

Colorado Department of Public Health and Environment

Strategic Plan 2016-2019 and

Department Implementation Plan FY 2018-19

Dr. Larry Wolk

Executive Director and Chief Medical Officer



COLORADO
Department of Public
Health & Environment

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1. Department Overview

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.

Vision

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

About the Department

The Colorado Department of Public Health and Environment is one of 16 cabinet-level departments whose executive director is appointed by the governor. Dr. Larry Wolk serves as the department's executive director and chief medical officer. The department serves Coloradans by providing high-quality, cost-effective public health and environmental protection services that promote healthy people and healthy places. Staff focus on evidence-based best practices in the public health and environmental fields and play a critical role in educating citizens so they can make informed choices. In addition to maintaining and enhancing our core programs, the department continues to identify and respond to emerging issues affecting 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; suicide and injury prevention; laboratory and radiation services; and emergency preparedness. The department's environmental responsibilities include air and water quality protection and improvement; hazardous waste and solid waste management; pollution prevention and environmental leadership; and consumer protection.

The department has 1,336 employees, with the vast majority working at the offices in Glendale and the State Lab in Denver. There are satellite offices located in the following locations:

- Grand Junction - Air Pollution Control Division, Water Quality Control Division, Hazardous Materials and Waste Management Division, Health Facilities and Emergency Medical Services Division, and Disease Control and Environmental Epidemiology Division

- Pueblo - Air Pollution Control Division, Water Quality Control Division, Health Facilities and Emergency Medical Services Division, and Disease Control and Environmental Epidemiology Division
- Buena Vista and Steamboat Springs - Water Quality Control Division
- Fort Collins - Health Facilities and Emergency Medical Services Division

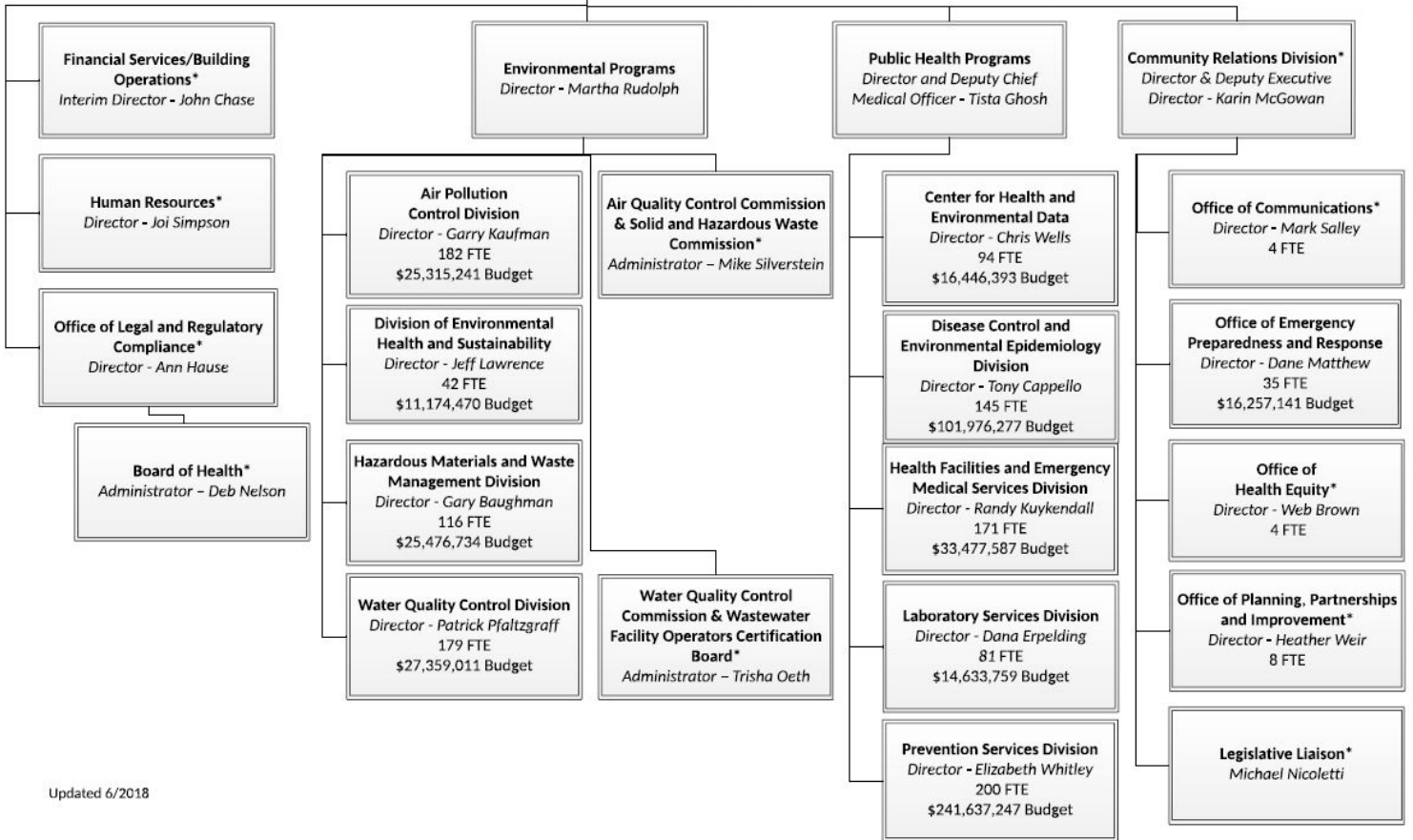
For fiscal year 2018-19, the department received approximately 91 percent of its \$590 million funding from federal funds, fees, grants and other non-general fund sources. The statutory authority for the department is found predominantly in Title 25 of the Colorado Revised Statutes.

CDPHE Org Chart

Colorado Department of Public Health and Environment

Total Department FTE & budget breakdown (based on FY 2018-19 appropriations)	
1,336.1	Total FTEs
\$590,707,821	Total funds
\$52,020,069	General funds
\$192,576,513	Cash funds
\$47,088,905	Re-appropriated funds
\$299,022,334	Federal funds

Executive Director's Office
 Executive Director and Chief Medical Officer - Larry Wolk
 91 FTE*
 \$76,953,961 Budget*
 *Administration and Support



Updated 6/2018

2. Divisions

Administration

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

Primary Processes and Customers for the division:

Primary Processes	Description	Customers
Accounting	Includes processes from the time CDPHE receives or issues a payment document to the time staff reconciles more than 300 revenue sources annually throughout the fiscal year.	Private vendors, fee and service payees, State Controller's Office, State Auditor's Office, funding partners, CDPHE staff
Budget	Includes evaluating future budget needs for the department through the point where those resources are appropriated in the Long Bill or Special Bill.	Office of State Planning and Budget, Joint Budget Committee, Office of Legislative Council, CDPHE staff
Board of Health	Promulgates cost-effective rules for the department's public health, environmental health, and radiation programs, in addition to reviewing and approving funding recommendations for various grant programs.	Stakeholders for rulemaking, grantees, private individuals requesting rulemaking
Contracting and Procurement	Includes all work from when a decision is made to use a contract to receive goods or services through evaluation of the goods and services to determine if the requirements of the contract are met.	Contractors, grantees, other governmental agencies, CDPHE staff
Building Operations	Includes monitoring and securing sufficient resources to ensure CDPHE's buildings and offices are safe, secure, clean and functional for employees and the visiting public.	Contractors, visitors, employees, building owners

Human Resources	Includes 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.	CDPHE current/former staff, job applicants
Internal Audit	Coordinates external audits of CDPHE programs and conducts internal audits to assess compliance with regulatory and fiscal requirements.	State Auditor's Office, CDPHE staff
Privacy and Records Management	Assess programmatic compliance with federal, state and department requirements for information privacy and record retention.	CDPHE staff, Institutional Review Board members, researchers, other governmental agencies

Major Funding Sources (this includes the funding for the Office of Communications, Office of Planning, Partnerships and Improvement and the Office of Health Equity):

- General Fund: \$10,851,199 (20% of total budget)
- Cash Funds: \$2,651,531 (4.9% of total budget)
 - Primary Cash Funds: Marijuana and A35 Tobacco Tax
- Reappropriated Funds: \$36,741,599 (68.4% of total budget)
- Federal Funds: \$3,468,888 (6.5% of total budget)
 - Primary sources: Preventive Health Block Grant, Performance Partnerships Grants, Environmental Protection Agency (EPA) Data Grants, Maternal Child Health

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.

Primary Processes and Customers for the division:

Primary Processes	Description	Customers
Communications, Media Relations and Public Information	Inform department staff and the general public (or specific audiences) of the work of the department and environmental/health issues.	CDPHE staff, Local Public Health Agencies, media, and the public
Emergency Preparedness and Response	Provide oversight and management of federal Public Health Emergency Preparedness and Hospital/Healthcare Preparedness Program grant funding and Colorado general funds; including assessment, planning, guidance, training, evaluation and funding to ensure Colorado communities are completely prepared to respond to and recover from incidents adversely impacting health and the environment.	CDPHE staff, Local Public Health Agencies, Healthcare Coalitions, Community Mental Health Centers, Federally Qualified Health Centers, Centers for Independent Living, Colorado Hospital Association, Colorado Community Health Network, Colorado Rural Health Center
Health Equity	Grant making, contracting, technical assistance and monitoring to promote health equity and environmental justice.	CDPHE staff, Local Public Health Agencies, other Colorado state agencies, non profit organizations
Legislative Liaison	Coordinate all aspects of legislative initiatives, starting with requests for proposals for legislative agenda items from divisions through disposition of bills.	State and Federal legislators, Governor’s Office, CDPHE Staff, Partner Agencies

Local Public Health Planning and Support	Grant management and technical assistance to local public health agencies.	Local Public Health Agencies
Quality Improvement, performance management and strategic planning	Coordination and support for strategic planning, quality improvement (Lean), accreditation and performance management across CDPHE and to local public health agencies.	CDPHE staff, Local Public Health Agencies

Major Funding Sources (for the Office of Emergency Preparedness and Response - all other office budgets are included in the Administration Division):

- General Fund: \$1,589,199 (10.8% of total budget)
- Federal Funds: \$13,061,956 (89.2% of total budget)
 - Primary sources:
 - Health and Human Services (HHS) - Centers for Disease Control and Prevention (CDC): \$9,020,594 (Public Health Emergency Preparedness), \$692,114 (Cities Readiness Initiative)
 - HHS-Assistant Secretary for Preparedness and Response (ASPR): \$3,099,248 (Hospital Preparedness Program), \$250,000 (Ebola)

Environmental Divisions

Air Pollution Control Division

The Air Pollution Control Division includes the: Mobile Sources Program, Administrative Services Program, Planning and Policy, Indoor Environment Program, Stationary Sources Program, Technical Services Program, and the Compliance and Enforcement Program.

Primary Processes and Customers for the division:

Primary Processes	Description	Customers
Issuance of environmental permits, certifications and licenses	Includes processes from the time the division receives an application to the final decision regarding the requested document.	Primary customers consist of the following: 1) stationary sources of air pollution, including large industrial sources, commercial operations, and the oil and gas industry; 2) property owners and their contractors who conduct asbestos and lead-based paint abatement; 3) vehicle owners; and 4) citizens, local governments, environmental organizations and industry groups
Conduct environmental inspections	Includes processes from the identification of the facilities to be inspected to the issuance of the inspection report.	
Air Quality Control Commission	Promulgates cost-effective rules to reduce emissions and improve air quality for the protection of public health and the environment.	Participants in rulemaking, permittees and citizens

Major Funding Sources:

- Cash Funds: \$20,616,670 (81.4% of total budget)
 - Primary Cash Funds: Stationary Sources Fund; AIR Account
- Federal Funds: \$ 4,698,571 (18.6% of total budget)
 - Primary sources: Grants from USEPA

Division of Environmental Health and Sustainability

The Division of Environmental Health and Sustainability includes the: Retail Food Program, Manufactured Food Program, Milk & Dairy Program, Environmental Agriculture Program, the Sustainability Programs, and the Institutions & Emerging Programs (child care, schools, cottage foods).

Primary Processes and Customers for the division:

Primary Processes	Description	Customers
Issuance of environmental permits, certifications and licenses	Includes processes from the time the division receives an application to the final decision regarding the requested document.	Animal feeding operations and citizens of Colorado
Conduct environmental inspections	Includes processes from the identification of the facilities to be inspected to the issuance of the inspection report.	All associated industry members and the citizens and visitors to Colorado

Major Funding Sources:

- General Fund: \$1,655,930 (17% of total budget)
- Cash Funds: \$7,044,631 (71% of total budget)
 - Primary Cash Funds: Fees associated with permits from the Environmental Agriculture Program; license fees associated with the retail, manufactured food and milk and dairy programs; and revenue from tipping fees directed to the Recycling Resources and Economic Opportunity (RREO) program
- Reappropriated Funds: \$117,730 (<1% of total budget)
- Federal Funds: \$1,147,651 (12% of total budget)
 - Primary sources: Grants from EPA and US Food and Drug Administration (FDA)

Hazardous Materials and Waste Management Division

The Hazardous Materials and Waste Management Division includes the: Administration Program, Hazardous Waste Program, Radiation Program, Remediation Program, and Solid Waste and Materials Management Program.

Primary Processes and Customers for the division:

Primary Processes	Description	Customers
Issuance of environmental permits, certifications and licenses	Includes processes from the time the division receives an application to the final decision regarding the requested document.	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, research organizations, industries and contractors, 5) citizens, local governments, interest groups, and 6) anyone with questions on the proper management of waste or radiation
Conduct environmental inspections	Includes processes from the identification of the facilities to be inspected to the issuance of the inspection report.	
Solid and Hazardous Waste Commission	Promulgates cost-effective rules to safely handle, manage and dispose of solid and hazardous wastes to improve public health and the environment.	Participants in rulemaking, permittees and citizens

Major Funding Sources:

- Cash Funds: \$17,354,752 (68% of total budget)
 - Primary Cash Funds: Hazardous Waste Cash Fund, Solid Waste Cash Fund, Hazardous Substances Response Fund, Radiation Cash Fund, Waste Tire Administration, Cleanup and Enforcement Fund
- Reappropriated Funds: \$290,211 (1% of total budget)
- Federal Funds: \$7,831,771 (31% of total budget)
 - Primary sources: US EPA, US Department of Defense, US Department of Energy, and US FDA

Water Quality Control Division

The Water Quality Control Division includes the: Clean Water Program, Safe Drinking Water Program, and an Administration Section.

Primary Processes and Customers for the division:

Primary Processes	Description	Customers
Issuance of environmental permits, certifications and licenses	Includes processes from the time the division receives an application to the final decision regarding the requested document.	Citizens, permittees, public water systems, environmental groups
Conduct environmental inspections	Includes processes from the identification of the facilities to be inspected to the issuance of the inspection report.	Citizens, permittees, public water systems, environmental groups
Water Quality Control Commission	Promulgates rules to maintain and improve state waters to protect public health and the environment, in addition to reviewing and approving funding recommendations for various grant programs.	Participants to rulemakings, permittees who discharge pollutants, public water systems, grant recipients
Water and Wastewater Facility Operators Certification Board	Promulgates cost-effective rules and oversees program for certification of water and wastewater operators.	Certified operators, owners of water and wastewater treatment plants, citizens

Major Funding Sources:

- General Fund: \$4,705,670 (17.3% of total budget)
- Cash Funds: \$8,465,409 (31.0% of total budget)
 - Primary Cash Funds: Commerce and Industry Sector, Construction Sector, Public and Primary Utilities Sector, Water Quality Improvement Fund, Drinking Water Cash Fund
- Reappropriated Funds: \$39,673 (0.1% of total budget)
- Federal Funds: \$14,068,204 (51.6% of total budget)
 - Primary sources: EPA Performance Partnership Grants, Colorado Water Resource and Power Development Authority, EPA Nonpoint Source Grants

Public Health Divisions

Center for Health and Environmental Data Division

The Center for Health and Environmental Data Division includes the Health Surveys and Evaluation Branch, Health Information Systems Branch, Registries and Vital Statistics Branch, Vital Records Office, and the Colorado Medical Marijuana Registry.

Primary Processes and Customers for the division:

Primary Processes	Description	Customers
Health Surveys and Evaluation	To monitor and evaluate progress toward improvement in Colorado by providing timely, innovative, and quality public health data collection, utilization, and reporting services. Design and implement program evaluations to inform continuous improvement and demonstrate effectiveness. Develop and/or implement new methods of data collection to adapt to changes and advances in survey methodology. Drive evidence-based decisions, translate data into action, and influence change to improve the health and lives of Coloradans. Collect, analyze, and disseminate population based health survey data, including the Behavioral Risk Factor Surveillance System (BRFSS), Pregnancy Risk Assessment Monitoring System (PRAMS), Healthy Kids Colorado Survey (HKCS) and Child Health Survey (CHS). Support health programs in accessing and using public health information and technologies including expertise in advanced data modeling, data dissemination, spatial and statistical analysis, and geographic data visualization.	Local Public Health Agencies, hospitals, academic and research institutions, Health Foundations, NGOs, CDPHE staff, public agencies, and the public
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. Use technology to assist with analysis and visualization of public and environmental health spatial data through mapping.	Local Public Health Agencies, CDPHE staff and local, state and federal agencies, and the public

Medical Marijuana Registry	Administers the Colorado Medical Marijuana program by maintaining a confidential database of registered patients, issuing Medical Marijuana Registry cards to qualifying patients, and reviewing petitions for adding debilitating medical conditions for medical use of marijuana.	Patients, physicians, caregivers, and licensed medical marijuana centers
Registries and Vital Statistics Branch	Collect, analyze and disseminate data, information and statistics concerning: vital events (births, deaths, fetal deaths, abortion, marriage and divorce), violent deaths in Colorado (suicide, homicide drug overdose), medical aid-in-dying, cancer incidence, mortality and survival, and birth defects and newborn hearing screening.	Public health officials, community and non-profit organizations, university-based students and researchers, media/news outlets and the public
Vital Records Office	Administers the Colorado Vital Statistics Act by: 1) registering all vital events including births, deaths, fetal deaths and induced terminations of pregnancy, 2) issuing certified copies of births, deaths, and fetal deaths, 3) amending and correcting records of all vital events, 4) providing data to federal agencies including the National Center for Health Statistics and the Social Security Administration, 5) receipt and verification of reports of marriages and divorces, 7) implementation and support of electronic birth and death registration systems and electronic issuance systems at the state and local level, and computerization of historic vital records.	The public, county/local vital records offices, birthing hospitals, midwives, funeral home establishments, physicians, and coroners

Major Funding Sources:

- General Fund: \$1,952,822 (11.94% of total budget)
- Cash Funds: \$9,070,766 (55.45% of total budget)
 - Primary Cash Funds: Vital Records Cash Fund, Medical Marijuana Cash Fund, Marijuana Tax Cash Fund
- Reappropriated Funds: \$5,887 (0.04% of total budget)
- Federal Funds: \$5,327,696 (32.57% of total budget)
 - Primary sources: 5-Part Cancer Grant, Enhancing Cancer Genomic Best Practices through Education, Surveillance, and Policy, Behavioral Risk Factor Surveillance System, Colorado Autism and Developmental Disabilities Monitoring, Surveillance and Research of Muscular Dystrophies & Neuromuscular Disorders, Pregnancy Risk Assessment Monitoring System, National Violent Death Reporting System, Preventive Health and Health Services Block Grant

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. DCEED includes the: Immunization Branch, Tuberculosis and Refugee Program, Communicable Disease Epidemiology Branch, Integrated Disease Reporting Program, Environmental Epidemiology, Occupational Health, and Toxicology (EEOHT) Branch, Sexually Transmitted Infection/Human Immunodeficiency Virus/Viral Hepatitis (STI/HIV/VH) Branch, and the Division Operations Branch.

Primary Processes and Customers for the division:

Primary Processes	Description	Customers
Surveillance of and response to communicable and environmental diseases	Continuous, systematic collection, analysis and interpretation of communicable and environmental disease data needed for the planning, implementation, communication and evaluation of public health programming and interventions. Such surveillance serves as an early warning system for impending public health emergencies and outbreaks; documents the impact of an intervention; tracks progress towards specific goals; and monitors and clarifies the epidemiology of health issues to inform public health policy, strategies and communication with the public.	People with, or at risk for, communicable diseases and environmental exposures; people or communities with health concerns about communicable disease, marijuana, or oil and gas development and production activities; Local Public Health Agencies; health care providers, hospitals, and clinical laboratories
Support interventions for disease control	Interventions can include, but are not limited to, management and distribution medications and vaccines for acute and chronic infectious diseases, infection control recommendations for health care settings, Health Alert Network messages to let providers know about health concerns and provide testing and treatment guidance, health education strategies that focus on behavior change such as promoting adherence to long-term treatment such as for HIV infection or TB, public health policies that strengthen school immunization requirements, and occupational injury prevention programs.	Local, state and federal agencies, health care system (hospitals, pharmacies, clinics, providers, etc.), community-based organizations, advocacy organizations, the public concerned about infectious and environmental diseases

Maintain health information systems	Maintain 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 communicable and environmental disease surveillance systems and the immunization registry.	Local, state and federal agencies, health care system (hospitals, pharmacies, clinics, providers, etc.), clinical laboratories, the hospital association, schools, advocacy organizations, academic/research institutions, the public requesting data and/or their or their child's immunization record
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Major Funding Sources:

- General Fund: \$6,353,230 (5.38% of total budget)
- Cash Funds: \$29,937,017 (25.36% of total budget)
 - Primary Sources: Tobacco Master Settlement Agreement (MSA)- Immunization, Colorado HIV & AIDS Prevention Program, and State Drug Assistance Program; Pharmaceutical Rebate (Ryan White-HIV), Supplemental Rebate (Sexually Transmitted Infections/HIV/Viral Hepatitis), Medical Marijuana Program
- Federal Funds: \$81,316,221 (68.89% of total budget)
 - Primary Sources: CDC, Health Resources and Services Administration
- General Fund Exempt: \$429,909 (0.36% of total budget)

Health Facilities and Emergency Medical Services Division

The Health Facilities and Emergency Medical Services Division includes the: Home and Community Facilities Branch, Health Facility Quality Branch, Acute Care and Nursing Facilities Branch, Licensing, Policy and Enforcement Branch, Emergency Medical and Trauma Services Branch, Education and Technical Assistance Branch, and the Fiscal and Administrative Services Branch.

Primary Processes and Customers for the division:

Primary Processes	Description	Customers
Regulating and licensing health facilities as designated in statute	Includes supporting the administrative licensing functions as well as the inspection of health care facilities to protect the health and safety of system users.	Hospitals, nursing facilities, assisted living residences and other health facilities and providers licensed and regulated by the division, patients, residents and families using those facilities
Performing federal and state facility certification inspections	Perform inspections under agreements with the Centers for Medicare and Medicaid Services and the Department of Health Care Policy and Financing.	
Issuing state credentials for EMS providers	Issuing state certification/practice credentials for EMS providers.	Individuals seeking certification as emergency medical technicians and paramedics
Issuing air ambulance licenses	Issuing licenses for air ambulance services transporting patients in Colorado.	Air ambulance service providers
Investigating and enforcing licensing and certification regulations	Investigating and enforcing licensing and certification regulations and policies as required by law.	Hospitals, nursing facilities, assisted living residences and other health facilities and providers licensed and regulated by the division, patients, residents and families utilizing those facilities, individuals seeking certification as emergency medical technicians and paramedics

Major Funding Sources:

- General Fund: \$1,838,586 (5.5% of total budget)
- Cash Funds: \$18,664,235 (55.81% of total budget)
 - Primary Cash Funds: Assisted Living Residence Cash Fund, Home Care Agency Cash, General Licensure Cash, Emergency Medical and Trauma Services Cash, Air Ambulance Cash, Trauma System Cash, Medication Administration Cash
- Reappropriated Funds: \$6,581,649 (19.68% of total budget)
- Federal Funds: \$6,358,392 (19.01% of total budget)
 - Primary sources: Title XVII Medicare, Centers for Medicare and Medicaid Services

Laboratory Services Division

The Laboratory Services Division includes the: Microbiology Program, Chemistry Program, Newborn Screening Program, Marijuana Program (reference laboratory and laboratory inspection), Fiscal Services, Quality Assurance and Safety Program, Certification and Evidential Breath Alcohol Testing Program, Accessioning, Central Services, and Building Operations.

Primary Processes and Customers for the division:

Primary Processes	Description	Customers
Microbiology laboratory testing	Isolation and identification of microorganisms (bacteria, viruses, fungi, parasites) that can have an impact on public health. Support epidemiological surveillance for reportable conditions.	Clinical Laboratories, Local Public Health Agencies, CDPHE staff, CDC, Association of Public Health Laboratories, State Public Health Labs in the Rocky Mountain PulseNet region, Animal Control and Veterinarians, and the public
Chemistry laboratory testing	Perform testing for organic and inorganic chemical contaminants in water (drinking water, well water, wastewater and stormwater), and environmental samples.	CDPHE staff, other state agencies, federal agencies, the public, small water systems, water providers, private construction and environmental firms
Newborn Screening laboratory testing	The Newborn blood spot screening program screens all infants in Colorado before they are two days old and then again when they are one to two weeks old for various metabolic conditions that can negatively affect a child's health.	Contractors/Clinical Providers, hospitals, pediatricians, family medicine physicians & midwives, the public
Marijuana reference laboratory testing	Inspection of retail marijuana testing facilities to ensure the rules set forth by the Colorado Department of Revenue's Marijuana Enforcement Division are being met.	Marijuana Enforcement Division at Colorado Department of Revenue, marijuana testing facilities, marijuana licensed businesses (cultivators and product manufacturers)

Sample Receipt and Accessioning, Data Entry, and Customer Service	Receive samples, perform data entry and customer service.	Clinical Laboratories, Local Public Health Agencies, CDPHE staff, State Public Health Labs in the Rocky Mountain PulseNet region, animal control and veterinarians, other state and federal agencies, small water systems, water providers, private construction and environmental firms, healthcare providers, marijuana testing facilities, marijuana licensed businesses, the public
Calibration of equipment	Purchase, repair, calibrate and certify Intoxilyzer 9000 (I-9000) instruments used by law enforcement statewide to test subjects suspected of driving under the influence of alcohol. Train and certify law enforcement officers who perform these breath alcohol tests. Provide court testimony.	Colorado Bureau of Investigation (CBI), local law enforcement, District Attorneys, defense attorneys
Certification of external laboratories	Onsite inspections to certify clinical and forensic laboratories and train laboratory staff to improve practices for better results. Inspect and certify laboratories that perform testing in the following categories: 1) Clinical (medical) labs, referred to as Clinical Laboratory Improvement Amendments (CLIA), 2) Dairy or milk testing, 3) Alcohol and drug (toxicology), 4) drinking water.	Clinical (Hospital and Private) Laboratories, Forensic Laboratories

Major Funding Sources:

- General Fund: \$1,274,014 (8.71% of total budget)
- Cash Funds: \$9,434,812 (64.48% of total budget)
 - Primary Cash Funds: Newborn Screening and Genetic Counseling Cash Fund, Laboratory Cash Fund, Law Enforcement Assistance Fund, and Marijuana Tax Cash Fund
- Reappropriated Funds: \$477,149 (3.25% of total budget)
- Federal Funds: \$3,447,784 (23.56% of total budget)
 - Primary sources: US FDA, CDC, US Department of Homeland Security - Biowatch Program, US EPA

Prevention Services Division

The Prevention Services Division improves the health, well-being and equity of all Coloradans through health promotion, prevention and access to care. The Prevention Services Division includes: Children, Youth and Families, Health Services and Connections, Nutrition Services, Violence and Injury Prevention - Mental Health Promotion, Health Promotion and Chronic Disease Prevention, Fiscal, Contracts and Operations Branches as well as a Communications Unit.

Primary Processes and Customers for the division:

Primary Processes	Description	Customers
Provide and administer state, federal and private funding as well as resources and technical assistance for evidence-based and population health focused programming	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; health care provider workforce monitoring and loan repayment assistance; 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.	Local public health agencies, non-profit organizations, tribal governments, health care organizations, universities and colleges, communities
Evaluate and improve program performance	The Division has a culture of quality improvement and performance management. All new employees are trained in quality improvement and performance management as a part of onboarding. Each staff member has an Individual Performance Goal related to quality improvement.	Departmental staff, local public health agencies, non-profit organizations, tribal governments, healthcare organizations, universities and colleges, communities, policy makers

Promote staff engagement, collaboration, health equity as well as create opportunities for change and innovation	Approach teams in each of these areas explore a variety of topics and create resources such as the PSD Inclusive Hiring Guide, a Feedback and Feedforward tool-kit, technical assistance and coaching for health equity, a stakeholder search engine and award tracker as well as the identification of replicable practices for coordinating activities between branches related to food security and connectedness.	
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Major Funding Sources:

- General Fund: \$16,400,000 (6.9% of total budget)
- Cash Funds: \$70,900,000 (29.9% of total budget)
 - Primary Cash Funds: Prevention, Early Detection, and Treatment Fund (CCPD), Tobacco Education Programs Fund, Marijuana Tax Cash Fund, Colorado Health Services Corps Fund, State Dental Loan Repayment Fund
- Reappropriated Funds: \$1,300,000 (0.5% of total budget)
- Federal Funds: \$148,400,000 (62.6% of total budget)
 - Primary sources: Women, Infants, and Children Supplemental Food Grant, Child and Adult Care Food Program, Maternal Child Health Block Grant, Title X Family Planning Grant, Women’s Wellness Connection, 5-Part Cancer Grant

3. Strategic Plan Overview

Colorado Department of Public Health and Environment 2016 - 2019 Strategic Plan	
Our Vision	Colorado will be the healthiest state with the highest quality environment.
Our Mission	To protect and improve the health of Colorado's people and the quality of its environment.
Our Goals	



4. Goals, Strategies, Activities and Measures for FY 2018-19

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 (Governor's Dashboard) and Shaping a State of Health (the Public Health Improvement Plan). In addition, the plan supports and complements other department-level plans such as the Quality Improvement Plan, Workforce Development Plan, Emergency Preparedness Plans, and the department's performance management system.

When selecting the three-year goals, extensive employee and stakeholder feedback was collected and analyzed to select goals and priorities that focus on identified areas of need. In addition strategies that aligned to more than one goal were prioritized. 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. All staff were encouraged to provide input and feedback during and after the strategic planning town hall meetings.

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

Goals, Strategies, Activities and Measures for FY 2018-19:

Goal 1: Implement plans supporting health and environment priorities (from the Public Health Improvement Plan and Vision 2018) by June 30, 2019.	
Strategies & Activities	Leader(s)
<p>1. Substance abuse</p> <p>1a. Strategy: Youth marijuana education and prevention campaigns</p> <ul style="list-style-type: none"> ● Activities: <ul style="list-style-type: none"> ○ Public Marijuana Education implementation ○ Trusted Adult Campaign ○ Youth Prevention Campaign ○ Support local integration of campaign messages in communities <p>1b. Strategy: Targeted youth substance abuse prevention in schools</p> <ul style="list-style-type: none"> ● Activities: <ul style="list-style-type: none"> ○ Provide consultation to the Colorado Department of Education on the creation of the marijuana prevention resource bank (professional development, sharing effective curricula) to school districts ○ Provide regional trainings on positive youth development and evidence-based marijuana prevention programs, curricula, practices, and policies <p>1c. Strategy: Community-based youth substance abuse prevention</p> <ul style="list-style-type: none"> ● Activities: <ul style="list-style-type: none"> ○ Support implementation of Communities That Care in more than 48 communities in Colorado 	<p>Ali Maffey <i>(Prevention Services Division)</i></p>
<p>1d. Strategy: Reduce opioid misuse</p> <ul style="list-style-type: none"> ● Activities <ul style="list-style-type: none"> ○ Increase uptake of clinical opioid prescribing guidelines ○ Implement the CDPHE medication take-back program ○ Make the Prescription Drug Monitoring Program (PDMP) easier for providers to use and access 	<p>Lindsey Myers <i>(Prevention Services Division)</i></p> <p>Greg Fabisiak <i>(Division of Environmental Health and Sustainability)</i></p>

	Measures	Desired trend	Baseline	Target-
O U T C O M E	Pain reliever misuse in the last year*	↓	5.2% in 2015 - 2016	3.5% by 12/2018
	Prescription opioid death rate per 100,000 Colorado residents	↓	5.4% in 2013 6.5% in 2017	5.4% in 2019 and 2021
	% of high school 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
L E A D	% of counties (64 total) with permanent household medication collection sites	↑	14% in 2014 55% in 4/2017	100% in 2019
	% of filled controlled substance prescriptions accompanied by a query of the prescription drug monitoring program database by a prescriber	↑	TBD (measurement changing)	TBD
	# of coaching sessions (calls, webinars or in-person training sessions) from CDPHE staff to the 47 communities funded to implement the Communities that Care (CTC) model with fidelity (monthly)	↑	N/A	85 by 12/2018
	Total number of media impressions (views) of the Trusted Adult and Youth Prevention campaigns, across all media tactics (cumulative annually, starting July 1)	↑	125,000,000 in 6/2017	35,000,000 by 12/2018

*new metrics for FY 18-19

Strategies & Activities	Leader(s)
<p>2. Mental Health</p> <p>2a. Strategy: Support the plan to reduce the impact on daily life of mental illness.</p> <ul style="list-style-type: none"> ● Activities: <ul style="list-style-type: none"> ○ Statewide promotion of Man Therapy, focusing on workplaces, local public health and community settings that are predominantly male ○ Develop and implement online primary care provider education training on men and depression ○ Support emergency departments participating in a suicide prevention follow-up project ○ Expand ED counseling on Access to Lethal Means (ED-CALM) 	<p>Jarrod Hindman (Prevention Services Division)</p>

	<ul style="list-style-type: none"> ○ Provide targeted outreach and tools to high school youth through the Sources of Strength program ○ Expand the implementation of the Colorado Gun Shop Project ○ Partner with health care systems and organizations toward the adoption and implementation of the Zero Suicide Framework 			
	<p>2b. Strategy: Improve screening rates and treatment for pregnancy-related depression.</p> <ul style="list-style-type: none"> ● Activities: <ul style="list-style-type: none"> ○ Implement the Pregnancy Related Depression public awareness campaign 	<p>Mandy Bakulski (Prevention Services Division)</p>		
	Measures	Desired trend	Baseline	Target
O U T C O M E	Suicide rate per 100,000 people	↓	18.5 in 2015 19.5 in 2016 20.9 in 2017	17.6 in 2018
L E A D	# of Colorado visitors to Mantherapy.org monthly	↑	1,391 in 1/2015	4,167 in 2019

Strategies & Activities	Leader(s)
<p>3. Obesity</p> <p>3a. Strategy: Support the plans to control the obesity rate for adults.</p> <ul style="list-style-type: none"> ● Activities: <ul style="list-style-type: none"> ○ Increase Diabetes Prevention Program (DPP) enrollment and engagement among state employees. ○ Increase the number of covered lives with access to DPP as a benefit. ○ Increase the number of hospitals enrolled in the Colorado Healthy Hospital Compact. 	<p>Joan Brucha & Jennifer Dellaport (Prevention Services Division)</p>

<ul style="list-style-type: none"> ○ Increase the number of local government policies and environmental strategies to increase safe, equitable access to physical activity through the built environment. <p>3b. Strategy: Support the plans to control the obesity rate for children.</p> <ul style="list-style-type: none"> ● Activities: <ul style="list-style-type: none"> ○ Support hospitals participating in the CO Collaborative to become designated Baby-Friendly. ○ Disseminate Early Childhood Obesity Prevention messaging. ○ Increase school participation in Healthy Schools Smart Source assessment tool. 	
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	Measures	Desired trend	Baseline	Target
O U T C O M E	% of adults (aged 18+ years) who are obese (BMI greater than or equal to 30)	↓	21.3% in 2014 20.2% in 2015 22.3% in 2017	21.3% in 2018
	% of low income children (aged 2-4) who are obese (BMI greater than or equal to the 95th percentile)	↓	7.3% in 2015 7.0% in 2016 7.5% in 2017	7% in 2018
L E A D	% of Colorado adults who have the Diabetes Prevention Program (DPP) as a covered benefit	↑	22% in 6/2015 29% in 6/2017	45% in 2018
	% eligible state employees enrolled in Diabetes Prevention Program	↑	2% in 6/2015 17% in 6/2017	25% in 2018
	# of participants in the Diabetes Prevention Program	↑	476 in 2014 4,563 in 6/2017	7,000 in 2018
	# of hospitals that have joined the CO Healthy Hospital Compact	↑	13 in 7/2015 22 in 6/2017	28 in 2018
	# of employees represented in the CO Healthy Hospital Compact	↑	33,770 in 7/2016 43,331 in 6/2017	38,000 in 2018
	# of hospitals certified as Baby-Friendly™	↑	3 in 7/2015 10 in 6/2017	15 in 2018

Strategies & Activities	Leader(s)
<p>4. Immunizations</p> <p>4a. Strategy: Increase school compliance to increase immunization rates.</p> <ul style="list-style-type: none"> • Activities: <ul style="list-style-type: none"> ◦ Launch school/child care data collection and publish ◦ Analyze and submit CDC kindergarten survey data ◦ Provide support to LPHAs to work with schools and child cares to assess immunization rates <p>4b. Strategy: Enhance Colorado Immunization Information System (CIIS) interoperability</p> <ul style="list-style-type: none"> • Activities: <ul style="list-style-type: none"> ◦ Continue to implement real-time messaging interfaces for providers and CORHIO <p>4c. Strategy: Use data to improve immunization rates</p> <ul style="list-style-type: none"> • Activities: <ul style="list-style-type: none"> ◦ Provider-level report cards for VFC Providers ◦ Provide a list of non-compliant schools/child care centers to LPHAs <p>4d. Strategy: Use policy to improve immunization rates</p> <ul style="list-style-type: none"> • Activities <ul style="list-style-type: none"> ◦ Continue to work with stakeholders to identify potential strategies to increase immunization rates 	<p>Lynn Trefren <i>(Disease Control and Environmental Epidemiology Division)</i></p>

	Measures	Desired trend	Baseline	Target
O U T C O M E	% of kindergartners vaccinated for DTaP	↑	84.3% in 8/2015 86.6% in 8/2016 86.8% in 10/2017	95% in 2020
	% of kindergartners vaccinated for MMR	↑	86.9% in 8/2015 87.1% in 8/2016 87.3% in 10/2017	95% in 2020
	% of kindergartners exempted for 1+ vaccines	↓	5.4% in 8/2015 4.3% in 8/2016 3.6% in 10/2017	2.9% in 2020
L E A D	# of total vaccine doses reported as given (variable by month - Oct highest each year)	↑	279,317 in 8/2015 292,286 in 8/2016 288,033 in 8/2017	370,000 in 2020

Strategies & Activities				Leader(s)
5. Air Quality 5a. Strategy: Ensure air quality is improved and protected by reducing pollution across Colorado <ul style="list-style-type: none"> • Activities: <ul style="list-style-type: none"> ◦ Comply with federal ozone standard ◦ Develop Oil and Gas Reasonably Available Control Technology (RACT) State Implementation Plan (SIP) ◦ Comply with sulfur dioxide emissions requirements ◦ Reduce carbon dioxide emissions from the electric generating sector in Colorado 				Garry Kaufman <i>(Air Pollution Control Division)</i>
	Measures	Desired trend	Baseline	Target
O U T C O M E	Annual NOx emissions (tons) from coal-fired power plants (Total EGUs with 2018 or earlier compliance deadlines)	↓	43,763 in 6/2015 38,865 in 6/2016 36,336 in 6/2017	24,600 in 2018
	Annual volatile organic compound emissions (tons) in the ozone nonattainment area to comply with the existing federal ozone standard	↓	187,000 in 2011	158,950 in 2018
	State-wide carbon dioxide emissions (Climate EO)	↓	43,230,000 in 2015 39,860,000 in 6/2016 37,990,000 in 6/2017	32,420,000 in 2025
L E A D	% of milestones (of 6 total) completed to submit to General Assembly and EPA the oil and gas Control Techniques Guidelines SIP revision to comply with the existing Ozone standards	↑	50% in 7/2017	100% in 2018
	% of source categories (7 total) covered by new Reasonably Available Control Technology (RACT) standards	↑	0% in 7/2017	100% by 12/2019
	% of affected units that reduce CO2 by their Clean Air Clean Jobs (CACJ) deadline	↑	67% in 3/2017	100% in 2018

Strategies & Activities				Leader(s)
6. Water Quality 6a. Strategy: Improve river, stream, lake and reservoir quality <ul style="list-style-type: none"> • Activities: <ul style="list-style-type: none"> ◦ Assess rivers, streams, lakes, and reservoirs ◦ Issue water quality permitting actions 				Nicole Rowan (Water Quality Control Division)
6b. Strategy: Protect drinking water <ul style="list-style-type: none"> • Activities: <ul style="list-style-type: none"> ◦ Sanitary survey inspections at public drinking water systems 				Ron Falco (Water Quality Control Division)
	Measures	Desired trend	Baseline	Target
O U T C O M E	% of total miles of rivers and streams meeting quality standards	↑	51.6% in 6/2015 59.0% in 6/2016	58.6% in 2018 60% in 2020
	% of total acres of lakes/reservoirs meeting quality standards	↑	30.1% in 6/2015 33.1% in 6/2016	42.1% in 2020
	# of waterborne disease outbreaks at public drinking water systems	⇒	1 in 2008 0 2009-2015	0 in all years
	% of population served by community public drinking water systems that meet all health based standards	↑	97% in 2009-15 (avg)	98% in 2017
L E A D	# of miles monitored each month (cumulative by 06/30/2018)	↑	2,550 in 7/2015 19,768 in 6/2016	17,600 in 2018
	% Discharge monitoring reports submitted as required	↑	95% in 3/2016 93% in 6/2017	92% in 2018
	% permit holders in compliance with permit limits	↑	96% in 4/2016 97% in 6/2017	94% in 2018
	# of acres monitored each month	↑	20,148 in 6/2016 50,053 9/2017	52,807 in 2018
	# of one on one assistance events	↑	12 in 7/2016 12 in 7/2017	13 in 2017
	Number of public drinking water systems that tested positive for E.coli	↓	0 in 7/2016 3 in 7/2017	0 in 2018
	# of drinking water assistance group training events per month	↑	3 in 1/2016 2 in 7/2017	4 in 2018
	% of drinking water systems showing improvement after one on one assistance events	↑	51% in 2015 58% 7/2017	60% in 2018
	% of community public drinking water systems in compliance with health-based standards	↑	90% in 2009-15 (avg)	92% in 2017

Goal 2: Increase CDPHE's efficiency index from 67% to 69%, the effectiveness index from 75% to 77%, and the elegance index from 62% to 64% by June 30, 2019 in order to improve service and outcomes for customers.



Strategies & Activities	Leader(s)
<p>7. Data Collection and Dissemination 7a. Strategy: Modernize data collection and dissemination in order to better serve customers and partners</p> <ul style="list-style-type: none"> • Activities: <ul style="list-style-type: none"> ◦ Modernize data collection & dissemination for departmental Operations ◦ Modernize data collection & dissemination for the Health Divisions ◦ Modernize data collection & dissemination for the Environmental Divisions ◦ Participate in the statewide resource and referral project in order to improve the coordination and connectivity of the data systems to ensure citizens are able to seamlessly find and access resources across the state ◦ Implement activities of the CDPHE Foundational Technology Framework in order to deliver projects and proactively plan for technology needs across the department 	<p>Andy Putnam <i>(Environmental Divisions)</i></p> <p>Chris Wells <i>(Center for Health and Environmental Data)</i></p> <p>Erin Ulric <i>(Prevention Services Division)</i></p>
<p>8. Quality Improvement 8a. Strategy: Implement quality improvement projects in order to better serve customers and engage partners</p> <ul style="list-style-type: none"> • Activities: <ul style="list-style-type: none"> ◦ Continue to implement internal Business Process Improvement projects to address staff and customer pain points with current processes ◦ Continue to implement external Business Process Improvement projects to better meet the needs of our Local Public Health Agency partners and ensure smooth working relationships are developed and maintained 	<p>John Chase <i>(Administration/ Operations and Financial Services)</i></p> <p>Ann Hause <i>(Administration/ Office of Legal and Regulatory Compliance)</i></p> <p>Leslie Akin <i>(Office of</i></p>

	<ul style="list-style-type: none"> ○ Implement and evaluate the Innovation Mini-Grants that were funded for FY2018-19 to assess outcomes of the projects and also the feasibility of continued department funding of innovation mini-grants ○ Optimize and automate administrative workflows (such as the Personnel Action Form) in order to save staff time and effort 	<i>Planning, Partnerships and Improvement)</i>		
	Measures	Desired trend	Baseline	Target
O U T C O M E	Efficiency Index (from CDPHE Employee Engagement survey)	↑	63% in 11/2015 67% in 2017	69% by 6/2019 71% by 6/2021
	Effectiveness Index	↑	73% in 11/2015 75% in 11/2017	77% by 6/2019 79% by 6/2021
	Elegance Index	↑	62% in 11/2015 62% in 11/2017	64% by 6/2019 66% by 6/2021
L E A D	# of Health Divisions technology projects completed in FY19	↑	N/A	2 by 6/2019
	% of Health Divisions technology projects completed on time in FY19	↑	N/A	95% by 6/2019
	% of Health Divisions technology projects completed on budget in FY19	↑	N/A	95% by 6/2019
	# of Environmental Divisions technology projects completed in FY19	↑	N/A	3 by 6/2019
	% of Environmental Divisions technology projects completed on time in FY19	↑	N/A	95% by 6/2019
	% of Environmental Divisions technology projects completed on budget in FY19	↑	N/A	95% by 6/2019
	# of Operations technology projects completed in FY19	↑	N/A	6 by 6/2019
	% of Operations technology projects completed on time in FY19	↑	N/A	95% by 6/2019
	% of Operations technology projects completed on budget in FY19	↑	N/A	95% by 6/2019
	# of Business Process Improvement activities completed each quarter	↑	3 in FY17 2 in FY18	8 by 6/30/19

% of the 53 Local Public Health Agencies that participate in the Business Process Improvement Summit (annual)	↑	45% in 2017	50% by 7/31/2018
% of Innovation Mini-Grant projects completed for FY 18-19	↑	0% in 7/2018	100% by 6/2019
# of forms and processes automated	↑	1 in FY16 5 in FY17	6 by 6/2019

Ambitious Customer Service Goal: Medical Marijuana Registry

The Colorado Medical Marijuana program maintains a confidential database of registered patients, issues Medical Marijuana Registry (MMR) cards to qualifying patients, and reviews petitions for adding debilitating medical conditions for medical use of marijuana. The department will be following the MMR's ambitious customer service goal in the upcoming year.



	Medical Marijuana Registry (MMR) Measures	Desired trend	Baseline	Target
LEAD	Days to process MMR paper* and online applications. *Paper applications take on average 35 days to process and online applications take on average 1 day to process. Online applications became available in January 2017	↓	Range from 90-30 (for paper) in 2013-14 Range from 35-6 days (for paper) in 2015-16 29 days (for paper), 1 day (online) in 2017-18	29 days (paper), 1 day (online) by 12/2018 25 days (paper), 1 day (online) by 6/2019
	Days to respond to customer service email inquiries	↓	Range from 15-1 days in 2017-2018	Range from 10-1 day by 12/2018 Range from 7-1 day by 6/2019
	Touchpoints of the application (between applicant and MMR)	↓	Range from 52-37 in 2013-14 Range from 23-12 in 2015-2016 Range from 10-2 in 2017 -2018	Range from 7-2 by 12/2018 Range from 5-2 by 6/2019
	Overall customer satisfaction score on a scale of 1 to 5 (survey to be sent in Fall 2018 and Summer 2019)	↑	N/A	Average rating of 3.5 by 11/2018 and 4 by 6/2019

Goal 3: Increase CDPHE's employee engagement index from 78% to 80% by June 30, 2019.

Strategies & Activities	Leader(s)
<p>9. Employee Engagement</p> <p>9a. Strategy: Support career growth</p> <ul style="list-style-type: none"> • Activities: <ul style="list-style-type: none"> ◦ Educate staff on department resources for career development and supervisors on their role in promoting career growth with their staff ◦ Pilot Individual Career Development Plan and develop measures to determine effectiveness ◦ Review supervisor competency requirements and add a requirement to address supervisor accountability for career development to ensure staff are being supported with career growth ◦ Create a policy and continue the pilot with two divisions (LAB & DEHS) regarding Rule 318E (competency based pay increases) ◦ Create CDPHE's Workforce Development Plan (a Public Health Accreditation Board standard) that will highlight the updated Professional Development Training program and state competencies <p>9b. Strategy: Collect more meaningful employee engagement data.</p> <ul style="list-style-type: none"> • Activities: <ul style="list-style-type: none"> ◦ Create, pilot, evaluate exit survey and stay survey data and implement across the department ◦ Initiate a short survey to use with new employees in order to gain better understand what made them accept a position with the department ◦ Create metrics that measure change in workforce diversity 	<p>Joi Simpson & Audrey Valdez <i>(Administration/ Office of Human Resources)</i></p> <p>Dan McKenna <i>(Administin/Office of Human Resources)</i></p> <p>Stefanie Rucker <i>(Air Pollution Control Division)</i></p>

<p>9c. Strategy: Recognize employees that exemplify CDPHE's mission and vision.</p> <ul style="list-style-type: none"> ● Activities: <ul style="list-style-type: none"> ○ Conduct the “I am CDPHE” campaign with employees in order to increase recognition for the work and workforce within the department ○ Publicize employee of the month recognition to all campus locations ○ Evaluate the use of the Rewards and Recognition intranet site in conjunction with employee council ○ Encourage employees to recognize their peers and recognize staff members who are using the recognition system <p>9d. Strategy: Engage employees through ongoing planning, promotion and implementation of CDPHE Worksite Wellness.</p> <ul style="list-style-type: none"> ● Activities <ul style="list-style-type: none"> ○ Increase onsite worksite wellness opportunities (e.g., oral health, immunizations, healthy eating and active living, tobacco control and cessation, cancer prevention, mom-buddy program) ○ Maintain active and ongoing participation of Wellness Advisory Board ○ Implement the Mental Health in the Workplace work plan 	
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	Measures	Desired trend	Baseline	Target
O U T C O M E	Employee Engagement Index (from Employee Engagement survey)	↑	75% in 11/2016 78% in 11/2017	80% in 11/2019 82% in 11/2021
L E A D	% of activities on track	↑	0% in 6/2017	100% by 6/2019

Goal 4: CDPHE operationalizes equity in policies, practices and programs.

Strategies & Activities	Leader(s)
<p>10. Health Equity and Environmental Justice</p> <p>10a. Strategy: Ensure policies, practices and programs are not inadvertently promoting inequities with customers, partners or beneficiaries.</p> <ul style="list-style-type: none"> • Activities: <ul style="list-style-type: none"> ○ Develop an equity checklist for Boards/Commissions to use at the start of rule making processes ○ Train CDPHE Type 1 Boards/Commissions administrators on recruiting appointees ○ Train all Type 1 Boards/Commissions to integrate equity into decision-making processes ○ Each division identifies two policies, practices, rules or programs to undergo an equity assessment ○ CDPHE's internal policies (including revisions and updates) are evaluated and recommendations provided to the Senior Management Team to ensure health equity and environmental justice principles are upheld ○ Invest in equity training for department leadership 	<p>Web Brown <i>(Office of Health Equity)</i></p>

	Measures	Desired trend	Baseline	Target
O U T C O M E	Staff are encouraged to learn about ways to address the environmental, social, and economic conditions that impact health. (From the BARHII, Bay Area Regional Health Inequities Initiative, Equity Assessment for CDPHE staff)	↑	63% in 2017	65% by 2019 67% by 2021
	I have support from my supervisor to address health inequities and environmental injustices in my work.	↑	70% in 2017	72% by 2019 74% by 2021
	I have skills and knowledge to incorporate health equity and environmental justice into my work at CDPHE.	↑	64% in 2017	66% by 2019 68% by 2021
	Bringing community voice into CDPHE's decision-making processes is part of my responsibilities as a public / environmental health professional.	↑	60% in 2017	62% by 2019 64% by 2021

L E A D	# of CDPHE Type 1 Boards/Commissions AND administrators trained on recruiting appointees & how to integrate equity into decision-making processes.	↑	0 in 4/2018	5 by 6/2019
	# of policy, planning, practice, or budgeting decisions that used an equity assessment (annual total)	↑	N/A	1 by 6/2019
	Percent of policies <i>reviewed</i> using the HE & EJ Policy Review Tool .	↑	100% in 2017	100% by 6/2019
	Number of recommendations <i>developed</i> by the review work group and <i>submitted</i> to the Senior Management Team (SMT).	↑	28 in 2017	One per policy by 6/2019
	Percent of substantive recommendations <i>accepted and implemented</i> by the SMT.	↑	5 in 2017	50% by 6/2019

Goal 5: CDPHE is prepared and responds to all emerging issues.

Strategies & Activities	Leader(s)
<p>11. Emerging Issues</p> <p>11a. Strategy: Assure sustainability of foundational elements, including personnel and infrastructure, to detect, prepare and respond to emerging issues.</p> <ul style="list-style-type: none"> • Activities: <ul style="list-style-type: none"> ○ Develop new data systems and policies to detect and respond to emerging issues ○ Improve and validate existing data systems and policies to detect and respond to emerging issues ○ Exercise the department All Hazards Emergency Plan ○ Standardize methods and criteria used to identify and characterize an outbreak or epidemic in Colorado based on recognized national or international definitions ○ Launch statewide communicable disease outbreak database <p>11b. Strategy: Respond to current emerging issues.</p> <ul style="list-style-type: none"> • Activities: <ul style="list-style-type: none"> ○ Prioritize emerging issues by developing a statewide threat and hazard identification risk assessment 	<p>Dane Matthew <i>(Office of Emergency Preparedness and Response)</i></p> <p>Daniel Shodell & Rachel Herlihy <i>(Disease Control and Environmental Epidemiology Division)</i></p>

	Measures	Desired trend	Baseline	Target
O U T C O M E	Health Security Surveillance Score (measured by the National Health Security Preparedness Index: http://nhspi.org/states/colorado/)	↑	6.5 in 2016	7.9 in 2018, meet or exceed national average through 2021
	Percent of PHEP (Public Health Emergency Preparedness) and HPP (Hospital Preparedness Program) grant deliverables that are met by Local Public Health Agencies and Healthcare Coalitions	↑	0% in 6/2017	90% by 6/2019 100% by 6/2020
L E A D	# of policies improved to detect emerging issues	↑	1 in 5/2018	3 by 6/2019
	# of exercises conducted on the All Hazards Emergency Plan	↑	3 in 5/2018	5 by 6/2019

Appendix 1: FY 2017-18 Key Accomplishments

The Colorado Department of Public Health and Environment made great progress on the 11 strategies (70 activities) within the five goals of the 2017-18 plan. The summary below shows an overview of the key accomplishments and the status of each of the priority areas as of May 31, 2018. For additional details, you can access the online Strategic Plan Dashboard at: <https://www.colorado.gov/pacific/cdphe/strategic-plan-dashboard>.



Goal 1: Implement the plans supporting health and environment priorities

[<- Back to all goals](#)

as of May 2018, % of activities: **achieved** | **on track** | **on track with challenges** | **off track** | no data

Priority



Strategy	Activity	May 2018
1a. Youth marijuana education and prevention campaigns	1a.1 Public Marijuana Education implementation	on track
	1a.2 Trusted Adult Campaign	on track
	1a.3 Youth Prevention Campaign	on track
	1a.4 Support local integration of campaign messages in communities	on track
1b. Targeted youth substance abuse prevention in schools	1b.1 Create the marijuana prevention resource bank (prof. development, sharing effective curricula) to school districts	on track with challenges
	1b.2 Provide regional trainings on positive youth development and evidence-based marijuana prevention programs, curricula, practices, and policies	on track
1c. Community-based youth substance abuse prevention	1c.1 Support implementation of Communities That Care in more than 45 communities in Colorado	on track
1d. Reduce opioid misuse	1d.1 Increase uptake of clinical opioid prescribing guidelines	on track
	1d.2 Execute the CDPHE medication takeback program	on track
	1d.3 Make the Prescription Drug Monitoring Program (PDMP) easier for providers to use and access	on track



2. Mental illness and pregnancy-related depression

100%

Strategy	Activity	May 2018
2a. Support the plan to reduce the impact on daily life of mental illness.	2a.1 Statewide promotion of Man Therapy, focusing on workplaces, local public health and community settings that are predominantly male	on track
	2a.2 Develop and implement online primary care provider education training on men and depression	on track
	2a.3 Support emergency departments participating in a suicide prevention follow-up project	on track
	2a.4 Provide targeted outreach and tools to youth through school programming	on track
	2a.5 Expand ED counseling on Access to Lethal Means (ED-CALM)	on track
	2a.6 Expand the implementation of the Colorado Gun Shop Project	on track
	2a.7 Partner with health care systems and organizations toward the adoption and implementation of the Zero Suicide Framework	on track
	2a.8 Implement the Mental Health in the Workplace workplan	on track
2b. Improve screening rates and treatment for pregnancy-related depression.	2b.1 Implement the Pregnancy Related Depression (PRD) public awareness campaign	on track
	2b.2 CDPHE and HCPF to work on a communication strategy to promote increased screening using the expanded availability of reimbursement for up to 3 screens per year	on track

Topic	Lead Measure	Target	Target Date
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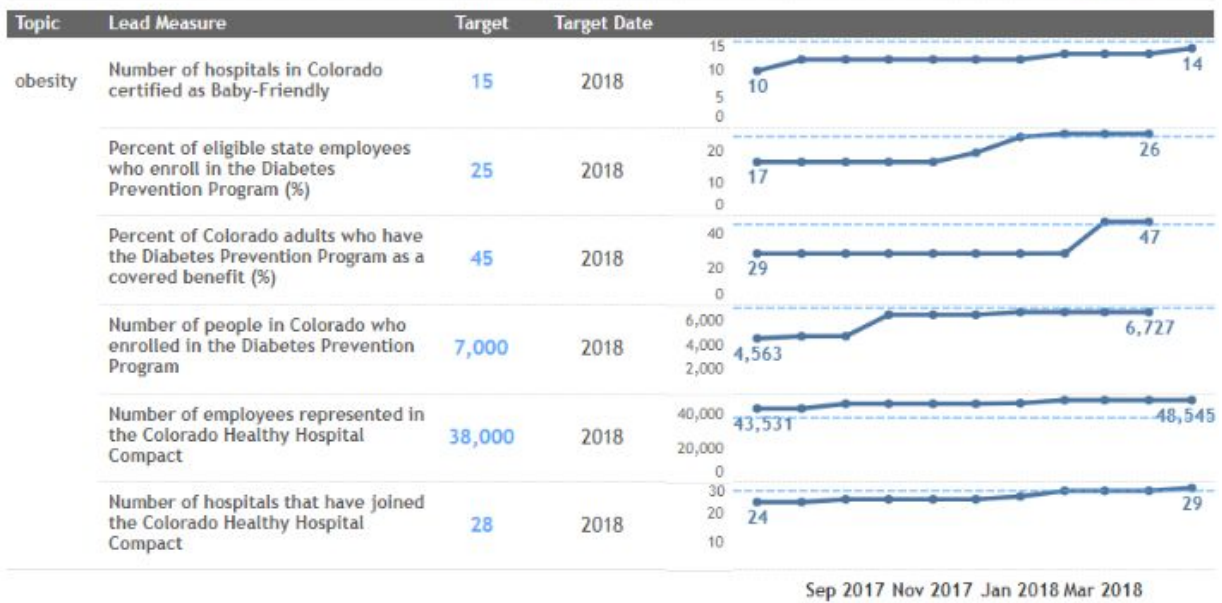
Outcome Measure	Target	Target Date
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3. Child and adult obesity



Strategy	Activity	May 2018
3a. Support the plans to control the obesity rate for adults.	3a.1 Increase Diabetes Prevention Program (DPP) enrollment and engagement among state employees	achieved
	3a.2 Increase the number of covered lives with access to DPP as a benefit	on track
	3a.3 Promote weight management programs among employees	on track
	3a.4 Increase the number of hospitals enrolled in the Colorado Healthy Hospital Compact	achieved
	3a.5 Increase the number of local government policies and environmental strategies to increase safe, equitable access to physical activity through the built environment.	on track
3b. Support the plans to control the obesity rate for children	3b.1 Administer and monitor I am Moving, I am Learning (IML) program	on track
	3b.2 Support hospitals participating in the CO Collaborative to become designated Baby-Friendly	on track
	3b.3 Disseminate Early Childhood Obesity Prevention messaging	on track
	3b.4 Provide School Health professional development for school districts.	on track
	3b.5 Increase school participation in Healthy Schools Smart Source assessment tool.	on track

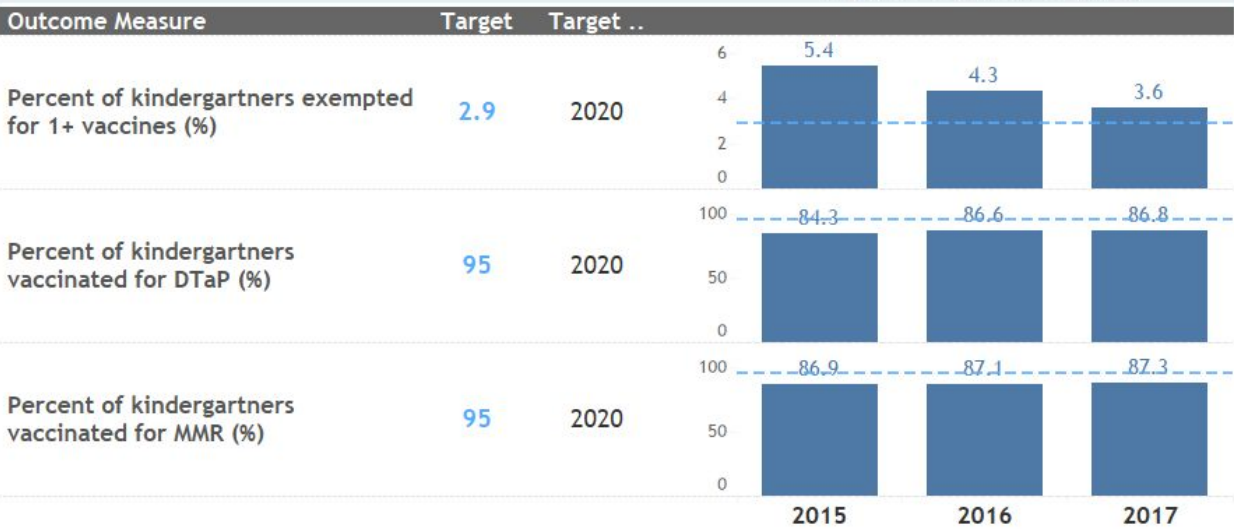


4. Childhood immunizations

57%

43%

Strategy	Activity	May 2018
4a. Increase school compliance to increase immunization rates.	4a.1 Launch school/child care data collection and publish	achieved
	4a.2 Analyze CDC kindergarten survey data and submit	achieved
	4a.3 Provide support to LPHAs to work with schools and child cares to assess immunization rates (6/30/18)	achieved
4b. Enhance Colorado Immunization Information Syst..	4b.1 Continue to implement real-time messaging interfaces for providers and CORHIO.	on track
4c. Use data to improve immunization rates	4c.1 Pilot provider-level report cards for pediatricians.	on track
	4c.2 Provide a list of non-compliant schools/child care centers to LPHAs	achieved
4d. Use policy to improve immunization rates	4d.1 Continue to work with stakeholder to identify potential strategies to increase immunization rates.	on track



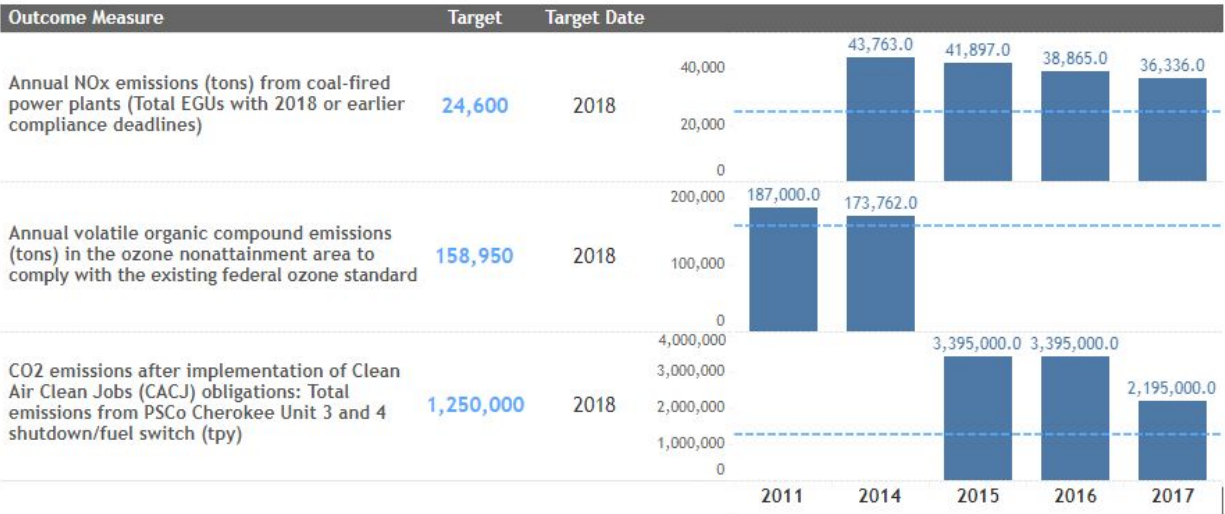
5. Air quality

50%

25%

25%

Strategy	Activity	May 2018
5. Ensure air quality is improved and protected by reducing pollution across Colorado	5.1 Comply with federal ozone standard	on track with challenges
	5.2 Develop Oil and Gas Reasonably Available Control Technology (RACT) State Implementation Plan (SIP)	achieved
	5.3 Comply with sulfur dioxide emissions requirements	achieved
	5.4 Reduce carbon dioxide emissions from the electric generating sector in Colorado.	on track



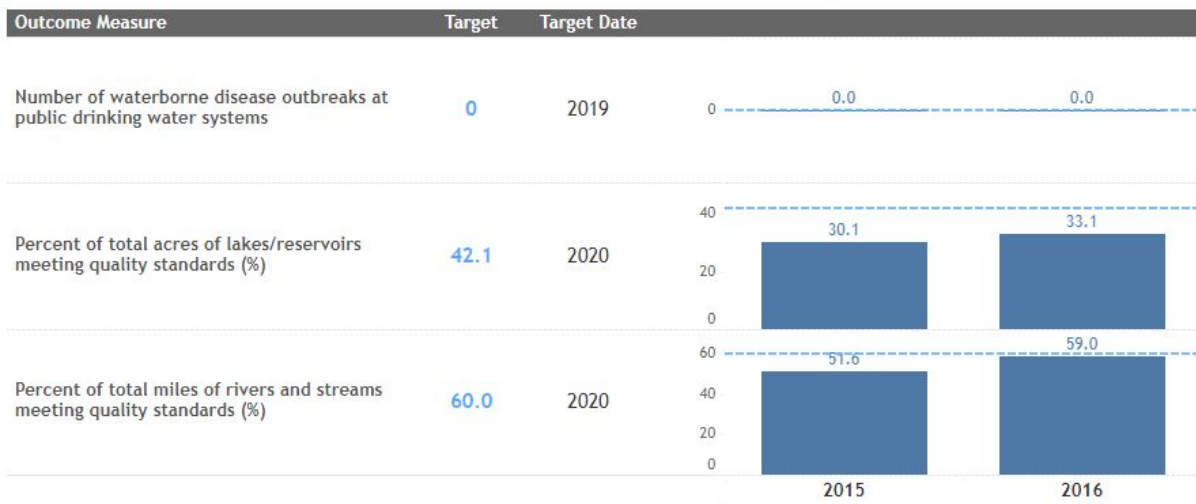
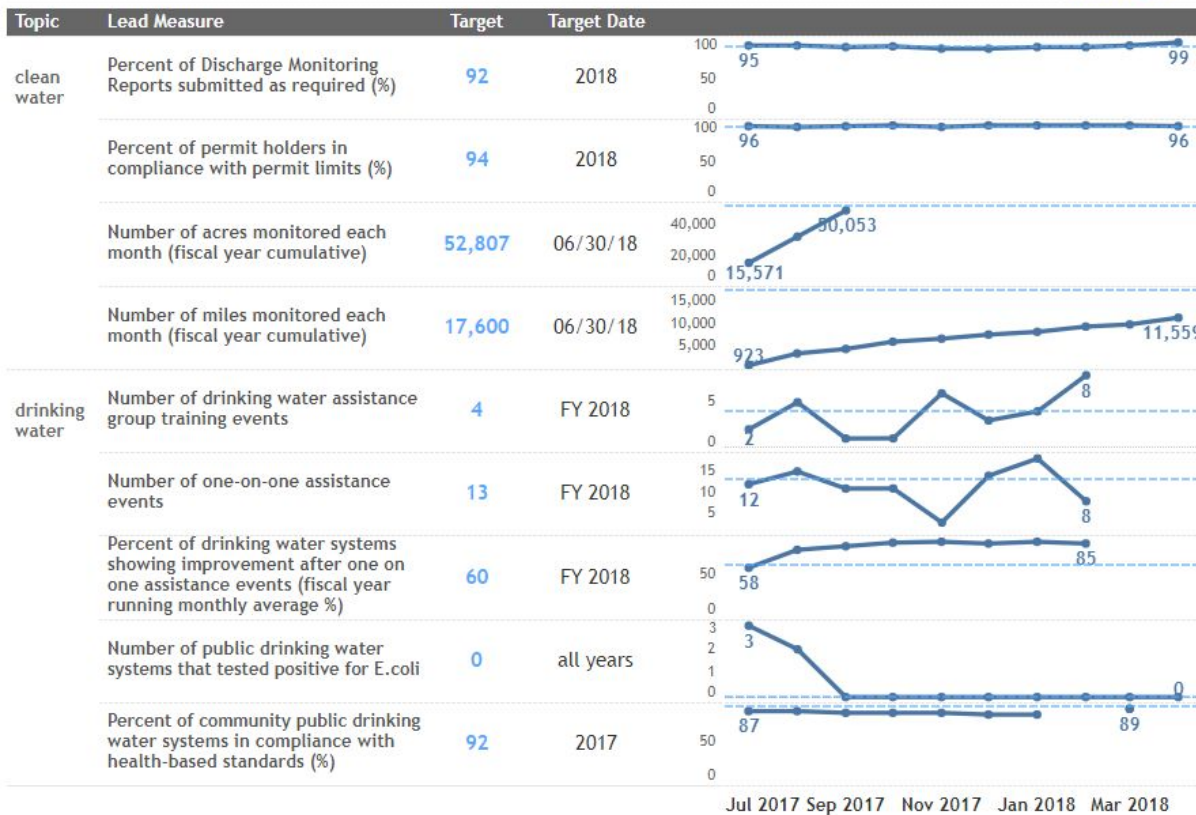
6. Water quality

67%

33%

Click on a priority to see strategies and activities, click again to deselect.

Strategy	Activity	May 2018
6a. Improve river, stream, lake and reservoir quality	6a.1 Assess rivers, streams, lakes, and reservoirs	on track
	6a.2 Issue water quality permitting actions	on track
6b. Protect drinking water	6b.1 Sanitary survey inspections at public drinking water systems	on track with challenges





Goal 2: Improve CDPHE's efficiency, effectiveness and elegance

[<-- Back to all goals](#)

as of May 2018, % of activities: **achieved** | **on track** | **on track with challenges** | **off track** | no data

Priority

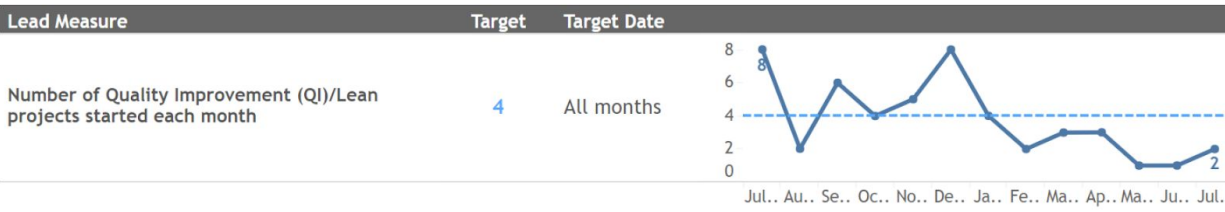


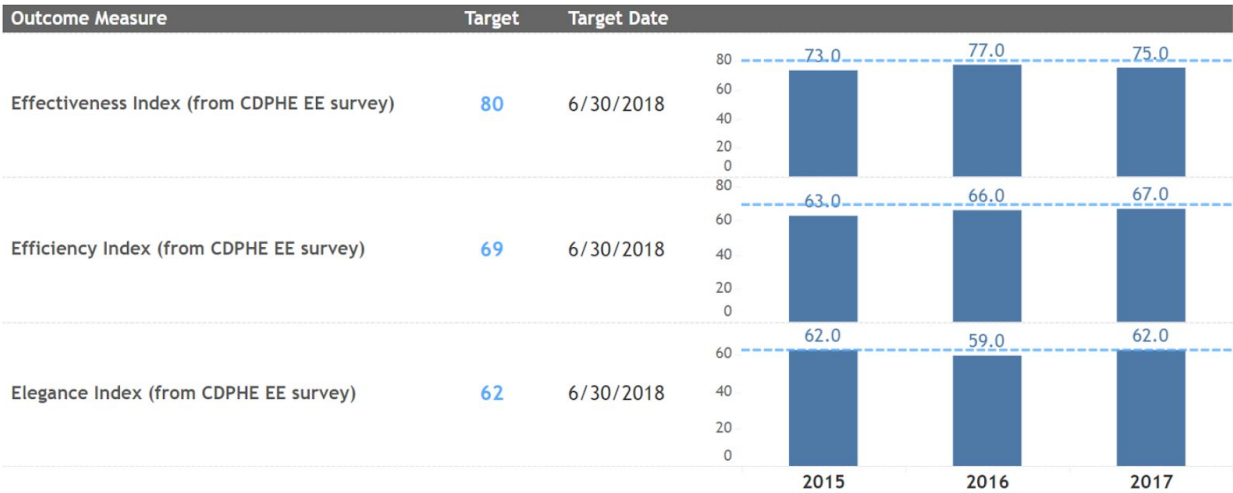
Strategy	Activity	May 2018
7. Modernize data collection and dissemination	7.1 Modernize data collection & dissemination for departmental Operations	on track
	7.2 Modernize data collection & dissemination for the Health Divisions	on track
	7.3 Modernize data collection & dissemination for the Environmental Divisions	on track
	7.4 Implement activities of the CDPHE Foundational Technology Framework	on track



Click on a priority to see more details, click again to deselect.

Strategy	Activity	May 2018
8. Implement quality improvement projects	8.1 Implement the 'Business Process Improvement' project (internal project focus)	on track
	8.2 Implement the 'Business Process Improvement' project (external project focus)	on track
	8.3 Pilot funding 'innovation mini-grants' that would financially support improvement/innovation projects across the department.	on track
	8.4 Optimize and automate administrative workflows (such as the Personnel Action Form).	on track





Continuous Process Improvement Impacts:

In addition to the measures and activities in Goal #2, 66 improvement projects were started and tracked in 2016 and 74 in 2017. The breakdown of improvement projects by project complexity (simple, moderately complex or very complex) for both the 2016 and 2017 calendar years are shown below:



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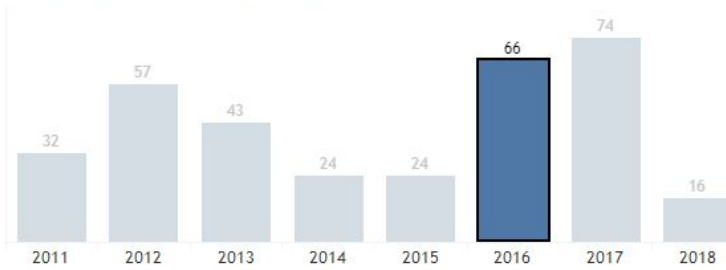
Quality Improvement Projects - Details

[<- back to overview page](#)

Division: All

Number of projects over time

Click on a year to filter other charts, click again to de-select



Projects by status and complexity

Project Status	Complexity	Count
Complete	Simple	16
	Moderately Complex	25
	Very Complex	7
In Progress	Simple	1
	Moderately Complex	15
	Very Complex	2



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Division: All

Number of projects over time

Click on a year to filter other charts, click again to de-select



Projects by status and complexity

Project Status	Complexity	Count
Complete	Simple	21
	Moderately Complex	15
	Very Complex	1
In Progress	Simple	3
	Moderately Complex	28
	Very Complex	5
Cancelled	Moderately Complex	1

A few highlights, with a focus on the outcomes, are listed below for a handful of the projects completed this past year:

- Survey Backbone Lean Project (from the Health Facilities Emergency Medical Services Division):
 - Reduced survey handoffs by 85% (13 handoffs before the Lean project and two as of May 2018)
 - Increase accuracy of survey shell creation from 60% to 100%
 - Decreased variability from 11 unique ways down to one standardized way to request a survey
 - Increased the number of survey types using the updated electronic process and tools from 1.5 to 18 by May 2018
- Business Technology Team - Decision Making 2.0 Project:
 - 30% reduction in process steps
 - Created a new ‘fast track’ process that was 70% faster than the original decision making process
- Vital Records Operations Management:
 - In one year, decreased turnaround time from 30 days (birth records), four days (death records), and 13 days (for the Issuance Unit) to one day. Respectively, this is a 97%, 75%, and 92% improvement in timeliness which has greatly improved customer service.



Goal 3: Improve employee engagement

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as of May 2018, % of activities: **achieved** | **on track** | **on track with challenges** | **off track** | no data

Priority



Strategy	Activity	May 2018
9a. Support career growth	9a.1 Provide guidance and council regarding the process of career development.	on track
	9a.2 Create policy and conduct a pilot project for Rule 318E regarding competency based pay increases.	on track
	9a.3 Begin to create CDPHE's Workforce Development Plan (a Public Health Accreditation Board standard).	on track with challenges
9b. Collect more meaningful employee engagement data.	9b.1 Create a survey to identify the top 3 reasons people leave and stay at CDPHE.	on track
9c. Recognize employees who exemplify CDPHE's mission and vision	9c.1 Evaluate the rewards system and determine clear instructions for recognizing employees in another division.	achieved
	9c.2 Evaluate the utilization of the new Rewards and Recognition intranet site in conjunction with employee council.	on track
	9c.3 Evaluate and revise the Employee Resource Group (ERG) policy.	achieved
	9c.4 Encourage employees to recognize their peers.	on track
9d. Engage employees through ongoing planning, promotion and implementation of CDPHE Worksite Wellness.	9d.1 Increase onsite worksite wellness opportunities (e.g., oral health, immunizations, healthy eating and active living, tobacco control and cessation, cancer prevention).	on track
	9d.2 Maintain active and ongoing participation of the Wellness Advisory Board.	on track



The Employee Engagement Index for 2017 was 78% (meeting the target of 75%).





Goal 4: Promote health equity and environmental justice

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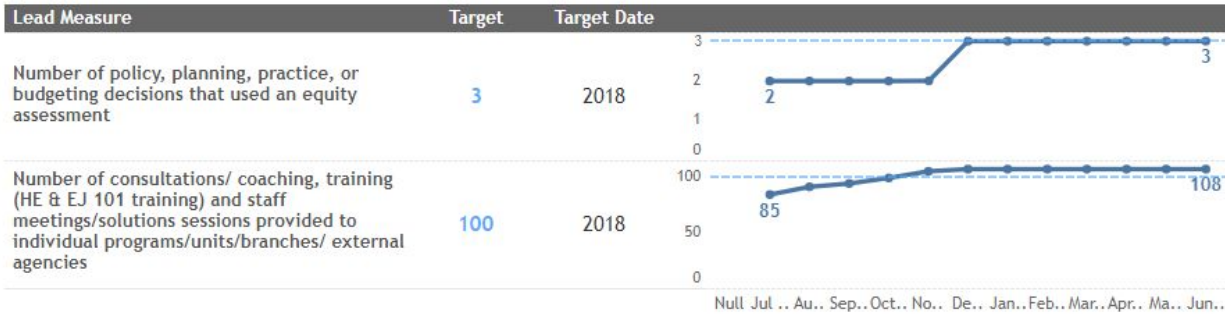
as of May 2018, % of activities: **achieved** | **on track** | **on track with challenges** | **off track** | no data

Priority

10. Health equity and environmental justice



Strategy	Activity	May 2018
10. Incorporate questions related to health equity and environmental justice (HE&EJ) into decision-making processes within each division, with Boards and Commissions, and with the Decision Item/budgeting processes.	10.1 Incorporate the Office of Health Equity's (OHE) Checking Assumptions to Advance Equity questions into the department's HE&EJ guidance (as outlined in the department's HE&EJ Policy).	on track
	10.2 Identify and train equity and justice coaches (pilot in one division) to support department divisions/programs, using the department's current "CDPHE Facilitator Collective" model.	on track with challenges
	10.3 Conduct awareness building and initial coaching sessions with divisions and programs to share the OHE's tools regarding how to incorporate equity and justice into their daily work.	on track
	10.4 At least two divisions document using guidance documents/tools developed as a result of Policy 2.24, Incorporation of Health Equity and Environmental Justice Principles.	on track





Goal 5: Prepare for and respond to all emerging issues

[← Back to all goals](#)

as of May 2018, % of activities: **achieved** | **on track** | **on track with challenges** | **off track** | **no data**

Priority

11. Emerging issues



Strategy	Activity	May 2018
11a. Establish the foundational elements and infrastructure to detect, prepare for and respond to emerging issues.	11a.1 Develop and test a department communication plan template that can be adapted to any emerging issue (that addresses both internal and external communications).	achieved
	11a.2 Develop, improve and validate existing data systems to best detect and respond to emerging issues (including lab testing).	on track
	11a.3 Develop a process for scientific review of the communication plans, vulnerability assessments and after action reviews.	on track
11b. Respond to current emerging issues	11b.1 Prioritize emerging issues by developing a statewide hazard vulnerability assessment (based on local assessments and including "administrative" issues such as ACA rollback and Public Health / Healthcare integration)	on track



The percent of PHEP (Public Health Emergency Preparedness) and HPP (Hospital Preparedness Program) grant deliverables that were met by LPHAs and Health Care Coalitions was 28% in 2017 (target of 100% by June 2018).



Appendix 2: Strategic Planning Process for 2018-19

Planning Timeline

	March 2018	April 2018	May 2018	June 2018
Key Activities	<p><i>Strategic Planning Committee (SPC) Selection</i></p> <p><i>Communication regarding the planning process</i></p>	<p><i>Collect new information and data (for the planning meeting):</i></p> <ul style="list-style-type: none"> <i>• progress on 2017-18 plan (dashboard review)</i> <i>• new customer feedback</i> <i>• employee engagement survey results</i> <i>• list of new initiatives or priorities at CDPHE</i> <p><i>Goal 1 (Governor’s Dashboard Strategies) updated - using the Roadmap provided by the Governor’s Office</i></p>	<p><i>Strategic Plan Development Meeting</i></p> <p><i>Town hall meetings with staff (review draft plan and receive feedback)</i></p>	<p><i>Finalize the 2018-19 department strategic plan (performance plan) based on feedback from town hall meetings</i></p> <p><i>Update online dashboard</i></p> <p><i>Update Performance Reporting Forum schedule</i></p>
Key Dates	<p><i>Communication sent to SPC, Executive Leadership Team (ELT), Leadership Team (LT) re: the planning process, expectations and timeline</i></p>	<p><i>SPC, ELT, LT, Senior Management Team (SMT) - asked to help collect information and data for the workshop</i></p>	<p><i>Planning Meeting (4/3/18, 1:00-4:00pm)</i></p> <p><i>Town hall meetings (4/23, 4/24 and 4/25/18)</i></p>	<p><i>Plan deadline 6/11/17</i></p>