

Colorado Department of Public Health and Environment

Strategic Plan 2016-2019 and

Department Implementation Plan FY 2016-17

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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 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.

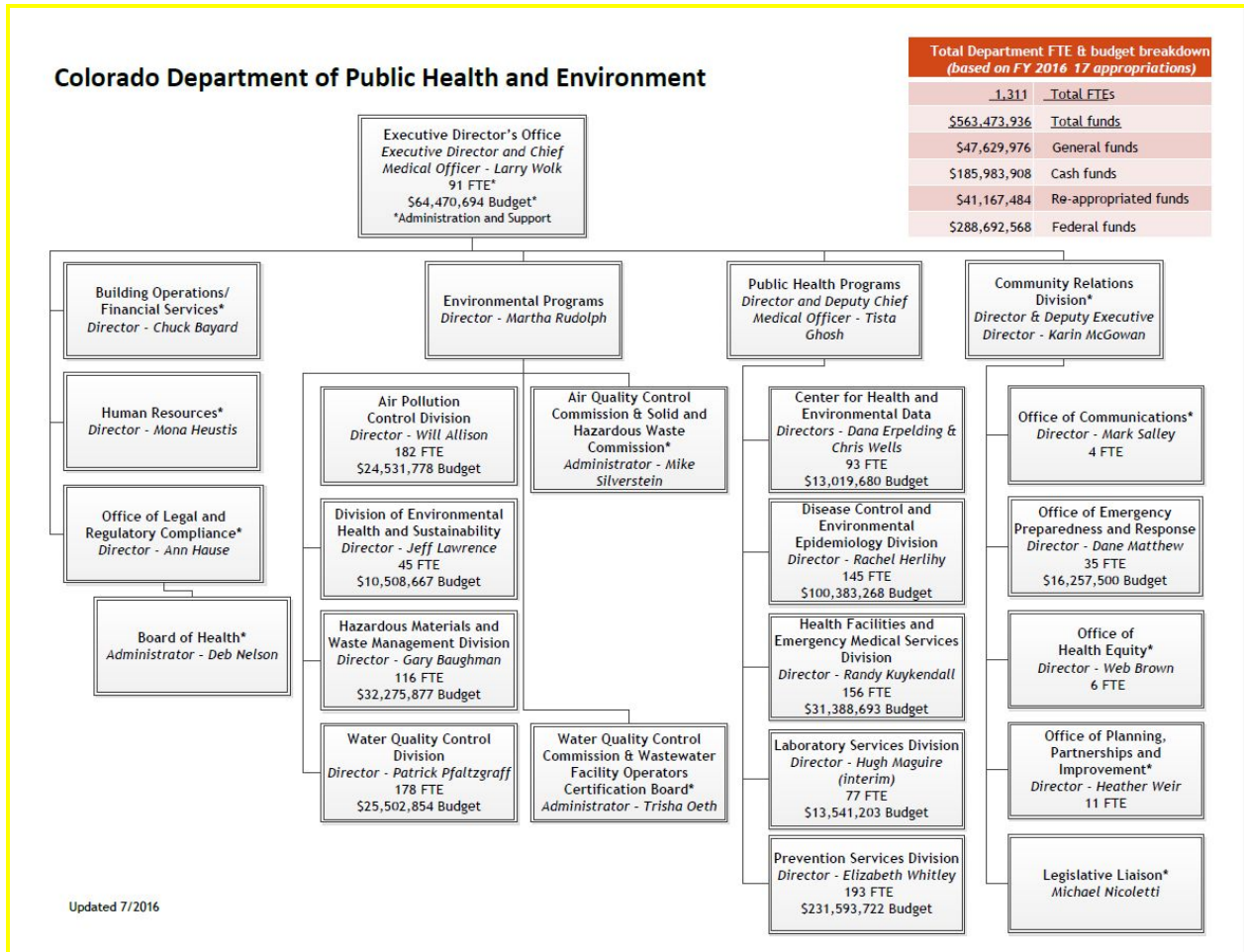
The department pursues its mission through broad-based health and environmental protection programs and activities. These include population-based disease prevention strategies, control of disease outbreaks; provision of health statistics and vital records; health facilities licensure and certification; 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 1,380 employees, with the vast majority working at the offices in Glendale and at the State Lab in Denver. 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 2015-16 the department received approximately 92 percent of its \$534 million funding from federal funds, 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. Divisions

Administration

Administration includes Building Operations, Financial Services, Human Resources, and the Office of Legal and Regulatory Compliance.

- Customers and Constituents: The major group of customers are internal CDPHE staff, funders, private vendors and other governmental 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 (General Fund, 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 the department's indirect cost pool, General Fund, and grants.

Environmental Divisions

Air Pollution Control Division

The Air Pollution Control Division (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 to 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.

Division of Environmental Health and Sustainability

The Division of Environmental Health and Sustainability (DEHS) is comprised of four units implementing 13 programs for the department. 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 (74%), federal funds for administering the school chemical programs, sustainability activities including the environmental leadership programs, and the development of uniform standards and practices in administration of a statewide food safety program (13%), and the General Funds for administering the dairy and child care programs (12%), and re-appropriated funds (1%) for inspection of government facilities in the Department of Corrections and Human Services.

Hazardous Materials and Waste Management Division

The Hazardous Materials and Waste Management Division (HMWMD) 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%).

Water Quality Control Division

The Water Quality Control Division (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.

Public Health Divisions

Center for Health and Environmental Data Division

The Center for Health and Environmental Data (CHED) consists of two offices: the Office of eHealth and Data and the Office of the State Registrar and Records.

The Office of eHealth and Data is responsible for collecting, analyzing and reporting data and improving data systems and includes health surveys and evaluation, health information systems, vital statistics and non-communicable disease registries.

The Office of the State Registrar and Records is responsible for processing official documents and records and includes the vital records program 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 spatial 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.

Disease Control and Environmental Epidemiology Division

The Disease Control and Environmental Epidemiology Division (DCEED) 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%).

Health Facilities and Emergency Medical Services Division

The Health Facilities and Emergency Medical Services Division (HFEMSD) 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 Emergency Medical Services (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 57 percent of funding comes from license and other fees and from the emergency medical services account within the highway users tax fund. Approximately 19 percent of the appropriation comes from federal funds from the Centers for Medicare and Medicaid Services for oversight of Medicare facilities, 18 percent of funds are reappropriated (Medicaid) and 6 percent is from the General Fund.

Laboratory Services Division

The Laboratory Services Division (LSD) 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 of 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.

Prevention Services Division

The Prevention Services Division (PSD) improves the health, well-being and equity of all Coloradans through health promotion, public health prevention programs and access to health care. The division collaborates with a wide range of partners to prevent chronic disease, injury and death and promote mental health, healthy eating and active living. Prevention experts focus on primary prevention and intervention; modifying risk factors and promoting protective factors.

Among the many programs, initiatives and collaborative efforts covered by the division are cancer, diabetes and heart disease prevention, screening and management; breastfeeding, early childhood nutrition and obesity prevention; oral health; food assistance and nutrition education for mothers, infants, children and adults; school health; mental health promotion and suicide prevention; tobacco prevention, education and cessation; marijuana education and youth prevention; family leadership training; health care provider workforce monitoring and loan repayment assistance; newborn screening, child fatality prevention and positive youth development; youth sexual health and family planning; maternal child health and pregnancy-related depression; health care for children with special needs; physical activity, healthy eating and built environment; health systems integration and quality improvement; health information and data collection; and health communication and promotion.

- Customers and constituents: Local, state and national health agencies, public and private health advocates, foundations, community-based organizations, legislators, policy experts, health care providers, patient navigators, health plans, universities and researchers.
- Primary processes:
 1. Provide and administer state and federal grant funding
 2. Provide resources and technical assistance
 3. Promote evidence-based programs and best practices
- Funding sources: Federal (68 percent), state tobacco master settlement and Amendment 35 funds (24 percent), state general fund (6 percent) and private sources (1 percent).

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, accreditation and performance management across CDPHE and to local public health agencies.
 5. **Communications, Media Relations and Public Information** - Inform CDPHE staff and the general public (or specific audiences) of the work of the department or about specific environmental/health issues.
 6. **Legislative Liaison** - Coordinate all aspects of legislative initiatives, starting with requests for proposals for legislative agenda items from divisions through disposition of bills.
 7. **Emergency Preparedness and Response** - Oversight and management of federal public health, hospital and behavioral health emergency preparedness grant funding and Colorado general funds, including assessment, planning, guidance, training, evaluation and funding to improve Colorado's ability to prepare and respond to the behavioral and public health 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.

6. Strategic Plan Overview

This lists the three-year goals of the department and the annual (FY 2016-17) strategies that contribute to the goals. The green shading indicates what strategies support each goal. Strategies that contributed to more than one goal were given priority during the planning process (summarized in Appendix 2). Plan details are listed in the next section.

Annual Strategies FY 2016-17	3 Year Goals: 2016-2019				
	1. Implement the plans supporting the health and environment priorities.	2. Increase CDPHE's efficiency, effectiveness, and elegance.	3. Improve CDPHE's employee engagement.	4. Promote health equity and environmental justice.	5. CDPHE is prepared and responds to all emerging issues.
1. Support the plans to reduce substance use disorder*					
2. Support the plans to reduce the impact on daily life of mental illness*					
3. Support the plans to control the obesity rate for children*					
4. Support the plans to control the obesity rate for adults*					
5. Support the plans to control increase childhood immunization rates*					
6. Ensure air quality is improved and protected by reducing pollution across CO*					
7. Ensure water quality is improved and protected by reducing pollution across CO*					
8. Modernize data collection and dissemination					
9. Implement quality improvement projects					
10. Promote career growth					
11. Recognize employees who exemplify CDPHE's mission and vision					
12. Implement the Health Equity and Environmental Justice plan for the department					

*Align with Vision 2018 and Shaping a State of Health (the state Public Health Improvement Plan)

7. Goals, Strategies and Activities for FY 2016-17

Background:

The three-year goals for 2016-2019 were selected based on their alignment with the major plans that drive our work at CDPHE: the State of Health, Vision 2018 and Shaping a State of Health (the Public Health Improvement Plan). In addition, extensive employee and stakeholder feedback was collected and analyzed to select goals and priorities that focus on identified areas of need (feedback is summarized in Appendix 3). The process used to create the plan is described in Appendix 2 and involved the Strategic Planning Committee (a cross-department committee with representatives from every division and staff from varying levels of the organization), division and office directors, and the executive leadership team.

The strategic plan does not reflect all of the work of the department, but focuses on the areas selected as priorities that will be tracked to ensure CDPHE continues toward its vision of Colorado being the healthiest state with the highest quality environment.

2016-2019 Goals:

Goal 1: Implement the plans supporting the health and environment priorities (from the Public Health Improvement Plan and Vision 2018) by June 30, 2017.				
	Measure	Desired trend	Baseline	Target
O U T C O M E M E A S U R E S	Self-reported, nonmedical opioid (prescription drug) use	↓	5.08% in 1/2015	3.5% in 2018
	% of HS students who used marijuana one or more times during the past 30 days	⇒	19.7% in 2013 21.2% in 6/2016	19.7% in 2017
	Suicide rate per 100,000 people	↓	18.5 in 2013	17.0 in 2018
	% of adults (aged 18+ years) who are obese (BMI greater than or equal to 30)	⇒	21.3% in 6/2015	21.3% in 2018
	% of children (aged 2-14) who are obese (BMI greater than or equal to the 95th percentile)	↓	14.6% in 6/2015	14.5% in 2018
	% of kindergartners vaccinated for DTaP	↑	84.3% in 8/2015	95% in 2020
	% of kindergartners vaccinated for MMR	↑	86.9% in 8/2015	95% in 2020

	% of kindergartners exempted for 1+ vaccines	↓	5.40% in 8/2015	2.9% in 2020
	Annual NOx emissions (tons) from coal-fired power plants (Total EGUs with 2018 or earlier compliance deadlines)	↓	41,897 in 5/2016	24,600 in 2018
	Annual volatile organic compound emissions (tons) in the ozone nonattainment area to comply with the existing federal ozone standard	↓	N/A	158,950 in 2017
	CO2 emission reductions from implementation of Clean Air Clean Jobs (CACJ) obligations: Total reduction from PSCo Cherokee Unit 3 and 4 shutdown/fuel switch (tpy)	↑	1,210,943 in 5/2016	1,250,000 in 2018
	% of total miles of rivers and streams meeting quality standards	↑	51.6% in 6/2015	58.6% in 2018
	% of total acres of lakes/reservoirs meeting quality standards	↑	30.1% in 6/2015	42.1% in 2018
	# of waterborne disease outbreaks at public drinking water systems	⇒	1 in 2008 0 2009-2015	0 in all years
	The percent of population served by community public drinking water systems that meets all health based standards	↑	N/A	98% in 2017
LEAD MEASURES	Prescription Drug Monitoring Program (PDMP) utilization rates (as determined by percent of filled controlled substance prescriptions accompanied by a query of the prescription drug monitoring program database by a prescriber or delegate)	↑	13.5% in 2015	40% in 2019
	Percent of counties (64 total) with permanent household medication collection sites	↑	30% in 4/2016	100% in 2018
	Number of Colorado visitors to Mantherapy.org monthly	↑	1,391 in 1/2015	4,167 in 2019
	% of Colorado adults who have the Diabetes Prevention Program as a covered benefit	↑	21.5% in 6/2016	45% in 2018
	Number of people in Colorado who enrolled in the Diabetes Prevention Program	↑	476 in 2014	3,500 in 2018
	% of eligible state employees who enroll in the Diabetes Prevention Program	↑	1.6% in 6/2015	20% in 2018
	Number of hospitals that have joined the CO Healthy Hospital Compact	↑	13 in 7/2015	20 in 2018
	# of employees represented in the Healthy Hospital Compact	↑		

# of total vaccine doses reported as given	↑	144,313 in 5/2016	370,000 in 2020
% of milestones (6 total) completed in the State Improvement Plan (SIP) designed to demonstrate compliance with the existing Ozone standards that will be submitted to the General Assembly and EPA	↑	33% in 3/2016	100% in 2017
# of miles monitored each month (cumulative by 06/30/2018)	↑	17,308 in 5/2016	37,583 in 2018
# of legacy mine features with current water quality data (cumulative by 12/31/2016)	↑	20 in 2/2016	230 in 2017
% Discharge monitoring reports submitted as required	↑	86% in 4/2016	90% in 2018
% permit holders in compliance with permit limits	↑	94% in 4/2016	92% in 2018
# of acres monitored each month (cumulative by 06/30/2018)	↑	20,148 in 5/2016	29,126 in 2018
# of drinking water assistance group training events (cumulative since January 2016)	↑	18 in 5/2016	20 in 2017
# of one on one assistance events (cumulative since January 2016)	↑	95 in 5/2016	160 in 2017
% of drinking water systems showing improvement after one on one assistance events	↑	78% in 5/2016	80% in 2017
Percent of community public drinking water systems in compliance with health-based standards	↑	N/A	92% in 2017

Goal 2: Increase CDPHE's efficiency index from 63% to 66%, the effectiveness index from 73% to 75%, and the elegance index from 62% to 65% by June 30, 2017.

Measure	Desired trend	Baseline	Target
OUTCOME MEASURES			
Efficiency Index (from CDPHE Employee Engagement survey)	↑	63% in 11/2015	66% on 6/30/2017
Effectiveness Index (from CDPHE EE survey)	↑	73% in 11/2015	75% on 6/30/2017
Elegance Index (from CDPHE EE survey)	↑	62% in 11/2015	59% on 6/30/2017
LEAD MEASURES			
% of activities on track	↑	0% (6/2016)	100% on 6/30/2017

Goal 3: Improve CDPHE's employee engagement index from 72% to 75% by June 30, 2017.

Measure	Desired trend	Baseline	Target
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OUTCOME MEASURES			
Employee Engagement Index (from CDPHE EE survey)	↑	72% in 11/2015	75% on 6/30/2017
LEAD MEASURES			
% of activities on track	↑	0% (6/2016)	100% on 6/30/2017

Goal 4: Promote health equity and environmental justice by June 30, 2017.			
Measure	Desired trend	Baseline	Target
LEAD MEASURES			
% of activities on track	↑	0% (6/2016)	100% on 6/30/2017

Goal 5: CDPHE is prepared and responds to all emerging issues by June 30, 2017.			
Measure	Desired trend	Baseline	Target
LEAD MEASURES			
% of activities on track	↑	0% (6/2016)	100% on 6/30/2017

Strategies and Activities:

The FY 2016-17 Strategies and Activities list the focus areas and projects that will contribute to accomplishing the goals of the department. These strategies align with Vision 2018, Shaping a State of Health (the state Public Health Improvement Plan), the Quality Improvement Plan and Workforce Development Plan (which includes employee engagement). The strategic planning process is described in Appendix 2. The plan also was informed by extensive customer, employee and stakeholder feedback summarized in Appendix 3.

1. Strategy: Support the plans to reduce substance use disorder (Vision 2018)

- Activities:
 - 1.1 Execute the medication takeback program
 - 1.2 Youth marijuana education and prevention campaign
 - 1.3 Targeted youth prevention in-schools
 - 1.4 Targeted youth prevention working with community partners
 - 1.5 Help fund enhancements to Prescription Drug Monitoring Program (PDMP)
 - 1.6 Help fund and evaluate interoperability with Health Information Technology (HIT) systems
- Division: Division of Environmental Health and Sustainability, Prevention Services Division
- Leaders: Greg Fabisak, Ali Maffey, Lindsey Myers

2. Strategy: Support the plans to reduce the impact on daily life of mental illness (Vision 2018, PHIP)

- Activities:
 - 2.1 Provide targeted outreach, support and tools for working age men
 - 2.2 Increase the number of pregnant and postpartum women screened for pregnancy-related depression
 - 2.3 Support Emergency Department participating in a suicide prevention follow-up project
 - 2.4 Provide targeted outreach and tools to youth through school programming
 - 2.5 Expand the implementation of the Colorado Gun Shop Project
 - 2.6 Partner with health care systems and organizations toward the adoption and implementation of the Zero Suicide Framework.
 - 2.7 Implement the Mental Health in the Workplace work plan
- Division: Prevention Services Division
- Leaders: Jarrod Hindman, Mandy Bakulski, Stephanie Rucker

3. Strategy: Support the plans to control the obesity rate for children (Vision 2018, PHIP)

- Activities
 - 3.1 Administer and monitor I am Moving, I am Learning (IMIL) program
 - 3.2 Support hospitals participating in the CO Collaborative to become designated Baby-Friendly

- 3.3 Disseminate early childhood obesity prevention messaging
 - 3.4 Provide school health professional development for school districts
 - 3.5 Develop and implement Healthy Schools Smart Source assessment tool
 - Division: Prevention Services Division
 - Leaders: Jodi Christopfel, Stacy Miller, Jennifer Dellaport, Joan Brucha
- 4. Strategy: Support the plans to control the obesity rate for adults (Vision 2018, PHIP)**
- Activities:
 - 4.1 Increase Diabetes Prevention Program (DPP) enrollment and engagement among state employees
 - 4.2 Promote weight management programs among employees
 - 4.3 Increase the number of covered lives with access to DPP as a benefit (PHIP)
 - 4.4 Healthy Hospitals Compact work
 - Division: Prevention Services Division
 - Leaders: Becky DiOrio, Dan McKenna, Sharon Crocco
- 5. Strategy: Support the plans to increase childhood immunization rates (Vision 2018)**
- Activities:
 - 5.1 Increase school compliance
 - 5.2 Enhance the Colorado Immunization Information System (CIIS) interoperability
 - 5.3 Use data to improve immunization rates
 - 5.4 Use policy to improve immunization rates
 - Division: Disease Control and Environmental Epidemiology Division
 - Leaders: Lynn Trefren
- 6. Strategy: Ensure air quality is improved and protected by reducing pollution across Colorado (Vision 2018)**
- Activities:
 - 6.1 Comply with federal ozone standard
 - 6.2 Develop Oil and Gas Reasonably Available Control Technology (RACT) State Implementation Plan (SIP)
 - 6.3 Comply with sulfur dioxide emissions requirements
 - Division: Air Pollution Control Division
 - Leaders: Will Allison, Chris Colclasure
- 7. Strategy: Ensure water quality is improved and protected by reducing pollution across Colorado (Vision 2018)**
- Activities:
 - 7.1 Improve river, stream, lake and reservoir water quality
 - 7.2 Protect drinking water
 - Division: Water Quality Control Division
 - Leaders: Patrick Pfaltzgraff, Ron Falco

8. Strategy: Modernize data collection and dissemination

- Activity:
 - 8.1 Implement the 'Modernize Data Collection & Dissemination' projects
- Division: Center for Health and Environmental Data, Executive Director's Office
- Leaders: Chris Wells, Andy Putnam

9. Strategy: Implement quality improvement projects

- Activities:
 - 9.1 Implement the 'Business Process Improvement' project
 - 9.2 Complete a feasibility study for mini-grants program that would financially support improvement/innovation projects
 - 9.3 Implement the Accreditation Sustainability Plan
- Division: All Divisions
- Leaders: Chuck Bayard, Ann Hause, Erin Ulric, Leslie Akin

10. Strategy: Promote career growth

- Activities:
 - 10.1 Develop and promote using Career Development Plans and ensure professional development information is readily available for employees
- Division: Administration (Human Resources), All Divisions
- Leaders: Vicky Lane

11. Strategy: Recognize employees that exemplify CDPHE's mission and vision

- Activities:
 - 11.1 Improve employee satisfaction with the recognition they get for doing their work by improving processes for the current systems and creating new methods that meet employee needs.
- Division: Administration (Human Resources), All Divisions
- Leaders: Lainey Trahan

12. Strategy: Implement the Health Equity and Environmental Justice plan for the department

- Activities:
 - 12.1 Health Equity & Environmental Justice Training
 - 12.2 Implementation of a health in all policies approach
 - 12.3 Deploy the Safe Drinking Water program for immigrant/refugee communities
 - 12.4 Rapid response to customer concerns (air pollution)
- Division: Office of Health Equity, Water Quality Control Division, Air Pollution Control Division, Disease Control and Environmental Epidemiology Division
- Leaders: Web Brown, Patrick Pfaltzgraff, Will Allison, Tami McMullin

Future Years: 2017-2019

The following activities were created during the planning workshop and will be considered for future years (FY 2017-18 and FY 2018-19).

- Strategy: Promote career growth
 - Activities:
 - Individual Performance Goal alignment to the department's strategic plan
 - Succession plan training
 - Increase number and participation in Employee Resource Groups
- Strategy: Recognize employees that exemplify the mission/vision
 - Activities:
 - Employee rewards
- Strategy: Implement selected improvement projects
 - Activities:
 - Coordinate incoming and outgoing grant money
 - Management training on financial services (fiscal training)
 - Control Maintenance Plan for IT
 - Broadcast meetings
 - Communications and marketing plan
 - Innovation/Improvement Team (cross divisional)
 - Enterprise License Agreement for Microsoft Office
 - Stakeholder interaction training (relates to communications, facilitation)
 - Ethics training
 - Documenting standard work
- Strategy: Implement the Health Equity and Environmental Justice plan for the department
 - Activities:
 - Employee Ecompass

Appendix 1: FY 2015-16 Key Accomplishments

The Department of Public Health and Environment identified six priority areas for FY 2015-16. Within these six priority areas, there are nine goals, 28 strategies and 74 activities. The summary below shows an overview of the key accomplishments and the status of each of the priority areas. For additional details, you can access the full plan [here](#).

Summary of progress and key accomplishments by priority area

1. Healthy Eating Active Living and Obesity Prevention

- Contains: 2 Goals, 8 Strategies, 18 Activities
- Status of Activities: 6% Achieved, 89% On Track, 6% on track with challenges
- Key Accomplishments:
 - CDPHE collaborated with the Department of Personnel and Administration (DPA), Kaiser Permanente, UnitedHealthcare and the Diabetes Prevention and Control Alliance (DPCA) to streamline the implementation of onsite National Diabetes Prevention Program (NDPP) classes and increase referrals of state employees to online program options. In 2016, additional onsite NDPP classes were implemented at CDPHE and the Department of Health Care Policy and Finance (Medicaid). Colorado presented on the experience of obtaining coverage for and implementing the NDPP for state employees on two National Association of Chronic Disease Directors webinars.
 - CDPHE continued to lead the Colorado Baby-Friendly Hospital Collaborative (CBFHC) into its third year. Five Colorado hospitals have now become Baby-Friendly designated.
 - The 2015 Healthy Kids Colorado Survey data was released June 20, 2016. Despite not meeting the CDC's participation rate requirement (60%), the reliable sample design and robust sample size provide an accurate representation of the health of young people statewide and regionally.

Lead measure	7/15	8/15	9/15	10/15	11/15	12/15	1/16	2/16	3/16	4/16	5/16
% eligible state employees enrolled in Diabetes Prevention Program (target = 5% by 6/2016)	1.6%	4.8%	6.7%	7.4%	9.8%	10.3%	11.7%	13.1%	10%	11%	11.4%

2. Mental Health and Substance Abuse

- Contains: 3 Goals, 9 Strategies, 22 Activities
- Status of Activities: 91% On Track, 9% on track with challenges
- Key Accomplishments:
 - In February 2016, mantherapy.org was revamped and relaunched on a new and more user-friendly web platform. New content and resources were added specifically for military/veteran men and first responders.
 - In June 2016, the Emergency Department (ED) Counseling on Access to Lethal Means project received a grant from the American Foundation for Suicide Prevention to expand the implementation and evaluation of the project to six additional hospitals in Colorado. The three-year project will work in urban and rural hospitals and will measure if/how parents of suicidal youth restrict access to firearms and lethal medications after an emergency department visit for a suicide attempt.

Lead measure	7/15	8/15	9/15	10/15	11/15	12/15	1/16	2/16	3/16	4/16	5/16
Percent of filled controlled substance prescriptions accompanied by a query of the drug monitoring program database by prescriber (target = 40% by 2019)	15.1%	N/A	N/A	N/A	17.5%	16.8%	19.0%	20.0%	19.0%	23.0%	N/A

3. Healthier Air

- Contains: 1 Goal, 3 Strategies, 5 Activities
- Status of Activities: 20% Achieved, 80% On Track
- Key Accomplishments:
 - Fully implemented changes to Colorado’s oil and gas emission regulations, including significantly reducing emissions through an extensive leak detection and repair program.
 - Continued successful implementation of the Clean Air - Clean Jobs Act, with the retirement of Cherokee Unit 3.
 - Initiated stakeholder process and assessed options for additional carbon dioxide emission reductions from power plants. Developed draft state implementation plan designed to meet applicable ozone standards in the Denver-North front range.

Lead measure	7/15	8/15	9/15	10/15	11/15	12/15	1/16	2/16	3/16	4/16	5/16
% of milestones (6 total) completed to submit to General Assembly and EPA the SIP designed to demonstrate compliance with the existing Ozone standards (target = 100% by 12/2016)	16%	16%	33%	33%	33%	33%	33%	33%	33%	N/A	N/A

4. Clean Water

- Contains: 1 Goal, 1 Strategy, 2 Activities
- Status of Activities: 100% On Track
- Key Accomplishments:
 - Led stakeholder process paving the way for the creation of new water quality temperature standard.
 - Issued two Clean Water Act section 401 certifications for two large transmountain diversion projects (Windy Gap and Moffat Tunnel).
 - Ensured no waterborne disease outbreaks associated with public drinking water systems in 2015.
 - In 2015 99% of the population served by community drinking water systems received drinking water that met all health based standards.

Lead measure	7/15	8/15	9/15	10/15	11/15	12/15	1/16	2/16	3/16	4/16	5/16
# of new permit actions issued (target = 2000 by 6/2016)	207	406	639	808	956	1,115	1,224	1,494	1,753	1,970	2,195

5. Sustainable, efficient programs and infrastructure

- Contains: 1 Goal, 4 Strategies, 15 Activities
- Status of Activities: 27% Achieved, 47% On Track, 27% On Track with Challenges
- Key Accomplishments:
 - Established the Quality Improvement (QI) Council in early 2015 and completed CDPHE’s first Quality Improvement Plan in October 2015 (a public health accreditation requirement).
 - Reviewed employee engagement survey results with CDPHE staff in department wide town halls and division specific meetings. The department and all divisions created employee engagement plans.
 - Created CDPHE’s Foundational Technology Framework.

Lead measure	7/15	8/15	9/15	10/15	11/15	12/15	1/16	2/16	3/16	4/16	5/16
% of time that Business Technology Team requests reach a decision in under 6 weeks (target = 100%)	100%	100%	96%	95%	93%	91%	90%	89%	93%	95%	96%

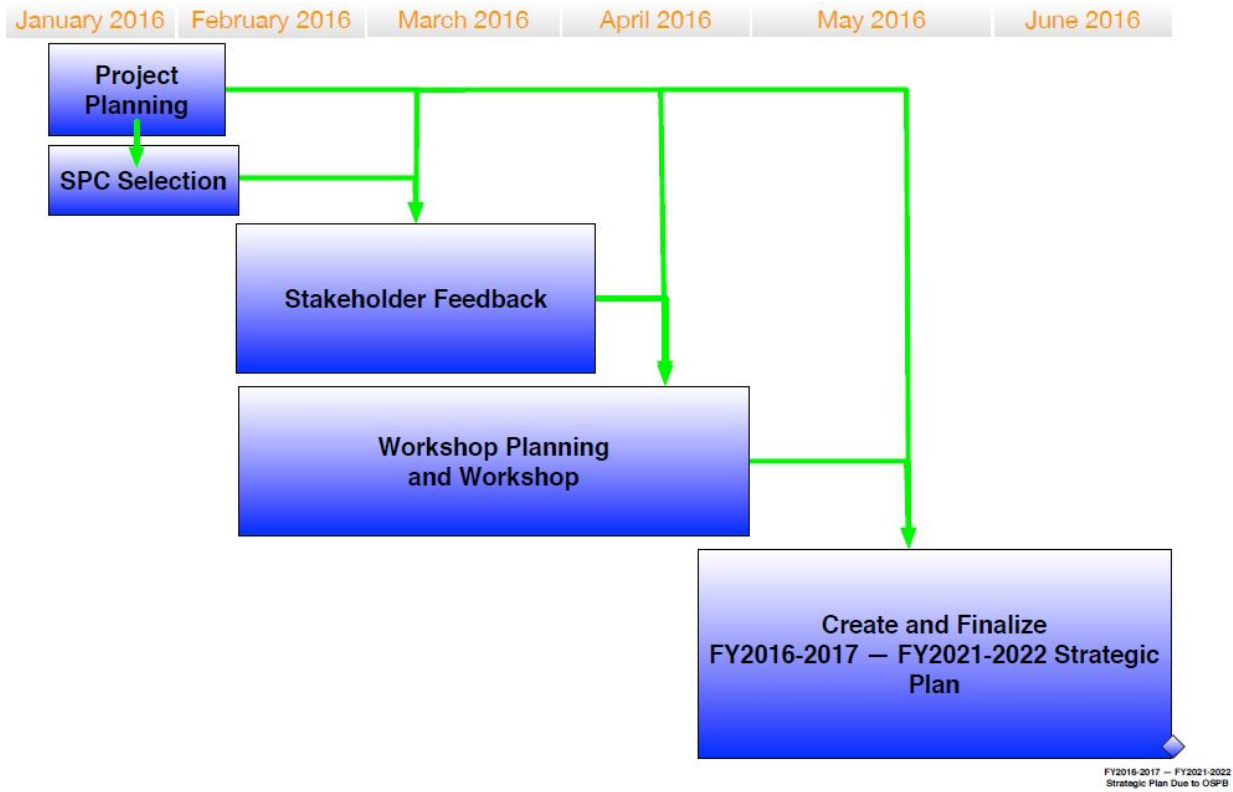
6. Promote Health Equity and Environmental Justice

- Contains: 1 Goal, 3 Strategies, 12 Activities
- Status of Activities: 42% Achieved, 58% On Track
- Key Accomplishments:
 - Conducted series of community engagement meetings across CDPHE to provide staff the opportunity to learn best practices from one another.
 - In collaboration with community partners, developed online HE/EJ 101 training for CDPHE staff.

Lead measure	7/15	8/15	9/15	10/15	11/15	12/15	1/16	2/16	3/16	4/16	5/16
# of CDPHE requests to Language Services for technical assistance, translation, and interpretation (target = 48)	55	28	47	37	48	47	78	71	91	50	35

Appendix 2: Strategic Planning Process

Project timeline

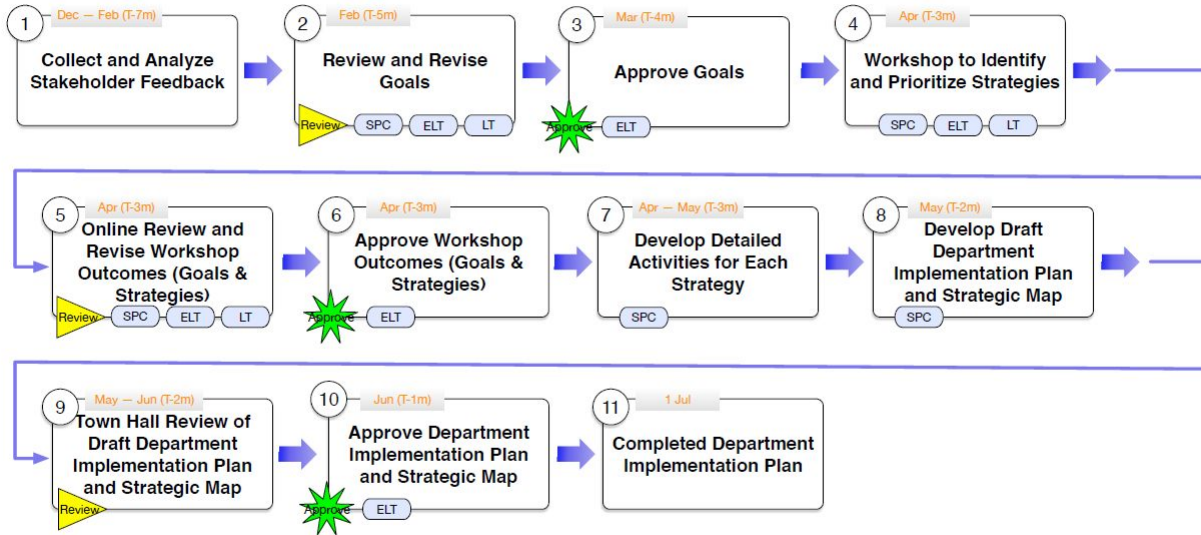


SPC = Strategic Planning Committee

Strategic Planning Process Overview



Strategic Planning Process Overview

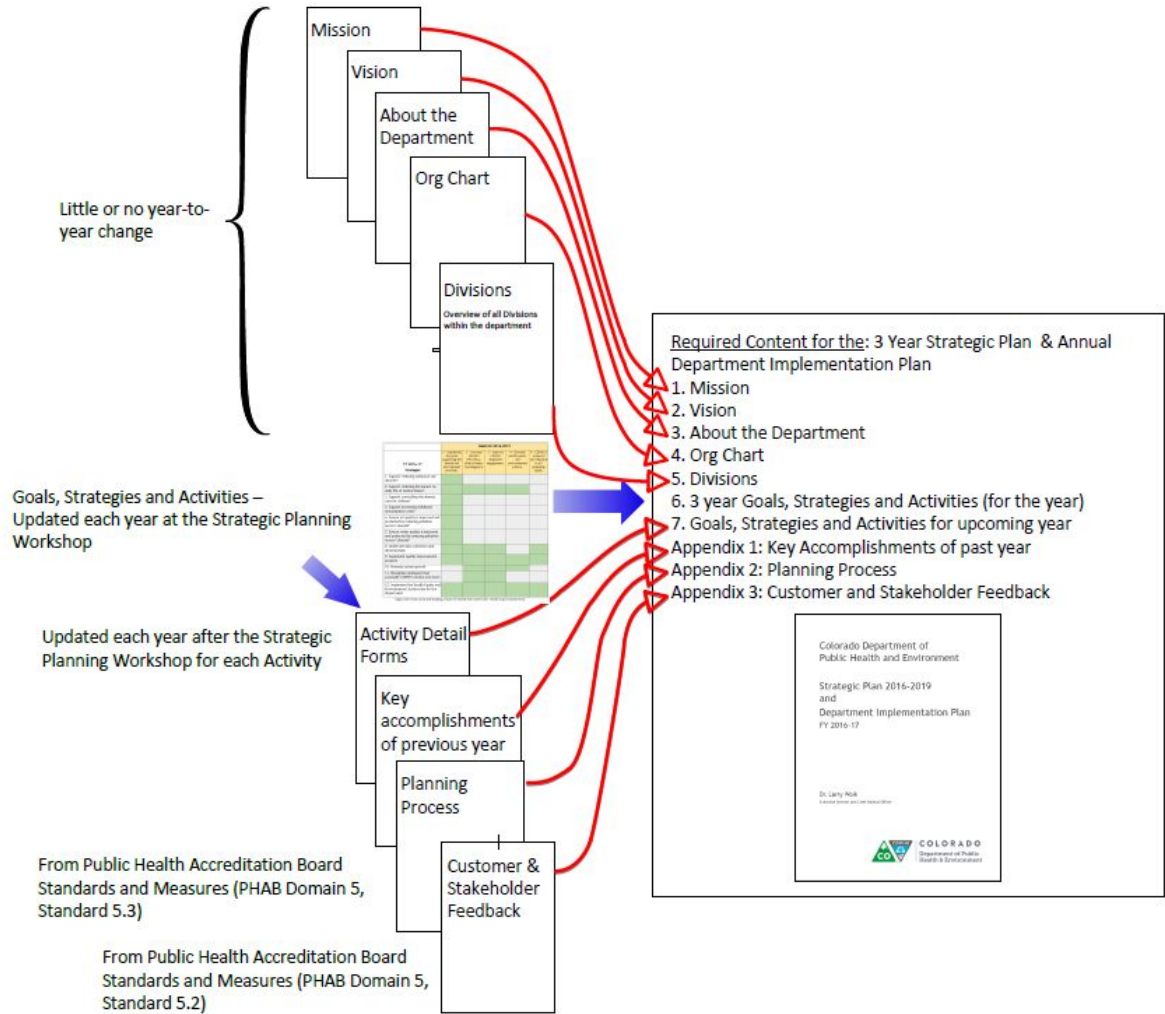


Key:
 Goals = Strategic Policy Initiatives (SPIs)
 SPC = Strategic Planning Committee
 ELT = Executive Leadership Team
 LT = Leadership Team

Strategic Plan Information Flow Diagram



Strategic Plan Basic Information Flow



Appendix 3: Stakeholder Feedback

February through April 2016 the Colorado Department of Public Health and Environment conducted stakeholder feedback surveys and discussions. The following table summarizes the survey methods, the stakeholder groups and the number of respondents.

Survey Method	Stakeholder Group	Number of Respondents
In-person Interview	Executive Leadership Team & Employee Resource Group Leaders	19
Online survey (emailed)	CDPHE Employees	441
Online survey (emailed)	State Government Partners	19
Online survey (emailed)	External Stakeholders	1,042

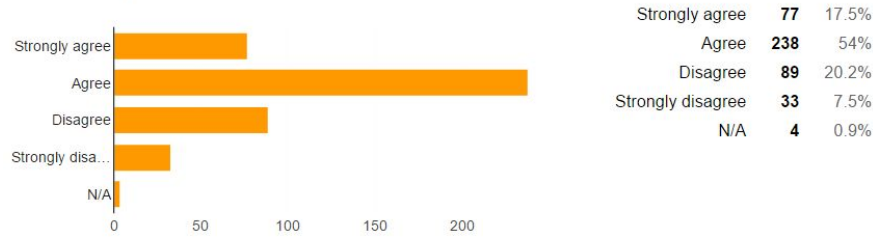
One-on-One Discussion Participants

- Chuck Bayard
- Rick Coffin
- Matt Concialdi
- Ben Eby
- Tista Ghosh
- Annie Guo
- Ann Hause
- Mona Heustis
- Anne Jones
- Kris Kiburz
- Liz Lemonds
- Karin McGowan
- Dan McKenna
- Dana Podell
- Martha Rudolph
- Lainey Trahan
- Elizabeth Walradt
- Heather Weir
- Larry Wolk

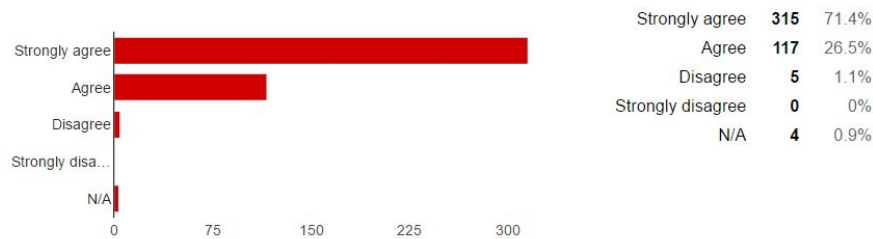
A summary of the feedback was presented at the April 22, 2016 strategic planning workshop and used in determining the goals, strategies and activities. Workshop participants were encouraged to create a plan that would address the feedback, both strengths and weaknesses, that were identified by the in-person interviews and online surveys.

Summary of Employee Feedback (441 responses)

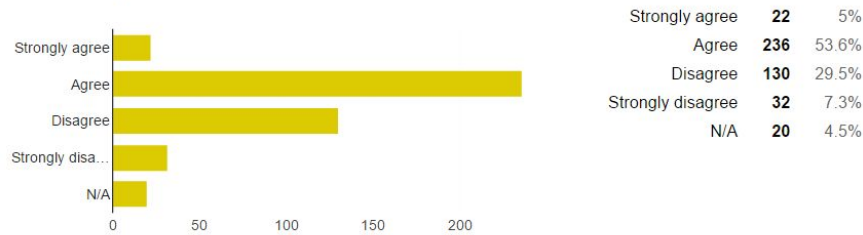
There are opportunities to work with other programs or divisions within CDPHE [Indicate your level of agreement with the following statements:]



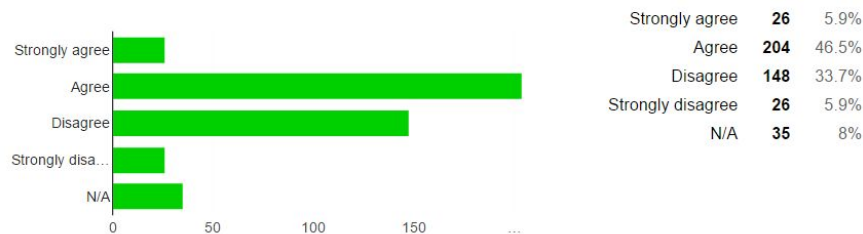
The quality of the environment is important to improving the health of citizens [Indicate your level of agreement with the following statements:]



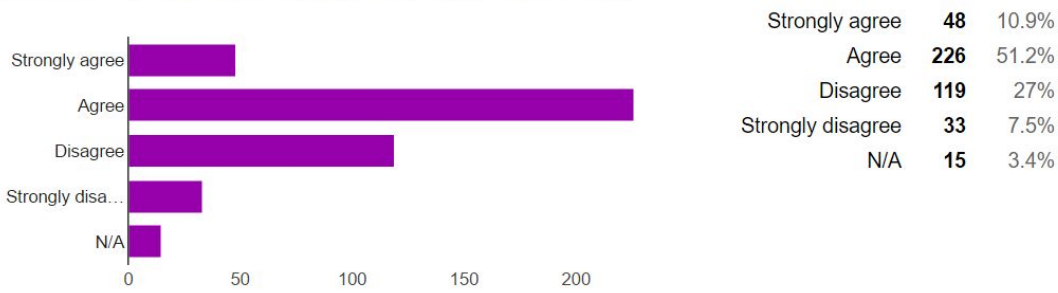
I think our external stakeholders/customers are familiar with the CDPHE mission [Indicate your level of agreement with the following statements:]



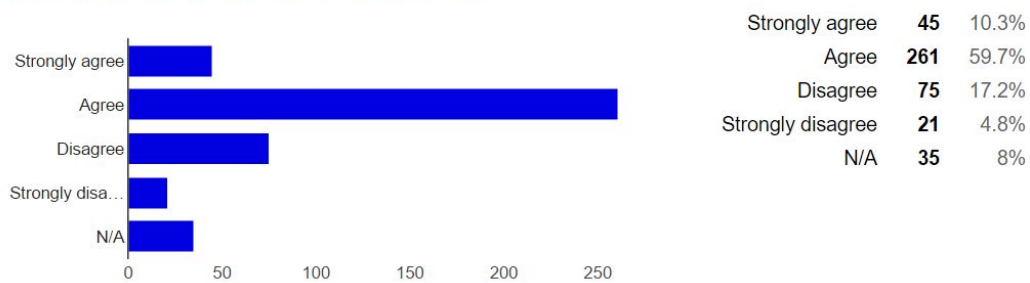
I believe our stakeholders/customers feel our response time meets their needs [Indicate your level of agreement with the following statements:]



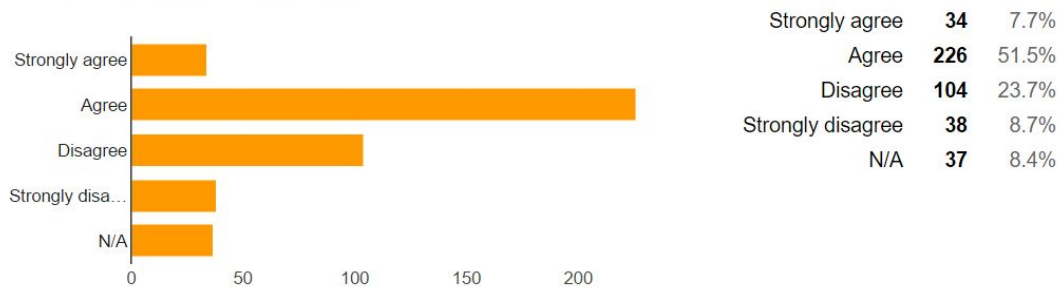
I believe stakeholders/customers can easily identify and contact staff for assistance when needed [Indicate your level of agreement with the following statements:]



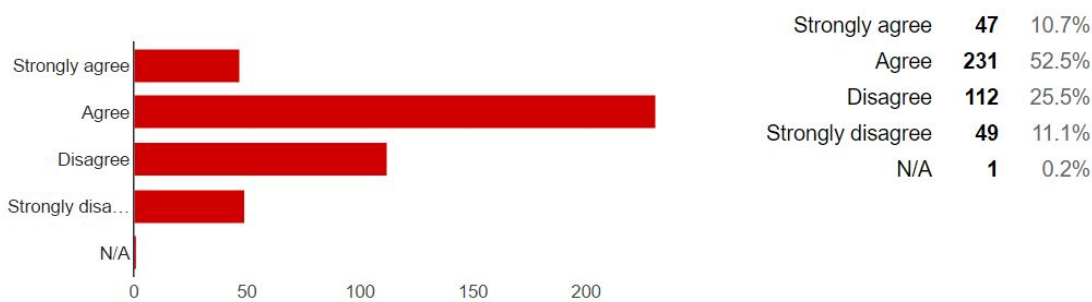
CDPHE is adequately partnering with stakeholders/customers to achieve common goals [Indicate your level of agreement with the following statements:]



CDPHE accurately measures performance such as outputs and outcomes [Indicate your level of agreement with the following statements:]

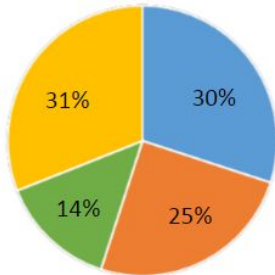


I have access to the technology I need to do my job [Indicate your level of agreement with the following statements:]



Summary of open ended questions: Employee Feedback

What do you perceive as CDPHE's strengths?



- Commitment to Mission
- Expertise
- Reputation
- Relationship

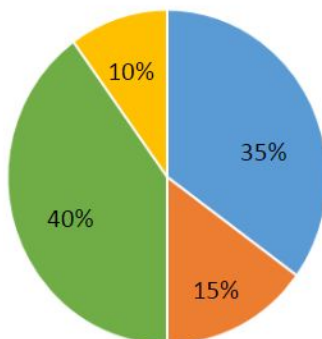
Commitment to Mission: *"Most of our employees are really dedicated, and care a great deal about their mission"*

Community: *"Sense of community and support within my unit/program; desire and drive to work with community"*

Expertise: *"The knowledge and experience of the staff"*

Reputation: *"Reliable, credible source of information to public and others"*

What do you perceive as CDPHE's weaknesses?



- Management Capacity
- Management-Staff Connection
- Process Efficiency
- Financial Management

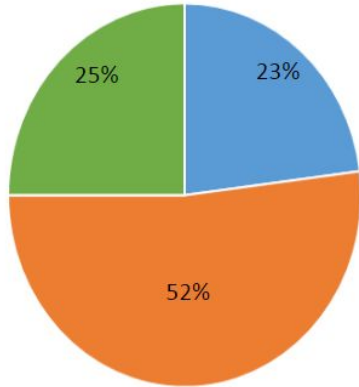
Management Capacity: *"Supervisors need more training"*

Management-Staff Connection: *"Upper level management that does not appreciate the 'rank and file' "*

Process Efficiency: *"Streamlining processes such as contracting and permitting"*

Financial Management: *"Funding and managing budgets correctly"*

What would create the most successful experience with CDPHE for you?



- Management Support for Staff
- Diverse Opportunities for Professional Growth
- Commitment to Improvement on Goals

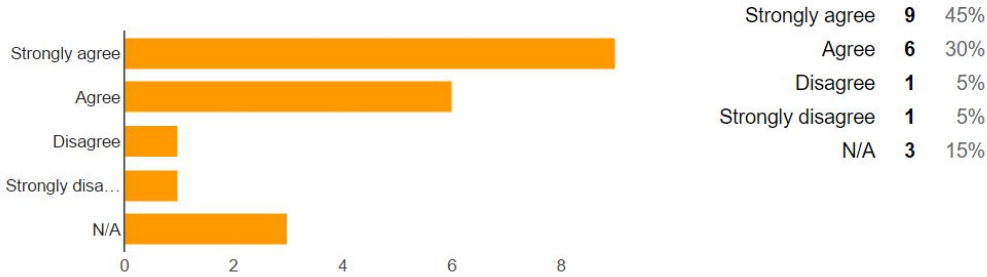
Management Support of Staff: “Positive feedback from senior management”

Diverse Opportunities for Professional Growth: “Provide advancement opportunities to individuals through a technical track that is equivalent to the advancement opportunities afforded through the management track”

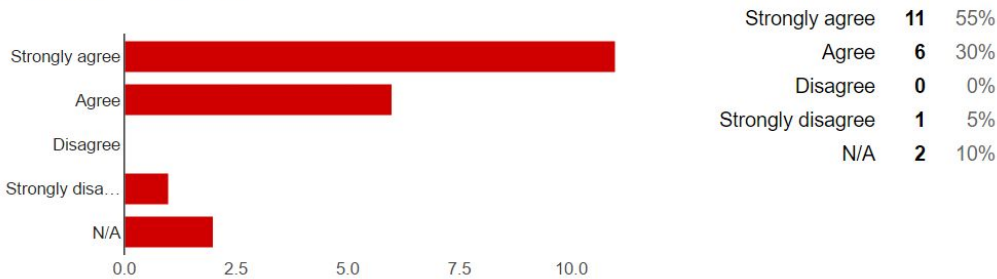
Commitment to Improvement on Goals: “Continue the course that we are on. Continue to develop programs and look for ways to be even more efficient”

State Government Partners (20 responses)

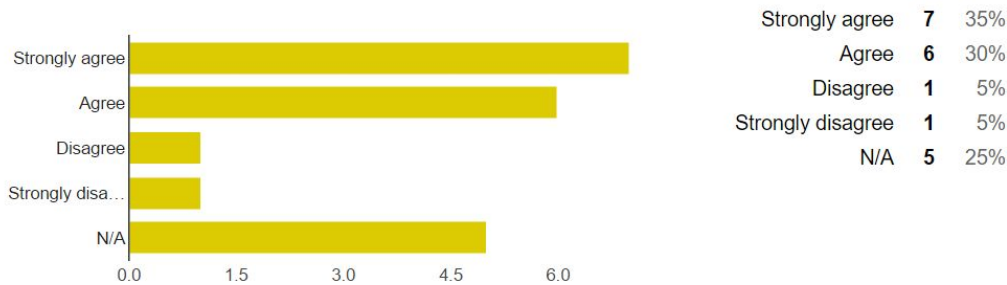
CDPHE is responsive in meeting my or my department's needs [Indicate your level of agreement with the following statements:]



I or my department can easily identify and contact staff to assist us [Indicate your level of agreement with the following statements:]



CDPHE is partnering with me or my department to achieve common goals [Indicate your level of agreement with the following statements:]



Summary of open ended questions: State Government Partners

What do you perceive as CDPHE's strengths?

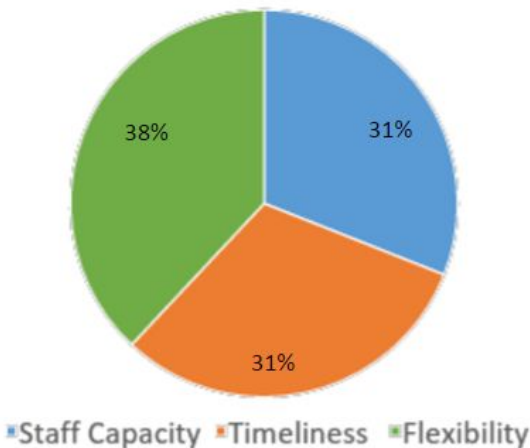


Staff work quality: *"Dedication and competence"*

Responsiveness: *"Personnel in the environmental compliance areas are great at responding to emails & phone calls"*

Thought Leadership: *"They are truly strong thought partners"*

What do you perceive as CDPHE's weaknesses?

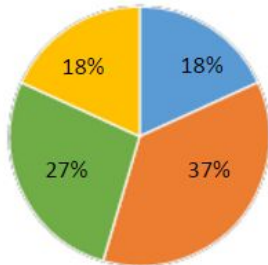


Staff Capacity: *"Lack of training"*

Flexibility: *"In the most difficult cases, the agency occasionally demonstrates a lack of dexterity"*

Timeliness: *"I know the folks have to do due diligence on applications/renewals etc but 7-9 months?"*

What would create the most successful experience with CDPHE for you?



- Current State
- Staff Capacity
- Improved Communications
- Partner in Problem Solving

Current State: *"Things generally work well"*

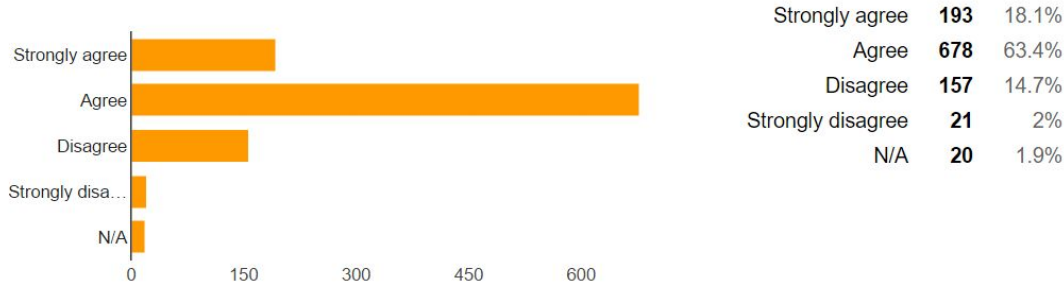
Partner in Problem Solving: *"If staff were able to help us solve our very real world problems"*

Improved Communications: *"Additional collaboration and communication"*

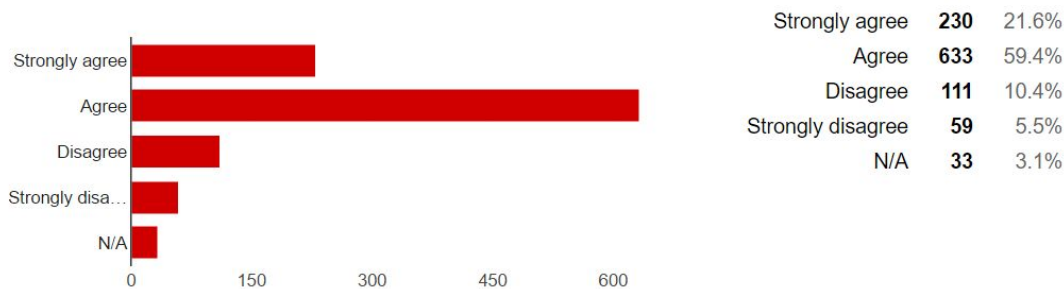
Increased Staff Capacity: *"Perhaps increasing manpower?"*

External Stakeholders (1,077 responses)

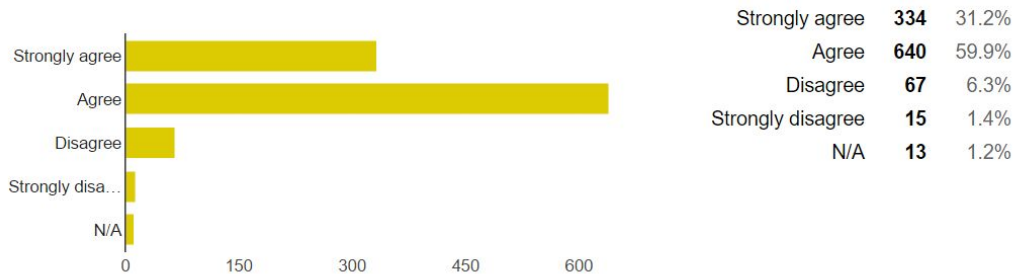
I or my organization is familiar with CDPHE's mission [Indicate your level of agreement with the following statements:]



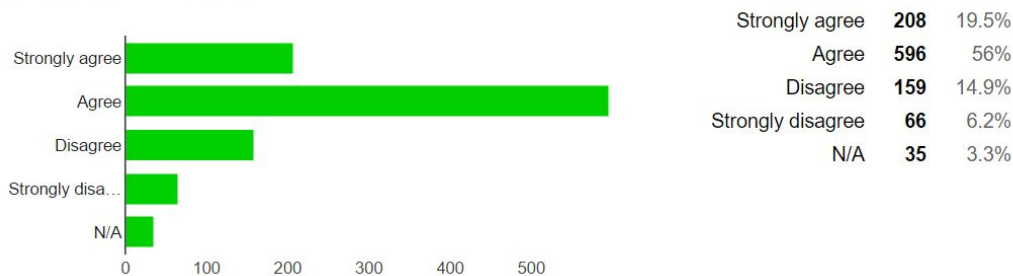
I or my organization trust CDPHE [Indicate your level of agreement with the following statements:]



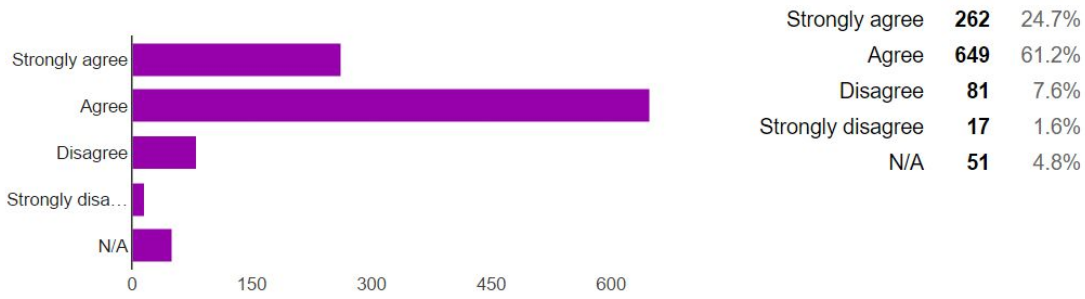
The information provided by CDPHE is valuable to me or my organization [Indicate your level of agreement with the following statements:]



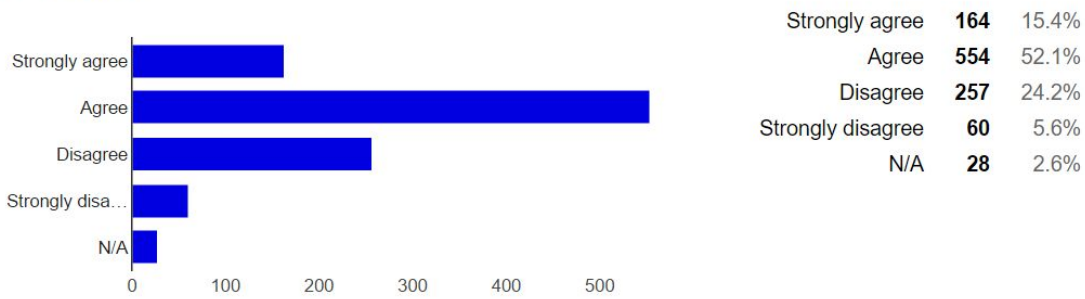
CDPHE is responsive in meeting my or my organization's needs [Indicate your level of agreement with the following statements:]



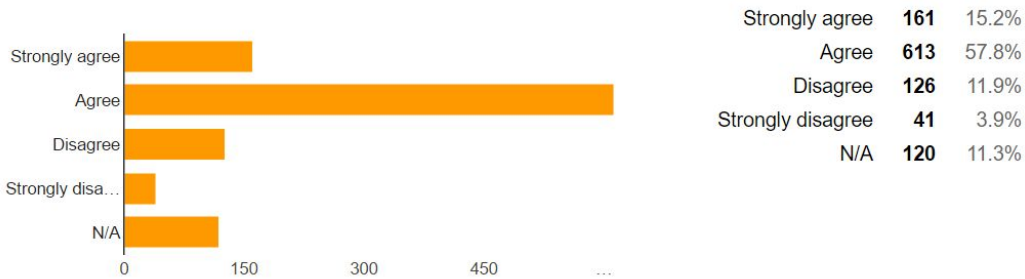
I or my organization can interact with CDPHE through our preferred technology [Indicate your level of agreement with the following statements:]



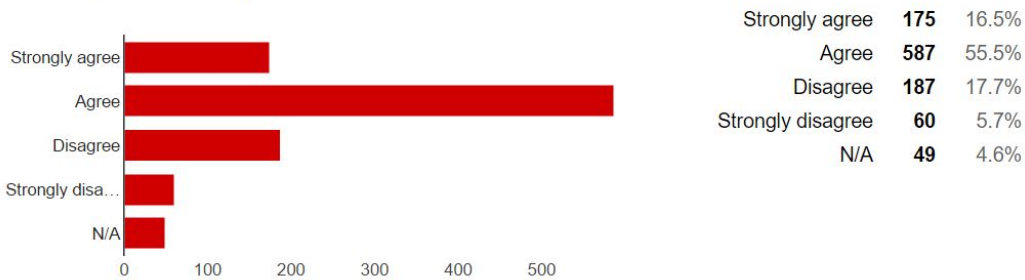
CDPHE provides clear instructions and information [Indicate your level of agreement with the following statements:]



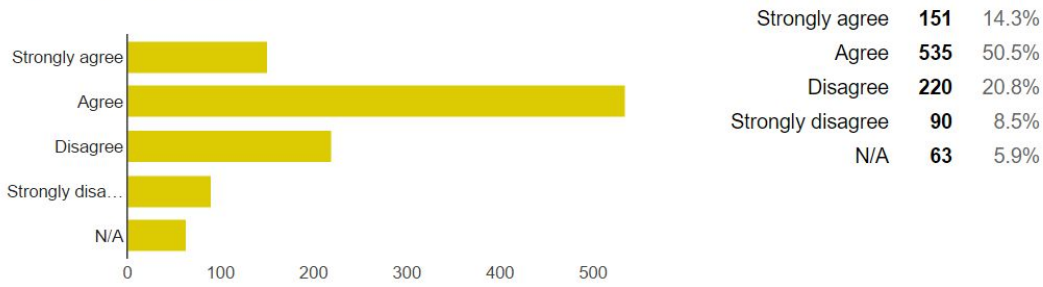
Information I or my organization receives from CDPHE is consistent with the information I get from other state and local agencies [Indicate your level of agreement with the following statements:]



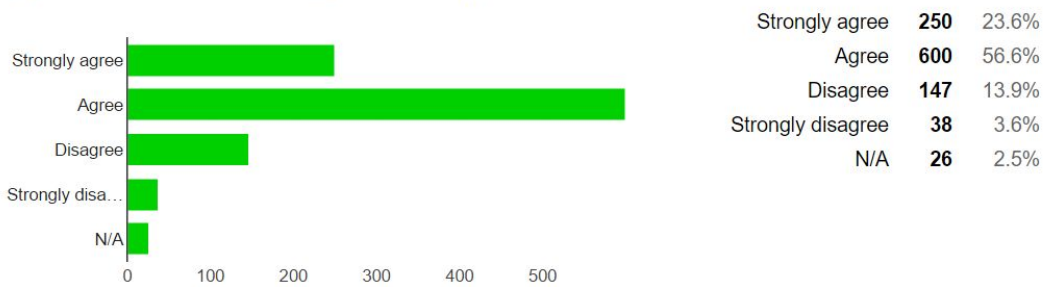
CDPHE priorities align with my or my organization's priorities [Indicate your level of agreement with the following statements:]



CDPHE is flexible in meeting my or my organization's needs [Indicate your level of agreement with the following statements:]

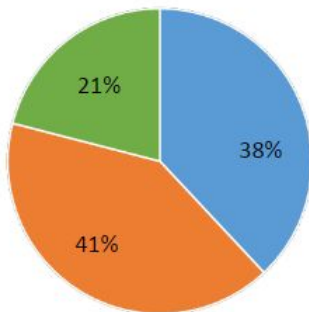


I or my organization can easily identify and contact staff for assistance when needed [Indicate your level of agreement with the following statements:]



Summary of open ended questions: External Stakeholders

What do you perceive as CDPHE's strengths?



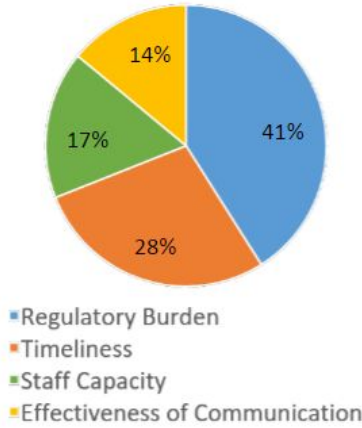
- Responsiveness
- Expertise
- Good Tools

Responsiveness: "Responds quickly"

Expertise: "Technical knowledge and willingness to assist others with technical questions"

Good Tools: "The annual hazardous waste training they present has always been beneficial and we come away with good ideas every year we attend this training"

What do you perceive as CDPHE’s weaknesses?



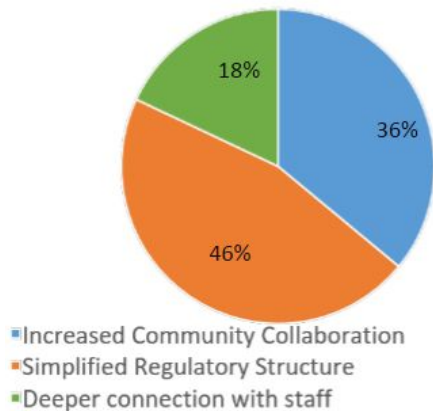
Regulatory Burden: “Regulations and changes in how we have to operate are worded for scientists/water professionals, not the property owners. It is sometimes hard to wade through all the information to see what I actually have to do”

Timeliness: “We have had long delays in having our amendment applications processed”

Staff Capacity: “Staff care about their work, but some lack experience outside of working at CDPHE and have limited ability to understand day-to-day challenges of our industry”

Communication Effectiveness: “The website is less user friendly and lacks an easy way to access the employee directory”

What would create the most successful experience with CDPHE for you?



Increased Community Collaboration: “Future cooperation, if attained, would likely result in less animosity between the regulated community and the divisions/EPA”

Simplified Regulatory Structure: “For them to team with industry to try to better understand roadblocks and issues standing in the way of innovation”

Deeper Connection to Staff: “Out-stationed CDPHE generalist staff in large county/regionally-based”

Additional information was reviewed from the following:

- CDPHE Employee Engagement Survey results (November 2015)
- Feedback from the site visit report from the Public Health Accreditation Board (highlighting strengths and weaknesses)
- Vaccine Ordering Management Evaluation
- Office of Communications survey results from February 2016
- FY16 Office of Information Technology (OIT) Playbook - Published July 2015
- CDPHE's Vision for Technology
- CDPHE Five-Year IT Roadmap
- CDPHE IT Application Inventory