

Schedule 13

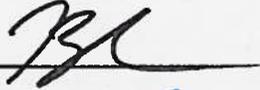
Funding Request for the FY 2015-16 Budget Cycle

Department of Health Care Policy and Financing

PB Request Number R-17

Request Titles

R-17 School Based Early Intervention and Prevention

Dept. Approval By:	Josh Block		<input checked="" type="checkbox"/>	Supplemental FY 2014-15
			<input type="checkbox"/>	Change Request FY 2015-16
			<input type="checkbox"/>	Base Reduction FY 2015-16
OSPB Approval By:			<input type="checkbox"/>	Budget Amendment FY 2015-16

Line Item Information	Fund	FY 2014-15		FY 2015-16		FY 2016-17
		Appropriation	Request	Base Request	FY 2015-16	Continuation
	Total	\$548,101,614	\$0	\$548,263,817	\$4,216,324	\$4,216,324
	FTE	-	-	-	-	-
Total of All Line Items	GF	\$171,004,720	\$0	\$170,334,404	\$1,999,674	\$1,999,674
	CF	\$4,534,586	\$0	\$4,500,945	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$372,562,308	\$0	\$373,428,468	\$2,216,650	\$2,216,650

Line Item Information	Fund	FY 2014-15		FY 2015-16		FY 2016-17
		Appropriation	Request	Base Request	FY 2015-16	Continuation
	Total	\$548,101,614	\$0	\$548,263,817	\$4,216,324	\$4,216,324
03. Behavioral Health	CF	\$4,534,586	\$0	\$4,500,945	\$0	\$0
Community Programs -	FF	\$372,562,308	\$0	\$373,428,468	\$2,216,650	\$2,216,650
Behavioral Health	GF	\$171,004,720	\$0	\$170,334,404	\$1,999,674	\$1,999,674
Capitation Payments						

Letternote Text Revision Required?	Yes	No	X	If Yes, describe the Letternote Text Revision:
Cash or Federal Fund Name and CORE Fund Number:				
Reappropriated Funds Source, by Department and Line Item Name:				N/A
Approval by OIT?	Yes	No	Not Required:	X
Schedule 13s from Affected Departments:		N/A		
Other Information:		N/A		



Cost and FTE

- The Department requests \$4,216,324 total funds, including \$1,999,674 General Fund and \$2,126,650 federal funds, to continue school-based prevention and early intervention services related to marijuana through the Department's Behavioral Health Organizations (BHO).

Current Program

- The Department's BHOs reported that they provide school-based prevention and early intervention substance use disorder services in approximately 230 schools during the 2013 school year. The \$4,363,807 General Fund appropriation in 2014-15 has allowed the BHOs under contract to increase the number of school health professionals who provide youth substance abuse services to during 2014.

Problem or Opportunity

- The Department was appropriated \$4,363,807 in FY 2014-15 to provide school-based prevention and early intervention services related to marijuana through contracts with its BHOs, but without continuation funding in FY 2015-16, the scope will again be limited to lower historical levels.

Consequences of Problem

- Given the recent legalization of recreational marijuana, there is a risk of an increase in drug use. Failure to respond to these risks could result in an increase in the current physical and mental health consequences of drug abuse that are already being experienced.
- In a large survey of adolescent health, Colorado ranked in the top ten for rates of past-month marijuana and other illegal substance use among 12 year olds and those between 18-25 years. Up to 56.5% of Colorado teens have used some form of illegal substance by the 12th grade, with up to 6.8% having used an illegal substance before age 13 (Matheson & McGrath, 2012).

Proposed Solution

- Recognizing the need to increase the prevalence and availability of targeted outreach programs in schools, particularly related to the usage of marijuana, the Department is requesting continuation funding to maintain and expand upon the essential resources needed for early intervention and prevention of youth marijuana use.
- The Department proposes to use \$1,999,674 General Fund and \$2,126,650 federal funds to maintain higher levels of school-based prevention and early intervention substance use disorder services through its BHO contracts and to combat the negative side effects of the increase in marijuana use.



COLORADO

Department of Health Care
Policy & Financing

FY 2015-16 Funding Request | November 1, 2014

John W. Hickenlooper
Governor

Susan E. Birch
Executive Director

Department Priority: R-17

Request Detail: School Based Early Intervention and Prevention for Substance Use

Summary of Incremental Funding Change for FY 2015-16	Total Funds	General Fund
School Based Early Intervention and Prevention for Substance Use	\$4,216,324	\$1,999,674

Problem or Opportunity:

In SB 14-215, the General Assembly appropriated \$4,363,807 total funds, including \$2,000,000 General Fund to the Department for Behavioral Health Organization (BHO) contracts which provide school-based prevention and early intervention services to schools to accomplish the following State-wide objectives related to marijuana:

- (1) Provide substance use treatment for youth who use marijuana through an increase in the number of school health professionals;
- (2) Allow for community-based programs to provide marijuana prevention and intervention services to youth; and
- (3) Prevent underage marijuana use by creating community evidence-based prevention and intervention programs and funding public education awareness campaigns.

The 2014-15 appropriations are currently allowing the Department to address these objectives by increasing the number of school health professionals through its BHO. However, the BHO contracts will need dedicated continuation funding for marijuana prevention and intervention services in 2015-16 in order to address the objectives outlined in SB 14-215 going forward.

Today’s youth face many risks, and responding to these risks before they become problems can be difficult. Substance use disorders have serious consequences in our homes, schools, and communities. In a large survey of adolescent health, Colorado ranked in the top ten for rates of past-month marijuana and other illegal drug use among 12 year olds and those between 18-25 years. Across the U.S., many families struggle with teen alcohol and other drug use or misuse. Results from a 2010 survey show that by the 8th grade about 36% of teens in the U.S. have used alcohol at some point in their life; this number increases to 71% by the 12th grade (NIDA, 2011). These results are true at the state level as well; results from a 2009 survey by the Department of Public Health and Environment show that by the 12th grade 81% of Colorado teens have used alcohol at some point in their life, with almost 19% having had their first drink before age 13 (CDPHE, 2009). Up to

56.5% of Colorado teens have used some form of illegal substance by the 12th grade, with up to 6.8% having used an illegal substance before age 13 (Matheson & McGrath, 2012).

In 2009-2010, there were 1,792 public schools in Colorado with 832,368 students. Currently, the Department's Behavioral Health Organizations report that they provide services in approximately 230 schools. The Substance Abuse and Mental Health Services Administration (SAMHSA) estimated that, nationally in 2012, among persons aged 12 or older, an estimated 1.4 million first-time past year marijuana users initiated prior to the age of 18. The estimated 1.4 million persons in 2012 who initiated prior to the age of 18 represented the majority (57.3 percent) of the 2.4 million recent marijuana initiates. With the recent legalization of recreational marijuana, there is a clear need to increase the prevalence and availability of targeted outreach programs in schools.

Proposed Solution:

The Department requests \$4,216,324 total funds, including \$1,999,674 General Fund in FY 2015-16 and beyond to ensure that the above mentioned objectives in SB 14-215 would continue to be addressed through the Department's BHO contracts.

The BHOs contracts are currently accomplishing these goals by increasing the number of school health professionals in schools they already provide services to while increasing the number of schools which receive substance abuse prevention and intervention services. The FY 2015-16 request is intended to expand the current school-based early intervention and prevention programs to provide targeted prevention and early intervention services to youth who are at risk to develop substance use disorders including disorders related to marijuana (cannabis) use. Consistent with literature on early intervention, structured skills-oriented curricula would be used to increase self-efficacy, drug knowledge, decision-making skill, and peer pressure resistance among high risk youth. Interventions would include three elements: (1) individual consultation for school staff and education or students and school personnel (2) group-based interventions driven by self-referral and referrals by school staff, faculty, parents and other community organizations; and (3) referral and coordination with treatment resources. Services would be provided through a range of facility providers including mental health centers and substance use disorder facilities. In all cases, staff providing these services would be credentialed as prevention specialists or certified addictions counselors. In some cases, existing behavioral health prevention services would be expanded to specifically address cannabis-related disorders. In addition, schools without existing behavioral health counselors would be added.

The Department intends to use longitudinal data from the Colorado Department of Public Health and Environment's Colorado Youth Risk Behavior Survey to perform an analysis on marijuana use impact for schools receiving substance use prevention services from the above mentioned programs.

Anticipated Outcomes:

Research shows that early intervention is an effective and cost-efficient method:

- Studies have indicated that school-based programs are successful reducing marijuana use, especially those that target students at earlier stages (Porath-Waller, Beasley, Beirness, 2010).

- Researchers have estimated that for every dollar invested in school-based early intervention programs there are around \$10 in savings (Stephen, 2012).
- A review of 32 separate studies showed that ‘skills focused interventions’ in schools did decrease drug use among students (Faggiano, Vigna-Taglianti, Versino, Zombon, Borraccino, Lemma, 2005)

According to a 2009 study from the Substance Abuse and Mental Health Services Administration (SAMHSA), if effective prevention programs were implemented nationwide, substance abuse initiation would decline for 1.5 million youth and be delayed for 2 years on average. It has been well established in peer reviewed literature that a delay in onset of substance abuse reduces subsequent problems later in life. SAMHSA estimates that effective school-based programs could save an estimated \$18 per \$1 invested, and that effective nationwide school-based substance abuse prevention programming would offer State savings within 2 years in health services, education, and juvenile justice.

Assumptions and Calculations:

The Department used its most recent caseload forecast for FY 2015-16 to estimate the per member per month (PMPY) rate and the General Fund breakdown between the two eligible groups receiving youth drug-prevention and intervention services from BHO contracts: Medicaid eligible children and former Child Health Plan Plus (CHP+) children who are eligible under SB 11-008 who receive an enhanced federal medical assistance percentage (FMAP). The information in the table conveys how the continuation funding for the BHO contracts will be used during FY 2015-16.

Table 1.1 Funding Calculation for FY 2015-16						
Eligibility	Caseload⁽¹⁾	Estimated PMPY	Total Funds⁽²⁾	General Fund	Federal Funds	FFP Rate
Eligible Children	477,567	\$7.89	\$3,768,004	\$1,845,945	\$1,922,059	51.01%
SB 11-008 Former CHP+ Children	56,821	\$7.89	\$448,320	\$153,729	\$294,591	65.71%
Total	534,388	\$7.89	\$4,216,324	\$1,999,674	\$2,216,650	
(1) FY 2015-16 R-1: “Medical Services Premiums” Request, Exhibit B1						
(2) Products may not sum due to rounding						