

December 12, 2007

Executive Director James Martin
Department of Public Health and Environment

Dear Director Martin:

The Joint Budget Committee will hold its hearing with the Department of Public Health and Environment on Wednesday, December 19, 2007 between 9:00 and 12:00 AM. An agenda with questions is attached. Please submit written answers to hearing questions on the day of the hearing and have your staff send us an electronic copy of your answers by 4:00 PM on the afternoon before the hearing. Include the text of the questions above the written responses, using distinctive fonts to differentiate the question and the response. Please provide 15 copies of your responses for members of the committee, visiting members of the General Assembly and Joint Budget Committee staff. Provide as many additional copies for the audience as you think necessary.

Sincerely,

Stephanie Walsh and Stephen Allen
Legislative Analysts

**DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
FY 2008-09 JOINT BUDGET COMMITTEE HEARING AGENDA**

**Wednesday, December 19, 2007
9:00 - 12:00 a.m.**

9:00 - 9:10 Introductions and Opening Comments

9:10 - 9:30 Common Questions

Departmental Goals and Objectives

1. What are your department's principal goals and objectives? What are the metrics by which you measure success or failure?

Response: The Department's principal objectives are:

1. Building a strong public health system
2. Having an effective climate change strategy
3. Encouraging and leading Coloradans to healthier lifestyles from birth to old age
4. Having an effective emergency response system to address communicable disease, epidemics, and other public health and environmental emergencies
5. Protecting and improving air and water quality across the state
6. Eliminating health inequities in Colorado

The Department measures the success or failure of these objectives using (in part) the following performance measures. A complete list of performance measured can be found in the Department's Strategic Plan.

1. Building a strong public health system

Health Facilities and Emergency Medical Services Division					
Performance Measure (Trauma)	Outcome	FY 05-06 Actual	FY 06-07 Actual	FY 07-08 Approp.	FY 08-09 Request
Percent of trauma patients with Injury Severity Score ≥ 16 admitted to Level I-III designated trauma centers as identified through the trauma registry. *In the request year, the measure will change to Injury Severity Score ≥ 25 admitted to Level I-II centers. This will identify the percent of severely injured people who are admitted to the appropriate level facility.	Benchmark	95%	95%	95%	95%
	Actual	94%	93%		

2. Having an effective climate change strategy

Executive Director's Office/Environmental Programs/Climate Change					
Performance Measure	Outcome	FY 05-06 Actual	FY 06-07 Actual	FY 07-08 Approp.	FY 08-09 Request
Draft a strategic plan to reduce greenhouse gas emissions for Colorado and develop a set of recommendations to present to the Governor. Assess regulatory, statutory, and administrative measures necessary to carry out the plan. Implement the plan. (Measure is Drafting Strategic plan in FY 2007-08 and the implementation of the plan in FY 2008-09.)	Benchmark	New measure	New measure	1	1
	Actual	New Measure	New Measure		

Sustainability Program					
Performance Measure	Outcome	FY 05-06 Actual	FY 06-07 Actual	FY 07-08 Approp.	FY 08-09 Request
Increase recycling, waste diversion, recycling markets, beneficial use and use of discarded (solid waste) materials through implementation of House Bill 07-1288 and Senate Bill 07-182. Tons of material recycled or reused.	Benchmark	New measure	New measure	15,000 tons	20,000 tons
	Actual	New Measure	New Measure		

3. Encouraging and leading Coloradans to healthier lifestyles from birth to old age

Disease Control and Environmental Epidemiology					
Performance Measure	Outcome	FY 05-06 Actual	FY 06-07 Actual	FY 07-08 Approp.	FY 08-09 Request
Number of birth defects monitored through active medical record review, timely statistical analysis, and further investigation, as warranted.	Benchmark	20	20	25	25
	Actual	20	20		

Disease Control and Environmental Epidemiology					
Performance Measure	Outcome	FY 05-06 Actual	FY 06-07 Actual	FY 07-08 Approp.	FY 08-09 Request
Number of science-based consultations to facilitate the reduction of exposure and health risks to environmental hazardous agents. Due to decreasing federal funds the number of consultations is expected to decrease.	Benchmark	79	79	83	75
	Actual	133	117		

Prevention Services Division					
Performance Measure	Outcome	FY 05-06 Actual	FY 06-07 Actual	FY 07-08 Approp.	FY 08-09 Request
Unintended Pregnancies: Rate of unintended pregnancy among the Colorado population.	Benchmark	--	39%	38.5%	38%
	Actual	40.1	Data available in 2008		

Water Quality Control Division					
Performance Measure	Outcome	FY 05-06 Actual	FY 06-07 Actual	FY 07-08 Approp.	FY 08-09 Request
Number of persons affected by public water systems with health-based violations during the reporting period (sum of population served by all systems with health-based violations during the reporting period).	Benchmark	141,773	141,773	141,773	139,000
	Actual	141,773	Data not yet available		

Center for Health and Environmental Information					
Performance Measure	Outcome	FY 05-06 Actual	FY 06-07 Actual	FY 07-08 Approp.	FY 08-09 Request
Measure health status, risk behaviors, and health outcomes for adults and children. Number of health surveys conducted.	Benchmark	7,000	15,000	15,000	15,000
	Actual	7,000	15,000		

4. Having an effective emergency response system to address communicable disease, epidemics, and other public health and environmental emergencies

Office of Emergency Preparedness and Response					
Performance Measure	Outcome	FY 05-06 Actual	FY 06-07 Actual	FY 07-08 Approp.	FY 08-09 Request
Establish and test a Department Incident Management Team that is trained, experienced, credentialed, and able to deploy within 24 hours nationwide.	Benchmark	New Measure	30 team members identified	30 team members fully trained	30 team members fully trained and deployable
	Actual	New Measure	30 team members have been identified		

Disease Control and Environmental Epidemiology					
Performance Measure	Outcome	FY 05-06 Actual	FY 06-07 Actual	FY 07-08 Approp.	FY 08-09 Request
Immunization rates for Coloradans, as measured by: National Immunization Survey (up to date 19-35 mo olds) CDPHE School Survey (kindergartners up to date at school entry) Behavioral Risk Factor Surveillance Survey (65 years of age or older with flu shot)	Benchmark	80% 80% 80%	80% 80% 80%	80% 80% 80%	80% 80% 80%
	Actual	76.2% 80.4% 74.2%	Not avail 76.9% 75.9%		

5. Protecting and improving air and water quality across the state

Air Quality Control Division					
Performance Measure	Outcome	FY 05-06 Actual	FY 06-07 Actual	FY 07-08 Approp.	FY 08-09 Request
Improve public health by implementing a robust stationary source inspection and enforcement program. (measure = number of inspections conducted through the Stationary Source Program).	Benchmark	800	800	1,100	1,100
	Actual	997	1,069		

Sustainability Program					
Performance Measure	Outcome	FY 05-06 Actual	FY 06-07 Actual	FY 07-08 Approp.	FY 08-09 Request
Identify risks to surface water, ground water, air quality, and public health from Colorado animal feeding operations in order to prioritize annual inspections and assure compliance with applicable environmental regulations. Percentage of facilities where risks will be identified.	Benchmark	20%	40%	60%	80%
	Actual	20%	40%		

Water Quality Control Division					
Performance Measure	Outcome	FY 05-06 Actual	FY 06-07 Actual	FY 07-08 Approp.	FY 08-09 Request
Timely implement adopted water quality standards to protect beneficial uses of state waters by maintaining a low backlog of permits. To be measured by the percent of permits subject to EPA's backlog permit criteria that are current at the end of the federal fiscal year.	Benchmark	New Measure	New Measure	80%	90%
	Actual	New Measure	New Measure		

6. Eliminating health inequities in Colorado

Office of Health Disparities					
Performance Measure	Outcome	FY 05-06 Actual	FY 06-07 Actual	FY 07-08 Approp.	FY 08-09 Request
The number of programs within the department that develop racial and ethnic health disparity reduction goals and objectives that address the identified health disparity areas and conditions. Number of Departmental programs: 77	Benchmark	New Measure	15	20	26
	Actual	New Measure	14		

Disease Control and Environmental Epidemiology					
Performance Measure	Outcome	FY 05-06 Actual	FY 06-07 Actual	FY 07-08 Approp.	FY 08-09 Request
Identify health inequities by analyzing epidemiological data as measured by the percent of surveillance programs that report disease rates by race/ethnicity.	Benchmark	100%	100%	100%	100%
	Actual	80%	90%		

2. Given the change in the Administration, have there been any changes to your department's principal goals and objectives since last year?

Response: Yes, there have been changes in the Department's principal goals and objectives since last year. Over the summer, the Department went through a detailed session to create the strategic plan for the Department, and the goals and objectives that need to be focused on over the next several years. In brief, the changes can be seen in the changes to our six principal objectives, addressed above.

3. What progress did you make during the last year in achieving your goals?

Response:

Tobacco Use - The Department has made progress in the goal of "Encouraging and leading Coloradans to healthier lifestyles from birth to old age" by documenting a reduction in the percentage of adult smokers. During FY 2005-06, 19.8% of the adult population smoked, and during FY 2006-07, only 17.9% of the adult population smoked.

Immunizations, including Cervical Cancer - Local public health agencies, provider groups (i.e. Colorado Academy of Family Physicians) and private non-profit organizations have been engaged to develop strategies within local communities. The strategies are focused on two primary areas: 1) adding new providers and data to Colorado Immunization Information System (CIIS) for infants and pre-school children; 2) improving the utilization of the CIIS data by

conducting recall efforts to send reminders to parents regarding any missing vaccinations for their children. The new funding for cervical cancer has been distributed to all local public health agencies. The funds allow underinsured females entering the 6th grade access to the Cervical Cancer vaccine.

Oil and Gas - The oil and gas industry in the State has continued to expand at an exceptional rate. This has led to a corresponding increase in air permits for oil and gas operations (condensate tanks, compressor stations, glycol dehydrators, etc.) The increased emissions from these sources have created increased concern from the public regarding emissions. The division has responded by revising regulations, responding to increased public comment on permits and providing for stakeholder input on permits and regulations.

Climate Change - The Department has been integrally involved in the development of Governor Ritter’s Climate Action Plan and is working on a strategic plan to help Colorado address climate change within our State.

4. How is the additional money provided to your department in FY 2007-08 being used to achieve your goals? What improvements is your department making in its outputs?

Response: 2007 Special Bills with fiscal impact for the Department

Bill Number	Title
SB 07-097	Allocate Tobacco Settlement Money
SB 07-182	Innovative Higher Ed Research Fund
SB 07-196	Health Information Technology
HB 07-1131	Hemodialysis Technicians
HB 07-1221	Health Facilities Fees
HB 07-1248	Drug and Alcohol After School
HB 07-1288	Sustainable Resources, Recycling
HB 07-1301	Cervical Cancer Immunizations
HB 07-1321	Wholesale Food Manufacturers
HB 07-1329	Water Quality Fees
HB 07-1341	Modify Membership of Oil and Gas
HB 07-1359	Tobacco Strategic Contribution
Miscellaneous	Bills that impact the Short term Innovative Health Program

SB 07-097 & HB 07-1359 (Allocate Tobacco Settlement Money and Tobacco Strategic Contribution)

These two bills work in conjunction to create new programs within the Department (Local Health Per Capita, Immunization, Short Term Innovative Health Grant program), plus they adjust the appropriation for other programs in the Department funded with Tobacco Master Settlement dollars.

Local Health Per Capita: The Tobacco Settlement monies have been added to both the Per Capita and Public Health Nursing Contracts and distributed to local health departments and county public health nursing services. The local public health agencies have used them to provide basic public health services locally and regionally to Colorado citizens. These funds have been effective in helping reach the department's goals to improve Colorado's public health system through increasing access of citizens to health promotion and protection services.

Immunization: The new funding is being used to improve the connectivity and utilization of the Colorado Immunization Information System (CIIS). Local public health agencies, provider groups (i.e. Colorado Academy of Family Physicians) and private non-profit organizations have been engaged to develop strategies within local communities. The strategies are focused on two primary areas: 1) adding new providers and data to CIIS for infants and pre-school children; 2) improving the utilization of the CIIS data by conducting recall efforts to send reminders to parents regarding any missing vaccinations for their children.

Short Term Innovative Health Grant Program: This new program is designed to make short-term grants of no more than one fiscal year in duration to fund innovative health programs designed to improve the health of Coloradans

SB07-182 (Innovative Higher Ed Research Fund)

Senate Bill 07-182 gave the Pollution Prevention Advisory Board the authority to expend moneys in the Advanced Technology Fund to finance research to increase or improve recycling techniques and technology or create marketable uses for discarded materials (includes research regarding the use of waste tires for noise mitigation along state highways). Other potential research projects include strategies pertaining to waste tires and the inappropriate disposal of solid waste materials (i.e., waste tire stockpiles). The goal, when possible, is to help increase the research capacities of Colorado institutions of higher education. Grant awards shall be made, and the criteria for awarding grants shall be developed in consultation with the Pollution Prevention Advisory Board Assistance

Committee (the Committee) created in section 25-16.5-105.5 (2), C.R.S., and enacted by House Bill 07-1288.

Since passage of SB 07-182 the department has been working to develop and implement the grant program and develop procedures to expend funding as prescribed by state rules and procedures. To date, the Committee has held bi-weekly meetings to develop grant criteria, announce requests for applications, held a bidder's meeting for interested applicants, evaluated 17 grant applications, and recommended seven applications to the Pollution Prevention Advisory Board for funding. The total amount of funding from these seven recommendations is \$1,119,620.

As set forth in SB 07-182, the grant money will fund research projects to help Colorado expand the use of several waste streams. The majority of the grant money will fund research projects that test methods for using waste tires, primarily for noise mitigation along state highways. Two other projects will fund the development of alternative methods to recycle waste wood from construction sites along with old corrugated cardboard, low-grade paper and agricultural biomass products into high performance building materials.

Research projects funded by the Advanced Technology Fund will help the department achieve two strategic goals: 1) having an effective climate change strategy, and 2) improving air and water quality in Colorado. Because waste tires and other solid waste materials will be reused and recycled rather than disposed of in landfill, there will be a reduction in greenhouse gas emissions from landfills.

SB 07-196 (Health Information Technology)

This bill provides for a forum where government and industry leaders will lay out a framework for development of health information technology in Colorado over the long term. The Center for Health and Environmental Information Division is using the funds and FTE to coordinate meetings to implement the bill requirements.

HB 07-1131 (Hemodialysis Technicians Training Standards)

The Health Facilities and Emergency Medical Services Division developed regulations implementing the program requirements for hemodialysis technicians to be credentialed by a national credentialing program. The Colorado Board of Health adopted the Division's proposed regulations on November 28, 2007. Effective January 1, 2009, each dialysis treatment clinic will be required to submit an annual fee of \$200 to cover the department's costs to verify that such technicians are credentialed or are working towards credentialing in accordance with the provisions of the bill and regulations.

HB 07-1221 (DPHE Fee Schedule Admin Enforce Costs)

This bill provided the Board of Health with the authority to set fees for most facilities licensed by the Health Facilities and Emergency Medical Services Division. The bill provided spending authority, which the fiscal note indicated was aimed at improvements in licensing and oversight of hospitals and ambulatory surgical centers. The Division has developed two regulatory proposals to implement fees for these facility types. The Board of Health passed new fees for hospitals at its November 28, 2007. The fees will become effective January 1, 2008. The fee revenue will be used to streamline processing of license applications and to provide more timely and effective response to complaints and occurrences in hospitals. The proposed fees for ambulatory surgical centers are set for hearing at the Board of Health in January 2008.

HB 07-1248 (Drug And Alcohol After School Programs)

This bill transfers \$300,000 from the General Fund to the Colorado Student Before-and-After-School Project Fund. The Tony Grampas Youth Services (TGYS) Program was appropriated \$300,000 from that fund in FY 2007-08 to support before and after school programs for 6th to 8th grade youth throughout Colorado. As a result, the TGYS Program is funding seven comprehensive, after school programs that project serving 3,546 middle school students in FY 2007-08. These programs aim to prevent substance use, improve school performance, increase life skills, and promote healthy lifestyles among their participants. The programs clearly align with and contribute to the Department's overall goal of "Encouraging and leading Coloradans to healthier lifestyles from birth to old age".

HB 07-1288 (Sustainable Resource Economic Opportunity)

The HMWMD is in the final process of filling the four FTE appropriated by the legislation. Three of the four positions should be filled by December 31, the fourth shortly thereafter. These positions will improve and enhance the Division's Solid Waste Management program. The division has also modified its procedures and related forms to collect and deposit the additional fees authorized by the bill. In addition, a Division staff person has been appointed to the Assistance Committee to the Pollution Prevention Advisory Board.

This bill gave the Pollution Prevention Advisory Board (the board) the authority to award money for solid waste reduction and recycling projects and to distribute rebate dollars for entities that recycle in Colorado. The dollars for these programs are placed in the Recycling Resource Economic Opportunity Fund.

During the first five months of the grant program, department staff worked to develop and begin implementation of this new grant program. For example, in September 2007 a 13 member "Assistance Committee" was formed to assist the board in distributing \$1.8 million dollars in grants for solid waste reduction and recycling projects and \$600,000 in rebates to Colorado recyclers. There are several items that the Assistance Committee has been tasked to complete before funds can be distributed.

1. Develop a formula for distributing rebate dollars to Colorado recyclers.
2. Hire three outside consultants to gather baseline data about recycling activities in Colorado and other western states.
3. Develop a timeline for the administration of the grant funds.

Since the first deadline specified in House Bill 07-1288 is to begin providing rebates for entities in Colorado that recycle, the Assistance Committee focused on developing criteria for specific materials and types of operations that will qualify for such rebates. Applications for rebates will be accepted starting in February 2008 with rebate payments slated for March 2008. The first round of rebates will be for materials that were collected beginning July 1, 2007 through December 31, 2007. Subsequent rounds of rebates will be done quarterly rather than biannually.

HB 07-1288 requires that no money shall be spent on grants until July 1, 2008. Therefore, the Assistance Committee will be developing criteria for the grants beginning in January 2008.

HB 07-1301 (Cervical Cancer Immunizations)

The new funding has been distributed to all local public health agencies. The funds support delivery of HPV vaccine to underinsured females entering the 6th grade.

HB 07-1329 (Water Quality Permit Drinking Water Fees)

This bill changed the fee structure for the Department's clean water and drinking water programs.

Drinking Water Program

The Drinking Water Fees enabled the Water Quality Control Division to increase the number of inspections to be conducted this year from 290 to about 355. Additionally, the drinking water program was able to adopt the Long Term Enhanced Surface Water Treatment Rules and Disinfectants and Disinfection Byproducts Rules on time, with respect to EPA's required

schedule. The Division is also on track to adopt the Ground Water Rule in 2008, as required. The drinking water program has launched a comprehensive compliance assistance project to help the 42 public water systems, primarily small systems, serving more than 40,000 Coloradans with excess levels of radionuclides in their drinking water. The additional funding provided has also allowed continuation Safe Drinking Water Information System database that is on schedule to be fully deployed in the early 2008. All of these activities support the Department's goal of "protecting and improving air and water quality across the state."

Clean Water Facilities Program

The additional funding provided to the Clean Water Facilities Program has allowed continuation of the development of the Clean Water Facilities Information System (CWIS) that is on schedule to be fully deployed in the fall of 2008. CWIS will improve the Program's ability to access information and to coordinate on issues such as compliance submittals that require involvement from the engineering, permitting, and compliance groups. The Program has hired two additional permit writers. Having these additional staff in permitting will provide resources that will allow the Division to implement a new approach to protect the quality of irrigation water and to more effectively implement standards, particularly new standards for temperature and ammonia. Additional engineering staff already hired will allow the Program to address more violations discovered during inspections, thus eliminating actual impacts to water quality or significant threats thereto. The Division also estimates that the increase in fees will allow its Water Quality Control Fund to be solvent through FY 2008-09. All of these activities support the Department's goal of "protecting and improving air and water quality across the state."

Watershed Program

The additional funding has enabled the Watershed Program to increase its technical capacity regarding standards criteria development and water quality restoration across the state. One staff position is being used to evaluate scientific studies of surface water used in developing lake and stream classifications and standards, especially the development of statewide nutrient criteria and watershed pollutant loading impacts to reservoirs. The Water Quality Control Commission is scheduled to consider adoption of statewide nutrient criteria in June 2010, and this position is an integral part of the Division's effort to work with external stakeholders and develop an appropriate technical approach. The other position is used to design, formulate, and analyze complex water quality investigations for the purpose of establishing total maximum daily loads (TMDLs) for pollutants exceeding water quality standards and calculating

the associated point source and nonpoint source pollutant load reductions. The Department entered into the 1999 TMDL Settlement Agreement with EPA, Environment Colorado, and others regarding the completion of TMDLs in Colorado. This position has substantially increased the pace of completion of these complex water quality analyses to the point that Colorado is well positioned to meet the final agreement milestone by June 2008. All of these activities support the Department's goal of "protecting and improving air and water quality across the state."

HB 07- 1341 (Modify Membership of Oil and Gas)

HB07-341 requires the Colorado Oil and Gas Conservation Commission to consult with CDPHE on environmental and public health issues when granting approval of oil and gas "applications for permits to drill". CDPHE is currently conferring with COGCC staff in the development of its regulations to implement HB 07-1341. CDPHE will implement aspects of this regulation, once approved, in 2008 and beyond.

Decision Items Approved for FY 2007-08 (not in priority order)

1. Computer purchase for Locals
2. Newborn Screening
3. Air Quality Workload Increase and Oil and Gas Increase
4. Nurse Home Visitor
5. Health Disparities Grants
6. Radiation Control
7. Chronic Disease and Cancer Prevention grants
8. Clean Screen HB 1302
9. Retirement Line
10. Admin/Lab Personnel Transfer
11. HB 06-1023 Supplemental

1. Computer purchase for Locals

The Department has purchased laptops and portable printers for local public health inspectors for use in retail food inspections. The results of these inspections will be input into the Department's database via the Internet to provide real time inspection results. The Department then can analyze the data to identify any trends or outbreaks as they occur.

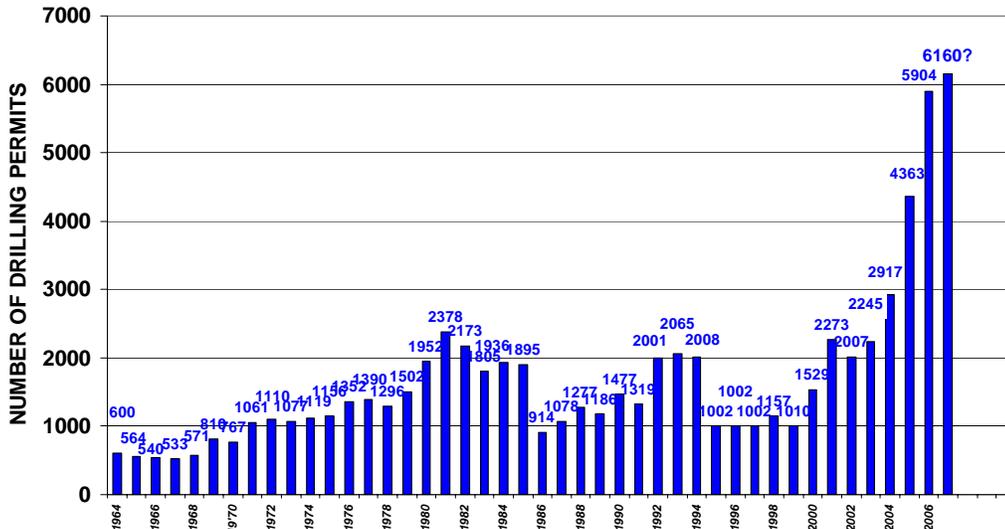
2. Newborn Screening

The Newborn Screening program is utilizing the additional cash spending authority approved in the 2008 Budget Amendment to purchase reagents and other supplies necessary to maintain genetic/metabolic screening levels for all Colorado newborns

3. Air Quality Workload Increase and Oil and Gas Increase:

The oil and gas workload has continued to grow. Drilling permits issued by COGCC have increased every year since 1999.

HISTORIC ANNUAL COLORADO DRILLING PERMITS 09-04-07



This has led to a corresponding increase in air permits for oil and gas operations (condensate tanks, compressor stations, glycol dehydrators, etc.) The increased emissions from these sources have created increased concern from the public regarding emissions. The division has responded by revising regulations, responding to increased public comment on permits and providing for stakeholder input on permits and regulations.

4. The Nurse Home Visitor Program

The program received approval for two additional FTE to increase the positions of the fiscal officer and administrative support staff to full-time, and to add a new full-time program monitor position. These increases were necessary to 1) to account for the program growth and expansion; 2) to account for the increased complexity of the program with the introduction of Medicaid funding; 3) to ensure that compliance with the May 2006 program audit report recommendations takes place as quickly as possible and 4) to monitor grantees' use of program funds.

As the new employees are hired and trained, the program is expecting the following benefits from the increase in FTE: 1. Program monitoring is strengthened. An additional FTE provides monitoring and assistance to NHVP grantees in delivering NHVP services and in addressing the audit recommendations. The position works closely with the program director, fiscal officer, and the Colorado Nurse-Family Partnership Coordination Team to identify grantee strengths, weaknesses, and areas of needed assistance. 2. An increase of the fiscal officer's position to 1.0 FTE allows the appropriate level of fiscal oversight. The position provides technical assistance and training to grantees on state-required fiscal record keeping and reporting, and provides fiscal review and recommendations during the application review process. This position provides guidance to grantees to ensure that state dollars are spent appropriately and follows up on fiscal matters derived from the program audit. 3. An increase of the administrative support position to 1.0 FTE allows needed administrative support to the program director, fiscal officer, and program monitor. The additional FTE are essential in providing the necessary staff to address the program's increasing size, complexity, and demands.

5. OHD – Health Disparities Grants

To date, the department has hired 2.3 FTE of the approved 2.8 FTE. These additional FTE have been providing contract-monitoring services to grantees from the Health Disparities Grant Program. The staff monitors grantee performance and provides capacity building through site visits, telephone calls, e-mail, and letters. In addition, contract monitors review and approve reimbursement request from grantees. The new staff has provided capacity building to communities across Colorado by coordinating grant-writing trainings, and has worked closely with the Minority Health Advisory Commission (the Health Disparities Grant Program proposal review committee) to develop the 2008 Request for Applications, released on November 27, 2007. Dedicated staff to administer the Health Disparities Grant Program has provided more time and resources to monitor grantee performance and provide capacity building to current and prospective grantees.

6. Radiation Control Decision Item

The HMWMD, radiation control unit has filled the position authorized by the decision item and now has the staff in place to conduct the required additional security control and reciprocity program inspections.

7. Cancer, Cardiovascular Disease and Pulmonary Disease Prevention Grants

The Program received approval for 3.0 additional FTE and \$197,435 in operating and personal services spending authority to monitor effectiveness and provide appropriate training and resources to grantees of the new program established by HB 05-1262. Two of the FTE have been hired, and the last is in the hiring process. One FTE was requested for each major disease area. This funding is from the Prevention, Early Detection and Treatment Fund. Content specialists in each disease area are needed to conduct quarterly site visits to track work being completed by grantees to the overall reduction in each chronic disease area. Having the staff makes it possible to address grantees' needs quickly and provide state of the art training for healthcare providers on clinical guidelines. It further provides the flexibility needed to make programmatic adjustments as the program grows each year and take corrective action if grantees encounter problems in delivering clinical interventions.

The additional resources are used to increase linkages between funded programs and provide new information on evidence-based approaches through regional trainings and workshops. As an example, more than 100 people attended a recent workshop held in Golden where grantees presented highlights of their funded programs and met with others who are doing similar work to share lessons learned and discuss sustainability and integration of their projects into community level programs. Site visits and trainings are being implemented as intended in the budget request.

8. Clean Screen HB 1302 Program

This Supplemental/Budget amendment increased the funding approved in HB06-1302 for FY 2007-08 so the Department could continue the implementation of this program. The legislation instructed the Department to expand the use of remote sensing technology in connection with the gasoline vehicle inspection and maintenance program. Specifically, the legislation directed that the Department both

- develop a remote sensing based high emitting vehicle program and
- expand the use of remote sensing to clean screen vehicles as an alternative to requiring biennial inspection at centralized testing stations.

The Department, in conjunction with the Air Quality Control Commission, also has developed a remote sensing based high emitting vehicle pilot program designed to identify and repair high emitting vehicles outside their normal inspection cycle. The Air Quality Control Commission adopted the regulatory requirements necessary to implement this pilot program during its October 2007 meeting. Implementation of the pilot project will begin by

the end of this year. The pilot project will assess whether a remote sensing based high emitting vehicle identification program can be effective to replace in whole or in part the existing periodic vehicle inspection and maintenance program, thereby reducing the burden of the program on area motorists.

Since the passage of House Bill 06-1302, the number of clean-screened vehicles has dramatically increased. In 2006, 6.2% of the fleet that was otherwise required to have an I/M 240 inspection was clean screened. For November of 2007 the percentage of vehicles being clean screened is 26%. For 2008, it is estimated that approximately 40% of the vehicles required to have an emissions test will be clean screened. This expanded use of clean screening has substantially improved the convenience of the I/M program to the motoring public while maintaining the significant environmental benefits derived from the identification and repair of high emitting vehicles.

9. Retirement Line

The FY08 Decision Item added \$98,645 additional spending authority for the retirement line to pay the accrued leave for retiring and resigning employees.

10. Admin\Lab Personnel Transfer

The 1.9 Maintenance FTE are now being correctly funded by Indirect cost recoveries thus freeing up LSD funds for program costs.

11. HB06s-1023 Supplemental

The Department is ensuring that the people receiving state services, permits and licenses issued by the Department meet the requirements set forth in HB 06S-1023.

5. Please identify your department's 3 most effective programs and your 3 least effective programs. Explain why you identified them as such. Explain how your most effective programs further the department's goals.

Response: Most Effective

Drinking Water Acute team

One of our most effective programs is the Drinking Water Acute Team. This team leads the Department's response to acute public health risks that occur when a public water system experiences an event that may expose the public to harmful pathogens or chemicals. These events can

have serious consequences if not addressed quickly or appropriately, i.e. a waterborne disease outbreak. This activity directly improves public health protection, and is strongly related to Department goals 4 and 5 listed above.

When these events occur, a team of technical and compliance experts works with the water system, assesses the situation and public health risk, and ensures that the public health threat is abated, often by issuing a bottled water or boiled water advisory to the public. Such an advisory can have significant convenience, economic, and political consequences for the water system, often a small, disadvantaged, rural community. The team provides technical assistance on a 24/7 basis to the water system to help them make the necessary repairs and/or improvements to restore normal service in the community as quickly as possible. Because of the upheaval created, bottled water or boiled water advisories are issued only when absolutely necessary. In many cases, the team has assisted the water system to avoid bottled water or boiled water advisory.

In state fiscal year 2006-2007 the team responded to 47 acute public health risk events at public water systems in Colorado. In all, over the last six years, 865,300 Coloradans have been served by public water systems that the team has assisted during acute events, and 96,100 Coloradans' health have been directly protected by the team's decision for that system to issue a bottled water or boiled water advisory.

Communicable Disease Program

Another one of our effective programs is the Communicable Disease Program, which is at the core of a strong public health system. The Program tracks the occurrence of more than 60 different diseases that are important to the public's health. The public expects and deserves prompt action when faced with the transmission of communicable diseases, whether that is on a large scale or a small scale, and the Communicable Disease Program provides this. Some examples include providing prophylaxis to those who may have been exposed to a food service worker infected with hepatitis A, providing consultation to a nursing home that is experiencing an outbreak of influenza, arranging for rabies prophylaxis for a person exposed to a rabid bat, or educating the public about the occurrence and prevention of West Nile infection. The Program also serves as a resource to staff of local health departments, providing training and consultation to build a strong public health system throughout the state. In addition, the Program works with the Emergency Preparedness and Response Division to plan for and address public health emergencies due to communicable diseases.

Tobacco Education and Prevention Program

The third most effective program the Department would like to highlight is the State Tobacco Education and Prevention Program - As a result of the State's Tobacco Prevention Program's (The State Tobacco Education and Prevention Partnership - STEPP) efforts, the Colorado adult smoking rate dropped from 22.3 percent in 2001 to 17.9 percent in 2006 – surpassing the national average of 20.1 percent according to the Behavioral Risk Factor Surveillance System (BRFSS). Among Colorado high school students, cigarette smoking declined from 18.2 percent in 2001 to 14.6 percent in 2006 – exceeding the Centers for Disease Control and Prevention's Healthy People 2010 goal of 16 percent.

According to the Centers for Disease Control and Prevention, statewide tobacco control programs that are comprehensive, sustained, and accountable have been shown to reduce smoking rates. The State Tobacco Education and Prevention Partnership (STEPP) administers a comprehensive tobacco control program to:

- help people who use tobacco to quit;
- prevent youth from starting to use tobacco;
- assist in the reduction of and protection from secondhand smoke; and
- reduce tobacco use among groups who are disproportionately affected and/or at high risk.

STEPP implements evidence-based interventions documented in the scientific literature.

Some examples of the evidence-based strategies implemented include:

- Mass media education - campaigns combined with other interventions
- Health care provider education with reminder systems
- Telephone cessation support (the Colorado QuitLine)
- Smoking bans and restrictions

The Department also would like to highlight several other programs that we feel are very effective as well.

Regulation of Dairy Products

The Consumer Protection Division regulates milk and dairy products. This involves licensing of dairy farmers, and milk and dairy processors. This also includes inspections, enforcement activities, investigation of complaints, sampling of milk and dairy products, certification of milk haulers and samplers and investigation of food borne disease outbreaks associated with dairy products. It is linked to the following Department

goals: building a strong public health system; encouraging and leading Coloradans to healthier lifestyles from birth to old age; having an effective emergency response system to address communicable disease, epidemics, and other public health and environmental emergencies. The program's regulatory activities assure a safe and wholesome product that is one of the most nutritionally complete foods that is made available for the consuming public, both in Colorado and outside of the State. Without the Department's oversight and regulation of this program, the industry would not be able to ship its products to out-of-state and international markets.

Emergency Medical Technician Certification

The Health Facilities and Emergency Medical Services Division ensures the certification of Emergency Medical Technicians (EMTs). Approximately 14,600 individuals are currently certified to serve the public as Emergency Medical Technicians in one of three levels of care. Since 2004, organizational structure and process changes have been implemented that have resulted in improved customer service, diligent oversight, and increased enforcement of certification requirements. The program processes an average of 400 – 450 applications for initial or renewal EMT certification each month. This process includes review of all education/training requirements, criminal history checks, and proof of legal residency. Completed applications are processed within 4-5 working days and a database is available on the section's website, allowing applicants, employers, and medical directors an opportunity to verify certification on a timely basis. The rules and regulations governing the certification of EMTs were completely revised in 2006 and are consistent with current prehospital medical practice, as well as national certification requirements. These improvements have resulted in an overall system of professional certification that is respected by the users, as well as being consistently open to improvements in process. This process contributes to the Department's goals of building a strong public health system, as well as being part of the state's overall emergency response preparedness.

Health Surveillance System

The Center for Health and Environmental Information and Statistics Division is responsible for the surveillance program. Through the collection, analysis, and dissemination of information from the birth and death registries, the Pregnancy Risk Assessment Monitoring System, the Colorado Child Health Survey and the Behavioral Risk Factor Surveillance System, we are able to track and monitor a wide range of risk factors and health status indicators and outcomes across the life span of Coloradoans. This information is used extensively by public health practitioners at the state and local level, researchers and students,

community and faith based organizations, the media, and policy makers to:

- monitor health trends;
- identify groups at risk for health problems;
- prioritize health issues;
- develop programs and policies; and
- evaluate the effectiveness of strategies designed to promote health.

The information is also used to pinpoint health disparities so that appropriate action can be taken to ameliorate these disparities. The Laboratory Services Division manages the Newborn Screening program. This program provides a direct service to a large sector of the State's population by performing an extensive yet cost-effective screening process for all children born in Colorado. This screening program supports the Department's mission by identifying newborns at risk of suffering from long-term (or even fatal) health issues resulting from metabolic or genetic disorders. Through early intervention and treatment, the Department is able to improve the overall health and quality of life for these individuals.

Air Quality State Implementation Planning

The Policy & Planning group (P&P) coordinates the division "State Implementation Planning" efforts. These SIPs are required for areas that either are not attaining or have come into attainment of the federal National Ambient Air Quality Standards (NAAQS). Each of these state plans is designed, by definition, to improve air quality to meet health-based standards, so they improve air quality. P&P has been very successful in preparing and obtaining AQCC/Legislative/EPA approval of plans over the past 15 years for the pollutants carbon monoxide, particulate matter and ozone across the State, and continues these efforts today for ozone in the Front Range region. In addition, these state planning efforts utilize and rely on all aspects of the division's resources, including regulation development, permitting and enforcement, and the substantive programs.

Least Effective

Electroconvulsive Treatment

The Center for Health and Environmental Information Division has the authority to implement C.R.S. § 25-2-120 Reports of Electroconvulsive Treatment. This section requires the reporting by individuals and institutions of various data items relating to electroconvulsive treatment to

the Colorado Office of Vital Statistics twice yearly. This information has been received and stored by Vital Statistics for many years. The Office has never received any request for this information nor for analysis of this data. To our knowledge no other vital statistics office in the country collects this type of data. There is no appropriation or source of revenue designated to support this function. Collecting data that is never used is not an efficient use of the state's or the reporting institution's resources. The intrusion into these individual's privacy is not counterbalanced by any corresponding benefit to society.

Streptococcus testing

The least effective program at the laboratory is the streptococcus screening program. This program is used by very few citizens, it is a service that is easily obtainable at other laboratories, and the amount the laboratory must assess to recover the associated costs far exceeds fees charged by private laboratories. Please see the response to question 6 below for additional information.

Manufacture and Sale of Mattresses

The Consumer Protection Division administers the manufacture and sale of mattresses and bedding statute, C.R.S. 25-5-302. The administration of this statute does not further the Department's goals because it only involves handling three or fewer complaints received each year. These complaints have been of very low significance to public health. Quality issues associated with the manufacturing and sale of mattresses and bedding appear to be resolved between the customer and the industry. There is no FTE or funding associated with this program.

Analysis of the Network Adequacy of Health Maintenance Organizations

Health Facilities and Emergency Medical Services Division – Health Maintenance Organizations. This program is important, but currently not funded and thus not being fully implemented. If adequate funding and resources were provided, the statutory requirement that the Department perform an analysis of the network adequacy of Health Maintenance Organizations would support the Department's goals related to health. However, at present the implementation of this requirement is inadequate and does not provide the protection envisioned by statute, and is, therefore, not useful.

Under C.R.S. § 10-16-402 and 6 C.C.R. 1011-2, the Department is required to determine whether Health Maintenance Organizations (HMOs) are able to make available and assure access to adequate health care services, have an ongoing quality of health care assurance program, and

provide statistics relating to costs, pattern of utilization and accessibility of its services. Due to lack of resources, the current practice is to request from the HMO an attestation of compliance with Department regulations, which do not fully meet compliance with statutory standards. Specifically, the Division cannot independently certify that an HMO meets special statutory standards or qualifications. Finally, the Department is unable to meet obligations with regard to examinations of HMO's, pursuant to C.R.S. § 10-16-416 and 6 C.C.R. 1011-2, § XI. The Department is charged with conducting "an examination concerning the quality of health care services of any health maintenance organization and providers with whom such organization has contracts, agreements, or other arrangements pursuant to its health care plan as often as the executive director deems it necessary for the protection of the interests of the people of this state, but not less frequently than once every three years."

6. Are there programs that your department is required to perform that do not further your department's goals or have outlived their usefulness? If so, what are they and by whom are they required? Why don't they further your department's goals?

Response:

In addition to the programs discussed in Question # 5 above, there are several other programs that do not meet our goals.

AQCD - An example of a program that is providing limited utility to the Department at this time would be the implementation of HB99-1351 (Teck, Mitchell) – Regional Haze Pollution.

HB99-1351 was implemented by Colorado Air Quality Control Commission Regulation No. 3, Part B, Section XI.G. It requires that emission inventories be developed for all federal lands in the west and for Colorado state lands every five years. The AQCC conducts public hearings on the Public Land Emission Inventory as part of their approval process. In recent years, federal and state land agencies have been submitting emission inventory data to the Western Regional Air Partnership (WRAP), of which the Department is a member. The WRAP configures the data submitted into formats and files that can be used for modeling and air quality planning processes including Regional Haze. The WRAP inventory is more detailed and is produced more frequently than the Public Land Emission inventory required by HB99-1351. The Public Land Emission Inventory undergoes all of the development, oversight and scrutiny of an AQCC hearing, yet it serves no regulatory or air quality management use.

Costs and savings from complying with specific bills and orders

7. What are your department's anticipated costs, anticipated savings, and potential benefits from complying with Executive Order D 028 07, Authorizing Partnership Agreements with State Employees?

Response: Administration of the partnership agreement will not require the expenditure of any additional state dollars. Departments will continue to spend time supporting state employees, and as has been the case in the past, this support will be absorbed into existing budgets.

8. Provide an estimate of the costs your department will incur in FY 2007-08 in carrying out the provisions of H.B. 06S-1023. Provide an estimate of your department's savings in FY 2007-08 as a result of not providing services to individuals who are in the country illegally.

Response: The Department's costs associated with implementing HB 06S-1023 were included in the FY 2006-07 Supplemental bill, and are summarized below. The Department does not anticipate any savings from the implementation of this bill, as the funding will be used to serve eligible people primarily via grant programs.

Funding associated with HB 06S-1023 FY 2006-07 Supplemental	General Fund	Cash Fund	Cash Fund Exempt	Total Fund
(1) ADMINISTRATION AND SUPPORT				
(B) Special Programs				
Health Disparities Grant Program				
Personal Services			1,219	1,219
Grants			(1,219)	(1,219)
(4) Local Health Services				
(A) Local Liaison				
Environmental Health Specialists	878			878
(8) CONSUMER PROTECTION DIVISION				
Personal Services	1,628	1,627		3,255
(10) PREVENTION/INTERVENTION SVCS				
(A) 1) Programs and Administration				
Personal Services			4,615	4,615
PDET Grants			(4,615)	(4,615)
(B) Women's Health				
Personal Services			12,188	12,188
Breast and Cervical Cancer Screening			(12,188)	(12,188)
(D) (3) Colorado Children's Trust Fund				
Personal Services		2,681		2,681
Operating		660		660
(11) HEALTH FACILITIES AND EMERGENCY MEDICAL SERVICES DIVISION				
(A) (1) Health Facilities General Licensure				
Personal Services		3,388		3,388
(B) Medicaid/Medicare Certification program				
Personal Services			4,780	4,780
(C)(1) State EMS Coordination				
Personal Services			12,450	12,450
Total	2,506	8,356	17,230	28,092

9:30 – 10:45 Environmental Divisions

DI #11: Hazardous Materials and Waste Management, Defense State Memorandum of Agreement (DSMOA) Refinance

9. If the Division tries to change how it bills for regulatory oversight at military facilities, what is the likelihood that the federal government and/or separate branches of the military will still pay for these services?

Response: The likelihood of receiving payment is high in either situation. If the division is successful in negotiating separate agreements with the individual service branches, activities and the budget required to conduct those activities will be agreed upon and payment received through a cost reimbursement arrangement. With regard to converting to its hourly billing program, the division has historically and currently conducts cleanup and permitting activities at several federal facilities including the Denver Federal Center, Ft. Carson and the Pueblo Army Depot under this program with no problems in receiving payment for costs billed.

Additionally, the federal government is responsible for paying for all reasonable service charges that include, but are not limited to, fees or charges assessed in connection with the processing and issuance of permits, renewal of permits, amendments to permits, review of plans, studies, and other documents, and inspection and monitoring of facilities, as well as any other nondiscriminatory charges that are assessed in connection with a Federal, State, interstate, or local solid waste or hazardous waste regulatory program by the Federal Facilities Compliance Act (42 USC 6961).

10. Why would the change in billing methodology result in the appropriation being cash funds and not federal funds?

Response: Funding for the DSMOA program is currently classified as federal funds because the program is funded directly through a federal award (grant) to the department. If the means of funding the activities is converted to a process of invoicing individual installations for billable hours as allowed by state statute and regulation, the program will be no longer funded through a direct federal award and the revenue received will be considered cash funds.

DI #12: Long Bill Reorganization

11. If the requested line items are consolidated, how much control and supervision will the General Assembly lose in each of the affected program areas?

Response: In general, the consolidations will allow the Department to reduce the amount of time it takes to request, book, track and report the Department's budget. For example, the Department submits a budget request each year that

reports prior expenditures by line item, and details the specific request by line item. It takes time to analyze each line and identify the estimated expenditures by object code. If the request is approved, the number of lines will decrease, making this process easier for CDPHE, OSPB and JBC staff. During the year, as expenditures are made, division staff track expenditures, by line item, to make sure that they stay within the appropriated amounts. Reducing line items will reduce the amount of tracking and analysis that will need to be done on an ongoing basis.

Even with line item consolidation, CDPHE will be able to break out expenditures in all of the same ways they are currently broken out. Expenditures will still be tracked by object code, grant and fund. The Department can identify, for example, how much money was used to purchase laboratory equipment, or we can determine how much money was spent on laboratory tests for the Tuberculosis program. It is even possible to identify that, in the Laboratory Chemistry, microbiology line, \$X was spent using the Tuberculosis federal grant.

In no case has the consolidation plan changed the purposes for which funds will be used. Combining the personal services and operating lines in the Hazardous Waste Control Program in no way changes the activities supported by the funds in the existing lines. All of the Department's cash funds and cash funds exempt are controlled by specific statutes; combining lines does not change those controls. The statutes will continue to determine the appropriate use of funds out of every account.

Water Quality Control Division: Programmatic Demands & Resource Needs

12. How well has the Division been able to address the concerns raised in the S.B. 03-276 report and the subsequent EPA audits?

Response: During the 2006 and 2007 legislative sessions, the General Assembly provided the Division 22.2 of the 32.7 FTE identified in the SB03-276 report. These resources have allowed the Division to increase the number of technical staff in both the Clean Water and Drinking Water programs. The additional FTE have helped the Division address the federal requirements that existed at the time of the report. In addition, the increased resources have allowed the Division to begin to address federal requirements that have come into effect since the report was issued.

The Division also has made significant progress in addressing the findings from the 2004 EPA audit of the Division's drinking water program. These include:

- Substantial structural changes in the Division's organization, including creation of a cohesive drinking water program within the Division, with clearly established lines of authority and clearly defined responsibilities for employees.

- Reduction of the span of control between supervisors and employees to improve oversight of activities.
- Development of work procedures and policies for many of the Division's key activities.
- Creation of an information management unit within the Division. This unit is in the midst of developing information systems for both the Clean Water and Drinking Water Programs that will allow the Division to more effectively manage the large volume of monitoring data received from regulated entities. This will allow problems with either dischargers or public water systems to be identified and addressed more quickly.

13. Is the Division able to fulfill its statutory requirements in a timely fashion?

Response: The Division is generally able to fulfill current statutory and regulatory requirements with respect to the most significant risks to public health and the environment. However, some requirements and timely performance of some duties are a concern. With respect to regulatory requirements, the Division is not fully implementing those drinking water rules that do not present a significant known risk to public health. The Division does review all engineering design submittals for water and wastewater infrastructure projects, however, the Division is only able to complete 60% of site and design reviews for these projects in a timely fashion. In addition, the Division often does not meet the statutory requirement for issuance of permits within 180 days of receipt of the application. Both of these situations can cause delays in the construction of drinking water and wastewater plants, and push back the time that the public health and environmental benefits of these projects would be realized. The Division completes required inspections, but has been unable to dedicate the resources necessary to address a significant backlog of uncorrected inspection-discovered deficiencies at water and wastewater treatment facilities. The Division has also been unable to meet the increasing demands of sampling; data assessment and reporting; water quality standards development; and financial assistance for point source, non-point source and drinking water infrastructure projects that protect and restore water resources.

14. How many unfilled FTE are there in this division? Why aren't these positions filled? Why does the Division need additional FTE if there are appropriated FTE positions that are unfilled?

Response: Since July 1, 2007, the Division has filled all but six vacant positions, which represents approximately 4% of the appropriated FTE. Offers have been tendered for two of those positions. The Division has had difficulty finding a qualified pool of interested candidates to fill the third position and it is being re-announced. Three of these positions have recently become vacant.

The Division is working with the Department's Office of Human Resources to fill the remaining four positions. The Division works to fill vacant positions as soon

as is possible. Even if these few remaining vacant positions were filled, the Division would still be facing the workload challenges described in the response to question 13.

15. If additional resources are not acquired in FY 2008-09, how will it impact the Division's ability to keep up with its growing responsibilities? Will it be able to assure that the state's water resources are safe to drink, support a diversity and abundance of aquatic life, and are suitable for recreation, irrigation, and commercial use?

Response: With no additional resources in FY 08-09, existing staff will be challenged to meet statutory requirements. It is likely that additional resources will be required in the future to assure that the state's water resources are protected.

As the Division discussed in the Footnote 109 report, growth in population/industrial activity in the state and additional regulatory requirements are significantly increasing the Division's workload. The Division prioritizes its work on the activities deemed most critical to protecting the public health and environment.

16. If the Department has identified the need for 20.9 additional FTE in FY 2008-09, why weren't any requested? How does the department plan to address the need for additional FTE? When will the Department request them?

Response: As a result of the Department's legislative and budget priorities, hiring and training FTE that were previously appropriated, and our commitment to work with stakeholders on any proposed fee increases, the Department chose not to initiate a fee bill for FY 2008-09. There is still a need for FTE to meet the ongoing and new requirements of the Division, and the Department is committed to working with stakeholders to address those needs in the future.

17. What are the possible long-term funding strategies to meet the resource needs identified in the November 1, 2007 footnote report?

Response: The Department will be working with stakeholders and the Governor's office to formulate a strategy to seek additional resources for the WQCD in the future.

18. Why weren't the resource needs identified in the footnote report included in the deliberations on last session's water fee bill? Is it the Department's intention to seek another fee bill for these resource needs this year?

Response: The footnote 109 report is a new reporting requirement established during the same session (2007) that the Department initiated the water quality fee bill. The footnote report updated the needs identified in the SB 03-276 report

and allowed the Department to identify additional resources for the Division through FY 2010-11. The footnote report also projects staffing and financial needs farther into the future than the SB 03-276 report, which only reviewed needs through 2009.

The Department has taken an incremental approach to adding resources in order to ensure that the staff appropriated each year are hired and trained sufficiently to perform their assignments. For FY 2007-08 the Department requested and received funding for year two of a three-year plan established in the SB 03-276 report. The Department is aware that another round of appropriations is needed and will work with stakeholders in devising the appropriate approach. We would appreciate the committee's recommendations going forward.

Other Water Quality Issues

19. Evaporative wastewater ponds from drilling operations: Does the Division have adequate tools to monitor and regulate these sources? What is the Department doing to address concerns about these sources?

Response: The Colorado Oil and Gas Conservation Commission (COGCC), the Solid Waste Unit of the Hazardous Material and Waste Management Division, the Water Quality Control Division (WQCD), and the Air Quality Control Division (AQCD) all regulate evaporative wastewater ponds from drilling operations.

SB 89-181 provides exclusive authority for the WQCD to address discharges to surface waters through the issuance of discharge permits. SB89-181 requires several state agencies to implement ground water standards adopted by the Water Quality Control Commission through their own programs. Therefore, the Hazardous Materials and Waste Management Division (HMWMD) or the COGCC have the authority to address seepage to ground water from drilling ponds while the WQCD would address any discharges to surface waters as a result of the construction of, or flows from, such ponds.

The Solid Waste Unit regulates commercial oil and gas exploration and production waste evaporation impoundments, through design and construction review, operation requirements and inspection and enforcement activities. However, all commercial oil and gas exploration and production solid waste disposal sites must have a certificate of designation issued by the local governing body that has jurisdiction over the site before it can operate. The Solid Waste Unit is charged by statute with making a recommendation to the local governing body for approval or disapproval of the application for a certificate of designation, after conducting a technical review of environmental and public health issues and criteria established by the commissions that regulate solid waste as well as air and water quality. The Solid Waste Unit does not have the authority to independently disapprove a proposed solid waste disposal site or to address land

use and related siting issues, which are the province of the local governing body (county or municipality).

Most of the existing commercial oil and gas exploration and production waste evaporation impoundments are located on the Western Slope and there are several new impoundments proposed in that area of the state. Though relatively small in number, these impoundments have proven very time consuming to effectively regulate.

Oil and gas evaporation impoundments used to manage exploration and production waste generated on-site or by a single owner/operator are regulated by the COGCC as they are excluded as a solid waste by statute (30-20-101(6)(b)(VI)). The COGCC is currently revising its applicable regulations.

The AQCD regulates potential air emissions from both commercial and non-commercial exploration and production evaporative impoundments. AQCD is presently collecting and analyzing emissions data from these sources. Once the air emissions data are confirmed, the division will determine if the sources need new or amended permits, and whether they can and should be controlled or indicate different operational practices to protect air quality.

While the Department believes it has adequate statutory authority to protect human health and the environment from pollutants associated with these facilities, the Department is also working with interested stakeholders to assess whether the regulatory framework could be streamlined, whether the Solid Waste Unit needs independent authority to disapprove a proposed facility (rather than making a recommendation to a local government entity), whether there are any impediments to assuring consistency of regulation between COGCC and CDPHE, and other matters.

20. Uranium mining applications: Does the Division have the resources to fulfill its statutory requirements in regards to these sources in a timely fashion? Are the existing statutory requirements for these sources adequate to protect public health and safety? If not, what needs to be done to ensure public health and safety?

Response: The Radiation Control Program within the HMWMD has sufficient resources to fulfill its current statutory requirements for uranium recovery operations. However, should the workload exceed projections, the HMWMD would have to evaluate its needs and if necessary request the required additional resources.

Generally uranium mining is regulated through the DRMS (Title 34 of the Colorado Revised Statutes (C.R.S.)). The DRMS also is an implementing agency under SB 89-181, therefore it is required to implement ground water quality standards in its own program. (25-8-202(7) C.R.S.). SB 89-181 requires the Division of Reclamation, Mining and Safety (DRMS) within the Department of

Natural Resources and the Hazardous Materials and Waste Management Division (HMWMD) within CDPHE to implement ground water standards adopted by the Water Quality Control Commission to address ground water quality impacts. The WQCD would address any surface water discharges.

The HMWMD, through its Radiation Control Program, regulates uranium processing. The HMWMD has statutory responsibility for regulating radioactive materials under the Colorado Radiation Control Act (RCA, Title 25, Article 11 C.R.S.), and is also an implementing agency under SB 89-181. Uranium recovery through surface mills or in situ processes requires a radioactive materials license per the RCA and the Rules and Regulations Pertaining to Radiation Control, 6 CCR 1007-1. Uranium ore is not regulated under the RCA until it reaches a uranium mill for processing.

With appropriate coordination between the environmental programs within the Department of Public Health and Environment (HMWMD, WQCD and AQCD) and with the Department of Natural Resources (DRMS, and State Engineer's Office) existing statutory requirements for these sources are adequate to protect and ensure public health and safety. Existing statutory requirements for radioactive materials specify extensive controls for the protection of workers, the public and the environment from ionizing radiation. The RCA also requires consideration of environmental, social and economic impacts in approving licenses for uranium recovery.

However, the Department is always willing to work with legislators, other policy makers, and the general public to assure that the regulatory framework for regulation of uranium mining activities is adequate and appropriately focused.

Air Quality Control Division: Programmatic Demands & Resource Needs

21. How many unfilled FTE are there in this division? Why aren't they filled? Why does the department need additional FTE if there are appropriated FTE positions that are unfilled?

Response: Currently there are 11 vacant positions. Of the new FTE funded for the Division in FY07-08 all positions except 1.0 FTE (the monitoring position from the budget amendment) will be filled by December 31, 2007. The paperwork for all positions (except the monitoring position) was submitted to the Department's Human Resources office prior to or at the beginning of FY2007-08. Due to a heavy workload, and staffing issues, HR approved these positions for interview in August, September, and October 2007, and the AQCD has either filled or is currently in the final interview/job offer stages. Regarding the monitoring position, paperwork classifying this position is now being prepared by the AQCD and will be submitted to HR for processing in December 2007. AQCD intends to fill the position by March 2008.

Separately, HB07-1341 authorized an additional FTE for work of the department in developing and implementing the bill with COGCC. The department through - the division - is utilizing the authorized appropriation for regulatory development (through use of available temporary resources), and will fill this FTE on a permanent basis in the spring or summer of 2008 as the COGCC rules are finalized.

The division currently has an additional 9.0 FTE that are vacant from traditional turnover. They include 2.0 FTE in the Mobile Sources Program, which are both vacant due to transfers within the division. Both vacancies have been announced, and the program expects to complete the hiring process for these positions by the end of January 2008. Additionally, there are 4.0 FTE in the Stationary Sources Program, two of which will be filled by the end of January 2008. It is anticipated the third position will be filled by March 2008. There is 1.0 FTE vacant in the Asbestos Unit due to a resignation. The process for filling that position has begun with an anticipated completion by March/April of 2008. Finally, there are 3.0 FTE vacant in the Technical Service Program, which is due to a transfer, a promotion, and a retirement. The program intends to fill these positions by April of 2008.

The Department needs additional FTE to respond to growing needs and requirements that will not be met even with all of the positions in the Division filled. The current FTE will perform current workload, and the new FTE will perform the new functions.

22. Is the Division able to fulfill its statutory requirements in a timely fashion?

Response: Yes, we have been able to generally address non-oil and gas permits in a timely fashion. However, the explosive growth in oil and gas has caused the division to have a backlog in permitting for that sector, and some permits have not been processed within statutory requirements. Over the last year we worked with emission sources to prioritize permits in order to address those that are most important. This allowed the division to nearly clear the permit backlog to make way for a constant flow of new oil and gas permits.

23. If the Department has identified the need for 5.0 additional FTE in FY 2008-09, why weren't any requested? How does the department plan to address the need for additional FTE? When will the Department request them?

Response: The department intends to submit a bill for a statutory fee increase in the upcoming legislative session. The 5 FTE will be included as a part of that legislation. The department is working to streamline its processes and address the growing number of permits to minimize necessary staffing increases. Oil and gas development continues to grow faster than predicted by industry and the department. We anticipate that the growth will ultimately stabilize; the division is attempting to grow staff based on observed growth to avoid overstaffing.

24. What are possible long-term funding strategies to meet the resource needs identified in the November 1, 2007 footnote report?

Response: The footnote report (Footnote #108) gave the department the opportunity to list the anticipated *potential* needs of the department. The department's needs, however, change from year-to-year, and that list will have to be reevaluated each year to determine if priorities have changed, if funding is available and if the items are a priority of the Governor. Depending on what the review reveals, the department will proceed accordingly.

25. If additional resources are not acquired in FY 2008-09, how will it impact the Division's ability to keep up with its growing responsibilities and workload?

Response: If additional resources are not acquired in FY 2008-09 the permit backlog will begin to grow again and the division will not be able to meet the statutory requirements for permit processing. The inspection and enforcement function will also be impacted.

Other Air Quality Questions

26. Will the state phase out the auto emission testing centers managed by Envirotest and move to drive-by testing and the high emitter program? Are the drive-by emissions tests accurate?

Response: Pursuant to HB06-1302 and an Air Quality Control Commission (AQCC) approved plan, the department is initiating a pilot project to assess how effectively and efficiently remote sensing technology can be used to identify high emitting vehicles. Based on the results of the pilot project, considering the State's non-attainment status for ozone, a determination will be made as to the future of the emissions testing program. Possible options will include: establishment of a stand-alone remote sensing-based high emitter program and the phasing out of the existing periodic inspection program and testing stations; continuation of a remote sensing based high emitter program as an add-on to the existing periodic inspection program; and continuation of a remote sensing based high emitter program as an add-on to a modified periodic inspection program. While HB06-1302 contemplated the phasing out of the existing periodic inspection program in favor of a remote sensing-based high emitter program, it did so only if it could comply with the Clean Air Act. Given the recent designation of the Denver Metro/Upper Front Range Area as non-attainment for the Federal 8-hour Ozone Standard, discontinuation of the testing stations may not be a viable option under the federal Clean Air Act.

Yes, based on data collected over the past several years, the drive-by emissions tests are accurate. Because the tests measure emission concentrations over a period of approximately one-half second, the results of the tests may not always

correlate with the results of traditional testing methods such as the IM/240, which measure the mass of a vehicle's emissions over a four-minute period. They are independent tests. More importantly, the one-half second emission measurement, while accurate, may not necessarily indicate whether or not the vehicle has an emission related mechanical problem that requires repair. That correlation has to be better understood. Over the past several years, remote sensing technology has been used to identify clean vehicles and exempt them from their periodic IM/240 test. An analysis of these vehicles indicates that clean remote sensing readings correlate extremely well with clean IM/240 tests, and that vehicles identified as clean by the remote sensing devices do not in fact require emission related repairs. The high emitter pilot project will be used to assess how well dirty remote sensing readings correlate with failing IM/240 tests, and thus whether the remote sensing devices are, from a regulatory standpoint, effective tools to identify dirty vehicles that require emission related repairs.

27. Are the drive-by emissions testing vans moved around or are they always located in the same place? What are the boundaries of the area using drive-by testing? What are the boundaries of the high-emitter pilot project?

Response: Yes, in general, the vans are moved regularly. There are approximately 102 locations where remote sensing vans are authorized by CDOT to operate. Vans are typically located at the sites with the highest traffic volume. Sites are rotated based on assessment of how many unique vehicles are being identified at a particular site. When the number of unique vehicles identified at a given site drops off, the van located at that site is rotated to a new location. Certain high volume sites, such as the I-25/I-70 interchange, continue to yield significant numbers of unique vehicles each day, and thus vans are more or less permanently located at such sites.

The drive-by testing clean screen program and the high emitter pilot project utilize the same geographic boundaries as the existing periodic inspection program. This area is known as the "enhanced emissions program area" and is defined by statute at 42-4-304(20)(c), C.R.S.

28. Does the Division receive mill levy funds from the oil and gas industry, or does funding from this industry come entirely through permitting fees?

Response: Yes, the appropriation to this department (of \$100,000 and 1.0 FTE from the Department of Natural Resources (DNR) Oil and Gas Conservation and Environment Response Fund (mill levy) pursuant to HB07-1341. All other division appropriations provided through previous years AQCD budget increases for oil and gas work related to permitting, inspecting, monitoring, and modeling are supported from the Stationary Sources Control Fund, which is funded from fees collected by this division.

29. What is the difference in responsibilities between the Oil and Gas Conservation Commission, the Air Quality Control Commission, and the Air Quality Control Division? How do these differences play out with respect to oversight of the oil and gas industry?

Response: The Oil and Gas Conservation Commission historically has addressed the drilling of wells and regulated the well spacing and practices involved with exploration and development, while the Air Quality Control Commission (AQCC) has regulated air emissions from the permanent equipment involved in oil and gas production. This equipment includes, compressor engines, tanks, piping, and dehydrators. The Air Quality Control Division implements the regulations promulgated by the Commission through permitting, inspections, and enforcement. The Department recognizes that through the HB 07 1341 rulemaking process these responsibilities may be changed.

10:45 – 11:00 - BREAK -

11:00 – 12:00 Administrative and Health Divisions

30. How aggressively have the health divisions sought federal grants in recent years? How has Colorado’s federal grant success compared with the success of other states? What has been the nationwide level of federal health grants in recent years?

Response: The Divisions aggressively seek federal grants as they are available and to the extent that they support the mission and goals of the Department. Colorado has been very successful in obtaining federal grants compared with other states. Many of these grants are competitive and Colorado is recognized by agencies such as the CDC as a productive and successful grantee. It has been the observation of Department staff that available federal funds have been stable, or declining slightly at the national level.

31. Please update the committee on the Department’s progress in implementing H.B. 07-1221 (last year's decision item #1). Why doesn’t this year’s budget include a decision item that widens the use H.B. 07-1221 to cover other types of health facilities in addition to hospitals and ambulatory surgical centers, the two types of facilities that were addressed in last year’s decision item? Is the Department comfortable with the current level of oversight of the other types of health-facilities that it oversees? If not, when does the Department plan to do something about it?

Response: The Department has initiated activities in several areas to implement H.B. 07-1221. In conjunction with stakeholder input, it has developed fees for hospitals and ambulatory surgical centers and also updated regulations for life safety code standards. Specifically:

General Acute Care Hospitals

- Life Safety Code plan review fees passed July 2007 (mandatory January 1, 2008, discretionary beginning August 30, 2007)
 - Life Safety Code regulation updates passed July 2007 (effective Aug. 30, 2007)
 - Licensing fees passed November 2007 (effective January 1, 2008)
- Focused Services Hospitals (Psychiatric, Rehabilitation, Maternity)
- Licensing fees passed November 2007 (effective January 1, 2008)
 - Life Safety Code regulation updates passed July 2007 (effective Aug. 30, 2007)
 - Life Safety Code plan review fees scheduled for Board of Health briefing January 2008
- Ambulatory Surgical Centers
- Licensing fees are scheduled for Board of Health hearing and promulgation in January 2008
 - Life Safety Code plan review fees are scheduled for Board of Health hearing and promulgation January 2008

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A complaint in-take position has been created and filled to receive and triage hospital and other non-long-term care complaints. The database for recording and prioritizing complaints and occurrences is presently being upgraded. The electronic, web-based licensure application for hospitals is being refined and programming work continues to complete the related 'back-office' database that will support on-line tracking of application processing.

The Department did not pursue a licensure Decision Item in this budget request as our current priorities are licensing of home health care agencies and funding for assisted living residencies.

The Department would like to continue to improve its oversight of other licensed facility types and intends to identify the appropriate course of action to address this.

32. What is the department doing about home-based health care licensing? What statutory authority does the Department have to oversee home-based care? Is the Department seeking a bill to deal with this issue during the 2008 session?

Response: The Department is pursuing legislation this session to obtain the necessary authority to license home health care agencies.

Decision Item #2, Operation and expansion of the Colorado Immunization Information System (CIIS)

33. How much more money and how many more FTE will the department need to make the Colorado Immunization Information System (CIIS) fully operational? There have been a series of increasing appropriations for this program, is this the end point?

Response: This decision item requests authorization for 11 FTEs and an additional \$668,742 to fully fund and to make CIIS fully operational. CIIS is a core public health program that requires ongoing state funding support. This support will allow CIIS to connect the remaining pediatric and family practice providers throughout Colorado to the System.

34. The Department is currently using federal “317” operations money to support this program. Could the department continue to use this source of funds next year and reduce the amount of General Fund needed to implement this Decision Item?

Response: No, the department needs the remaining 317 funds for other essential vaccine program priorities. The department has received a reduced amount of 317 funding in the yearly award over the past two years and has been told there will be likely be a significant downward adjustment soon followed by stable or decreased funding in future years. The funds are utilized for immunization program activities including support for vaccine-preventable disease surveillance, viral hepatitis program activities, limited local public health clinical services and program administration. The past reduction in the federal 317 funding has continued to reduce the amount of funding available for all programs.

Centers for Disease Control requires state projects to utilize the funding for all Federal program priorities including: Program Planning and Evaluation; Vaccine Accountability and Management; Immunization Information Systems; Provider Quality Assurance; Perinatal Hepatitis B Prevention; Adolescent Immunization: Adult Immunization; Education, Information, Training and Partnerships; Epidemiology and Surveillance; Population Assessment; WIC-Immunization Linkage. Ongoing 317 funding support for CIIS will force the program to cut support for other critical program areas. State support is necessary to assure CIIS has stable and consistent funding for the future.

Children's Immunization 317 Funding Allocations

Funding Year	317 Yearly Award	Perinatal Hepatitis B Prevention	Epidemiology and Surveillance	Local Public Health	Immunization Information System (CIIS)	All other 317 priority areas
1/1/05 – 12/31/05	\$2,899,438	\$492,697	\$303,017	\$953,284	\$326,867	\$823,573
1/1/06 – 12/31/06	\$2,847,964	\$500,610	\$279,477	\$984,946	\$326,867	\$756,064
1/1/07 – 12/31/07	\$2,758,381	\$375,346	\$312,827	\$974,979	\$326,867	\$768,362

35. What is the source of the Cash Funds Exempt appropriation for the Operating Expenses line in the Immunizations subdivision of the Disease Control and Environmental Epidemiology Division?

Response: The sources of Cash Funds Exempt are from the Tobacco Settlement funds as allocated by HB07 -1301, HB 07 -1359 and SB 07 -097.

Decision Item #4, Sustaining the Office of Health Disparities Infrastructure

36. Why didn't CDPHE provide more complete information to the fiscal notes analyst about potential FY 2008-09 costs during the fiscal note process for S.B. 07-242?

Response: The department had private funding from Kaiser Permanente through June 2008, and was still exploring grant application opportunities for funding beyond 2008.

37. Why shouldn't the program be implemented within existing resources given the "no appropriation" clause that the bill contains?

Response: Existing resources are provided by a grant from Kaiser Permanente. This grant ends in June 30, 2008. This grant currently funds the 3.0 FTE requested in the Decision Item. Multiple attempts have been made to secure ongoing funding for the OHD through federal and private sources, but the response from potential funding sources has been that this is a state function that should be funded with state dollars. The program has had success in securing funding from private foundations for specific projects, but not for personnel and operating costs.

38. What will happen if this request is denied?

Response: If this request is not funded the Office of Health Disparities will become inoperable and unable to perform its core functions and activities, such as serving in a coordinating, educating, and capacity building role for state and

local public health programs and community-based organizations, and would ultimately cease all activities, except the distribution and monitoring of the Health Disparities Grant Funds. In addition, this action will result in inadequate resources to coordinate the Minority Health Advisory Commission, the Interagency Health Disparities Leadership Council, and the administration of the Health Disparities Grant Program as required by Colorado Revised Statutes Section 25-4-2204. The Health Disparities Grant Program will be negatively impacted as OHD staff is responsible for coordinating the Minority Health Advisory Commission (the program's statutory proposal review committee), establishing relationships with communities impacted by health disparities, building capacity within communities, including education about health disparities to implement public health programs, and develop reports documenting health disparities (an excellent source to describe health disparities in grant applications).

Closing the gap of health disparities in Colorado, requires a coordinating entity dedicating its work to understanding the context in which health disparities occur, their root causes, and environmental settings. Effective health disparity elimination work must aim at breaking down organizational silos to address the social determinants of health. The OHD provides a comprehensive health disparity elimination strategy to ensure that impacted communities are educated about health disparities (including cancer, cardiovascular, and pulmonary disease), the social determinants of health, disease prevention, health promotion, and access services and health care. The OHD's strategy also includes other state agencies, service providers, and policy makers to ultimately decrease the disproportionate burden of health disparities on racial and ethnic minority populations.

39. Does this mean that this bill needs to be repealed?

Response: Yes. If the program is not funded, the bill will need to be repealed because it states the Department "shall" rather than "may" perform the duties as outlined in statute.

Decision Item #8, Behavioral Risk Factor Surveillance Survey

40. What is going to come out of this expenditure that we don't already get from the many health surveys that are done by both public and private entities in Colorado? Why should the state do this?

Response: The Behavioral Risk Factor Surveillance Survey (BRFSS) is a national survey system that can be tailored to specifically meet Colorado's needs for health information. In this case, using scientific methods, the survey can measure whether or not the State's substantial investment in prevention programs through the Tobacco Prevention and the Cancer, Cardiovascular and Pulmonary Disease Prevention Grants Programs is resulting in better health for

Coloradans. For example, many prevention programs funded through the Grants Program are designed to increase screening for cancer according to medical guidelines. Specific questions on the survey measure the proportion of Coloradans who are being screened for cancer. If the funded programs were effective, we would expect to see an increase in the proportion of people being screened for cancer. Conversely, if the programs were not effective, no increase would be seen, and resources could be redirected. The information from the survey can also pinpoint subgroups and regions of the state at high risk for disease, thereby guiding the appropriate distribution of future prevention grant funds.

BRFSS is uniquely able to provide reliable, comprehensive behavioral risk data to regions and counties to help state and local public health officials monitor, assess, and hence implement programs for the health of Coloradans. Many organizations and foundations use the information collected by the BRFSS for planning, evaluation, and reporting. The recently released **Colorado Health Report Card** published by the Colorado Health Foundation contains many indicators collected through the BRFSS. The Metro Denver Health and Wellness Commission's report **Metro Denver 2007: A Report on the Health & Wellness of Our Community** also relies primarily on information collected through the BRFSS. The **Weld County Health Status Report 2006** is just one example of information collected through the BRFSS being used to inform decision making at the local level. Maximizing the survey infrastructure that already is in place at the state health department is a cost-effective and scientifically sound method for collecting information to help local regions plan and evaluate health programs and to establish accountability for public expenditures for the programs funded through the tobacco tax.

The expansion of the sample size of the current survey will allow the department to measure whether the prevention programs funded by grants to local agencies are having an effect. Measuring health status and risk factors contributing to poor health in the Colorado population is a fundamental responsibility of the Department.

There are no national or other surveys that provide these data for the State. The BRFSS is the only comprehensive survey of Colorado adults that we have, which provides the level of data that is needed.

Footnotes

41. Footnote 5. Please provide JBC staff with the equivalent footnote report for the FY 2006-07 Long Bill. (Footnote 3 to H.B. 06-1385.)

Response: The Department will work with JBC staff to identify specific information that would be beneficial for the staff's analyses, and will provide this information by February 1, 2008

42. Footnote 111. Please evaluate the effectiveness of the “Pockets of Need” immunization decision item that was approved by the JBC for implementation in FY 2004-05. How much is being spent on this effort? Could this money be more effectively spent on other immunization efforts?

Response: In FY 07-08, \$413,600 was appropriated for this effort. The pockets of need program is continually assessed through review of required grantee periodic reports. In addition, the Vaccine Advisory Committee for Colorado, co-chaired by the Lt. Governor and made up of immunization experts from around the state, will be strategically reviewing immunization funding investments in Colorado and advising CDPHE on the best approaches to distribute the funding.

Grantee reports have continued to show an increase in the number of children served by the program as well as a decrease in the cost for providing services. The number of children served increased from 4,604 to 13,317 (289%) and the average cost per child decreased from \$90 to \$31 (-290%) from FY 05-06 to FY 06-07. The program initially provided support for out reach clinics in community settings only. The program now also offers support for outreach efforts in non-traditional settings, such working with an interested daycare center to review children’s immunization records and determine who needs additional vaccinations and who is fully protected. By continuing to support local community outreach efforts more children have access to clinical services and more children’s records are reviewed for missing vaccinations.

Multiple strategies are needed to improve immunization rates - no single strategy will be adequate. Both outreach services and recall efforts (through a statewide immunization registry) are recognized as immunization strategy best practices.

43. Footnote 115. Please describe some of the ways that the Department evaluates the effectiveness of the programs run by Tony Grampsas Youth Services grantees and describe some of your findings concerning the effectiveness of programs of various types. Is program effectiveness related to cost per program participant?

Response: TGYS evaluates the effectiveness of its programs by looking at the outcomes of program participants statewide. The TGYS Board also ensures that individual programs are effective by targeting evidence-based programs. Evidence-based programs are those programs that have been demonstrated to produce specific participant outcomes through either research or past program performance. The selection of evidence-based programs occurs through the application process. Additionally, TGYS collects mid-year and final reports to learn about each program's accomplishments throughout the year, such as the number of children and youth served, activities implemented, and objectives achieved.

The TGYS Program's goals are to reduce youth crime and violence and prevent child abuse and neglect. Therefore, over the past two years, TGYS conducted a

study on the children, youth and parents served by TGYS programs. An independent evaluator measured changes in some of the behaviors, skills and attitudes most closely linked to youth crime and violence and child abuse and neglect. Of the outcomes measured, nearly all demonstrated positive impact among participants. For example, researchers examined the school records of 1,293 children and youth to assess any change in their grade point average (GPA). From the beginning of their participation in the TGYS program to the end, participants improved their GPA. Using a standardized tool that assesses literacy skills, 708 participants were studied and showed an improvement in reading from the beginning of the TGYS program to the end. Over 100 students, or 30% of GED program participants, received their GED by the end of the year. Nationally, about 1.2% of youth obtain their GED after dropping out of school. Out of 574 youths in TGYS diversion programs, 9% recidivated as opposed to the average of 45% without intervention. With TGYS programming, only 51 kids entered back into the juvenile justice system as opposed to the expected 258 youths. Finally, 486 parents demonstrated an improvement in parenting skills, based on a standardized pre-/post-test survey given at the beginning of the program and end of the program. Improved parenting skills leads to a decrease in child abuse and improved outcomes for their children.

While the TGYS Program has not conducted a cost-benefit analysis of each individual TGYS program, data are available, from national cost-benefit studies, on TGYS-funded programs and strategies. For example, one study conducted by the Washington State Institute for Public Policy, in partnership with the State of Washington, examined the benefit of several research-based prevention and intervention programs. The following programs were demonstrated to provide significant benefit per dollar of cost.

TGYS-Funded Program	Measured Benefit per Dollar of Cost
HIPPY (Home Instruction for Parents of Preschool Youngsters)	\$1.80
Parents as Teachers	\$1.23
Big Brothers / Big Sisters (taxpayer costs only)	\$3.28
Other Social Influence/Skill Building Substance Prevention Programs	\$70.34
Diversion Programs with Services	\$5.58

This study took many years and an abundance of resources to conduct. Instead of replicating this expensive process, the TGYS Board commits to funding cost-effective, and, therefore, evidence-based programs.

The TGYS Board is committed to serving children and youth in Colorado. They accomplish this by funding as many evidence-based programs as possible in a

given year. Therefore, the Board has made a decision not to fund certain expensive programs: residential treatment programs, mental health treatment, or child care scholarships. These types of strategies have a high cost per client compared to the majority of programs that TGYS funds. For example, a residential treatment program may cost upwards of \$10,000 per client for a year of services, while a one-on-one youth mentoring program is \$1,500 per client per year. Additionally, there are other funding sources available to support these strategies.

44. Please update the committee on the Department's School Based Health Centers Program. What is the status of the funding for these centers?

Response: In FY 2006-07, as a result of a competitive application process, 17 contracts were funded: 12 to provide partial support for 32 existing school-based health centers; and five to support planning processes to establish new school-based health centers.

Existing school-based health centers that received funding through the program were located in the following school districts: Adams County Districts 14 and 50; Denver Public Schools; Englewood School District; Greeley-Evans 6 School District; Harrison 2 School District; Jefferson County School District; Poudre R-1 School District; Pueblo City School District 60; Montezuma-Cortez School District (charter school); and Sheridan School District.

The following School Districts were funded for planning new school-based health centers: Cripple Creek-Victor School District; Durango School District; Jefferson County School District; Greeley-Evans School District 6; and Montrose School District.

More than 81,000 students in public schools had access to the services partially funded by the General Fund. Over 19,000 students visited the centers at least once, for a total of over 63,000 visits for preventive and primary health care, behavioral health services and oral health care services. About 30% of visits were for behavioral health care, about 30% for acute illness and injury, and over 10% of visits were for immunizations and comprehensive well-child and well-adolescent services.

The entire appropriation of \$500,000 was expended.

In FY 2007-08, 14 contracts are to provide partial support to 29 school-based health centers, including three new sites. They fund activities in existing and new school-based health centers in the following school districts: Adams County Districts 14 and 50; Denver Public Schools; Durango School District; Greeley-Evans 6 School District; Harrison 2 School District; Jefferson County School District; Poudre R-1 School District; Montezuma-Cortez School District (charter school); Montrose School District; and Sheridan School District. A contract to

continue funding for the school community of Cripple Creek-Victor School District is pending at the time of this report.

Three additional contracts were issued to support planning efforts to establish new school-based health centers in the following school districts: Aurora School District; Lamar School District; and Poudre R-1 School District.