	6.0	7.3	10.3	10.3	
Federal Funds	288,229	281,881	264,160	273,501	
FTE	3.0	3.0	2.8	2.8	

	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	Decision Item
	Actual	Actual	Approp	Request	Approp v Request
Operating Expenses	<u>290,524</u>	<u>310,791</u>	<u>264,579</u>	<u>264,579</u>	
General Fund	255,616	258,133	223,133	223,133	
Cash Funds	0	0	6,538	6,538	
Federal Funds	34,908	52,658	34,908	34,908	
Indirect Cost Assessment	<u>2,286,841</u>	<u>2,381,543</u>	<u>2,826,900</u>	<u>2,826,900</u>	
Cash Funds	13,878	23,653	33,966	33,966	
Cash Funds Exempt/RF	0	0	0	0	
Federal Funds	2,272,963	2,357,890	2,792,934	2,792,934	
<b>SUBTOTAL - (A) Administration, General Disease Control and Surveillance</b>	<b>3,455,484</b>	<b>3,616,609</b>	<b>3,906,653</b>	<b>3,898,481</b>	<b>-0.2%</b>
FTE	<u>9.0</u>	<u>10.3</u>	<u>13.1</u>	<u>13.1</u>	<u>0.0</u>
General Fund	845,506	900,527	774,147	756,634	-2.3%
FTE	6.0	7.3	10.3	10.3	0.0
Cash Funds	13,878	23,653	40,504	40,504	0.0%
Federal Funds	2,596,100	2,692,429	3,092,002	3,101,343	0.3%
FTE	3.0	3.0	2.8	2.8	0.0
<b>(B) Special Purpose Disease Control Programs</b>					
<b>(1) Immunization</b>					
Personal Services	2,657,561	2,634,949	2,568,977	2,552,133	BR #NP2, BR #NP6
FTE	<u>24.9</u>	<u>29.2</u>	<u>35.6</u>	<u>35.6</u>	
General Fund	852,922	854,038	825,785	807,789	
FTE	2.9	8.9	11.7	11.7	
Federal Funds	1,804,639	1,780,911	1,743,192	1,744,344	
FTE	22.0	20.3	23.9	23.9	
Operating Expenses	<u>4,145,502</u>	<u>4,979,006</u>	<u>12,618,249</u>	<u>12,618,249</u>	
General Fund	697,885	687,285	652,285	652,285	

	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	Decision Item
	Actual	Actual	Approp	Request	Approp v Request
Cash Funds	1,550,797	1,400,000	844,789	844,789	
Federal Funds	1,896,820	2,891,721	11,121,175	11,121,175	
Appropriation from Tobacco Tax Cash Fund to the					
General Fund	<u>478,004</u>	<u>445,362</u>	<u>447,000</u>	<u>422,149</u>	
Cash Funds	478,004	445,362	447,000	422,149	
Immunizations Performed by County Public Health					
Nursing Services and successor agencies- GFE	478,004	445,362	447,000	422,149	
<b>Subtotal - (1) Immunization</b>	7,759,071	8,504,679	16,081,226	16,014,680	-0.4%
FTE	<u>24.9</u>	<u>29.2</u>	<u>35.6</u>	<u>35.6</u>	<u>0.0</u>
General Fund	1,550,807	1,541,323	1,478,070	1,460,074	-1.2%
FTE	2.9	8.9	11.7	11.7	0.0
General Fund Exempt	478,004	445,362	447,000	422,149	-5.6%
Cash Funds	2,028,801	1,845,362	1,291,789	1,266,938	-1.9%
Cash Funds Exempt/RF	0	0	0	0	n/a
Federal Funds	3,701,459	4,672,632	12,864,367	12,865,519	0.0%
FTE	22.0	20.3	23.9	23.9	0.0
<b>(2) Sexually Transmitted Infections, HIV and AIDS</b>					
Personal Services	3,833,795	3,755,850	3,622,784	3,621,650	BR #NP6
FTE	<u>47.2</u>	<u>46.5</u>	<u>45.7</u>	<u>45.7</u>	
Cash Funds	76,765	75,960	75,818	75,820	
FTE	1.2	1.1	1.2	1.2	
Federal Funds	3,757,030	3,679,890	3,546,966	3,545,830	
FTE	46.0	45.4	44.5	44.5	
Operating Expenses	<u>5,082,785</u>	<u>5,628,785</u>	<u>5,748,115</u>	<u>5,748,115</u>	
Cash Funds	2,197,049	2,753,366	2,862,379	2,862,379	

	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	Decision Item
	Actual	Actual	Approp	Request	Approp v Request
Cash Funds Exempt/RF	0	0	0	0	
Federal Funds	2,885,736	2,875,419	2,885,736	2,885,736	
<b>Subtotal - (2) Sexually Transmitted Disease, HIV and AIDS</b>					
	8,916,580	9,384,635	9,370,899	9,369,765	0.0%
FTE	<u>47.2</u>	<u>46.5</u>	<u>45.7</u>	<u>45.7</u>	<u>0.0</u>
Cash Funds	2,273,814	2,829,326	2,938,197	2,938,199	0.0%
FTE	1.2	1.1	1.2	1.2	0.0
Cash Funds Exempt/RF	0	0	0	0	n/a
FTE	0.0	0.0	0.0	0.0	0.0
Federal Funds	6,642,766	6,555,309	6,432,702	6,431,566	0.0%
FTE	46.0	45.4	44.5	44.5	0.0
<b>(3) Ryan White Act</b>					
Personal Services	983,188	1,023,160	950,420	950,582	BR #NP2,
FTE	<u>11.8</u>	<u>12.3</u>	<u>11.7</u>	<u>11.7</u>	BR #NP6
General Fund	27,309	28,556	28,446	27,642	
FTE	0.3	0.1	0.4	0.4	
Federal Funds	955,879	994,604	921,974	922,940	
FTE	11.5	12.2	11.3	11.3	
Operating Expenses	<u>17,527,191</u>	<u>17,211,975</u>	<u>17,748,772</u>	<u>17,748,772</u>	
General Fund	1,357,404	1,357,404	1,357,404	1,357,404	
Cash Funds	3,400,575	3,622,156	3,622,156	3,622,156	
Cash Funds Exempt/RF	0	0	0	0	
Federal Funds	12,769,212	12,232,415	12,769,212	12,769,212	
<b>Subtotal - (3) Ryan White Act</b>					
	18,510,379	18,235,135	18,699,192	18,699,354	0.0%
FTE	<u>11.8</u>	<u>12.3</u>	<u>11.7</u>	<u>11.7</u>	<u>0.0</u>
General Fund	1,384,713	1,385,960	1,385,850	1,385,046	-0.1%



	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	Decision Item
	Actual	Actual	Approp	Request	Approp v Request
FTE	0.3	0.1	0.4	0.4	0.0
Cash Funds	3,400,575	3,622,156	3,622,156	3,622,156	0.0%
Federal Funds	13,725,091	13,227,019	13,691,186	13,692,152	0.0%
FTE	11.5	12.2	11.3	11.3	0.0
<b>(4) Tuberculosis Control and Treatment</b>					
Personal Services	1,124,726	1,351,030	1,089,687	1,085,964	BR #NP2,
FTE	<u>11.5</u>	<u>14.4</u>	<u>12.0</u>	<u>12.0</u>	BR #NP6
General Fund	116,791	122,742	122,826	118,222	
FTE	1.2	1.2	1.2	1.2	
Cash Funds Exempt/RF	95,554	95,554	95,554	79,829	
FTE	1.0	10.6	1.7	1.7	
Federal Funds	912,381	1,132,734	871,307	887,913	
FTE	9.3	2.6	9.1	9.1	
Operating Expenses	<u>2,217,461</u>	<u>3,443,103</u>	<u>2,217,462</u>	<u>2,217,462</u>	
General Fund	1,191,913	1,191,913	1,191,913	1,191,913	
Cash Funds Exempt/RF	210,019	210,020	210,020	210,020	
Federal Funds	815,529	2,041,170	815,529	815,529	
<b>Subtotal - (4) Tuberculosis Control and Treatment</b>	3,342,187	4,794,133	3,307,149	3,303,426	-0.1%
FTE	<u>11.5</u>	<u>14.4</u>	<u>12.0</u>	<u>12.0</u>	<u>0.0</u>
General Fund	1,308,704	1,314,655	1,314,739	1,310,135	-0.4%
FTE	1.2	1.2	1.2	1.2	0.0
Cash Funds Exempt/RF	305,573	305,574	305,574	289,849	-5.1%
FTE	1.0	10.6	1.7	1.7	0.0
Federal Funds	1,727,910	3,173,904	1,686,836	1,703,442	1.0%
FTE	9.3	2.6	9.1	9.1	0.0
<b>SUBTOTAL - (B) Special Purpose Disease Programs</b>	38,528,217	40,918,582	47,458,466	47,387,225	-0.2%

	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	Decision Item
	Actual	Actual	Approp	Request	Approp v Request
FTE	<u>95.4</u>	<u>102.4</u>	<u>105.0</u>	<u>105.0</u>	<u>0.0</u>
General Fund	4,244,224	4,241,938	4,178,659	4,155,255	-0.6%
FTE	4.4	10.2	13.3	13.3	0.0
General Fund Exempt	478,004	445,362	447,000	422,149	-5.6%
Cash Funds	7,703,190	8,296,844	7,852,142	7,827,293	-0.3%
FTE	1.2	1.1	1.2	1.2	0.0
Cash Funds Exempt/RF	305,573	305,574	305,574	289,849	-5.1%
FTE	1.0	10.6	1.7	1.7	0.0
Federal Funds	25,797,226	27,628,864	34,675,091	34,692,679	0.1%
FTE	88.8	80.5	88.8	88.8	0.0

**(C) Environmental Epidemiology**

**(1) Birth Defects Monitoring and Prevention**

Personal Services	323,907	394,419	329,877	323,765	BR #NP2, BR #NP6
FTE	<u>2.9</u>	<u>3.8</u>	<u>3.6</u>	<u>3.6</u>	
General Fund	121,631	124,288	118,619	115,149	
FTE	1.1	1.2	1.6	1.6	
Cash Funds	100,455	107,953	134,244	131,766	
FTE	0.9	0.9	1.4	1.4	
Federal Funds	101,821	162,178	77,014	76,850	
FTE	0.9	1.7	0.6	0.6	
Operating Expenses	<u>11,415</u>	<u>11,875</u>	<u>12,840</u>	<u>12,840</u>	
Cash Funds	0	0	1,425	1,425	
Federal Funds	11,415	11,875	11,415	11,415	
<b>Subtotal - (1) Birth Defects Monitoring</b>	335,322	406,294	342,717	336,605	-1.8%
FTE	<u>2.9</u>	<u>3.8</u>	<u>3.6</u>	<u>3.6</u>	<u>0.0</u>
General Fund	121,631	124,288	118,619	115,149	-2.9%
FTE	1.1	1.2	1.6	1.6	0.0

	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	Decision Item
	Actual	Actual	Approp	Request	Approp v Request
Cash Funds	100,455	107,953	135,669	133,191	-1.8%
FTE	0.9	0.9	1.4	1.4	0.0
Federal Funds	113,236	174,053	88,429	88,265	-0.2%
FTE	0.9	1.7	0.6	0.6	0.0
<b>(2) Federal Grants - FF</b>	1,488,055	1,441,163	1,456,257	1,455,122	BR #NP2,
FTE	8.5	10.2	8.3	8.3	BR #NP6
<b>SUBTOTAL - (C) Environmental Epidemiology</b>	1,823,377	1,847,457	1,798,974	1,791,727	-0.4%
FTE	<u>11.4</u>	<u>14.0</u>	<u>11.9</u>	<u>11.9</u>	<u>0.0</u>
General Fund	121,631	124,288	118,619	115,149	-2.9%
FTE	1.1	1.2	1.6	1.6	0.0
Cash Funds	100,455	107,953	135,669	133,191	-1.8%
FTE	0.9	0.9	1.4	1.4	0.0
Federal Funds	1,601,291	1,615,216	1,544,686	1,543,387	-0.1%
FTE	9.4	11.9	8.9	8.9	0.0
<b>(Formerly D) Emergency Management</b>					
Personal Services	126,545	0	0	0	
FTE	<u>1.3</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	
Federal Funds	126,545	0	0		
FTE	1.3	0.0	0.0		
Operating Expenses	<u>71,308</u>	<u>0</u>	<u>0</u>	<u>0</u>	
Federal Funds	71,308	0	0		
<b>SUBTOTAL - (D) Emergency Management</b>	197,853	0	0	0	n/a
FTE	<u>1.3</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
Cash Funds Exempt/RF	0	0	0	0	n/a
FTE	0.0	0.0	0.0	0.0	0.0

	FY 2008-09 Actual	FY 2009-10 Actual	FY 2010-11 Approp	FY 2011-12 Request	Decision Item Approp v Request
Federal Funds	197,853	0	0	0	n/a
FTE	1.3	0.0	0.0	0.0	0.0
<b>(D) Federal Grants - FF</b>	4,027,852	8,581,903	3,778,596	3,817,457	BR #NP2,
FTE	22.3	30.1	20.5	20.5	BR #NP6
<b>TOTAL - (8) DISEASE CONTROL AND ENVIRONMENTAL EPIDEMIOLOGY DIVISION</b>					
	48,032,783	54,964,551	56,942,689	56,894,890	-0.1%
FTE	<u>139.4</u>	<u>156.8</u>	<u>150.5</u>	<u>150.5</u>	<u>0.0</u>
General Fund	5,211,361	5,266,753	5,071,425	5,027,038	-0.9%
FTE	11.5	18.7	25.2	25.2	0.0
General Fund Exempt	478,004	445,362	447,000	422,149	-5.6%
Cash Funds	7,817,523	8,428,450	8,028,315	8,000,988	-0.3%
FTE	2.1	2.0	2.6	2.6	0.0
Cash Funds Exempt/RF	305,573	305,574	305,574	289,849	-5.1%
FTE	1.0	10.6	1.7	1.7	0.0
Federal Funds	34,220,322	40,518,412	43,090,375	43,154,866	0.1%
FTE	124.8	125.5	121.0	121.0	0.0

### (9) PREVENTION SERVICES DIVISION

*This division provides health care and related preventive services to people who have low incomes or limited access to health care. The division also provides programs designed to reduce crime and violence among youth. In addition, this division seeks to control and prevent the causes of chronic disease and injury for individuals at all income levels in all racial and ethnic groups. It also includes dental programs and women's health services. The services are provided directly or through contract agreements. The primary cash funds and cash funds exempt sources include: Newborn Screening and Genetic Counseling Fund, Medicaid funds initially appropriated to the Department of Health Care Policy and Financing, Colorado Children's Trust Fund, Tobacco Litigation Settlement Cash Fund federal funds appropriated to the Department of Human Services.*

#### (A) Prevention Programs

	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	Decision Item
	Actual	Actual	Approp	Request	Approp v Request
<b>(1) Programs and Administration</b>					
Personal Services	1,720,433	1,811,866	1,678,324	1,706,818	BR #NP2,
FTE	<u>21.4</u>	<u>21.7</u>	<u>22.9</u>	<u>22.9</u>	BR #NP6
General Fund	113,677	118,231	118,480	114,448	
FTE	1.9	1.9	2.0	2.0	
Cash Funds	0	670,429	643,403	672,188	
FTE	0.0	9.3	10.0	10.0	
Cash Funds Exempt/RF	669,447	0	0	0	
FTE	8.6	0.0	0.0	0.0	
Federal Funds	937,309	1,023,206	916,441	920,182	
FTE	10.9	10.5	10.9	10.9	
Operating Expenses	<u>1,067,239</u>	<u>1,183,916</u>	<u>1,007,239</u>	<u>1,067,239</u>	
Cash Funds	0	117,651	58,440	118,440	
Cash Funds Exempt/RF	118,440	0	0	0	
Federal Funds	948,799	1,066,265	948,799	948,799	
Transfer to the Health Disparities Grant Program Fund -	0	3,562,898	3,576,000	3,576,000	
Transfer to the Department of Health Care Policy and Financing for Disease Management	<u>0</u>	<u>2,000,000</u>	<u>2,000,000</u>	<u>2,000,000</u>	
Cash Funds	0	2,000,000	2,000,000	2,000,000	
Prevention Early Detection and Treatment Fund					
Expenditures	<u>34,786,921</u>	<u>0</u>	<u>0</u>	<u>0</u>	
Cash Funds	34,786,921	0	0	0	
Cancer, Cardiovascular Disease, and Pulmonary Disease Grants	<u>23,305,114</u>	<u>13,086,051</u>	<u>6,957,799</u>	<u>8,734,104</u>	BR #NP3
Cash Funds	0	13,086,051	6,957,799	8,734,104	

	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	Decision Item
	Actual	Actual	Approp	Request	Approp v Request
Cash Funds Exempt/RF	23,305,114	0	0	0	
Short Term Innovative Health Program Grants	592,679	0	0	0	
FTE	<u>0.4</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	
Cash Funds	592,679	0	0		
FTE	0.4	0.0	0.0		
Indirect Cost Assessment	<u>3,488,875</u>	<u>2,980,109</u>	<u>2,912,251</u>	<u>2,910,749</u>	DI #3
Cash Funds	513,481	506,877	685,656	685,656	
Cash Funds Exempt/RF	400,000	186	25,000	23,498	
Federal Funds	2,575,394	2,473,046	2,201,595	2,201,595	
<b>Subtotal - (1) Programs and Administration</b>	64,961,261	24,624,840	18,131,613	19,994,910	10.3%
FTE	<u>21.8</u>	<u>21.7</u>	<u>22.9</u>	<u>22.9</u>	<u>0.0</u>
General Fund	113,677	118,231	118,480	114,448	-3.4%
FTE	1.9	1.9	2.0	2.0	0.0
Cash Funds	35,893,081	19,943,906	13,921,298	15,786,388	13.4%
FTE	0.4	9.3	10.0	10.0	0.0
Cash Funds Exempt/RF	24,493,001	186	25,000	23,498	-6.0%
FTE	8.6	0.0	0.0	0.0	0.0
Federal Funds	4,461,502	4,562,517	4,066,835	4,070,576	0.1%
FTE	10.9	10.5	10.9	10.9	0.0
<i>Medicaid Cash Funds</i>	0	0	0	(1,502)	n/a
<i>GF in Medicaid CF</i>	0	0	0	0	n/a
<i>Net General Fund</i>	113,677	118,231	118,480	114,448	-3.4%
<b>(2) Cancer Registry</b>					
Personal Services	794,421	823,575	783,705	781,859	BR #NP2,
FTE	<u>10.2</u>	<u>10.4</u>	<u>10.2</u>	<u>10.2</u>	BR #NP6
General Fund	188,105	189,350	190,387	187,669	

	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	Decision Item
	Actual	Actual	Approp	Request	Approp v Request
FTE	2.0	1.9	2.0	2.0	
Federal Funds	606,316	634,225	593,318	594,190	
FTE	8.2	8.5	8.2	8.2	
Operating Expenses	<u>90,555</u>	<u>54,232</u>	<u>90,557</u>	<u>90,557</u>	
General Fund	30,550	30,550	30,552	30,552	
Federal Funds	60,005	23,682	60,005	60,005	
<b>Subtotal - (2) Cancer Registry</b>	884,976	877,807	874,262	872,416	-0.2%
FTE	<u>10.2</u>	<u>10.4</u>	<u>10.2</u>	<u>10.2</u>	<u>0.0</u>
General Fund	218,655	219,900	220,939	218,221	-1.2%
FTE	2.0	1.9	2.0	2.0	0.0
Cash Funds	0	0	0	0	n/a
Federal Funds	666,321	657,907	653,323	654,195	0.1%
FTE	8.2	8.5	8.2	8.2	0.0

**(3) Chronic Disease and Cancer Prevention Grants Program**

Chronic Disease and Cancer Prevention Grants	4,771,210	4,350,135	4,502,866	4,490,478	BR #NP6
FTE	<u>27.0</u>	<u>28.6</u>	<u>27.5</u>	<u>27.5</u>	
Cash Funds	359,960	243,620	124,689	121,256	
FTE	1.5	3.0	2.0	2.0	
Cash Funds Exempt/RF	0	0	0	0	
FTE	0.0	0.0	0.0	0.0	
Federal Funds	4,411,250	4,106,515	4,378,177	4,369,222	
FTE	25.5	25.6	25.5	25.5	
Transfer to the Department of Health Care Policy and Financing for Breast and Cervical Cancer Treatment	<u>638,398</u>	<u>928,088</u>	<u>1,215,340</u>	<u>1,215,340</u>	

	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	Decision Item
	Actual	Actual	Approp	Request	Approp v Request
Cash Funds	0	928,088	1,215,340	1,215,340	
Cash Funds Exempt/RF	638,398	0	0	0	
<b>Breast and Cervical Cancer Screening</b>	<b>6,708,729</b>	<b>7,625,109</b>	<b>6,348,091</b>	<b>6,348,091</b>	
FTE	<u>1.5</u>	<u>1.3</u>	<u>0.0</u>	<u>0.0</u>	
Cash Funds	483,600	4,330,933	3,661,660	3,661,660	
FTE	1.5	1.3	0.0	0.0	
Cash Funds Exempt/RF	3,538,698	0	0	0	
Federal Funds	2,686,431	3,294,176	2,686,431	2,686,431	
<b>Subtotal - (3) Chronic Disease and Cancer Prevention</b>					
<b>Grants Program</b>	12,118,337	12,903,332	12,066,297	12,053,909	-0.1%
FTE	28.5	29.9	27.5	27.5	0.0
Cash Funds	843,560	5,502,641	5,001,689	4,998,256	-0.1%
FTE	3.0	4.3	2.0	2.0	0.0
Cash Funds Exempt/RF	4,177,096	0	0	0	n/a
FTE	0.0	0.0	0.0	0.0	0.0
Federal Funds	7,097,681.0	7,400,691.0	7,064,608.0	7,055,653.0	-0.1%
FTE	25.5	25.6	25.5	25.5	0.0
<b>(4) Suicide Prevention</b>	282,767	285,063	285,591	281,601	BR #NP2,
FTE	<u>2.0</u>	<u>2.1</u>	<u>2.0</u>	<u>2.0</u>	BR #NP6
General Fund	282,767	285,063	285,591	281,601	
FTE	2.0	2.1	2.0	2.0	
<b>(5) Tobacco Education, Prevention, and Cessation</b>					
Personal Services	737,609	503,344	702,970	741,442	BR #NP6
FTE	<u>9.4</u>	<u>6.5</u>	<u>10.0</u>	<u>10.0</u>	
Cash Funds	737,609	503,344	702,970	741,442	
FTE	9.4	6.5	10.0	10.0	



	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	Decision Item
	Actual	Actual	Approp	Request	Approp v Request
Operating Expenses	<u>173,365</u>	<u>62,509</u>	<u>100,000</u>	<u>175,000</u>	
Cash Funds	173,365	62,509	100,000	175,000	
Tobacco Cessation and Prevention Grants	<u>26,885,441</u>	<u>11,334,362</u>	<u>7,007,811</u>	<u>8,795,358</u>	BR #NP3
Cash Funds	26,885,441	11,334,362	7,007,811	8,795,358	
<b>Subtotal - (5) Tobacco Education, Prevention, and Cessation</b>	27,796,415	11,900,215	7,810,781	9,711,800	24.3%
FTE	<u>9.4</u>	<u>6.5</u>	<u>10.0</u>	<u>10.0</u>	<u>0.0</u>
Cash Funds	27,796,415	11,900,215	7,810,781	9,711,800	24.3%
FTE	9.4	6.5	10.0	10.0	0.0
Cash Funds Exempt/RF	0	0	0	0	n/a
FTE	0.0	0.0	0.0	0.0	0.0
<b>(6) Oral Health Programs</b>	1,094,004	1,245,377	837,474	837,950	BR #NP2, BR #NP6
FTE	<u>3.7</u>	<u>4.9</u>	<u>3.0</u>	<u>3.0</u>	
General Fund	382,008	240,501	180,454	179,014	
FTE	0.8	0.9	0.8	0.8	
Cash Funds	246,130	178,504	199,667	199,684	
FTE	0.2	0.2	0.2	0.2	
Federal Funds	465,866	826,372	457,353	459,252	
FTE	2.7	3.8	2.0	2.0	
<b>SUBTOTAL (A) - Prevention Programs</b>	107,137,760	51,836,634	40,006,018	43,752,586	9.4%
FTE	<u>75.6</u>	<u>75.5</u>	<u>75.6</u>	<u>75.6</u>	<u>0.0</u>
General Fund	997,107	863,695	805,464	793,284	-1.5%
FTE	6.7	6.8	6.8	6.8	0.0
Cash Funds	64,779,186	37,525,266	26,933,435	30,696,128	14.0%
FTE	13.0	20.3	22.2	22.2	0.0

	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	Decision Item
	Actual	Actual	Approp	Request	Approp v Request
Cash Funds Exempt/RF	28,670,097	186	25,000	23,498	-6.0%
FTE	8.6	0.0	0.0	0.0	0.0
Federal Funds	12,691,370	13,447,487	12,242,119	12,239,676	0.0%
FTE	47.3	48.4	46.6	46.6	0.0
<i>Medicaid Cash Funds</i>	0	0	0	(1,502)	n/a
<i>GF in Medicaid CF</i>	0	0	0	0	n/a
<i>Net General Fund</i>	997,107	863,695	805,464	793,284	-1.5%

**(B) Women's Health - Family Planning**

Personal Services	1,460,821	1,197,321	1,185,085	1,116,909	DI #3, BR #NP2
FTE	<u>15.9</u>	<u>12.6</u>	<u>13.9</u>	<u>13.0</u>	BR #NP6
General Fund	438,756	442,484	392,695	383,566	
FTE	5.2	5.2	5.8	5.8	
Cash Funds	0	0	0	0	
FTE	1.5	0.0	0.0	0.0	
Cash Funds Exempt/RF	181,962	59,169	59,169	0	
FTE	1.0	0.6	0.9	0.0	
Federal Funds	840,103	695,668	733,221	733,343	
FTE	8.2	6.8	7.2	7.2	
<i>Medicaid Cash Funds</i>	59,169	59,169	59,169		
<i>GF in Medicaid CF</i>	29,585	29,585	29,585	0	
<i>Net General Fund</i>	468,341	472,069	422,280	383,566	
Operating Expenses - GF	3,355	3,355	3,355	3,355	
Purchase of Services	4,579,716	4,811,233	4,579,716	4,554,211	DI #3
General Fund	1,229,003	1,229,003	1,229,003	1,229,003	
Cash Funds Exempt/RF	25,505	16,480	25,505	0	
Federal Funds	3,325,208	3,565,750	3,325,208	3,325,208	
<i>Medicaid Cash Funds</i>	25,505	16,480	25,505	0	

	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	Decision Item
	Actual	Actual	Approp	Request	Approp v Request
<i>GF in Medicaid CF</i>	12,753	8,240	12,753	0	
<i>Net General Fund</i>	1,241,756	1,237,243	1,241,756	1,229,003	
Adult Stem Cells Cure Fund - CF	0	42,192	140,000	140,000	
Federal Grants - FF	359,387	410,248	332,037	333,811	BR #NP6
FTE	4.0	4.0	3.8	3.8	
<b>SUBTOTAL (B) - Women's Health - Family Planning</b>	6,403,279	6,464,349	6,240,193	6,148,286	-1.5%
FTE	19.9	16.6	17.7	16.8	(0.9)
General Fund	1,671,114	1,674,842	1,625,053	1,615,924	-0.6%
FTE	5.2	5.2	5.8	5.8	0.0
Cash Funds	0	42,192	140,000	140,000	0.0%
FTE	1.5	0.0	0.0	0.0	0.0
Cash Funds Exempt/RF	207,467	75,649	84,674	0	-100.0%
FTE	1.0	0.6	0.9	0.0	(0.9)
Federal Funds	4,524,698	4,671,666	4,390,466	4,392,362	0.0%
FTE	12.2	10.8	11.0	11.0	0.0
<i>Medicaid Cash Funds</i>	84,674	75,649	84,674	0	-100.0%
<i>GF in Medicaid CF</i>	42,338	37,825	42,338	0	-100.0%
<i>Net General Fund</i>	1,713,452	1,712,667	1,667,391	1,615,924	-3.1%
<b>(C) Primary Care Office</b>					
Program Costs	0	35,407	133,647	132,787	BR #NP6
FTE	0.0	0.6	1.5	1.5	
Cash Funds	0	35,407	53,647	52,787	
FTE	0.0	0.6	0.5	0.5	
Federal Funds	0	0	80,000	80,000	
FTE	0.0	0.0	1.0	1.0	

	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	Decision Item
	Actual	Actual	Approp	Request	Approp v Request
Federal Grants - FF	254,876	127,755	252,386	253,364	BR #NP6
FTE	1.2	1.2	1.2	1.2	
<b>SUBTOTAL (C) - Primary Care Office</b>	254,876	163,162	386,033	386,151	0.0%
FTE	<u>1.2</u>	<u>1.8</u>	<u>2.7</u>	<u>2.7</u>	<u>0.0</u>
Cash Funds	0	35,407	53,647	52,787	-1.6%
FTE	0.0	0.6	0.5	0.5	0.0
Federal Funds	254,876	127,755	332,386	333,364	0.3%
FTE	1.2	1.2	2.2	2.2	0.0

**(D) Prevention Partnerships**

**(1) Interagency Prevention Programs Coordination**

Personal Services	206,483	114,913	115,661	113,175	BR #NP2, BR #NP6
FTE	<u>2.8</u>	<u>1.9</u>	<u>2.0</u>	<u>2.0</u>	
General Fund	206,483	114,913	115,661	113,175	
FTE	2.8	1.9	2.0	2.0	
Operating Expenses	<u>16,763</u>	<u>16,762</u>	<u>16,769</u>	<u>16,769</u>	
General Fund	16,763	16,762	16,769	16,769	

<b>Subtotal - (1) Interagency Prevention Programs</b>					
<b>Coordination</b>	223,246	131,675	132,430	129,944	-1.9%
FTE	<u>2.8</u>	<u>1.9</u>	<u>2.0</u>	<u>2.0</u>	<u>0.0</u>
General Fund	223,246	131,675	132,430	129,944	-1.9%
FTE	2.8	1.9	2.0	2.0	0.0
Cash Funds	0	0	0	0	n/a

**(2) Tony Grampsas Youth Services Program**

Prevention Services Programs	5,073,334	3,986,075	3,841,275	3,841,617	BR #NP6
FTE	<u>2.8</u>	<u>3.0</u>	<u>3.0</u>	<u>3.0</u>	

	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	Decision Item
	Actual	Actual	Approp	Request	Approp v Request
General Fund	999,301	0	0	0	
FTE	0.0	0.0	0.0	0.0	
Cash Funds	4,074,033	3,986,075	3,841,275	3,841,617	
FTE	2.8	3.0	3.0	3.0	
Colorado Student Before-and-After-School Project - CFE/RF	299,190	0	0	0	
Colorado Student Before-and-After-School Project Fund - GF	300,000	0	0	0	
<b>Subtotal - (2) Tony Grampsas Youth Services Program</b>	5,672,524	3,986,075	3,841,275	3,841,617	0.0%
FTE	<u>2.8</u>	<u>3.0</u>	<u>3.0</u>	<u>3.0</u>	<u>0.0</u>
General Fund	1,299,301	0	0	0	n/a
FTE	0.0	0.0	0.0	0.0	0.0
Cash Funds	4,074,033	3,986,075	3,841,275	3,841,617	0.0%
FTE	2.8	3.0	3.0	3.0	0.0
Cash Funds Exempt/RF	299,190	0	0	0	n/a
FTE	0.0	0.0	0.0	0.0	0.0
<b>(3) Colorado Children's Trust Fund</b>					
Personal Services	136,951	96,423	176,586	175,800	BR #NP6
FTE	<u>1.6</u>	<u>1.3</u>	<u>1.5</u>	<u>1.5</u>	
Cash Funds	36,680	31,798	76,315	76,253	
FTE	0.5	1.3	1.5	1.5	
Federal Funds	100,271	64,625	100,271	99,547	
FTE	1.1	0.0	0.0	0.0	
Operating Expenses	<u>928,616</u>	<u>736,966</u>	<u>1,106,734</u>	<u>1,106,734</u>	
Cash Funds	217,019	262,897	395,137	395,137	

	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	Decision Item
	Actual	Actual	Approp	Request	Approp v Request
Federal Funds	711,597	474,069	711,597	711,597	
<b>Subtotal - (3) Colorado Children's Trust Fund</b>	1,065,567	833,389	1,283,320	1,282,534	-0.1%
FTE	<u>1.6</u>	<u>1.3</u>	<u>1.5</u>	<u>1.5</u>	<u>0.0</u>
Cash Funds	253,699	294,695	471,452	471,390	0.0%
FTE	0.5	1.3	1.5	1.5	0.0
Cash Funds Exempt/RF	0	0	0	0	n/a
Federal Funds	811,868	538,694	811,868	811,144	-0.1%
FTE	1.1	0.0	0.0	0.0	0.0
<b>SUBTOTAL - (D) PREVENTION PARTNERSHIPS</b>	6,961,337	4,951,139	5,257,025	5,254,095	-0.1%
FTE	<u>7.2</u>	<u>6.2</u>	<u>6.5</u>	<u>6.5</u>	<u>0.0</u>
General Fund	1,522,547	131,675	132,430	129,944	-1.9%
FTE	2.8	1.9	2.0	2.0	0.0
Cash Funds	4,327,732	4,280,770	4,312,727	4,313,007	0.0%
FTE	3.3	4.3	4.5	4.5	0.0
Cash Funds Exempt/RF	299,190	0	0	0	n/a
Federal Funds	811,868	538,694	811,868	811,144	-0.1%
FTE	1.1	0.0	0.0	0.0	0.0
<b>(E) Family and Community Health</b>					
<b>(1) Maternal and Child Health</b>	3,353,092	3,513,154	3,312,106	3,318,653	BR #NP6
FTE	<u>9.8</u>	<u>18.9</u>	<u>9.8</u>	<u>9.8</u>	
General Fund	0	0	0	0	
FTE	0.0	0.0	0.0	0.0	
Federal Funds	3,353,092	3,513,154	3,312,106	3,318,653	
FTE	9.8	18.9	9.8	9.8	
<b>(2) Child, Adolescent, and School Health</b>					
Nurse Home Visitor Program	12,361,408	12,737,350	13,444,464	13,442,109	BR #NP6

	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	Decision Item
	Actual	Actual	Approp	Request	Approp v Request
FTE	3.2	3.5	3.0	3.0	
Cash Funds	12,361,408	12,737,350	13,444,464	13,442,109	
FTE	3.2	3.5	3.0	3.0	
School-Based Health Centers - GF	974,810	998,542	998,779	997,943	BR #NP2,
FTE	0.6	0.5	0.7	0.7	BR #NP6
Federal and Private Grants	301,230	1,217,844	294,413	296,137	BR #NP6
FTE	<u>3.2</u>	<u>3.1</u>	<u>3.2</u>	<u>3.2</u>	
Cash Funds Exempt/RF	0	0	0	0	
Federal Funds	301,230	1,217,844	294,413	296,137	BR #NP6
FTE	3.2	3.1	3.2	3.2	
<b>Subtotal - (2) Child, Adolescent, and School Health</b>	13,637,448	14,953,736	14,737,656	14,736,189	0.0%
FTE	<u>7.0</u>	<u>7.1</u>	<u>6.9</u>	<u>6.9</u>	<u>0.0</u>
General Fund	974,810	998,542	998,779	997,943	-0.1%
FTE	0.6	0.5	0.7	0.7	0.0
Cash Funds	12,361,408	12,737,350	13,444,464	13,442,109	0.0%
FTE	3.2	3.5	3.0	3.0	0.0
Cash Funds Exempt/RF	0	0	0	0	n/a
FTE	0.0	0.0	0.0	0.0	0.0
Federal Funds	301,230	1,217,844	294,413	296,137	0.6%
FTE	3.2	3.1	3.2	3.2	0.0

### (3) Children With Special Needs

#### (a) Health Care Program for Children with Special Needs

Personal Services	1,238,770	1,115,719	1,177,878	1,163,082	BR #NP2,
FTE	<u>13.2</u>	<u>11.6</u>	<u>15.9</u>	<u>15.9</u>	BR #NP6
General Fund	667,172	675,504	628,186	605,285	

	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	Decision Item
	Actual	Actual	Approp	Request	Approp v Request
FTE	7.4	7.6	9.6	9.6	
Federal Funds	571,598	440,215	549,692	557,797	
FTE	5.8	4.0	6.3	6.3	
Operating Expenses	<u>100,577</u>	<u>69,758</u>	<u>71,939</u>	<u>71,939</u>	
General Fund	87,577	57,029	58,939	58,939	
Federal Funds	13,000	12,729	13,000	13,000	
Purchase of Services	3,410,286	3,544,821	3,451,160	3,451,160	
FTE	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	
General Fund	1,856,473	1,856,473	1,856,473	1,856,473	
Cash Funds	0	0	40,874	40,874	
Federal Funds	1,553,813	1,688,348	1,553,813	1,553,813	
Traumatic Brain Injury Services - CFE/RF	120,995	119,927	187,782	187,846	BR #NP6
FTE	0.0	0.4	1.0	1.0	
<b>Subtotal - (a) Health Care Program for Children with Special Needs</b>	<b>4,870,628</b>	<b>4,850,225</b>	<b>4,888,759</b>	<b>4,874,027</b>	<b>-0.3%</b>
FTE	<u>13.2</u>	<u>12.0</u>	<u>16.9</u>	<u>16.9</u>	<u>0.0</u>
General Fund	2,611,222	2,589,006	2,543,598	2,520,697	-0.9%
FTE	7.4	7.6	9.6	9.6	0.0
Cash Funds	0	0	40,874	40,874	0.0%
FTE	0.0	0.0	0.0	0.0	0.0
Cash Funds Exempt/RF	120,995	119,927	187,782	187,846	0.0%
FTE	0.0	0.4	1.0	1.0	0.0
Federal Funds	2,138,411	2,141,292	2,116,505	2,124,610	0.4%
FTE	5.8	4.0	6.3	6.3	0.0

**(b) Genetics Counseling**



	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	Decision Item
	Actual	Actual	Approp	Request	Approp v Request
Personal Services - CF	58,902	75,132	78,974	78,968	BR #NP6
FTE	0.9	1.0	1.0	1.0	
Operating Expenses	<u>1,226,016</u>	<u>1,472,352</u>	<u>1,501,817</u>	<u>1,575,057</u>	DI #2
Cash Funds	1,226,016	1,472,352	1,501,817	1,575,057	
<b>Subtotal - (b) Genetics Counseling</b>	1,284,918	1,547,484	1,580,791	1,654,025	4.6%
FTE	0.9	1.0	1.0	1.0	0.0
Cash Funds	1,284,918	1,547,484	1,580,791	1,654,025	4.6%
FTE	0.9	1.0	1.0	1.0	0.0
Cash Funds Exempt/RF	0	0	0	0	n/a
<b>Subtotal - (3) Children With Special Needs - Genetics</b>	6,155,546	6,397,709	6,469,550	6,528,052	0.9%
FTE	<u>14.1</u>	<u>13.0</u>	<u>17.9</u>	<u>17.9</u>	<u>0.0</u>
General Fund	2,611,222	2,589,006	2,543,598	2,520,697	-0.9%
FTE	7.4	7.6	9.6	9.6	0.0
Cash Funds	1,284,918	1,547,484	1,621,665	1,694,899	4.5%
FTE	0.9	1.0	1.0	1.0	0.0
Cash Funds Exempt/RF	120,995	119,927	187,782	187,846	0.0%
FTE	0.0	0.4	1.0	1.0	0.0
Federal Funds	2,138,411	2,141,292	2,116,505	2,124,610	0.4%
FTE	5.8	4.0	6.3	6.3	0.0
<b>(4) Department of Human Services Grant</b>					
Cash Funds Exempt/RF	25,176	0	29,790	29,790	
FTE	0.2	0.0	0.2	0.2	
<b>(5) Federal Grants - FF</b>	538,105	801,650	424,871	423,161	BR #NP6
FTE	2.4	3.2	1.2	1.2	

	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	Decision Item
	Actual	Actual	Approp	Request	Approp v Request
<b>SUBTOTAL - (E) Family and Community Health</b>	23,709,367	25,666,249	24,973,973	25,035,845	0.2%
FTE	<u>33.5</u>	<u>42.2</u>	<u>36.0</u>	<u>36.0</u>	<u>0.0</u>
General Fund	3,586,032	3,587,548	3,542,377	3,518,640	-0.7%
FTE	8.0	8.1	10.3	10.3	0.0
Cash Funds	13,646,326	14,284,834	15,066,129	15,137,008	0.5%
FTE	4.1	4.5	4.0	4.0	0.0
Cash Funds Exempt/RF	146,171	119,927	217,572	217,636	0.0%
FTE	0.2	0.4	1.2	1.2	0.0
Federal Funds	6,330,838	7,673,940	6,147,895	6,162,561	0.2%
FTE	21.2	29.2	20.5	20.5	0.0
<b>(F) Nutrition Services</b>					
Women, Infants, and Children Supplemental Food Grant - FF	91,763,930	91,938,849	111,913,876	111,907,757	BR #NP6
FTE	22.8	22.9	17.8	17.8	
Child and Adult Care Food Program - FF	22,594,553	23,278,564	22,580,394	22,582,646	BR #NP6
FTE	7.7	7.9	7.7	7.7	
<b>SUBTOTAL - (F) Nutrition Services - FF</b>	114,358,483	115,217,413	134,494,270	134,490,403	0.0%
FTE	30.5	30.8	25.5	25.5	0.0
<b>(G) Federal Grants - FF</b>	433,129	404,188	423,804	429,172	BR #NP6
FTE	2.7	3.1	2.7	2.7	
<b>TOTAL - (9) PREVENTION SERVICES DIVISION</b>	259,258,231	204,703,134	211,781,316	215,496,538	1.8%
FTE	<u>170.6</u>	<u>176.2</u>	<u>166.7</u>	<u>165.8</u>	<u>(0.9)</u>
General Fund	7,776,800	6,257,760	6,105,324	6,057,792	-0.8%
FTE	22.7	22.0	24.9	24.9	0.0

	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	Decision Item
	Actual	Actual	Approp	Request	Approp v Request
Cash Funds	82,753,244	56,168,469	46,505,938	50,338,930	8.2%
FTE	21.9	29.7	31.2	31.2	0.0
Cash Funds Exempt/RF	29,322,925	195,762	327,246	241,134	-26.3%
FTE	9.8	1.0	2.1	1.2	(0.9)
Federal Funds	139,405,262	142,081,143	158,842,808	158,858,682	0.0%
FTE	116.2	123.5	108.5	108.5	0.0
Medicaid Cash Funds	84,674	75,649	84,674	(1,502)	-101.8%
GF in Medicaid CF	42,338	37,825	42,338	0	-100.0%
Net General Fund	7,819,138	6,295,585	6,147,662	6,057,792	-1.5%

**(10) HEALTH FACILITIES AND EMERGENCY MEDICAL SERVICES DIVISION**

*This division establishes and enforces standards for the operation of health care facilities and emergency medical services. The programs focus on education, inspection, investigation and enforcement. The primary sources of cash funds and reappropriated fund for this division include: Health Facilities Licensure Cash Fund, Assisted Living Cash Fund, Medication Administration Cash Fund, Trauma System Cash Fund, Medical Services Account in the Highway Users Tax Fund and Medicaid funds appropriated to the Department of Health Care Policy and Financing.*

**(A) Licensure**

Health Facilities General Licensure Program	812,193	1,515,418	2,913,475	2,902,308	BR #NP2,
FTE	<u>10.9</u>	<u>18.2</u>	<u>44.8</u>	<u>44.8</u>	BR #NP6
General Fund	153,977	157,747	156,245	153,612	
FTE	1.9	1.3	0.0	0.0	
Cash Funds	658,216	1,357,671	2,757,230	2,748,696	
FTE	9.0	16.9	0.0	0.0	
Assisted Living Residences Program	727,888	821,772	915,771	912,208	BR #NP2,
FTE	<u>10.2</u>	<u>10.2</u>	<u>11.2</u>	<u>11.2</u>	BR #NP6
General Fund	110,452	109,797	110,250	110,670	
FTE	1.6	1.6	0.0	0.0	
Cash Funds	617,436	711,975	805,521	801,538	

	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	Decision Item
	Actual	Actual	Approp	Request	Approp v Request
FTE	8.6	8.6	0.0	0.0	
Medication Administration Program	191,922	183,259	213,064	212,860	BR #NP2,
FTE	<u>0.7</u>	<u>0.6</u>	<u>1.0</u>	<u>1.0</u>	BR #NP6
Cash Funds	191,922	183,259	213,064	212,860	
FTE	0.7	0.6	0.0	0.0	
Medicaid/Medicare Certification Program	7,940,478	8,047,295	7,660,895	7,579,356	BR #NP2,
FTE	<u>94.2</u>	<u>94.7</u>	<u>93.6</u>	<u>93.6</u>	BR #NP6
Cash Funds Exempt/RF	3,881,085	3,996,999	3,847,994	3,771,505	
FTE	49.2	49.5	0.0	0.0	
Federal Funds	4,059,393	4,050,296	3,812,901	3,807,851	
FTE	45.0	45.2	0.0	0.0	
<i>Medicaid Cash Funds</i>	3,881,085	3,996,999	3,847,994	3,771,505	
<i>GF in Medicaid CF</i>	1,168,422	1,347,724	1,346,798	1,320,027	
<i>Net General Fund</i>	1,168,422	1,347,724	1,346,798	1,320,027	
<b>SUBTOTAL (A) - Licensure</b>	9,672,481	10,567,744	11,703,205	11,606,732	-0.8%
FTE	<u>116.0</u>	123.7	<u>150.6</u>	<u>150.6</u>	<u>0.0</u>
General Fund	264,429	267,544	266,495	264,282	-0.8%
FTE	3.5	2.9	0.0	0.0	0.0
Cash Funds	1,467,574	2,252,905	3,775,815	3,763,094	-0.3%
FTE	18.3	26.1	0.0	0.0	0.0
Cash Funds Exempt/RF	3,881,085	3,996,999	3,847,994	3,771,505	-2.0%
FTE	49.2	49.5	0.0	0.0	0.0
Federal Funds	4,059,393	4,050,296	3,812,901	3,807,851	-0.1%
FTE	45.0	45.2	0.0	0.0	0.0
<i>Medicaid Cash Funds</i>	3,881,085	3,996,999	3,847,994	3,771,505	-2.0%
<i>GF in Medicaid CF</i>	1,168,422	1,347,724	1,346,798	1,320,027	-2.0%
<i>Net General Fund</i>	1,432,851	1,615,268	1,613,293	1,584,309	-1.8%

	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	Decision Item
	Actual	Actual	Approp	Request	Approp v Request
<b>(B) Emergency Medical Services</b>					
State EMS Coordination, Planning and Certification	1,069,165	1,354,468	1,373,398	1,369,718	BR #NP6
FTE	<u>11.1</u>	<u>11.6</u>	<u>16.4</u>	<u>16.4</u>	
Cash Funds	1,069,165	1,354,468	1,373,398	1,369,718	
FTE	11.1	11.6	16.4	16.4	
Distributions to Regional Emergency Medical and Trauma Councils (RETACs)	<u>1,785,000</u>	<u>1,785,000</u>	<u>1,785,000</u>	<u>1,785,000</u>	
Cash Funds	1,785,000	1,785,000	1,785,000	1,785,000	
Emergency Medical Services Provider Grants	<u>1,890,728</u>	<u>6,455,509</u>	<u>6,793,896</u>	<u>6,793,896</u>	
Cash Funds	1,819,428	6,455,509	6,793,896	6,793,896	
Cash Funds Exempt/RF	71,300	0	0	0	
Trauma Facility Designation Program - CF	319,807	361,327	385,869	385,753	BR #NP6
FTE	1.7	1.9	2.1	2.1	
Federal Grants - FF	132,692	255,779	105,591	108,122	BR #NP6
FTE	1.2	2.5	0.9	0.9	
Poison Control - GF	1,421,442	1,421,442	1,421,442	1,421,442	
<b>SUBTOTAL - (B) Emergency Medical Services</b>	6,618,834	11,633,525	11,865,196	11,863,931	0.0%
FTE	<u>14.0</u>	<u>16.0</u>	<u>19.4</u>	<u>19.4</u>	<u>0.0</u>
General Fund	1,421,442	1,421,442	1,421,442	1,421,442	0.0%
Cash Funds	4,993,400	9,956,304	10,338,163	10,334,367	0.0%
FTE	12.8	13.5	18.5	18.5	0.0
Cash Funds Exempt/RF	71,300	0	0	0	n/a
FTE	0.0	0.0	0.0	0.0	0.0

	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	Decision Item
	Actual	Actual	Approp	Request	Approp v Request
Federal Funds	132,692	255,779	105,591	108,122	2.4%
FTE	1.2	2.5	0.9	0.9	0.0
<b>(C) Indirect Cost Assessment</b>	<u>1,662,761</u>	<u>1,696,653</u>	<u>1,730,311</u>	<u>1,730,311</u>	
Cash Funds	416,651	549,415	549,415	549,415	
Cash Funds Exempt/RF	502,647	456,634	552,760	552,760	
Federal Funds	743,463	690,604	628,136	628,136	
Medicaid Cash Funds	502,647	456,634	552,760	552,760	
<b>TOTAL - (10) HEALTH FACILITIES AND EMERGENCY MEDICAL SERVICES DIVISION</b>	17,954,076	23,897,922	25,298,712	25,200,974	-0.4%
FTE	<u>130.0</u>	<u>139.7</u>	<u>170.0</u>	<u>170.0</u>	<u>0.0</u>
General Fund	1,685,871	1,688,986	1,687,937	1,685,724	-0.1%
FTE	3.5	2.9	0.0		0.0
Cash Funds	6,877,625	12,758,624	14,663,393	14,646,876	-0.1%
FTE	31.1	39.6	0.0		0.0
Cash Funds Exempt/RF	4,455,032	4,453,633	4,400,754	4,324,265	-1.7%
FTE	49.2	49.5	0.0		0.0
Federal Funds	4,935,548	4,996,679	4,546,628	4,544,109	-0.1%
FTE	46.2	47.7	0.0		0.0
Medicaid Cash Funds	4,383,732	4,453,633	4,400,754	4,324,265	-1.7%
GF in Medicaid CF	1,168,422	1,347,724	1,346,798	1,320,027	-2.0%
Net General Fund	2,854,293	3,036,710	3,034,735	3,005,751	-1.0%

**(11) EMERGENCY PREPAREDNESS AND RESPONSE DIVISION**

*The Department requests creation of this new division, which will handle emergency preparedness. It will prepare for a wide variety of disasters, natural as well as man-made, including floods, wildfires, tornados, infectious disease epidemics, food and water borne disease outbreaks, and terrorist attacks.*

	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	Decision Item
	Actual	Actual	Approp	Request	Approp v Request
Program Costs	18,555,728	36,078,143	19,843,275	19,806,752	BR #NP2,
FTE	<u>45.8</u>	<u>33.9</u>	<u>42.5</u>	<u>42.5</u>	BR #NP6
General Fund	0	878,214	1,759,935	1,754,626	
FTE	0.0	0.9	2.0	2.0	
Federal Funds	18,555,728	35,199,929	18,083,340	18,052,126	
FTE	45.8	33.0	40.5	40.5	
Indirect Cost Assessment - FF	0	892,743	1,448,879	1,448,879	
<b>TOTAL - (11) EMERGENCY PREPAREDNESS AND RESPONSE DIVISION (REQUESTED)</b>	18,555,728	36,970,886	21,292,154	21,255,631	-0.2%
FTE	<u>45.8</u>	<u>33.9</u>	<u>42.5</u>	<u>42.5</u>	<u>0.0</u>
General Fund	0	878,214	1,759,935	1,754,626	-0.3%
FTE	0.0	0.9	2.0	2.0	0.0
Federal Funds	18,555,728	36,092,672	19,532,219	19,501,005	-0.2%
FTE	45.8	33.0	40.5	40.5	0.0
<b>PUBLIC HEALTH AND ENVIRONMENT - HEALTH AND ADMINISTRATIVE DIVISIONS</b>					
<b>TOTAL</b>	396,645,985	376,440,109	383,787,559	389,111,477	1.4%
FTE	<u>711.7</u>	<u>735.6</u>	<u>767.6</u>	<u>768.4</u>	<u>0.8</u>
General Fund	22,249,314	22,499,078	23,381,192	23,460,100	0.3%
General Fund Exempt	478,004	445,362	447,000	422,149	-5.6%
Cash Funds	116,192,518	96,033,375	95,613,984	99,953,295	4.5%
Cash Funds Exempt/RF	54,896,375	28,047,395	26,076,895	26,613,242	2.1%
Federal Funds	202,829,774	229,414,899	238,268,488	238,662,691	0.2%
<i>Medicaid Cash Funds</i>	5,028,166	4,705,001	5,034,594	4,925,377	-2.2%
<i>GF in Medicaid CF</i>	1,351,754	1,449,156	1,533,879	1,532,523	-0.1%
<i>Net General Fund</i>	23,601,068	23,948,234	24,915,071	24,992,623	0.3%

**FY 2011-12 Joint Budget Committee Staff Budget Briefing  
Department of Public Health and Environment  
(Administrative and Health Divisions)**

**APPENDIX B: SUMMARY OF MAJOR LEGISLATION**

- **S.J.R. 10-010 (White/Ferrandino) Declare Fiscal Emergency for Tobacco Tax:** Declares a state fiscal emergency for FY 2010-11, which allows Amendment 35 tobacco-tax revenues to be used in FY 2010-11 for any health-related purpose. See the description of H.B. 10-1381 for a list of related adjustments to appropriations.
  
- **S.B. 10-073 (Tapia/McFadyen) Nurse Home Visitor Program Administration:** Modifies and clarifies the duties of the Department of Public Health and Environment and the Anschutz Medical Campus health sciences facility related to the operation of the Nurse Home Visitor Program. Reduces the FY 2010-11 appropriation to the Department of Public Health and Environment for the Nurse Home Visitor Program by 1.0 FTE.
  
- **S.B. 10-109 (Romer and Spence/Massey and McCann) Medical Marijuana Doctor-Patient Relations:** Requires the Department of Public Health and Environment (DPHE) to promulgate rules regarding the operation and use of the medical marijuana registry, including (1) standards for ensuring that patients receive registry cards only if they have a bona fide physician-patient relationship with a Colorado-licensed physician in good standing to practice medicine, and (2) rules for waiving medical marijuana registry application fees for indigent patients. Establishes requirements for (1) physicians who advise patients that they may benefit from medical marijuana, (2) patients with a valid medical marijuana registry card who are convicted of a drug offense, (3) parents who submit applications on behalf of their children. Allows the State Board of Medical Examiners within the Department of Regulatory Agencies (DORA) to investigate and sanction physicians who violate medical marijuana laws and rules. Requires DPHE to conduct a hearing on alleged violations by physicians and, upon finding a violation, to impose sanctions for making improper medical marijuana recommendations. The sanctions may include restrictions on or suspension of the physician's ability to recommend medical marijuana. Allows medical marijuana registry fees to be used to pay the expenses of the Board of Medical Examiners in carrying out its medical-marijuana duties. Makes the following appropriations:
  - \$815,224 cash funds from the Medical Marijuana Program Cash Fund and 2.1 FTE to DPHE.
  - \$593,333 reappropriated funds and 1.2 FTE to DORA for the Board of Medical Examiners out of the moneys appropriated to the DPHE.
  - \$612,463 reappropriated funds and 5.2 FTE to the Department of Law for the provision of legal services to DPHE and DORA. Of this amount, \$99,879 is from the DPHE and \$512,584 is from DORA.



- **H.B. 10-1260 (White/Ferrandino) Sunset Review of Board of Medical Examiners:** Continues the regulation of medical doctors by the Colorado Medical Board, which is located within the Department of Regulatory Agencies (DORA). On January 1, 2011 transfers the regulation of emergency medical technicians from the Board to a newly-created, Type 2, Emergency Medical Practice Advisory Council within the Department of Public Health and Environment (DPHE). Appropriates \$68,657 cash funds from the Emergency Medical Services Account within the Highway Users Tax Fund and 0.9 FTE to DPHE and reappropriates \$678 to the Department of Law for the provision of legal services to DPHE.
  
- **H.B. 10-1284 (Riesberg and Acree/Boyd and Newell) Sunset Review of Board of Medical Examiners:** Creates, within the Department of Revenue (DOR), the Medical Marijuana State Licensing Authority, which licenses and regulates centers that sell medical marijuana. Establishes statutory provisions governing medical-marijuana care givers. Requires care givers to register with the Department of Public Health and Environment (DPHE). Limits care-givers to five medical-marijuana patients, except in exceptional circumstances. Requires DPHE to promulgate rules defining significant responsibility for a care-giver's management of the well-being of a patient. Requires medical-marijuana patients to have a registry identification card at all times when they possess medical marijuana. Allows DPHE to revoke a patient's medical marijuana registry card if it determines that the physician who diagnosed the patient's debilitating medical condition has been violating the state's medical marijuana laws. The costs of the bill related to care-givers are paid from the Medical Marijuana Program Cash Fund, which is supported by medical-marijuana registry application fees. These fees are subject to the uncommitted reserves limit of Section 24-75-402, C.R.S.

Appropriates \$59,747 cash funds and 1.2 FTE for FY 2010-11 from the Medical Marijuana Program Cash Fund to the DPHE. Appropriates \$10,317,583 cash funds and 110.0 FTE from the Medical Marijuana License Cash Fund for FY 2010-11 to DOR for the Medical Marijuana Licensing Authority. Included in this appropriation are appropriations of \$271,368 reappropriated funds and 2.0 FTE to the Department of Law for legal services and \$260,700 reappropriated funds and 1.2 FTE to the Department of Public Safety for background checks. Costs of DOR's Medical Marijuana State Licensing Authority are paid from fees paid to the Medical Marijuana License Cash Fund by medical marijuana centers. However, DPHE may loan DOR up to \$1.0 million after July 1, 2010 to finance DOR's regulatory activities. The loan must be repaid by December 31, 2010.

Sales of medical marijuana are subject to the state's sales tax. The bill directs half of the first \$2 million of sales tax revenue to the Department of Human Services for mental health and alcohol and drug abuse services and directs the other half to the Screening, Brief Intervention and Referral to Treatment program (SBIRT), which is created by H.B. 10-1033. For FY 2010-11, this bill (H.B. 10-1284) appropriates \$334,227 General Fund to the Department of Human Services while, for SBIRT, H.B. 10-1033 appropriates \$870,155 to the Department of Health Care Policy and Financing, comprised of \$334,227 General Fund and \$535,928 federal funds.

- **H.B. 10-1311 (Pommer/Keller):** Supplemental appropriation to the Department of Public Health and Environment to adjust FY 2009-10 appropriations.
- **H.B. 10-1320 (Pommer/Tapia) Use of Tobacco Tax Revenue for Fiscal Emergency:** Reduces the FY 2009-10 appropriation to the Health Disparities Grant Program by \$1.0 million reappropriated funds. Appropriates the savings, along with \$42,693,900 from the Health Care Expansion Fund, to the Department of Health Care Policy and Financing (HCPF) for Medical Services Premiums. Reduces General Fund appropriations for Medical Services Premiums by \$43,693,900.
- **H.B. 10-1323 (Pommer/Tapia) Use of Tobacco Master Settlement:** Transfers the balance of the Short-term Innovative Health Program Grant Fund to the General Fund at the end of FY 2010-11 in order to augment FY 2010-11 General Fund revenues. The transfer is estimated to equal \$1.6 million. Allows moneys in the AIDS and HIV Prevention Fund to be appropriated to the AIDS Drug Assistance Program for FY 2010-11. Reduces appropriations to the Department of Health Care Policy and Financing (HCPF) for FY 2009-10 by \$5.6 million.
- **H.B. 10-1376 (Pommer/Keller):** General appropriations act for FY 2010-11. Contains supplemental adjustments to FY 2009-10 and FY 2008-09 appropriations.
- **H.B. 10-1381 (White/Ferrandino) Tobacco Revenues Offset Medical Services Premiums:** This bill is a companion to Senate Joint Resolution 10-010, which declares a state fiscal emergency and thus allows Amendment 35 tobacco-tax revenues to be appropriated for any health related purpose. For FY 2010-11, the bill appropriates \$25,691,418 of Amendment 35 revenue to the Department of Health Care Policy and Financing to support Medical Services Premiums and reduces the General Fund appropriation for Medical Services Premiums by an equal amount. The following table details the sources of the appropriation.

Sources of appropriations to the Department of Health Care Policy and Financing	Amount
Tobacco Education Programs Fund (for Tobacco Education, Prevention, and Cessation Grants) - CF	\$15,521,625
Prevention, Early Detection and Treatment Fund (for Cancer, Cardiovascular, and Pulmonary Disease Grants) - CF	5,679,358
Health Disparities Grant Program Fund - RF	4,490,435
<b>Total</b>	<b>\$25,691,418</b>
Cash Funds (CF)	21,200,983
Reappropriated Funds (RF)	4,490,435

The bill also reduces FY 2010-11 appropriations to the Department of Public Health and Environment by the amounts shown in the following table. For line items with multiple fund sources, only the reappropriated or cash fund portion of the reduction is included.

<b>Adjustments to appropriations to the Department of Public Health and Environment</b>	<b>Approp. in FY 10-11 Long Bill</b>	<b>Change</b>	<b>New Approp.</b>
<i>Division, Subdivisions and Line Item</i>			
(1) Administration and Support Division			
(B) Special Health Programs			
(1) Health Disparities Program			
Operating Expenses - RF portion	\$58,907	(\$30,000)	\$28,907
Health Disparities Grants - RF	5,163,148	(4,450,435)	712,713
(2) Center for Health and Environmental Information			
(A) Health Statistics and Vital Records			
Operating Expenses - CF portion	298,341	(40,000)	258,341
(9) Prevention Services Division			
(A) Prevention Programs			
(1) Programs and Administration			
Personal Services - CF portion	673,403	(30,000)	643,403
Operating Expenses - CF portion	118,440	(60,000)	58,440
Cancer, Cardiovascular Disease, and Pulmonary Disease Grants - CF	12,482,157	(5,524,358)	6,957,799
(5) Tobacco Education, Prevention, and Cessation			
Personal Services - CF	737,970	(35,000)	702,970
Operating Expenses - CF	175,000	(75,000)	100,000
Tobacco Education, Prevention, and Cessation Grants - CF	22,354,436	(15,346,625)	7,007,811
<b>Total</b>	<b>\$42,061,802</b>	<b>(\$25,591,418)</b>	<b>\$16,470,384</b>
Cash Funds (CF)	36,839,747	(21,110,983)	15,728,764
Reappropriated Funds (RF)	5,222,055	(4,480,435)	741,620

- H.B. 10-1388 (Ferrandino/Tapia) Cash Fund Transfers to Augment the General Fund:** Transfers a total of \$25.5 million from various cash funds to the General Fund to augment FY 2010-11 General Fund revenue, including \$3 million from the Medical Marijuana Program Cash Fund.
- S.B. 09-002 (Morse/Peniston) Increase Motor Vehicle Fee for Emergency Services:** Increases motor vehicle registration fees from \$1 to \$2, crediting the increase to the Emergency Medical Services Account within the Highway Users Tax Fund. Appropriates \$4,913,923 cash funds from that account and 3.0 FTE to the Department of Public Health and Environment for FY 2009-10.
- S.J.R. 09-035 (White/Marostica) Declare Fiscal Emergency For Amendment 35 Tobacco Tax:** Declares a State Fiscal Emergency for FY 2009-10, which allows Amendment 35 tobacco-tax revenues to be used in that year for any health-related purpose. See the description for S.B. 09-271.

- **S.B. 09-208 (Tapia/Pommer) Augment FY 2008-09 General Fund Revenue:** Transfers the following amounts to the General Fund in FY 2008-09 from cash funds that are utilized by the Department of Public Health and Environment:

Source	Amount
Hazardous Substance Response Fund	\$17,468,517
Short-term Innovative Health Program Grant Fund	4,352,319
Recycling Resources Economic Opportunity Fund	1,500,000
Water Quality Improvement Fund	700,000
Medical Marijuana Program Cash Fund	258,735
Tobacco Program Cash Fund	240,619
Youth Mentoring Services Cash Fund	11,842
Student Dropout Prevention and Intervention Cash Fund	11,152
Stroke Prevention and Treatment Cash Fund	4,045
Cathode Ray Tube Recycling Fund	2,333
Streptococcus Cash Fund	9
<b>Total</b>	<b>\$24,549,571</b>

The bill also transfers moneys to the General Fund from many other funds that are utilized by other state agencies.

- **S.B. 09-210 (Tapia/Ferrandino) Tobacco Settlement Health Programs:** Beginning in FY 2009-10, merges the uses of the Tier 1 and Tier 2 transfers of tobacco settlement moneys to the Children's Basic Health Plan. Starting in FY 2009-10, replaces the annual transfer that provided up to \$1 million of tobacco settlement moneys to the Colorado Autism Treatment Fund with a transfer that provides exactly \$1 million annually. Makes the following transfers to the General Fund:

<b>Transfers to the General Fund in FY 2008-09 to increase FY 2008-09 General Fund revenues</b>	
From Public Health Services Support Fund	\$149,070
From Tobacco Litigation Settlement Cash Fund	65,000
From Supplemental Tobacco Litigation Settlement Moneys Account of the Comprehensive Primary and Preventative Grant Fund	<u>977,356</u>
<b>Total FY 2008-09 transfers to the General Fund</b>	<b>\$1,191,426</b>
<b>Transfers to the General Fund in FY 2009-10 to increase FY 2009-10 General Fund revenues</b>	
From Supplemental Tobacco Litigation Settlement Moneys Account of the Comprehensive Primary and Preventative Grant Fund	<u>2,400,000</u>
<b>Total FY 2009-10 transfers to the General Fund</b>	<b>\$2,400,000</b>

Adjusts the following FY 2008-09 Long Bill appropriations:

<b>FY 2008-09 Appropriation Adjustments</b>	<b>Total</b>	<b>CF</b>	<b>FF</b>
<b>Department of Public Health and Environment</b>			
Support for local public health agencies	(\$149,070)	(\$149,070)	\$0
Colorado HIV/AIDS Drug Assistance Program	(65,000)	(65,000)	0
<b>Subtotal - CDPHE</b>	<b>(\$214,070)</b>	<b>(\$214,070)</b>	<b>\$0</b>
<b>Department of Health Care Policy and Financing -</b>			
Comprehensive primary and preventative care payments to hospitals	(1,954,712)	(977,356)	(977,356)
<b>Total</b>	<b>(\$2,168,782)</b>	<b>(\$1,191,426)</b>	<b>(\$977,356)</b>

- **S.B. 09-269 (White/Ferrandino) Adjust Tobacco Settlement Moneys Allocation:** Transfers the following amounts of tobacco-settlement moneys to and from the General Fund:

<b>Source of Transfer to (from) the General Fund</b>	<b>Fiscal Year of Transfer:</b>	
	<b>2008-09</b>	<b>2009-10</b>
\$100.0 million ceiling on the amount of revenue allocated among settlement-supported programs in FY 2009-10, with excess transferred to the General Fund	\$5,419,647	\$0
A disputed payment received in February 2009 that would otherwise have been allocated among settlement-supported programs in FY 2009-10	7,411,531	0
A portion of the April 2009 settlement payment that would otherwise have been allocated to the Short-term Innovative Health Program Grant Fund in FY 2009-10	1,100,000	0
Transfer from the General Fund to the Children's Basic Health Plan Trust	(1,000,000)	0
Transfer from the General Fund to the Nurse Home Visitor Cash Fund	(478,000)	0
Settlement revenue expected to be received in April 2010	0	65,000,000
<b>Net transfers to General Fund</b>	<b>\$12,453,178</b>	<b>\$65,000,000</b>

Transfers any other disputed payments received prior to July 1, 2011 to the General Fund. Suspends for FY 2009-10 the statutory one-percent-per-year increase of the share of tobacco-settlement revenues allocated to the Nurse Home Visitor Program. For FY 2009-10, allows appropriations from the AIDS and HIV Prevention Cash Fund to the AIDS Drug Assistance Program and allows appropriations from the Read-to-achieve Cash Fund in support of summer school programs. Makes the following adjustments to cash fund appropriations in the FY 2009-10 Long Bill:

<b>Changes to FY 2009-10 Long Bill Department / Program</b>	<b>Change to CF Appropriations</b>
<b>Department of Education</b>	
Read-to-achieve Grant Program	(\$1,165,296)
Summer School Grant Program (replaces the Long Bill's \$1.0 million cash funds appropriation from the State Education Fund with a \$1 million cash funds appropriation from the Read-to-achieve Cash Fund.)	0

Changes to FY 2009-10 Long Bill Department / Program	Change to CF Appropriations
<b>Subtotal - Department of Education</b>	<b>(1,165,296)</b>
<b>Department of Health Care Policy and Financing</b>	
Comprehensive Primary and Preventive Care Grants Program	(99,177)
Medicaid shortfalls at Children's Hospital	(5,359)
<b>Subtotal - Department of Health Care Policy and Financing</b>	<b>(104,536)</b>
<b>Department of Higher Education</b>	
University of Colorado, Health Sciences Center	(262,571)
<b>Department of Human Services</b>	
Offender Mental Health Services	(64,303)
Alcohol and Drug Abuse Community Prevention and Treatment	(16,076)
<b>Subtotal - Department of Human Services</b>	<b>(80,379)</b>
<b>Department of Public Health and Environment</b>	
Nurse Home Visitor Program	(982,962)
Ryan White AIDS Drug Assistance Program	12,985
Tony Gramscas Youth Services Program	(132,237)
Colorado Immunization Program	(21,434)
Distributions to Local Public Health Agencies	(37,510)
<b>Subtotal - Department of Public Health and Environment</b>	<b>(1,161,158)</b>
<b>Total</b>	<b>(\$2,773,940)</b>

- S.B. 09-270 (Tapia/Marostica) Tobacco Tax Investment Income Transfers:** Credits interest and income earned by various cash funds that are supported by Amendment 35's tobacco tax to the General Fund for FY 2008-09 through FY 2011-12. The estimated revenue to the General Fund is as follows:

Estimated Interest and Income from	FY 2008-09	FY 2009-10
Health Care Expansion Fund	\$4,497,179	\$2,923,166
Prevention, Detection and Early Treatment Fund	997,075	572,000
Primary Care Fund	223,897	147,000
Tobacco Education Programs Fund	287,419	122,000
Health Disparities Grant Program Fund	144,986	94,241
Tobacco Tax Cash Fund	67,400	43,810
<b>Total</b>	<b>\$6,217,956</b>	<b>\$3,902,217</b>

- S.B. 09-271 (Tapia/Ferrandino) Emergency Use Tobacco Tax Revenues:** Utilizes the State Fiscal Emergency declared by S.J.R. 09-035 to appropriate \$27.4 million of Amendment 35

tobacco-tax moneys to the Department of Health Care Policy and Financing for Medical Services Premiums. Makes the following adjustments to FY 2009-10 Long Bill appropriations:

Department / Program / Appropriation Source	Total	GF	CF
<b>Department of Health Care Policy and Financing</b>			
Medical Services Premiums	\$0	(\$27,400,000)	\$27,400,000
Cash fund sources for this appropriation:			
<ul style="list-style-type: none"> <li>● \$8,000,000 from the Tobacco Education Programs Fund, which normally supports grants for tobacco education, prevention and cessation</li> <li>● \$12,000,000 from the Prevention, Early Detection and Treatment Fund, which normally supports grants for cancer, cardiovascular and pulmonary disease</li> <li>● \$7,400,000 from the Primary Care Fund, which normally provides funding to clinics and hospitals that provide health care services to the uninsured or medically indigent</li> </ul>			
Primary Care Fund Program, from the Primary Care Fund	<u>(7,400,000)</u>	<u>0</u>	<u>(7,400,000)</u>
Subtotal - Department of Health Care Policy and Financing	<b>(\$7,400,000)</b>	<b>(\$27,400,000)</b>	<b>\$20,000,000</b>
<b>Department of Public Health and Environment</b>			
Tobacco Education, Prevention, and Cessation Grants, from the Tobacco Education Programs Fund	<b>(\$4,000,000)</b>	<b>\$0</b>	<b>(\$4,000,000)</b>
<b>Total adjustments to FY 2009-10 Long Bill Appropriations</b>	<b>(\$11,400,000)</b>	<b>(\$27,400,000)</b>	<b>\$16,000,000</b>

- **S.B. 09-279 (Tapia/Pommer) Cash Fund Transfers To Augment General Fund:** Transfers \$12.5 million in FY 2008-09 and \$2.5 million in FY 2009-10 from the Hazardous Substance Response Fund to the General Fund. Authorizes a one-day transfer on June 30, 2009 of up to \$84.6 million from the Tobacco Litigation Settlement Cash Fund to the General Fund to increase the FY 2008-09 ending General Fund balance, if necessary. Any transfer is to be repaid to the Tobacco Litigation Settlement Cash Fund on July 1, 2009. The bill also transfers moneys to the General Fund from many other funds that are utilized by other state agencies.

**FY 2011-12 Joint Budget Committee Staff Budget Briefing  
Department of Public Health and Environment  
(Administrative and Health Divisions)**

**APPENDIX C: UPDATE OF FY 2010-11  
LONG BILL FOOTNOTES AND REQUESTS FOR INFORMATION**

**Long Bill Footnotes**

- 44. Department of Public Health and Environment, Prevention Services Division, Women's Health - Family Planning** -- Pursuant to Article V, Section 50, of the Colorado Constitution, no public funds shall be used by the State of Colorado, its agencies or political subdivisions to pay or otherwise reimburse, either directly or indirectly, any person, agency or facility for the performance of any induced abortion, provided however, that the General Assembly, by specific bill, may authorize and appropriate funds to be used for those medical services necessary to prevent the death of either a pregnant woman or her unborn child under circumstances where every reasonable effort is made to preserve the life of each.

Comment: The Department is complying with this footnote.

**Requests for Information**

- 43. Department of Public Health and Environment, Center for Health and Environmental Information, Health Statistics and Vital Records** -- The Department is requested to submit a report to the Joint Budget Committee by January 3, 2011, on the medical marijuana registry program. This report should estimate the appropriations and the FTE that the Department requires during Fiscal Years 2010-11 and 2011-12 to perform its statutory duties under Colorado's medical marijuana laws. The report should include data that supports these estimates.

Comment: The Committee requested this report in the expectation that the Department would submit supplemental appropriation requests for the medical marijuana registry program in January 2011. The Department in fact submitted an interim supplemental request in June 2010, which was approved by the Committee. The Committee will be able to use the information in this report to reconsider the interim supplemental in January before it makes a final funding decision.

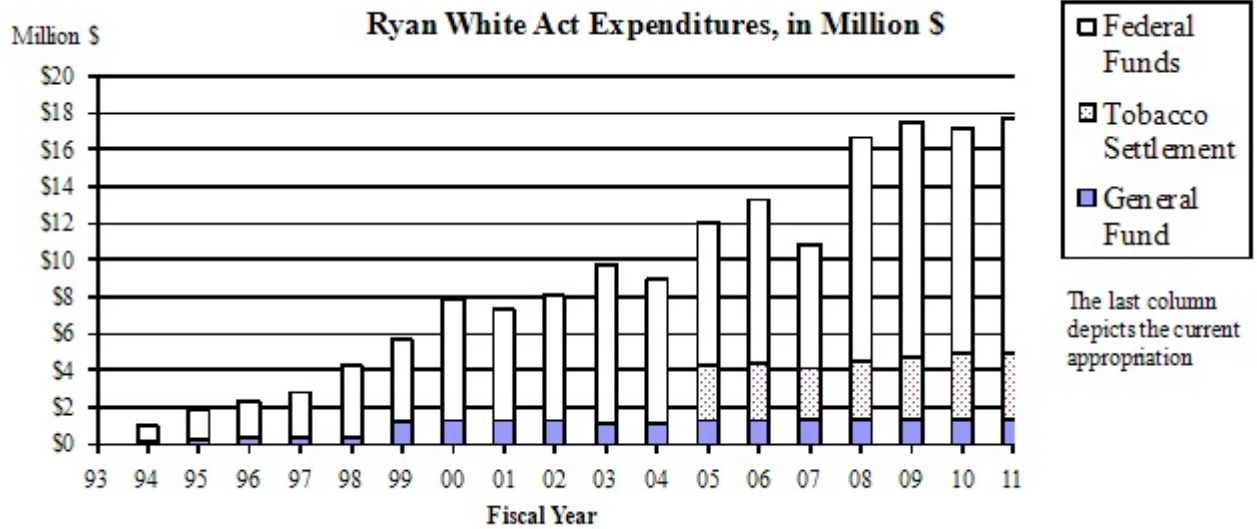
- 47. Department of Public Health and Environment, Disease Control and Environmental Epidemiology Division, Special Purpose Disease Control Programs, Ryan White Act** -- The Department is requested to report annually to the Joint Budget Committee with regard to the AIDS drug assistance program. The report should be submitted on or before October 20, 2010. The report should include, but not be limited to: (1) the total and average monthly



number of clients served, with a description of the demographic profile of the client population; (2) the total and average monthly costs to provide pharmaceutical products to those clients; (3) a listing of the pharmaceuticals on the formulary, the manufacturer of each product, and the respective average price for a month's supply of each product; and (4) the total amount of available funds, including state General Fund support, federal Title I and Title II support; and any other source as appropriate.

Comment: This footnote first appeared in the FY 1998-99 Long Bill at a time when the state's AIDS/HIV costs were rising rapidly and funding shortfalls left some on waiting lists. The footnote has been included in all Long Bills since that time. The most recent report, which covers FY 2009-10, indicates that the program serves an average of 2,574 clients per month, a 229 percent increase since 2000, when program participants numbered 669. An average of 1,094 clients per month receive their medications directly by filling prescriptions at an ADAP-affiliated pharmacy. An average of 435 clients per month receive insurance assistance that allows them to maintain medicare coverage; they then buy drugs through medicare. Approximately 86 percent of participants are male, 26 percent are Hispanic, and 22 percent are African American. The program spent \$12,891,507 on drugs during FY 2009-10, an average of \$11,784 per client per year for clients who directly fill prescriptions at ADAP pharmacies, up from approximately \$8,100 per client per year in 2000. The program spent a much lower \$2,570 per client per year for clients enrolled in medicaid. The overall average cost per client is \$9,163. Note that in order to participate, a client's total family income must not exceed 400 percent of the Federal Poverty Level and the client must have no other payment source, such as Medicaid prescription drug coverage, to pay for the medication.

The following chart shows Ryan White Act expenditures since FY 1992-93. Between FY 1994-95 and FY 1999-2000, the program grew at a rapid 33 percent annual rate. Program participation dipped and growth slowed about the year 2000, when the state raised the maximum income level for participation from 185 to 300 percent of the federal poverty level. Program funding declined in FY 2003-04, when the program's wait list grew to 325. During this period, the program also restricted the formulary of available drugs, restrictions that have since been relaxed. House Bill 04-1421 directed 3.5 percent of tobacco settlement money to the program, starting in FY 2004-05, not to exceed \$5 million per year. Since then tobacco settlement revenues have provided about \$3 million to the program annually. General Fund support has been approximately \$1.3 million in recent years and the Department is requesting no increase in General Fund support, the slight increase it is requesting equals the expected growth of tobacco settlement funding.



48. **Department of Public Health and Environment, Prevention Services Division, Prevention Partnerships, Tony Grampsas Youth Services Program, Prevention Services Programs**  
 -- The Department is requested to submit a report to the Joint Budget Committee on the Tony Grampsas Youth Services Program by December 1, 2010. This report should include the following information for Fiscal Year 2009-10: (1) Names of all applicants and the amount requested by each; (2) names of all grantees, amount of each grantee's award, period covered by each grant, the number of years each grantee has previously received grants, the number of persons served under the grant, a brief description of the funded program; (3) the most recently available report evaluating the effectiveness of programs operated by grantees.

Comment: the Department submitted the required report covering the FY 2009-10 activities of the Tony Grampsas Youth Services (TGYS) Program. The report and its attachments are very informative.

The TGYS program is established in Section 25-20.5-201 (1) (b), C.R.S., which states:

The Tony Grampsas youth services program is established to provide state funding for community-based programs that target youth and their families for intervention services in an effort to reduce incidents of youth crime and violence. In addition, the Tony Grampsas youth services program shall promote prevention and education programs that are designed to reduce the occurrence and reoccurrence of child abuse and neglect and to reduce the need for state intervention in child abuse and neglect prevention and education.

**Program funding:** In FY 2009-10, the TGYS program received an appropriation of \$4.0 million cash funds, comprised entirely tobacco settlement moneys. In FY 2009-10, the program allocated expenditures as follows:

Allocation of FY 2007-08 TGYS expenditures	
Distributions to grantees (A quarter of this amount went to cities, counties, and school districts. The remainder went to non-governmental organizations.)	90.3%
Payments to a contractor for program-evaluation and monitoring	3.9%
Expenditures by CDPHE	5.7%
Total	100.0%

In addition, during FY 2009-10 the TGYS program receive a \$477,602 grant from the Department of Human Service's Statewide Strategic Use Fund making a total of \$4,465,130 available for grants.

In FY 2009-10, the TGYS board allocated this appropriation among 94 grantees. Statute requires that grantees be monitored:

25-20.5-201 (2) (a) ... the [Prevention Services] division shall monitor the effectiveness of programs that receive funds through the Tony Grampsas youth services Program.

25-20.5-202 (2) (c) ... the [TGYS] board shall develop result-oriented criteria for measuring the effectiveness of programs that receive grants under the Tony Grampsas youth services program as deemed appropriate to the nature of each program including, but not limited to, requiring grantees to evaluate the impact of the services provided by the program.

To help it meet these monitoring requirements, the TGYS program hired Colorado State University Occupational Health Psychology Department, at a cost of \$157,311 to monitor and evaluate grantee programs. Under the direction of the evaluator and the TGYS staff, grantees selected an evaluation measure that was best suited to their program's objectives and then gathered pre- and post-participation information from a sample of program participants in order to evaluate program effectiveness. The tests measured such things as changed performance in school; delinquency; recidivism; life skills; and alcohol, tobacco and other drug use. The test looked at such measures as grade point average, reentry into the criminal justice system within 6 months of program completion, self-reported alcohol, tobacco and other drug use, changes in attitudes toward bullying, and indexes of parental stress. The tests revealed that 80 percent of the measures moved by statistically significant amounts in the appropriate direction in FY 2009-10. Among the high-risk group, 93 percent of the measures moved by statistically significant amounts in the appropriate direction. These findings suggest that TGYS funded programs generally lead to desired outcomes.

In addition to grantee-administered testing, the TGYS program attempts to improve the quality of grantees programs through active program monitoring. To this end, it visits each grantee site at least once during the course of the three year grant cycle, offering technical assistance and identifying areas of concern or non-compliance, following up each visit with a report and a recommendation letter.