

Department Implementation Plan

FY 2015-16

Dr. Larry Wolk

Executive Director and Chief Medical Officer



COLORADO
Department of Public
Health & Environment

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1. Mission

The mission of the Colorado Department of Public Health and Environment is to protect and improve the health of Colorado's people and the quality of its environment.

2. Vision

Colorado will be the healthiest state with the highest quality environment.

3. About the Department

The Colorado Department of Public Health and Environment is one of 16 cabinet-level departments whose executive directors are appointed by the governor. Dr. Larry Wolk serves as executive director and Chief Medical Officer. The Department serves the people of Colorado by providing high-quality, cost-effective public health and environmental protection services that promote healthy people and healthy places. The Department focuses on evidence-based best practices in the public health and environmental fields and plays a critical role in educating our citizens so they can make informed choices. In addition to maintaining and enhancing our core programs, we continue to identify and respond to emerging issues that could affect Colorado's public and environmental health.

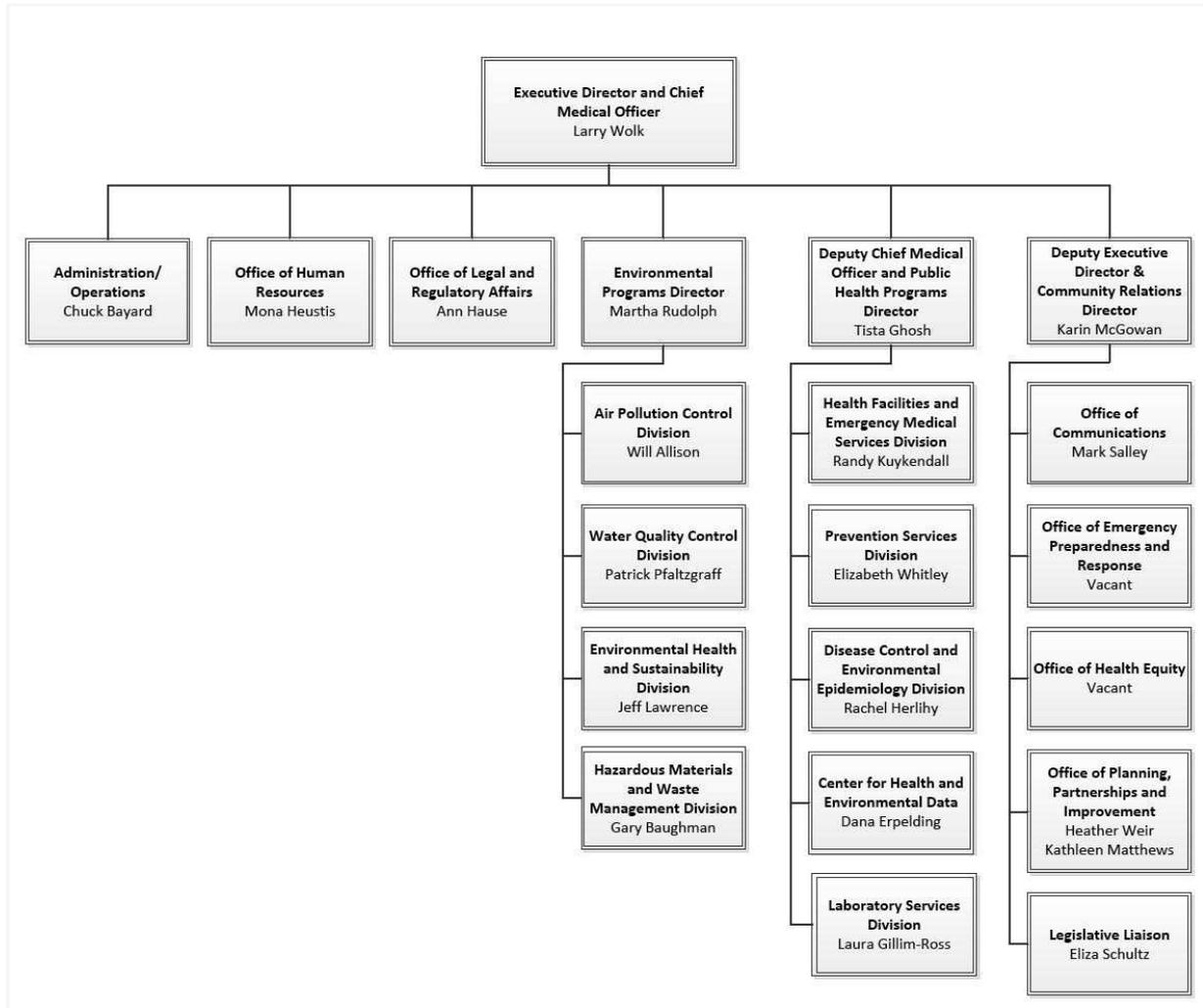
The Department pursues its mission through broad-based health and environmental protection programs and activities. These include population-based disease prevention strategies, control of disease outbreaks; provision of health statistics and vital records; health facilities licensure and certification; health and wellness promotion for both the general population and specific subpopulations such as children/adolescents, women, workers, and the aging; prevention and treatment of sexually transmitted infections and HIV; suicide and injury prevention; laboratory and radiation services; and emergency preparedness. The Department's environmental responsibilities span a full array of activities including air and water quality protection and improvement, hazardous waste and solid waste management, pollution prevention and environmental leadership, and consumer protection.

The Department has approximately 1,242 employees, with the vast majority working at the Department's offices in Glendale or at the State Lab in Lowry. There are satellite offices located in the following locations with staff from the designated divisions:

- Grand Junction- Air Pollution Control Division, Water Quality Control Division, Hazardous Materials and Waste Management Division, Health Facilities and Emergency Medical Services Division
- Pueblo- Air Pollution Control Division, Water Quality Control Division, Health Facilities and Emergency Medical Services Division
- Buena Vista and Steamboat Springs - Water Quality Control Division
- Fort Collins - Health Facilities and Emergency Medical Services Division

For fiscal year 2013-14 the Department received approximately 90 percent of its \$524 million funding from fees, grants and other non-general fund sources. The statutory authority for the Department is found predominantly in Title 25 of the Colorado Revised Statutes.

4. CDPHE Org Chart



5. Major Programs

Operations/Administration Division

The Operations/Administration Division includes Operations, the Office of Legal and Regulatory Compliance, and the Office of Human Resources.

- Customers and Constituents: The major group of customers are internal CDPHE staff, funders, and other state agencies.
- Primary Processes:
 1. Contracting and Procurement - This process is defined from the point where a decision is made to use a contract for service delivery through the point where the goods and services are evaluated for meeting the requirements of the contract.
 2. Internal Audit - This Unit coordinates external audits of CDPHE programs and conducts internal audits to assess compliance with regulatory and fiscal requirements.
 3. Privacy and Records Management - These positions assess programmatic compliance with federal, state and department requirements for information privacy and record retention.
 4. Board of Health - The Board promulgates rules for the department's public health, environmental health, and radiation programs, in addition to reviewing and approving funding recommendations for various grant programs.
 5. Human Resources - The Office of Human Resources is responsible for recruiting, hiring, performance management, training, compensation and rewards, employee relations, Family Medical Leave, Workers' Compensation, benefits, Short-term Disability, Americans with Disabilities, and leave tracking.
 6. Budgeting - This process is defined from the point where the Department begins to evaluate future needs for the Department through the point where those resources are appropriated in the Long Bill or Special Bill.
 7. Accounting - This process is defined from the time CDPHE receives or issues a payment document to the time Accounting staff reconciles more than 300 revenue sources (GF, cash funds, federal/private grants, etc.) annually throughout the fiscal year.
 8. Facilities Management - This function is responsible for monitoring and securing sufficient resources to ensure CDPHE's buildings and offices around the state are safe, clean and functional for employees and the public.
- Major Funding Sources: The Administrative Services Division is funded through department indirect cost, General Fund, and grants.

Community Relations Division

The Community Relations Division includes the Office of Communications, Office of Emergency Preparedness and Response, Office of Health Equity, Office of Planning, Partnerships and Improvement, and the Legislative Liaison.

- **Customers and Constituents:** The major groups of customers are internal CDPHE employees, local public health agencies, federal agencies, media representatives, the General Assembly, consumer groups, and the public.
- **Primary Processes:**
 1. **Health Equity -** Grant making, contracting, technical assistance and monitoring to promote health equity and environmental justice.
 2. **Local Public Health Planning and Support-** Grant management and administration and technical assistance to local public health agencies.
 3. **Student Opportunities Coordination -** coordination and support of the student opportunities program for CDPHE.
 4. **Quality Improvement -** coordination and support for strategic planning, quality improvement and performance management across CDPHE and to local public health agencies.
 5. **Communications and Public Information -** Inform CDPHE staff and the general public (or specific audiences) of the work of the department.
 6. **Legislative Liaison -** Coordinate all aspects of legislative initiatives, including the point that the Office requests proposals for legislative agenda items from divisions through disposition of bills.
 7. **Emergency Preparedness and Response -** Oversight and management of federal emergency preparedness grant funding and Colorado general funds, including assessment, training, guidance and funding to improve Colorado's ability to respond to the medical needs of victims impacted by emergency/disaster events.
- **Major Funding Sources:** The Community Relations Division is funded through department indirect cost, General Fund, and grants.

Center for Health and Environmental Data Division

The Center for Health and Environmental Data has two major functions and roles: 1) collecting/analyzing data and improving data systems and 2) processing official documents and records. The Division includes health surveys and evaluation, health information systems, non-communicable disease registries, vital records and statistics, and the medical marijuana registry.

- **Customers and Constituents:** The division's customers are citizens seeking vital records (birth and death certificates, adoption, verification of marriage or divorce); local public health agencies, physicians, hospitals, and funeral homes that partner with the division to manage birth and death records; foundations, nonprofits and other organizations and public health stakeholders that use the division's health data and information systems; patients and providers associated with health registries including the cancer registry, birth defects registry and the medical marijuana registry; and department staff that rely on assistance with program evaluation, geographic information systems and informatics.

- **Primary Processes:**
 1. **Health Surveys and Evaluation** - gather and analyze health behavior data, including the Behavioral Risk Factor Surveillance System (BRFSS), Pregnancy Risk Assessment Monitoring System (PRAMS) and Child Health Survey (CHS). Design and implement scientifically sound evaluation services for various department programs to assess processes, impacts, and outcomes to increase the effectiveness of new or existing programs and/or policies.
 2. **Vital Records and Vital Statistics** - collect, analyze and issue data in order to provide vital statistics and issue vital records, including birth, death, marriage, divorce and adoption.
 3. **Health Information Systems**- develop and promote the increased use of sound applications and databases to collect health data, ensuring efficient and confidential methods to obtain complete and accurate data that can be used to facilitate public health actions and improve public health practice. Includes public health informatics, and non-communicable disease registries such as the cancer registry and birth defects registry. Use technology to assist with analysis and visualization of public and environmental health spacial data through Geographic Information System (GIS).
 4. **Medical Marijuana Registry** - administer the Medical Marijuana Registry

- **Major Funding Sources:** The division's budget is comprised of approximately 70 percent cash funds from birth and death certificates and medical marijuana registry fees and 30 percent federal funds.

Laboratory Services Division

The Laboratory Services Division includes laboratory certification, marijuana laboratory certification, environmental chemistry, evidential breath-alcohol testing, microbiology (environmental microbiology, molecular science, serology, and public health microbiology), newborn screening, and radiochemistry.

- **Customers and Constituents:** The division's customers include local public health agencies, nonprofit organizations, CDPHE programs and private health care providers needing analyses for diseases such as rabies, sexually transmitted infections, and outbreak associated organisms; local law enforcement agencies needing training and calibration on their evidential breath alcohol testing equipment; physicians, families and hospitals needing analysis of newborn screening samples; citizens needing water testing; CDPHE programs needing testing of air, water and milk samples; law enforcement agencies needing biological and chemical threat testing; and the federal Centers for Disease Control and Prevention.
- **Primary Processes:**
 1. Laboratory testing in a variety of areas
 2. Billing processes
 3. Recommendations for local and national testing requirements
 4. Calibration of equipment
 5. Certification of external laboratories
- **Major Funding Sources:** Primary funding (61%) is from fees paid for testing and analysis, federal funds (29%) for a variety of activities such as testing for microbial contamination in food products and detection and identification of biothreat agents, General Fund (8%) and reappropriated funds (3%) for services provided to other divisions such as the water division.

Air Pollution Control Division

The APCD provides comprehensive air quality services to Colorado citizens, businesses, local governments, and other customers. The APCD protects public health and the environment by implementing sound regulatory and administrative programs that reduce air pollution across the state. The division is responsible for coordinating and developing Colorado's clean air quality plans consistent with state and federal law, and for submitting those plans to the Colorado Air Quality Control Commission, the Colorado General Assembly, and the U.S. Environmental Protection Agency (EPA). The division also implements and enforces all air quality requirements in the state.

- **Customers and Constituents:** The division has numerous and diverse customers and constituents, including the general public, local governments, environmental groups and the regulated community (e.g. industrial operations such as large power plants, neighborhood dry cleaners, and oil and gas operations). The division also works closely with the Colorado Oil and Gas Conservation Commission, the Public Utilities Commission, Colorado Energy Office, and other agencies as needed.
- **Primary Processes:**
 1. Issuance of environmental permits, certifications and licenses. This process is defined from the time the division receives an application to the final decision regarding the requested document.
 2. Conduct environmental inspections. This process is defined from the identification of the facilities to be inspected to the issuance of the inspection report.
- **Major Funding Sources:** Primary funding source (79%) is from various fees, the rest is from federal funds, mainly the U.S. Environmental Protection Agency.

Water Quality Control Division

The WQCD administers the federal and state clean water and drinking water acts and applicable regulations. These regulations generally apply to dischargers of pollutants into the state's surface and ground waters and the support and oversight of the public drinking water systems.

- **Customers and Constituents:** The division's customers and constituents include Colorado's citizens and visitors, who have their best interests served by -- and experience the intended benefits of -- the Division's services, as well as the division's performance partners. The performance partners include the many diverse organizations involved in protecting public health and ambient water quality. Examples include local municipalities and special districts that process drinking and wastewater, recreational users such as kayakers and fisherman, aquatic life management agencies such as Colorado Parks and Wildlife, and farmers, ranchers and industry that use water resources.
- **Primary Processes:**
 1. Issuance of environmental permits, certifications and licenses. This process is defined from the time the division receives an application to the final decision regarding the requested document.
 2. Conduct environmental inspections. This process is defined from the identification of the facilities to be inspected to the issuance of the inspection report.
- **Major Funding Sources:** Primary funding (60%) is from the U.S. Environmental Protection Agency, fees, and the General Fund.

Hazardous Materials and Waste Management Division

This division administers the state regulatory programs for solid waste, hazardous waste, and radioactive materials and machine-produced radiation. This includes the management, treatment and disposal of solid waste, the generation, storage, transportation, treatment and disposal of hazardous waste, the possession, management, treatment and disposal of radioactive materials, and the registration and regulation of the possession, operation, management and disposal of radiation-producing machines. The division also oversees the remediation of contamination associated with the release of solid or hazardous waste at regulated private sites, federal facilities, and superfund sites across the state, and implements the state's Voluntary Cleanup Program. In addition, the division oversees the waste tire program, which manages the cleanup of illegal waste tire sites and community clean-up events for the collection of waste tires, and assists state and local agencies to purchase equipment and supplies related to waste tire fires, conduct or attend waste tire-related training and for law enforcement activities related to proper waste tire management. Lastly, the division certifies contractors and consultants that remediate properties formerly used as methamphetamine drug laboratories.

- **Customers and Constituents:** Customers include those who 1) generate, treat, store, transport, or dispose of hazardous waste, 2) manage, treat, or dispose of solid waste, 3) have cleanup and remediation responsibilities at regulated facilities, 4) possess, operate, manage or dispose of radioactive materials or radiation-producing machines, including medical facilities (doctors, dentists, hospitals, veterinarians, etc.), research organizations (private, universities and governmental), industries and contractors, 5) citizens, local governments, interest groups, and others interested in any activities at regulated facilities, and 6) anyone with questions on the proper management of waste or radiation.
- **Primary Processes:**
 1. Issuance of permits, certifications and licenses. This process is defined from the time the division receives an application to the final decision regarding the requested document.
 2. Conduct inspections. This process is defined from the identification of the facilities to be inspected to the issuance of the inspection report.
- **Major Funding Sources:** Primary funding is from various fees (29%) and federal funds from the U.S. Environmental Protection Agency, Department of Defense, and the Department of Energy (71%).

Division of Environmental Health and Sustainability

The Division of Environmental Health and Sustainability (DEHS) is comprised of four units implementing 13 programs for the Colorado Department of Public Health and Environment (CDPHE) to protect and improve Colorado's environment and human health. The Division delivers services that assure safe restaurants, schools, and child care facilities; assures the safety of food from production to consumption; maintains acceptable conditions in state correctional and tanning facilities; protects land, water and air quality resources affected by the agricultural animal feeding industry; and protects and improves Colorado's environment through programs that conserve and reuse resources, prevent pollution, and advance the principles of sustainable development.

- **Customers and Constituents:** Customers include regulated entities in the retail food, wholesale food and dairy businesses, child care operations, schools, animal feeding operations and the consumers of these goods and services. Constituents include the Colorado Livestock Association, Colorado Restaurant Association, Rocky Mountain Food Industry Association, Dairy Farmers of America, and Local Public Health Agencies.
- **Primary Processes:**
 1. Issuance of environmental permits, certifications and licenses. This process is defined from the time the division receives an application to the final decision regarding the requested document.
 2. Conduct environmental inspections. This process is defined from the identification of the facilities to be inspected to the issuance of the inspection report.
- **Major Funding Sources:** Primary funding comes from fees from regulated entities (58%), federal funds for administering the wholesale food program, school chemical programs, sustainability activities including the environmental leadership programs, and the development of uniform standards and practices in administration of a food safety program (24%), and the General Fund for administering the dairy and child care programs (17%), and re-appropriated funds (1%) for inspection of government facilities in the Department of Corrections and Human Services.

Disease Control and Environmental Epidemiology Division

This division promotes the prevention and/or control of communicable diseases, and assesses the risk of illness related to environmental and occupational exposures.

- **Customers and Constituents:** The division's customers are citizens with or at risk for communicable diseases such as pertussis, Ebola, salmonella, HIV, or tuberculosis; citizens with or at risk for environmental exposures such as lead, mercury, or pesticides; citizens or communities with health concerns about marijuana or oil and gas development and production activities; local public health agencies needing assistance with disease outbreaks such as detecting the source of foodborne, bloodborne, or animal borne illness; and individuals, primarily children, needing immunizations and providers of those immunizations.
- **Primary Processes:**
 1. Surveillance/monitoring of disease information
 2. Distribution of vaccines and medications
- **Major Funding Sources:** Primary funding comes from federal sources, primarily the Centers for Disease Control and Prevention (81%). Funding also comes from the General Fund (~5%) and from tobacco master settlement, Amendment 35 tobacco tax funds, retail marijuana program and medical marijuana fund balance for research projects (14%).

Prevention Services Division

The Prevention Services Division leads efforts to improve the health, well-being and equity of all Coloradans through health promotion, public health prevention programs, and access to health care. The division aims to prevent non-communicable conditions such as diabetes, heart disease, stroke, injuries, mental illness and substance abuse. The division focuses on modifying risk factors for these conditions, such as tobacco use and obesity, and promotes healthy eating and active living. The division also promotes the health and wellness of mothers and children, with programs like Family Planning, which has helped reduce teen pregnancy, and WIC which offers nutrition and breastfeeding support to mothers and young children.

- **Customers and Constituents:** Customers include federal agencies, primarily the Health Resources and Services Administration (HRSA), the Centers for Disease Control and Prevention (CDC), the US Department of Agriculture (USDA), the General Assembly, other state agencies, private and public sector partners, such as health care providers, local public health agencies, universities and other non-profit organizations, with interest in health promotion and disease prevention. Constituents work collaboratively to improve the health status of all Coloradans, particularly in relation to injury, suicide and violence prevention; oral health; and chronic disease prevention and control. Primary prevention and early intervention strategies also are employed to improve the health of the maternal and child population.
- **Primary Processes:**
 1. Provide and administer funds to local public health agencies and communities for health promotion and disease prevention.
 2. Provide resources and technical assistance to local public health agencies and communities.
 3. Promote evidence-based programs and best practices that decrease mortality and the burden of disease.
- **Major Funding Sources:** Primary funding comes from federal sources (~68%), cash and reappropriated funds from tobacco master settlement and amendment 35 funds (24%), the General Fund (6%), and private sources (1%).

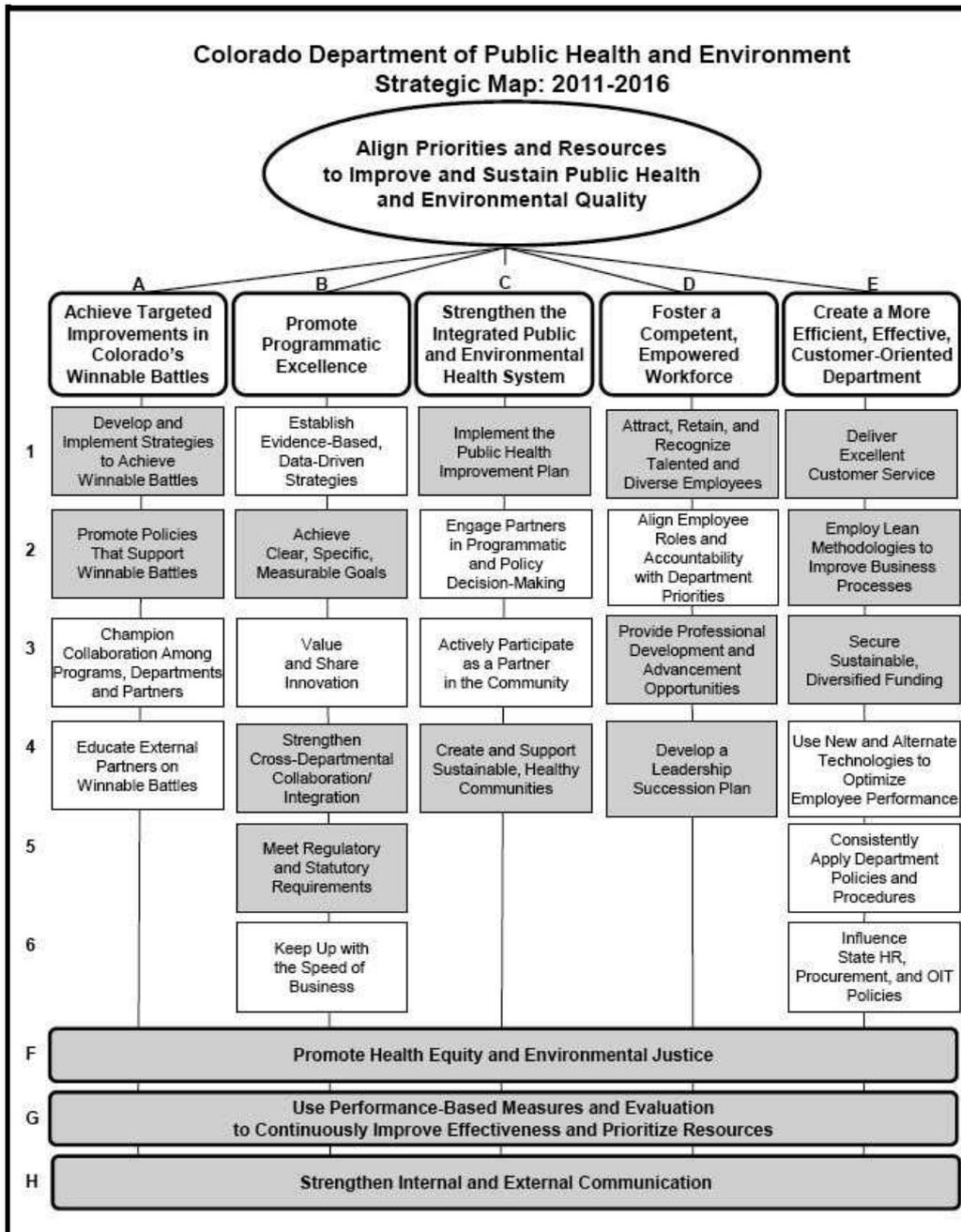
Health Facilities and Emergency Medical Services Division

This division provides support and regulatory oversight for hospitals, ambulatory surgical centers, long term care facilities, assisted living residences and other health facilities; for emergency medical technicians and air ambulance services; and the state trauma system.

- **Customers and Constituents:** Customers include hospitals, other health facilities and providers licensed and regulated by the division as well as the patients, residents and families utilizing those facilities. Customers also include individuals seeking certification as emergency medical technicians or paramedics, providing grants and technical support to local health care and EMS agencies and supporting local EMS physician medical directors .
- **Primary Processes:**
 1. Regulating and licensing health facilities as designated in statutes. This process includes supporting the administrative licensing functions as well as the inspection of health care facilities to protect the health and safety of system users.
 2. Performing federal and state facility certification inspections under agreements with the Centers for Medicare and Medicaid Services and the Department of Health Care Policy and Financing.
 3. Issuing state certification/practice credentials for EMS providers.
 4. Issuing licenses for air ambulance services transporting patients in Colorado.
 5. Investigating and enforcing licensing and certification regulations and policies as required by law.
- **Major Funding Sources:** Approximately 56 percent of funding comes from license and other fees and from the emergency medical services account within the highway users tax fund. Approximately 21 percent of the appropriation comes from federal funds from the Centers for Medicare and Medicaid Services for oversight of Medicare facilities; 17 percent of funds are reappropriated (Medicaid) and 6 percent is from the General Fund.

6. Strategic Map: 2011-2016

The CDPHE Strategic Map was created in 2011 when the department created the five-year strategic plan. The shaded boxes represent the areas the department will be focusing on during 2015-2016 in order to continue to move the five-year strategic plan forward.



7. Goals, Strategies and Activities for 2015-16

Background:

The following priority areas and goals were selected for FY 2015-16 based on their strong alignment with the major plans that drive our work at CDPHE: the State of Health, Healthy Colorado: Shaping a State of Health (Colorado's Public Health Improvement Plan), and the 2011-2016 Strategic Map for CDPHE. This annual plan does not reflect all of the work of the department, but rather those areas that will be tracked and followed in the next year to ensure that CDPHE continues to move closer to our vision of Colorado being the healthiest state with the highest quality environment.

Priority Areas:

1. Flagship priorities of the Public Health Improvement Plan and the Governor's Vision 2018 (State of Health).
 - Healthy Eating Active Living and Obesity Prevention
 - Mental Health and Substance Abuse
 - Healthier Air
 - Clean Water
2. Sustainable, efficient programs and infrastructure
3. Healthy people, healthy places

Priority- Healthy Eating Active Living and Obesity Prevention			
Goal 1 - Reverse the upward obesity trend by aligning and intensifying efforts to develop a culture of health and creating conditions for Coloradans to achieve healthy weight across the lifespan.			
Strategies			
1.1 - Develop policies and programs that protect, promote and support breastfeeding-friendly environments			
Measures	<ul style="list-style-type: none"> • # of certified Baby-Friendly hospitals (3 in 2014, target = 18 by 2020) • % of Child and Adult Care Food Program(CACFP) providers with access to resources to support breastfeeding friendly child care (Target = 100% by 2020) 		
	Activities	Who (program/person)	By when
	Lead state-level technical assistance including one workshop and a minimum of two webinars through the Colorado Baby-Friendly Hospital Collaborative	Prevention Services Division/Jennifer Dellaport	6/30/2016

	(CBFHC) to support up to 17 hospitals in becoming Baby-Friendly designated.		
	Facilitate three meetings of CBFHC Advisory Committee to plan the content, goals and objectives of technical assistance webinars and workshop.	Prevention Services Division/Jennifer Dellaport	6/30/2016
	Develop a plan to address gaps in breastfeeding knowledge, attitudes and beliefs of Colorado child care directors and providers.	Prevention Services Division/Jennifer Dellaport	9/30/2016
1.2 - Improve nutrition and physical activity environments for children younger than 18 years via early childhood education centers and schools, especially those that serve low-income populations.			
Measures	<ul style="list-style-type: none"> • # of child care centers in compliance with healthier meals initiative policies (32 % in 11/2013, target = 60% 9/2016) • # of at-risk new afterschool programs participating in CACFP (363 in 9/2014, target = 383 9/2015) • # of Summer Food Service Program (CDE) meals served (1,499,621 in 6/2014, target = increase by 7% by 6/2015) • # of licensed child care centers that include physical activity as part of daily curriculum (15 in 2014, target = 200 by 2017) 		
	Activities	Who (program/person)	By when
	Deliver technical assistance, monitoring, and training to CACFP participants.	Prevention Services Division/Tracy Miller	9/30/2016
	Community meetings (CDE & CDPHE), advertising (CDE), summer kick off events with media (CDE), streamlining and efficiency of application approval (CDPHE), expansion partnership activities (CDE & CDPHE), referrals from Hunger Free Colorado (CDE & CDPHE), CHAMPS grantee support.	Prevention Services Division/Tracy Miller	9/30/2015
	Provide training, technical assistance and follow up coaching to child care providers trained in the I am Moving, I am Learning curriculum.	Prevention Services Division/Jennifer Dellaport	9/30/2016
1.3 - Increase access to healthy foods and beverages in worksite and government settings			
Measures	<ul style="list-style-type: none"> • # of Colorado local governments that adopt and/or implement policies and environmental strategies to increase safe, equitable access to physical activity through the built environment. (120 in 2014, target = 145 by 2017) 		

	Activities	Who (program/person)	By when
	Convene regular meetings of health concessions within state agencies to realize agency adoption of beverage guidelines by June of 2016.	Prevention Services Division/HEAL Manager	6/30/2016
	Identify and recruit hospitals with food service providers offering healthy menus and on the pathway to becoming Baby-Friendly.	Prevention Services Division/Don Sutton	6/30/2016
1.4 Increase access to worksite wellness programs through a statewide network to assess, implement, communicate, and deliver national best practices in worksite wellness.			
Measures	• # of worksites that have adopted worksite wellness policies that combine healthy eating, lactation accommodation and physical activity. (7 in 2014; goal 1000 worksites by 2020)		
	Activities	Who (program/person)	By when
	Provide technical assistance to LPHA's and partner organizations that are participating in programs funded via CCPD and federal funds.	Prevention Services Division/Dan McKenna/Stacy Miller	6/30/2016
1.5 - Increase the number of Coloradans with pre-diabetes or at high risk for type 2 diabetes who enroll in the CDC-recognized Diabetes Prevention Program (DPP) by increasing referrals to, use of, and reimbursement for the program.			
Measures	• # of adults ages 18 and older with prediabetes and/or at high risk of developing type 2 diabetes will be enrolled in the Diabetes Prevention Program. (476 adults in 2014; target is 3500 by 2018)		
	Activities	Who (program/person)	By when
	Educate self-funded state and local public employers about prediabetes and the inclusion of the DPP in benefit design. Encourage one large public employer to cover DPP by June 2016.	Prevention Services Division/Kelly McCracken and Becky DiOrio	6/29/2016
	Educate public and private health plans that serve self-funded state and local public employees about prediabetes and the inclusion of DPP in benefit design. Encourage one health plan to include the DPP in their covered benefit design by June 2016.	Prevention Services Division/Kelly McCracken and Becky DiOrio	6/29/2016
	Through CDPHE's Quality Improvement Initiative, increase provider and health system awareness of prediabetes, promote the screening for and coding	Prevention Services Division/Kelly McCracken and Becky DiOrio	6/29/2016

	of prediabetes in Electronic Health Records, and promote the inclusion of policies and procedures to refer people with prediabetes or at high risk for type 2 diabetes into the DPP.		
	1.6 - Advance 'health in all policies' as a widespread philosophy for actively engaging in state and local land use, transportation, agriculture and community development initiatives and develop policy and environmental strategies that focus on increasing access to physical activity and promoting health equity.		
Measures	• # of Colorado local governments that adopt and/or implement policies and environmental strategies to increase safe, equitable access to physical activity through the built environment. (120 in 2014, target = 145 by 2017 and 170 by 2020)		
	Activities	Who (program/person)	By when
	Update the built environment and active living policy scan to identify communities that adopted policies to support active living.	Prevention Services Division/Cate Townley	6/30/2016
Goal 2 - Increase statewide capacity for coordinated obesity surveillance and for creating conditions to achieve healthy weight across the lifespan.			
	Strategies		
	2.1 - Develop tools, resources and support for increasing statewide governmental public health system coordination and capacity in reducing the upward obesity trend.		
	Activities	Who (program/person)	By when
	CDPHE, in partnership with LPHAs and others, will develop and distribute evidence-based and tested messages and tools about preventing childhood obesity.	Jennifer Dellaport and Sara O'Keefe	6/30/2016
	CDPHE and LPHAs will develop a set of indicators for Colorado's governmental public health system to collectively monitor progress on strategies and outcomes for healthy eating, active living and obesity prevention statewide.	Renee Calanan and Cambria Brown	12/31/2015
	CDPHE will provide technical assistance on a periodic basis to LPHAs on policies and environmental strategies in the healthy eating and active living arena.	HEAL Manager & Team	6/30/2016
	2.2 - Standardize statewide student health and school health policy and practice data collection related to nutrition and other health indicators by (1) continuing to implement a		

unified approach to provide quality youth health data, including obesity and nutrition measures, via the Healthy Kids Colorado Survey and (2) implementing a unified approach to measure school health policies and practices, including prioritized school nutrition indicators, via the Colorado Healthy Schools Smart Source			
Measures	<ul style="list-style-type: none"> • % of randomly selected schools that participate in the Healthy Kids Colorado Survey (79% in 2013, target = 80%) • % of schools that participate in the Colorado Healthy Schools Smart Source (0% in 2013, target = 20%) 		
	Activities	Who (program/person)	By when
	Administer the Healthy Kids Colorado Survey and gather responses from over 40,000 middle and high school students by the end of the fiscal year.	Prevention Services Division/Sarah Nickels, CHED/Rickey Tolliver	6/30/2015
	Participate in monthly meetings of the Colorado Healthy Schools Smart Source Steering Committee to provide subject matter expertise and support alignment across data collection efforts.	Prevention Services Division/Sarah Nickels	6/30/2015
Priority- Mental Health and Substance Abuse			
Goal 3 - Advance policy and community approaches to improve the social and emotional health of mothers, fathers, caregivers and children.			
Strategies			
3.1 - Support efforts designed to increase access to high quality mental and behavioral health care and develop and expand the behavioral health workforce to support healthy parenting.			
	Activities	Who (program/person)	By when
	Implement a communication plan to educate stakeholders and community partners about the link between the social and emotional health of caregivers, and the creation of safe, stable, nurturing relationships and environments.	Prevention Services Division/Shannon Breitzman	6/30/2016
	Partner with the Colorado Health Service Corps, the Behavioral Health Transformation Council, and SIM to increase the number of behavioral health providers.	Prevention Services Division/Shannon Breitzman	6/30/2016
	Work with partners to promote and expand implementation of programs that improve and support the social and emotional health of parents and	Prevention Services Division/Shannon Breitzman	6/30/2016

	healthy parenting (i.e. early childhood home visitation, therapeutic foster care, early childhood education, wrap-around case management, differential response, family planning, family resource centers, and others).		
	Develop a multimodal communication strategic plan for social norm change to increase help seeking behaviors among caregivers, to provide accurate information about child development, to create appropriate parental expectations, and to create a norm within communities that all adults have a responsibility to support the social and emotional health of children and caregivers.	Prevention Services Division/Shannon Breitzman	6/30/2016
3.2 - Expand comprehensive social and emotional health screening of caregivers by increasing adoption of depression screening codes for caregivers at the child's visit.			
	Activities	Who (program/person)	By when
	Identify and partner with agencies that are integrating social and emotional screening (ex. Peak Vista) and promote this practice as a model among practitioners.	Prevention Services Division/Shannon Breitzman	6/30/2016
	Partner with Project Launch stakeholder to implement and expand Project Launch through increased funding and coordination.	Prevention Services Division/Shannon Breitzman	6/30/2016
	Research and expand efforts to promote the "SEEK" screening (RCT with CDC). Work with partners of the SIM grant to integrate social and emotional health screening and treatment in pediatric practices/medical homes for children.	Prevention Services Division/Shannon Breitzman	6/30/2016
3.3 - Promote best practice mental health integration in all publicly funded primary care, and change the reimbursement structure for mental health services by increasing incentives.			
	Activities	Who (program/person)	By when
	Work with partners of the State Innovation Model grant to integrate behavioral health and primary care in clinical settings through practice transformation efforts, including	Prevention Services Division/Shannon Breitzman	6/30/2016

	integrated health information technology and telehealth.		
	Support policy change efforts or practice transformation that allows Early Childhood Mental Health Consultants to work with insured individuals.	Prevention Services Division/Shannon Breitzman	6/30/2016
Goal 4 - Reduce the burden of depression in Colorado by improving screening and referral practices and reducing the stigma of seeking help for depression, especially among pregnant women, men of working age and individuals who are obese.			
Strategies			
4.1 - Increase the percent of mothers who are appropriately screened and treated for depression.			
Measures	<ul style="list-style-type: none"> • % of mothers that report a doctor, nurse or other health care worker talked with them about what to do if they felt depressed during pregnancy or after delivery (76.6% in 2014, target = 82% by 2018) 		
	Activities	Who (program/person)	By when
	Coordinate training modules for medical practitioners to focus on the standard clinical-based practice guidelines. Evaluate change in knowledge.	Prevention Services Division/Shannon Breitzman	6/30/2016
	Conduct market research on knowledge, attitudes, and help-seeking behaviors held by women and their support systems regarding depression during the pregnancy and postpartum periods. Utilize these findings to identify opportunities or mechanisms for increasing public awareness.	Prevention Services Division/Shannon Breitzman	6/30/2016
4.2 - Decrease the stigma of depression and increase access to an online cognitive behavior therapy tool for working aged men through access to the Man Therapy campaign and website.			
Measures	<ul style="list-style-type: none"> • # of visitors to Mantherapy.org (11,851 in 2013, target = 50,000 by 2019) • % of men who report experiencing symptoms of depression (6.5% in 2012, target = 7.7% by 2018) • # of Colorado men who access and use an online cognitive behavior therapy tool on Mantherapy.org (0 in 2014; target= 300 by 2019) 		
	Activities	Who (program/person)	By when

	Partner with online cognitive behavior providers and include access to their online tool at mantherapy.org.	Prevention Services Division/Shannon Breitzman	6/30/2016
	Partner with the Carson J Spencer Foundation, OSP community grantees, and local public health agencies that have identified mental health as a priority to promote Man Therapy's online CBT tools community-wide (or, to mental health professionals, primary care and businesses community-wide).	Prevention Services Division/Shannon Breitzman	6/30/2016
	Disseminate information about the Man Therapy CBT tools to CO's 17 community mental health centers and four mental health crisis services entities statewide.	Prevention Services Division/Shannon Breitzman	6/30/2016
4.3 - Provide best practices, tools and guidelines to primary care and behavioral health providers on screening and referral for depression and physical health care needs for obese patients.			
Measures	<ul style="list-style-type: none"> # of viewers of online training about the relationship between depression and obesity that describes best practices and tools to improve screening and referral for depression and physical health care needs for obese patients (35 viewers in 2014, target = 100 by 2019) 		
	Activities	Who (program/person)	By when
	Create and disseminate an online provider training module in alignment with clinical guidance on obesity and depression which will be disseminated to a minimum of 100 practices, including but not limited to prenatal, family practice, and pediatric providers.	Prevention Services Division/Shannon Breitzman	6/30/2016
Goal 5 - Reduce prescription drug overdose death rates of Coloradans ages 15 and older by increasing safe prescribing practices and permanent disposal sites for controlled substances.			
Strategies			
5.1 - Improve usability and appropriate accessibility of the prescription drug monitoring program (PDMP) system through the use of information technology, increased stakeholder access and increase use as a public health tool.			
Measures	<ul style="list-style-type: none"> % of filled controlled substance prescriptions that are accompanied by a query of the prescription drug monitoring program database (20% in 2014, target = 100%) rate of high dose opioid prescribing (> than 100 morphine milligram equivalent (MME)) per day (data pending) 		

	Activities	Who (program/person)	By when
	Partner with the PDMP Work Group of the Colorado Consortium for Prescription Drug Abuse Prevention (Consortium) to integrate the PDMP into Colorado's Health Information Exchanges.	Prevention Services Division/Shannon Breitzman	6/30/2016
	Utilize the PDMP to conduct public health surveillance of Colorado's prescription drug epidemic.	Prevention Services Division/Shannon Breitzman	6/30/2016
	Produce and disseminate data reports that include PDMP data to local partners.	Prevention Services Division/Shannon Breitzman	6/30/2016
5.2- Ensure all physicians and dentists receive continuing education about safe prescribing practices, including the use of the prescription drug monitoring program.			
Measures	• # of partners enlisted to offer provider trainings regarding safe and effective pain management practices, including the use of the prescription drug monitoring program. (target = increase by 2018)		
	Activities	Who (program/person)	By when
	Partner with the Colorado Consortium to implement provider trainings and educational opportunities.	Prevention Services Division/Shannon Breitzman	6/30/2016
	Promote the Quad Regulatory Joint Policy for Prescribing and Dispensing Opioids.	Prevention Services Division/Shannon Breitzman	6/30/2016
5.3 - Ensure proper disposal of prescription drugs by establishing permanent drug disposal sites.			
Measures	• # of permanent drug disposal sites for controlled substances (target = 23 counties with sites by 2016 and all 64 counties by 2018)		
	Activities	Who (program/person)	By when
	Engage stakeholders and develop proposed Colorado Medication Take-Back Program rules for consideration and adoption by the Solid and Hazardous Waste Commission.	Division of Environmental Health and Sustainability/Greg Fabisiak	6/30/2016
	Bring law enforcement agencies into the Colorado Medication Take-Back Program to provide them with access to program funding.	Division of Environmental Health and Sustainability/Greg Fabisiak	6/30/2016

	Provide logistical and funding support to approximately 30 law enforcement agencies for collection of prescribed controlled substances along with other prescribed and over-the-counter medications.	Division of Environmental Health and Sustainability/Greg Fabisiak	6/30/2016
Priority- Healthier Air			
Goal 6 - Improve air quality by reducing emissions of air pollutants across Colorado.			
Strategies			
6.1 - Decrease nitrogen oxide (NOx) emissions statewide through regulatory mechanisms and emission standards that target a range of sources.			
Measures	<ul style="list-style-type: none"> • Annual NOx emissions from coal-fired power plants (2006-2008 3-yr average= 61,600, target= reduce by 37,000 from 2008-2018) • % of milestones met on time for the Clean Air Clean Jobs Act and the Regional Haze State Implementation Plan (target = 100%) 		
	Activities	Who (program/person)	By when
	Install emission control devices, re-power, or retire coal-fired generating units according to the schedule set forth in the Regional Haze State Implementation Plan (full plan to be completed by 2021).	APCD/Curt Taipale	6/30/2016
6.2 - Reduce annual volatile organic compound (VOC) emissions in the ozone nonattainment area to attain the existing federal ozone standard.			
Measures	<ul style="list-style-type: none"> • % reduction in annual volatile organic compound emission in the ozone nonattainment area (2011 VOC= 187,000, target = 15% decrease from 2011-2018) 		
	Activities	Who (program/person)	By when
	Complete 2017 VOC emissions inventory.	APCD/Chris Colclasure	9/30/2015
	Complete 2017 attainment demonstration modeling.	APCD/Chris Colclasure	4/30/2016
	Work on a revision of the 2008 ozone State Implementation Plan for EPA (to be completed by 7/20/2017).	APCD/Chris Colclasure	6/30/2016
6.3 - Reduce annual emissions of carbon dioxide from electric generation units consistent with the Clean Air Clean Jobs Act and the forthcoming federal Clean Power Plan.			
Measures	<ul style="list-style-type: none"> • Reduction in lbs/MWh to achieve the final standard set by EPA (proposed 2012= 1714 lbs/MWh, target= 1108 by 2030) 		

	<ul style="list-style-type: none"> • % of milestones met on time for the development of the state Clean Power Plan (target = 100%) 		
	Activities	Who (program/person)	By when
	Draft initial submittal of Colorado's Clean Power Plan (final plan will be completed by 6/30/2017).	APCD/Chris Colclasure	6/30/2016
Priority- Clean Water			
Goal 7 - Protect all designated uses for water bodies and drinking water by attaining water quality standards and restoring impaired water quality to attainable standards.			
Strategies			
7.1 - Improve water quality by expanding water body characterization, restoring impaired water bodies and maintaining water quality status with continued population growth.			
Measures	<ul style="list-style-type: none"> • % of streams/river miles assessed (78% stream/river miles assessed in 2012, target = 80% by 2019) • % of lake/reservoir acres assessed (42% lake/reservoir acres assessed in 2012, target = 45% by 2019) • % increase in the number of rivers and stream miles meeting the water quality standards (target= 7% increase by 2018) • % increase in the number of lake and reservoir acres meeting water quality standards (target = 12% increase by 2018) 		
	Activities	Who (program/person)	By when
	Ensure timely issuance of water quality discharge permits.	Water Quality/Pat Pfaltzgraff	6/30/2016
	Continue to monitor water quality	Water Quality/Pat Pfaltzgraff	6/30/2016
Priority- Sustainable, efficient programs and infrastructure			
Goals 8 - Maintain and improve the sustainability and efficiency of CDPHE programs and infrastructure.			
Strategies			
8.1 - Develop a quality improvement (QI) culture across the department			
	Activities	Who (program/person)	By when
	Establish a QI Council and develop a QI Plan for CDPHE (according to accreditation standards).	Office of Planning, Partnerships and Improvement/Heather Weir	9/30/2015

	Establish a formalized system to track QI projects at CDPHE (according to accreditation standards).	Office of Planning, Partnerships and Improvement/Heather Weir	10/31/2015
	Successfully complete the Action Plan in order to achieve accreditation recognition.	Office of Planning, Partnerships and Improvement/Leslie Akin	12/31/2015
	Improve the current performance management system at CDPHE to include a streamlined approach to track performance measures, monitor progress on plans, and ensure regular reporting occurs across the department.	Office of Planning, Partnerships and Improvement/Heather Weir	6/30/2016
	Ensure the customer satisfaction policy is fully adopted across the department.	Office of Planning, Partnerships and Improvement/Heather Weir	6/30/2016
8.2 - Improve workforce engagement			
	Activities	Who (program/person)	By when
	Complete a quality improvement project focused the IT onboarding and offboarding process.	Office of Information Technology/Kris Kiburz	12/31/2015
	Work with OIT Solutions Architect to ensure CDPHE meets accessibility standards.	Office of Information Technology/Kris Kiburz	6/30/2016
	Focus on staff retention during General Practitioner (GP) deconsolidation by providing job placement for staff (as needed).	Human Resources/Mona Heustis	6/30/2016
	Develop a public health workforce development plan that includes ways to recruit, promote and support a professional and culturally and linguistically diverse workforce reflective of and responsive to the needs of the population being served.	Human Resources/Mona Heustis	6/30/2016
	Use the national and regional public health workforce development needs assessments to develop training plans to meet such needs.	Human Resources/Mona Heustis	6/30/2016
8.3 - Utilize health information, data and technology effectively			

Measures	<ul style="list-style-type: none"> • % First Pass Yield for requests into BTT (target= 90%) • % of time that BTT requests reach a decision in under 6 weeks (target = 100%) 		
	Activities	Who (program/person)	By when
	Provide support to the Business Technology Team (BTT) and Office of Information Technology (OIT) regarding IT projects at CDPHE.	Office of Information Technology/Kris Kiburz	6/30/2016
8.4 - Develop funding and resources			
	Activities	Who (program/person)	By when
	Successful implementation of CORE to enable reporting capabilities.	Admin/Chuck Bayard	12/31/2015
	Continue to identify, analyze and pursue funding opportunities for the public health system.	Admin/Chuck Bayard	1/1/2016
	Leverage resources with federal/state/non-profit organizations (ex. HCPF and Medicaid).	Admin/Chuck Bayard	6/30/2016
	Communicate with staff about the indirect rates and how indirects are used.	Admin/Chuck Bayard	6/30/2016
Priority- Promote Health Equity and Environmental Justice			
Goal 9 - Create healthy people and healthy places throughout Colorado by focusing on health equity and environmental justice			
Strategies			
9.1 -Language Services: Build upon previous implementation efforts of the CLAS (culturally and linguistically appropriate services) standards to increase knowledge of Limited English Proficiency policy, CLAS standards and available language services.			
Measures	<ul style="list-style-type: none"> • # of CDPHE staff utilizing Centralized Language Services for interpretation, translation or technical assistance (target = increase by 2016) 		
	Activities	Who (program/person)	By when
	Conduct a CLAS assessment in all divisions/offices	Office of Health Equity/Maria Ayers	6/30/2016
	Create a health literacy policy	Office of Health Equity/Director	6/30/2016
	Following implementation of required language services training, evaluate	Office of Health Equity/Maria Ayers	6/30/2016

	training efficacy and assess need for refresh course type and frequency.		
	Consider and promote resources, such as CDPHE's health equity and environmental justice collaborative and health equity tools that can be used to incorporate CLAS standards into program planning and communication throughout the department.	Office of Health Equity/Maria Ayers	6/30/2016
	Work towards greater compliance with the federal requirements by raising awareness, building capacity and providing examples such as federal fund requests that include an interpretation and translation budget item and RFA/RFP proposals that address Title VI compliance.	Office of Health Equity/Maria Ayers	6/30/2016
9.2 - Increase engagement with disadvantaged subpopulations or areas of the state to promote healthy people and healthy places			
	Activities	Who (program/person)	By when
	Create and launch a Healthy Aging Plan	Office of Health Equity/Director	12/31/2015
	Conduct an assessment of diversity in our workforce and board/commission membership and develop a strategic plan to to encourage and achieve diversity.	Office of Health Equity/D1 workgroup	12/31/2015
	Conduct a solid waste study in rural areas.	Hazardous Materials Waste Management Division/Charles Johnson	6/30/2016
	Implement a storyboard project to capture community voices on health equity/environmental justice issues.	Collaborative Community Involvement Workgroup	6/30/2016
9.3 - Increase internal knowledge and use of principles promoting health equity and environmental justice			
	Activities	Who (program/person)	By when
	Create and maintain a resource library of trainings in specific core competencies pertaining to health equity, social determinants of health and environmental justice.	Collaborative Workforce Development Workgroup	8/31/2015

	Offer at least 3 staff training opportunities to promote department-wide use of rules/regs review tools that capture health equity and environmental justice issues.	Collaborative's Policy Workgroup	12/31/2015
	Create a mandatory employee training on health equity/environmental justice and social determinants of health	Collaborative's Workforce Development Workgroup	6/30/2016

Appendix 1:

FY 2014-15 Key Accomplishments

The Department of Public Health & Environment identified strategic policy initiatives and performance measures for FY 2014-15. The following is a summary of key accomplishments in the past year and a brief evaluation of the performance measures (as of data from 3/31/2015). For additional details of each strategic policy initiative, you can access the full plan [here](#).

FY 2014-2015 Strategic Policy Initiatives

1. Effective and efficient use of health data and technology

The public health programs in the Department receive various public health data. The systems are not currently fully integrated with each other, local providers or other state agencies. With a cohesive, integrated architecture, data entry will occur only once, reducing the potential for error, and alleviating workload. By June 30, 2016, CDPHE will have a department wide working foundational technology framework (FTF) to enable interoperability with other information technology systems, including Health Information Exchange. By June 30, 2017, the percentage of hospitals and clinics engaging in bi-directional, real-time messaging with the Colorado Immunization Information System will increase by 50 percent.

Status: As of June 30, 2015, CDPHE has begun work to develop a information technology vision document that will allow for forecasting customer needs and for optimizing and modernizing business processes at CDPHE. This work involves key stakeholder and document reviews to confirm the understanding of business issues, business goals and strategic, operational, and competitive drivers. The completed vision document will allow for the creation of a foundational technology framework by June 30, 2016 that will allow CDPHE to drive the modernization of their technology platforms necessary to support changing business needs.

2. Advance Governor's Health Plan and address emerging public health issues in alignment with the Affordable Care Act

Oral Health - Dental cavities are the most common chronic disease of childhood. For children ages 2 to 5, 70 percent of cavities are found in 8 percent of the population and are disproportionately concentrated among low income children. Establishing a dental home by age one helps prevent tooth decay. To improve access to preventive oral health services, CDPHE and partners are educating communities and providers about early oral health interventions in young children. By June 30, 2015, 100 new

dental and medical providers will be trained; by June 30, 2017, 10 percent of all Medicaid children under age one will receive an oral health service.

Status: By June 30, 2015, CDPHE trained over 115 new dental and medical providers to provide early oral health interventions in young children. The exact number of trained providers will be available in early July. CDPHE is collaborating with HCPF to obtain Medicaid utilization data to track age one dental visit for children enrolled in Medicaid.

Obesity - Obesity prevalence in Colorado more than doubled during the past 15 years. The Colorado Department of Public Health and Environment and its partners are implementing proven and promising strategies to fight this battle. By June 30, 2015, CDPHE will recruit 15 hospitals to join the Colorado Healthy Hospital Compact in which participating hospitals implement voluntary standards to improve their food and beverage environments; by June 30, 2017, CDPHE will establish and monitor policies and standards that support healthy weight across the lifespan to reverse the obesity epidemic and hold obesity prevalence to 2015 level.

Status: As of June, 2015, CDPHE can count 17 hospitals involved with the Healthy Hospital Compact with 5 of them reaching the Gold or Silver level. The Compact was launched at an event in November hosted at Children's Hospital. As of Jan. 31, 2015, CDPHE and the State Capitol meet the HHS healthy beverage guidelines for concessions, beverage coolers and vending. CDPHE has been working with CDHS and CDPA to support the blind vendors who provide food services at state agency locations so that their conversion to health nutritional offerings are feasible economically for them.

Substance Abuse and Mental Health - Mental Health issues, including depression, are prevalent nationally, exerting significant effects on health. The stigma surrounding mental health disorders prevents many from seeking help. The number of deaths in Colorado annually due to drug-related poisoning, including opioid analgesics such as oxycodone and hydrocodone more than doubled between 2000 and 2012. By June 2015, the Department seeks to decrease the stigma of seeking help for depression among working aged men through access to the Man Therapy campaign and website as measured by the number of Colorado visitors to the Man Therapy website. CDPHE will also enlist partners to provide provider trainings on safe and effective pain management practices, including the use of the PDMP. By 2017, the Department seeks to increase the percentage of adults who report experiencing symptoms of depression from 7.7 in 2012 to 7.9 as reported in the Behavioral Risk Factor Surveillance System (BRFSS); similarly, the Department seeks to increase the percentage of Prescription Drug Monitoring Program (PDMP) queries for Schedule II-V prescriptions by registered PDMP providers from 20 percent of filled prescriptions (2013) to 75 percent of filled prescriptions.

Status: There were 19,484 colorado visitors to the Man Therapy website from July 1, 2014 - June 22, 2015. There was another Man Therapy campaign outreach effort during this same period that included billboards, buses, as well as radio and television spots. An updated version of mantherapy.org was launched

that includes more interactive features and expands access via mobile phones and tablets. CDPHE staff provided input to the Quad Regulatory Boards (Board of Medicine, Board of Pharmacy, Board of Nursing, and Board of Dentistry) on a policy for prescribing and dispensing opioids, which was adopted in late 2014. CDPHE staff served on the Provider Education Work Group of the Colorado Consortium for Prescription Drug Abuse Prevention, which focuses on improving the education and training of health care professionals who prescribe prescription medications. In the first half of 2015, the Provider Education Work Group concentrated on educating providers about the existence of the Colorado Prescription Drug Monitoring System (PDMP). As of May 2015, 92.3 percent of eligible prescribers and pharmacists were registered for the PDMP. The percentage of PDMP queries per filled prescription by prescribers only is not yet available, however the percentage of queries for prescribers and pharmacists is 92 percent. CDPHE submitted two federal grant applications in May 2015 to enhance provider education efforts over the next year.

3. Efficiently manage environmental permitting, inspection, and monitoring programs to ensure public health protection, improve and protect Colorado's environment, and promote a vibrant economy

The Customer Interface Modernization Project for a Lean Environment is the Environmental Programs initiative to build and operate a customer focused, integrated and interactive electronic information system. It has two major components, developing a secure online system for our regulated customers to submit and access information and web based public access to both environmental data and records. By June 30, 2015, CDPHE will have purchased a pilot system that will allow for the online submittal of permit applications. By June 30, 2017, CDPHE will have 40 discrete CDPHE environmental program processes in the online system.

Status: Working with the Office of Information Technology, the Online permitting pilot component has been released as a Request for Proposal and department staff are currently evaluating the response. The department expects to start work in the fall on the pilot. Additionally, the department has purchased a records management system and has started to work on the implementation of that system. This system will be in place for the Air Pollution Control Division and Water Quality Control Division and departmental records will be available for public access by the end of the calendar year.

Summary of Performance Measures

Major Program Area - Center for Health and Environmental Data

Process - Vital Records Section - provides birth and death certificates

Measure	FY12 Actual	FY13 Actual	FY14 Actual	03/31 /2015	1-Year Goal	3-Year Goal
Average time to issue a birth or death certificate in person (Minutes)	30	30	30	30	30	< 30

Status: On track to meet target by 6/30/2015

Comments: The issuance of a birth or death certificate in person at the State Office of Vital Records has remained consistent at 30 minutes over the past four years. Process improvements are currently underway to reduce the time required to issue certificates in person and by mail.

Major Program Area - Laboratory Services Division

Process - Training of Law Enforcement Agency officers

Measure	FY12 Actual	FY13 Actual	FY14 Actual	03/31 /2015	1-Year Goal	3-Year Goal
Number of Law Enforcement Agency officers trained on equipment	1,378	6,070	1,048	1,257	1,515	1,587

Status: On track to meet target by 6/30/2015

Comments: In 2013, the division replaced the breath alcohol instrumentation statewide (May 1, 2013). As a result, all certified law enforcement officers had to be trained and certified on the new instrument (I-9000). Approximately 5500 officers were certified to perform testing, hence the large fluctuation in number of officers trained in FY 2012-13.

Major Program Area - Air Pollution Division

Process - This process is defined by the number of permits the Division is able to turnaround within a year - from when the division receives an application to the final decision regarding the requested document.

Measure	FY12 Actual	FY13 Actual	FY14 Actual	03/31 /2015	1-Year Goal	3-Year Goal
Number of minor stationary source permits issued	2,876	5,691	5,383	2,568	3,500	5,000
Number of major stationary source permits issued	55	77	41	17	24	85

Status: On track to meet revised target (see comments below)

Comments: FY12 & FY13 Major permit issuance data corrected to be consistent with current calculation methods. 3-Year Major permit goal increased due to upcoming addition of new staff authorized by the General Assembly during the 2015 legislative session. 1-Year FY15 goals for both Major and Minor permits revised downward from previous estimates (6,000 and 45) to reflect significant permitting staff turnover during FY15 (positions have since been re-filled). 3-Year goal for Minor permits revised downward to reflect possible reduction in permit demand from oil and gas sector based on recent industry trends. “Major” sources are larger operations, and are essentially defined as any facility that emits more than 10 tons per year (tpy) of any single hazardous air pollutant (HAP), or more than 25 tpy of any combination of HAPs, or more than 100 tpy of any other air pollutant. “Minor” sources emit less than these thresholds.

Major Program Area - Water Quality and Control Division

Process - The first measure is defined by the number of permit actions issued within one year. The second process is defined by the number of inspections completed within a year.

Measure	FY12 Actual	FY13 Actual	FY14 Actual	03/31 /2015	1-Year Goal	3-Year Goal
Number of new permit actions issued (Clean Water Act)	2,171	1,742	1,691	1,629	2,000	2,000
Number of inspections completed: Public Water Systems	476	493	472	285	475	500

Status: On track to meet target by 6/30/2015,

Comments: Tracking public water system inspections is based on the inspection year, which corresponds to the federal fiscal year, thus 285 is an estimate of the number that will be completed three fourths of the way through the current inspection year.

Major Program Area - Hazardous Materials Waste Management Division

Process - This process is defined by the number of facilities to be inspected within one year, from the identification of facilities to the issuance of the inspection report.

Measure	FY12 Actual	FY13 Actual	FY14 Actual	03/31 /2015	1-Year Goal	3-Year Goal
Number of environmental inspections completed	5,393	7,952	7,424	6,274	6,965	6,965

Status: On track to meet target by 6/30/2015

Major Program Area - Division of Environmental Health & Sustainability

Process - This process is defined by the number of facilities to be inspected within one year, from the identification of facilities to the issuance of the inspection report.

Measure	FY12 Actual	FY13 Actual	FY14 Actual	FY15 Actual	1-Year Goal	3-Year Goal
Number of CAFO/HCSFO water quality and air quality inspections	375	524	400	259	422	432

Status: On track to meet target by 6/30/2015

Major Program Area - Disease Control & Environmental Epidemiology Division

Process - Immunization Program: distribution of vaccines and medications

Measure	FY12 Actual	FY13 Actual	FY14 Actual	03/31 /2015	1-Year Goal	3-Year Goal
Total vaccine doses distributed	1,028,813	929,638	1,059,284	929,956	1,083,576	1,188,233

Status: On track to meet target by 6/30/2015

Major Program Area - Health Facilities & Emergency Medical Services Division

Process - Number of licenses due for renewal versus the number of licenses issued

Measure	FY12 Actual	FY13 Actual	FY14 Actual	03/31 /2015	1-Year Goal	3-Year Goal
Number of licenses due for renewal	1,689	1,822	1,843	1,669	2,207	2,540
Number of renewal licenses issued	1,688	1,817	1,870	1,450	2,207	2,540

Status: On track to meet target by 6/30/2015

Comments: Overage in FY 2013-14 represents licenses due for renewal from previous six month period not issued because facilities did not meet all requirements, including submission of required information.

Major Program Area - Office of Emergency Preparedness & Response (OEPR)

Process - Management of federal emergency response grant funding and Colorado General Fund totaling over \$22 million.

Measure	FY12 Actual	FY13 Actual	FY14 Actual	03/31 /2015	1-Year Goal	3-Year Goal
Number of exercises completed by Local Public Health Agencies	N/A	N/A	926	34	54	54

Status: On track to meet target by 6/30/2015

Comments: The data collected for FY14 included all partners (not just Local Public Health Agencies), creating an inflated number. Starting in 2015, the measure included only Local Public Health Agencies as this reflects grant requirements for OEPR funding. The 1 and 3 year targets were updated to reflect the change and OEPR is on track to meet the target.