Colorado Department of Public Health and Environment

Strategic Plan 2019-2023 and Department Implementation Plan

FY 2020-21

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Executive Director

COLORADO

Department of Public Health & Environment

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1. Letter from the Executive Director

When the global pandemic entered Colorado, everything changed. At the Colorado Department of Public Health and Environment, we knew we needed to be bold in the response-- scaling quickly for mass testing and disease investigation, providing technical assistance for infection prevention, tracking possible exposures, and enacting public health orders to limit and slow the spread of disease. This response is more complex than anything we have ever done. Every decision, every action has a ripple effect for communities. The responsibility weighs heavy, but we won't relent.

A disaster, like the pandemic, only provides greater clarity for why we do what we do in public health. It amplifies the need for prevention, disease control, scientific data, healthy facilities, and environmental justice. It shows us how social determinants of health provide predictable outcomes.

In the year prior to COVID-19, we updated the mission of CDPHE, and today, it's more critical than ever: Advancing Colorado's health and protecting the places where we live, work, learn, and play.

In the year ahead, CDPHE will continue to lead the state in the pandemic response, while also achieving progress on our wildly important goals. Our strategic goals represent a short- and long- term plan for ensuring the wellbeing of Coloradans. The goals are dynamic, measurable, and community-based because it is abundantly clear that we are all in this together.

- At a time when respiratory disease is sweeping the world, we aim to reduce pollution, ensuring everyone has clean air to breath.
- At a time when many are in despair and stressors are mounting, we aim to reduce suicides in Colorado.
- At a time when we are desperately awaiting a vaccine for COVID-19, we aim to promote immunizations for diseases that are already vaccine-preventable.
- At a time when chronic disease, like obesity; or addictions, like tobacco use, are causing some Coloradans greater strife, we are going to pursue preventive actions and behavioral change.
- At a time when families are stocking up on supplies, we aim to ensure that our water systems are safe for everyone and void of dangerous levels of emerging contaminants.

- At a time when CDPHE employees are doing everything possible to serve Coloradans while physically distancing, we aim to promote our digital capabilities and remote work policies.
- At a time when it is ever more apparent that traditionally marginalized communities are suffering greater loss than other communities, we aim to demonstrate our department-wide commitment to health equity and environmental justice.

We can move the needle on these goals as we flatten the curve on COVID-19.

We can't and won't wait for the pandemic to clear. Lives are on the line. Now's our time.

Sincerely,
Jill Ryan

2. Department Overview

Mission

Advancing Colorado’s health and protecting the places where we live, learn, work, and play.

Vision

A healthy and sustainable Colorado where current and future generations thrive.

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. Jill Hunsaker Ryan is the department’s executive director. The department serves Coloradans by providing public health and environmental protection services that promote healthy people in healthy places. Public health professionals use evidence-based practices in the public health and environmental fields to create the conditions in which residents can be healthy. 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.

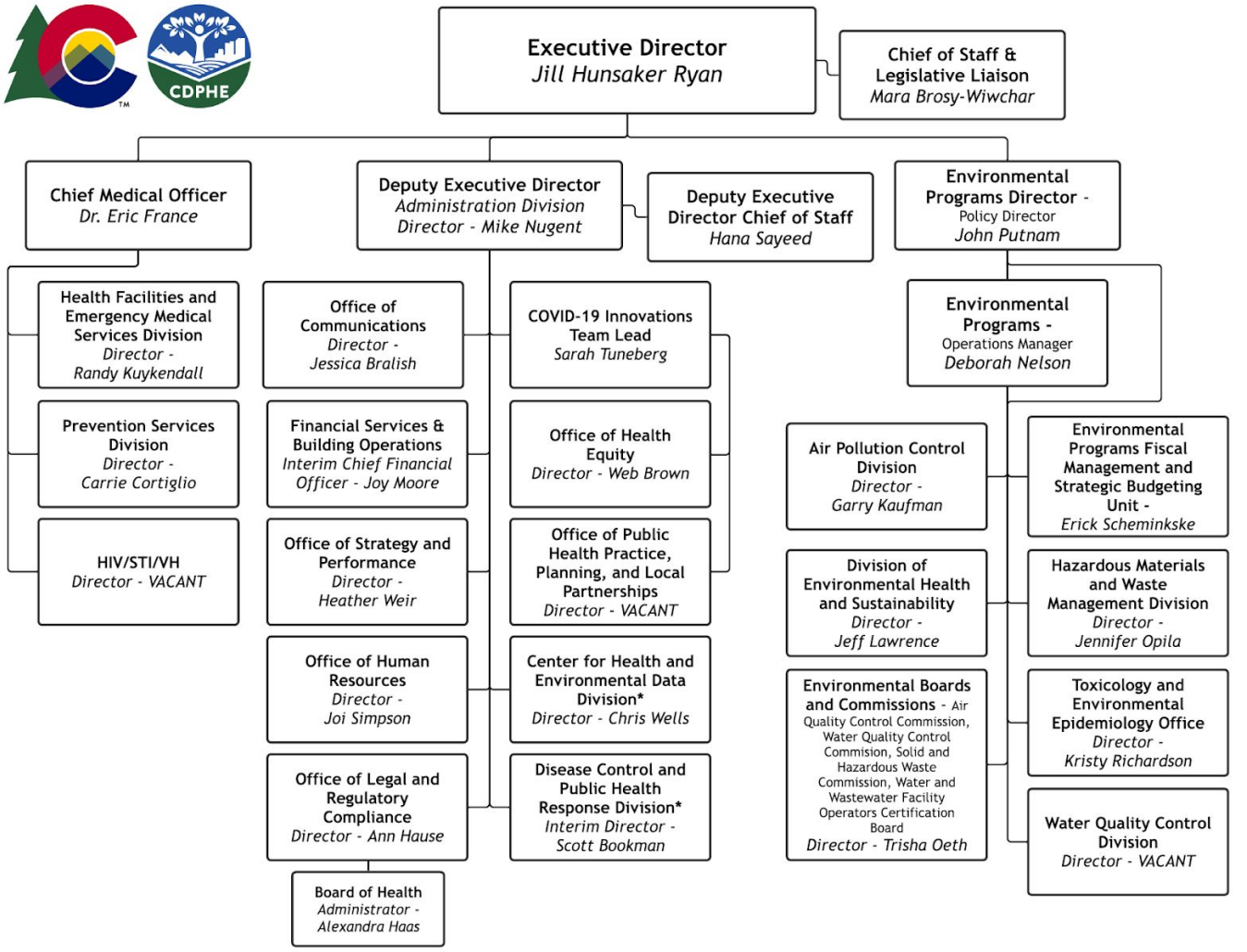
The department pursues its mission through broad-based health and environmental protection programs and activities. These include chronic disease prevention; control of infectious diseases; family planning; injury and suicide prevention; general promotion of health and wellness; provision of health statistics and vital records; health facilities licensure and certification; laboratory and radiation services; emergency preparedness; air and water quality protection; hazardous waste and solid waste management; pollution prevention; and consumer protection.

The department has approximately 1,350 employees, with the vast majority working at the offices in Glendale and the State Lab in Denver. Satellite offices located in Grand Junction and Pueblo.

For fiscal year 2019-20, the department received approximately 91% 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.

For more information on the divisions, see Appendix 1: Divisions.

CDPHE Org Chart



*Report to Deputy Director, not a part of the Administration Division

Aug 3, 2020

COLORADO
Department of Public Health & Environment

3. Goals, Strategies, Activities and Measures for FY 2020-21

Background:

In 2019, four-year goals were selected (July 1, 2019 - June 30, 2023) that align with the major focus of the department's work: Governor Polis' Bold Four priorities, the cabinet working groups' Wildly Important Goals (WIGs), and the statewide public health improvement plan. For FY 2020-21, the plan was updated and two additional WIGS were added: vaping and PFAS (Per- and Polyfluoroalkyl Substances). The Emergency Preparedness WIG was updated to reflect the work of the COVID-19 response.

The goals of the department's strategic plan are supported by other department-wide plans (such as the Quality Improvement Plan, Workforce Development Plan and Emergency Preparedness Plans) and the department's management system. We used guidance and requirements from the SMART (State Measurement for Accountable, Responsive and Transparent Government) Act, Governor's Office, and the Public Health Accreditation Board (PHAB) standards in creating the plan to align to best practices.

For the FY 2019-20 Strategic Plan, the Strategic Planning Committee (a cross-department committee with representatives from every division and staff from varying levels of the organization) created the plan with final review and approval from the Executive Directors Advisory Group. Strategic Planning for FY 2020-21 involved department subject matter experts updating the goals and adding in new content (COVID-19, vaping and PFAs).

The strategic plan does not reflect all the work of the department, but highlights priorities for specific focus and tracking. In addition, the daily work of all staff members, often directed by statute, rules and funding obligations, is critical to CDPHE meeting the department's mission.

Wildly Important Goals (WIG), Strategies, Activities and Measures for FY 2020-21

Priority: Air Quality

Reducing ozone precursors and other emissions that affect air quality and lead to negative health impacts, and reducing Colorado's greenhouse gas emissions that contribute to a warming climate

Supports the Governor's Bold 4 Priority: Environment, Renewables and Health

Context: Reduce Greenhouse Gas Emissions

Global climate change poses a serious threat to human health and the environment. Our warming climate will continue to impact Colorado with more extreme weather events, a longer fire season, prolonged droughts, increases in infectious disease, beetle kill of trees, and other unforeseen disruptions to the fragile ecosystem. These impacts affect communities economically and people's health individually. While climate change is a global problem, it will take an "all hands on deck" approach to address. State level action is a critical piece in responding to this dire threat. In 2019, Governor Polis and the Colorado legislature established aggressive greenhouse gas emission (GHG) reduction goals of 26% by 2025 and 50% by 2030. Meeting these goals will require bold action across all of state government, and by local communities throughout the state, CDPHE will play a lead role in developing and implementing the reduction strategies necessary to meet these ambitious targets.

WIGs, Strategies & Activities

Lead Division: Air Pollution Control Division

WIG 1: Reduce Greenhouse Gas (GHG) emissions economy-wide from 125.716 million metric tons of CO2e (carbon dioxide equivalent) per year to 117.335 million metric tons of CO2e per year by June 30, 2021 and to 106.439 million metric tons of CO2e by June 30, 2024.

1.1 Strategy: Oversee the development of a cross-departmental blueprint for pollution reduction.

Activities:

- Coordinate with other state departments to create a blueprint by September 30, 2020 for Colorado to achieve GHG reductions in 2025, 2030 and beyond.
- Air Quality Control Commission (AQCC) to issue a GHG emissions reporting rule by summer 2020.
- Update the GHG emissions inventory by summer 2021.

1.2 Strategy: Reduce Carbon Dioxide (CO_2) from transportation

Activities:

- Implement Low Emission Vehicle (LEV) rule by Jan. 2, 2021, and Zero Emission Vehicle (ZEV) rule (or alternative) by Jan. 2, 2022.
- Coordinate with transportation agencies on the strategies.

1.3 Strategy: Reduce methane emissions from oil and gas industry and carbon dioxide emissions from electricity sector

Activities:

- Support Public Utility Commission (PUC), municipalities, Colorado Oil and Gas Conservation Commission (COGCC) and Energy Office in transition to renewable energy.
- Implement oil and gas (O&G) methane and volatile organic compounds (VOC) reduction strategies (including venting and flaring).
- Increase the O&G touch rates (measured through infrared camera inspections).
- Support ongoing conversion away from coal-fired power plants (required under Regional Haze State Implementation Plan).
- Increase air monitoring capabilities within the department with additional staff and state-of-the-art technology.

	Measures	Desired trend	Baseline	Target
OUTCOME	Greenhouse gas (GHG) emissions (million metric tons of carbon dioxide equivalent (CO_2e)) economy-wide* **The 2005 emission inventory is currently being updated, so numbers will be updated when the data are finalized.*	⇩	125.716 in 2005	117.335 by 7/2021 106.439 by 7/2024
	% predicted 2030 reduction in CO_2e for completed rulemaking or achieved measures (overall)	⇧	Will be available by 12/2020 (from inventory)	50% reduction by 2030
	% predicted 2030 reduction in CO_2e for completed rulemaking or achieved measures (for transportation)	⇧	Will be available by 12/2020 (from inventory)	TBD
	% predicted 2030 reduction in CO_2e for completed rulemaking or achieved measures (for O&G and electricity)	⇧	Will be available by 12/2020 (from inventory)	TBD
LEAD	% of comprehensive blueprint developed	⇧	25% in 3/2020	100% by 7/2021
	Number of AQCC rulemakings completed to reduce emissions each fiscal year	⇧	2 in 3/2020	6 in 7/2021 TBD by 7/2024

Context: Reduce ozone precursors

The Denver Metro/North Front Range Area is out of attainment with federal health-based standards for ozone. High concentrations of ground level ozone negatively impact the health of Colorado's residents through increased rates of asthma, cardio-vascular disease, increased hospitalizations, and in some instances premature death. While ozone levels in Colorado have been dropping, they are not decreasing fast enough. As a result, the Denver Metro/North Front Range Area was reclassified by the Environmental Protection Agency from a "moderate" ozone nonattainment area to a "serious" non-attainment area in January 2020,with a possibility of a "severe" designation in the future. As a result, Colorado must develop new, more stringent requirements to reduce emissions that cause ground level ozone. Additional emission reduction opportunities exist for the oil and gas industry, mobile sources, and other critical sectors.

WIGs, Strategies & Activities

Lead Division: Air Pollution Control Division

WIG 2: Reduce ozone from 80 parts per billion (ppb) to 79 ppb by June 30, 2021 and 74 ppb by June 30, 2024.

2.1 Strategy: Reduce volatile organic compounds (VOC) and oxides of nitrogen (NOx) from the oil and gas industry.

Activities:

- Explore creating a minor source offset program for VOC and NOx in the Non-Attainment Area.
- Create comprehensive and accurate inventory of oil and gas emissions.
- Explore a new and improved emission and permitting database.
- Perform regulatory revisions to establish more stringent requirements for engine emissions, venting and flaring.
- Increase compliance oversight and enforcement.
- Develop a process to track emission benefits from permitting and inspections.

2.2 Strategy: Support local agencies and COGCC in oil and gas regulations.

Activities:

- Survey local public health agencies (LPHAs) and municipalities to assess needs regarding O&G regulations.
- Provide trainings and consultation to LPHAs and municipalities.
- Develop air quality strategic plan toolkit/template for local agencies.
- Develop best practices document with COGCC for local agencies engaging in local O&G control.

2.3 Strategy: Reduce VOC and NOx emissions from non-O&G contributors

Activities:

- Create comprehensive and accurate inventory for non-O&G.
- Revise regulations to establish more stringent requirements for emission reductions.
- Implement Low Emission Vehicles (LEV) by Jan. 2, 2021, and Zero Emission Vehicles (ZEV) by Jan. 2, 2022.

	Measures	Desired trend	Baseline	Target
OUTCOME	Ozone level (parts per billion - ppb)	⇩	80 ppb in 9/2019	79 ppb by 7/2021 74 ppb by 7/2024
OUTCOME	Tons of emissions per year of VOC and NOx from the O&G sector (*measured every 3 years)*	⇩	227,395 in 2017	N/A (will set when 2020 data is available)
OUTCOME	Tons of emissions per year of VOC and NOx from non-O&G sources (*measured every 3 years)*	⇩	271,925 in 2017	N/A (will set when 2020 data is available)
LEAD	Reduction in tons of NOx and VOC emissions related to new regulatory actions	⇧	19,295 tons on 6/2020	N/A by 7/2021 N/A by 7/2024

For more data on ozone, access "Ozone exceedance data" on the "Ozone planning information for industry web page"

Priority: Healthy Eating Active Living (HEAL)

Decrease the impact of obesity on Coloradans

Supports the Governor's Bold 4 Priority: Health

Context:

Although Colorado's adult obesity rate is consistently lowest in the nation, over the past three decades, it has steadily increased similar to other states, and Colorado children rank near the middle of the country for overweight and obesity. While Colorado may be able to attract healthy, wealthy and highly educated adults to Colorado, work must be done to address the state's challenges serving the health needs of all its residents, especially those facing substantially higher risks of adverse health outcomes due to structural inequities in access to healthy food and recreation. Being overweight or obese increases the risks for other chronic health conditions such as diabetes, heart disease, hypertension, certain cancers and arthritis.

WIGs, Strategies & Activities

Lead Division: Prevention Services Division

WIG 3: Maintain the prevalence of Colorado children, age 2-4 years who participate in WIC, at a healthy weight from 73.9% by June 30, 2021 and continue to maintain at 73.9% by June 30, 2024.

3.1 Strategy: Ensure access to breastfeeding-friendly environments.

Activities:

- Promote and support the Baby-Friendly Hospital Collaborative to new and existing hospitals.
- Support and promote sites (e.g., worksites, child care programs, medical offices) providing breastfeeding accommodations.

3.2 Strategy: Decrease consumption of sugary beverages through education, policy, practice and environmental changes.

Activities:

- Increase the number of municipal-level policies for milk or water as the default beverage in restaurants' kids' meals.
- Explore alignment for sugary beverage education materials with partner agencies (Metro Healthy Beverage Partnership, Serve Kids Better, Supplemental Nutrition Assistance Program Education (SNAP-Ed)) to specifically target families with children aged <5 years and disseminate to early childhood education (ECE) parents, caregivers and teachers, and partner programs such as WIC (Special Supplemental Nutrition Program for Women, Infants and Children), CACFP (Child and Adult Care Food Program) and SNAP-Ed.

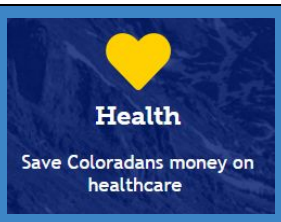
	Measures	Desired trend	Baseline	Target
OUTCOME	% of children aged 2-4 years enrolled in WIC who are at a healthy weight *(PedNSS)*	=	73.9% in 2018	73.9% by 7/2021 73.9% by 7/2024
	% of children aged 1-14 years who consume 1 or more sugary drink per day (*Child Health Survey*)	⇩	16% in 2017	15% in 2021 13% in 2024
	% of middle and high schools students who consume 1 or more soda per day (*Healthy Kids Colorado Survey*)	⇩	15.8% in 2017	15% in 2021 13% by 2024
	% of births that occur at a Baby-Friendly designated facility	⇧	37% in 2019	40% by 7/2021 45% by 7/2024
	% of infants who were ever breastfed *(National Immunization Survey)*	=	89.7% in 2019	90% by 7/2021 90% by 7/2024
	% infants who were exclusively breastfeeding at 6 months *(National Immunization Survey)*	⇧	27.3% in 2019	28% by 7/2021 30% by 7/2024
LEAD	# of hospitals in the Colorado Baby-Friendly Hospital Collaborative	⇧	26 in 2098	28 by 7/2021 30 by 7/2024
	# of hospitals in Colorado certified as Baby-Friendly	⇧	14 in 2019	15 by 7/2021 17 by 7/2024
	# of municipal-level policies for milk or water as the default beverage in restaurants' kids' meals.	⇧	1 in 2019	3 by 7/2021 5 by 7/2024

For more data on healthy eating/active living in Colorado, visit: https://www.colorado.gov/pacific/cdphe/categories/services-and-information/health/prevention-and-wellness/obesity

Priority: Suicide Prevention

No individual dies by suicide

Supports the Governor's Bold 4 Priority: Health



Context:

IIn 2019, there were 1,287 suicides among Colorado residents and Colorado's suicide rate of 21.6 is among the 10 highest in the United States. Adults ages 25-64 continue to have the highest rates and number of suicide deaths, representing nearly 70% of all suicide fatalities (894 in 2019), and males continue to constitute a disproportionate number of suicide deaths. Since 2015, there has been an increase in suicides among younger populations (ages 10-18, and 19-24), both in Colorado and nationally.

While the COVID-19 pandemic is increasing suicide risk factors (isolation, anxiety, substance use, economic stress, relationship stressors, exposure to violence, etc.) and will continue to do so for several years post-COVID, Colorado does not yet have data to suggest that suicide, overdose, or homicide fatality rates and numbers have increased since CDPHE identified the first COVID-19 case in March 2020. However, several community partners have shared anecdotal information about recent suicide losses and attempts. Partner agencies are reporting calls to the Colorado Crisis Services support line and National Suicide Prevention Lifeline in Colorado are rising. Based on what happened nationally following the Spanish flu in the early 1900s and Colorado's experiences following the 2008 recession, without additional focus, commitment, and resources, it is probable suicide-related indicators will rise over the next several years.

Over the past year, CDPHE identified new leverage points across the department and other state agencies to create a framework for suicide prevention. Over the next year, CDPHE will use these new alignment and collaboration opportunities to improve state-level coordination of suicide prevention efforts, while also prioritizing supports and resources for local communities disproportionately impacted by suicide.

WIGs, Strategies & Activities

Lead Division: Prevention Services Division

WIG 4: Reduce Colorado's suicide rate from 21.7 per 100,000 people in 2018 to 20.5 (a 5% decrease) by June 30, 2021 and 18.36 (a 15% decrease) by June 30, 2024.

4.1 Strategy: Implement a framework across state agencies to collaboratively address suicide in Colorado.

Activities:

- Collaborate with other state agencies and local public health agencies on identified opportunities to reduce the suicide rate.
- Implement the strategies identified in the suicide prevention framework and collaborate with the Department of Human Services Behaviorial Health Task Force on recommendations.

- Create communication and action plans to track progress across agencies.

4.2 Strategy: Increase active analysis and dissemination of suicide-related data.

Activities:

- Increase real-time data collection in emergency departments on suicide attempts and use data to inform prevention/intervention efforts.
- Incentivize coroner and law enforcement agencies to use the Colorado Suicide Investigation Form.

4.3. Strategy: Improve health system readiness and response to suicide.

Activities:

- Expand and support the Zero Suicide model implementation within health care settings.
- Reduce risk and provide support for individuals in the aftermath of a mental/behavioral health crisis by sustaining and expanding the Follow Up Project in emergency departments.
- Create tiered training requirements in rule aligned with the Zero Suicide Model for behavioral health facilities.
- Explore prescribing guidelines and other strategies related to reducing opioid and benzodiazepine dependence.

4.4 Strategy: Increase suicide prevention and intervention efforts for priority occupations (including emergency responders, construction, and agriculture and ranching).

Activities:

- Implement and evaluate strategies to support priority industries.
- Promote and disseminate resources and tools that support men in their workplaces with mental health promotion and help-seeking strategies and screening/referral protocols and tools.
- Promote and track adoption of the Emergency Medical Services Peer Support Program.

4.5 Strategy: Increase suicide prevention and intervention efforts for priority populations at elevated risk for suicide-related indicators (LGBTQ+ Coloradans, youth, veterans, middle-aged men, older adults, and counties with disparate burden).

Activities:

- Implement and evaluate strategies to support priority populations.
- Improve data collection and reporting to inform prevention strategies and trends for LGBTQ+ populations.
- Sustain and expand the evidenced-based program Sources of Strength in Colorado middle and high schools.
- Increase the availability of evidence-based gatekeeper training (e.g. QPR, SAVE) in veteran services organizations.
- Sustain and expand lethal means safety initiatives (Colorado Gun Shop Project, clinical training).
- Increase economic stability and community connectedness initiatives in the wake of COVID-19.

- Support suicide prevention infrastructure at local level within disparately impacted counties.

	Measures	Desired trend	Baseline	Target
OUTCOME	Age-adjusted suicide rate per 100,000 people.* *annual data has one year lag	⇩	21.7 in 2018 21.65 in 2019	20.6 by 12/2021 18.4 by 12/2024
	Suicide rate per 100,000 among men ages 25-64*	⇩	43.3 in 2018 43.4 in 2019	41.1 by 12/2021 36.8 by 12/2024
	Suicide Rate per 100,000 among youth ages 10-18*	⇩	11.5 in 2018 10.9 in 2019	10.9 by 12/2021 9.8 by 12/2024
	Suicide rate per 100,000 among people ages 65+*	⇩	23.3 in 2018 22.8 in 2019	22.1 by 12/2021 19.8 by 12/2024
	Age-adjusted rate of firearm suicide fatalities all ages per 100,000*	⇩	11.1 in 2018 10.5 in 2019	10.5 by 12/2021 9.4 by 12/2024
	% of clients receiving follow up services who self-report re-attempts or revisits to the emergency department	⇩	3% from 4-9/2018 0.7% in 2019	2% by 12/2021 <1% by 12/2024
	# of suicide-related behavior events per year that are seen in emergency departments	⇩	9,069 in 2018	8,616 by 12/2021 7,709 by 12/2024
	% of high school students who report having an adult to go to for help **Healthy Kids CO Survey (HKCS) every other year*	⇧	73.5% in 2017	75% by 12/2021 78% by 12/2024
	% of middle school students who report having an adult to go to for help **HKCS every other year*	⇧	73.4% in 2017	75% by 12/2021 78% by 12/2024
	# Colorado clinicians trained in Collaborative Assessment and Management of Suicidality (CAMS) each year (annual numbers trained)	⇧	407 in 2019	450 by 7/2021, 450 per year through 7/2024
LEAD	# of counties participating in the Gun Shop Project each year	⇧	31 in 2019	45 by 7/2021 64 in 7/2024
	# of hospitals implementing the Follow Up Project protocol each year	⇧	5 in 2018 35 in 2019	40 by 7/2021 50 by 7/2024
	# of clients receiving follow-up services after discharge from an emergency department per year	⇧	260 in 2018	4000 by 7/2021 6500 by 7/2024
	# of middle and high schools (funded by CDPHE) implementing Sources of Strength to fidelity each quarter	⇧	86 in 2018 106 in 6/2019	150 by 7/2021 250 by 7/2024

	# of agencies participating in the Colorado Zero Suicide Learning Collaborative each month	⇧	14 in 2019	20 by 7/2021 40 by 7/2024
	# Colorado completions for 20 Point Head Inspection found on www.mantherapy.org (cumulative)	⇧	5,000 in 2019	6,500 by 7/2021 10,000 by 7/2024

Priority: Immunizations (children)

Protect children from vaccine-preventable disease

Supports the Governor's Bold 4 Priority: Health

Context:

Vaccination is one of the most effective preventive measures available, resulting in dramatic decreases in the incidence of vaccine-preventable diseases (VPD) and corresponding declines in morbidity and mortality. Diseases that used to be common in the nation and around the world, such as polio, measles, pertussis, influenza, pneumococcal disease and hepatitis A, can now be prevented by vaccination. However, the germs that cause these diseases still exist and can be spread to people who are not protected by vaccines.

For the 2019-20 school year, Colorado's kindergarten measles, mumps and rubella (MMR) immunization rate is 91.1%, still below the 92-94% needed to protect a community from measles. This reflects a 3.7% increase from the 2018-19 school year in which Colorado ranked the last state in the nation. More than 3,000 (4.5%) kindergartners claimed an exemption for MMR, with more than 87% of exemptions claimed for personal beliefs. Measles is a highly contagious disease, and can spread in settings like schools. In 2018, 10,872 Colorado children were treated for vaccine-preventable illness through hospitalization or emergency department (ED) visits, resulting in charges of nearly $60 million. Influenza alone accounted for 524 hospitalizations and 10,102 ED visits, resulting in charges of nearly $50 million. Actual costs of vaccine-preventable diseases, considering the costs of office visits, medication, lost wages and decreased productivity, are much higher.

As a result of the COVID-19 pandemic, vaccination uptake among Colorado children and adolescents has shown a dramatic decrease. Data from the Colorado Immunization Information System (CIIS) shows a 33% average weekly decrease in immunizations administered between January 2020 and May 2020.

WIGs, Strategies & Activities

Lead Division: Disease Control and Public Health Response

WIG 5: Increase the percentage of kindergartners protected against measles, mumps and rubella (MMR) from 91.1% to 92% (620 more kids) by June 30, 2021 and increase to 95% by June 30, 2024.

5.1 Strategy: Use available data to identify areas of under-immunization and determine the root cause (due to vaccine hesitancy and/or lack of adequate access to immunizing providers).

Activities:

- Conduct a follow-up survey of Colorado parents for knowledge, attitudes and beliefs about vaccines.
- Analyze various data sources to identify and prioritize providers for participation in the public health detailing program.
- Include immunization and exemption information annually as part of CDPHE's State Measurement for Accountable, Responsive and Transparent Government (SMART) Act hearing presentation to the Legislature.

5.2 Strategy: Perform targeted programming to increase immunization rates.

Activities:

- Implement statewide centralized reminder/recall for kindergarten MMR and other routinely recommended vaccines.
- Distribute $1.5 million to local public health agencies to support implementation of local, evidence-based strategies that increase or maintain kindergarten MMR immunization rates.
- Develop and implement a public health detailing approach to support immunization providers' efforts toward increasing immunization coverage, including enrollment in the Vaccines for Children program.
- Continue to publicize the school and child care data to inform parental decision-making.

5.3 Strategy: Implement legislation and policies that promote complete immunization and exemption data in the Colorado Immunization Information System (CIIS).

Activities:

- Pursue data-sharing agreements with the Colorado Department of Education and the Colorado Department of Human Services.
- Implement policies that promote collection of standardized immunization and exemption data.
- Conduct Board of Health rulemaking to implement components of Senate Bill 20-163: School Entry Immunization (if passed).
- Develop an interactive online education module that meets SB20-163 requirements (if passed).
- Develop new functionality to make CIIS more user-friendly for childcares.

	Measures	Desired trend	Baseline	Target
OUTCOME	% of kindergartners vaccinated for MMR	⇧	87.4% in 2019 91.1% in 2020	92% by 7/2021 95% by 7/2024
	% of students whose de-identified information is submitted electronically to CDPHE	⇧	46% in 2019	60% by 7/2021 88% by 7/2024
	# of providers that receive two public health detailing (targeted provider coaching) visits	⇧	0 in 2018	25 by 7/2021 100 by 7/2024
	% of parents who identify as vaccine-hesitant and do not intend to vaccinate their child per internet panel survey	⇩	33% in 2018	30% by 7/2021 20% by 7/2024
	% of kindergartners receiving 1+ vaccines after receiving a reminder/recall notice	⇧	0% in 2018	10% by 7/2021 30% by 7/2024
	% of kindergartners with incomplete vaccination included in reminder/recall	⇧	0% in 2018	90% by 7/2021 100% by 7/2024
	# of web page views for school/childcare data	⇧	16,051 in 2018	22,075 by 7/2021 23,499 by 7/2024
LEAD	% of known immunizing providers that submit immunization and medical exemption data to CIIS	⇧	86% in 2018	90% by 7/2021 95% by 7/2024
	# of clinics reporting electronically to CIIS	⇧	1,179 in 2018	1,573 by 7/2021 2,164 by 7/2024
	% of school districts that share their student directory with CIIS	⇧	0% in 2018	10% by 7/2021 95% by 7/2024

For more information visit:
https://www.dcphrapps.dphe.state.co.us/Reports/ReportList/Parents

Priority: Immunizations (influenza)

Protect seniors from vaccine-preventable disease

Supports the Governor's Bold 4 Priority: Health

Context:

The best way to protect against influenza (flu) and its serious complications is with a flu vaccine. The Centers for Disease Control and Prevention recommends that everyone 6 months and older get a flu vaccine each year, especially for people 65 years and older because they are at higher risk of developing serious complications, such as pneumonia, bronchitis, and even death, compared to young, healthy adults. While flu seasons can vary in severity, during most seasons, people 65 years and older bear the greatest burden of severe flu disease. During the 2019-20 influenza season, 3,497 people were hospitalized for influenza in Colorado, with the majority of hospitalizations occurring in persons 65 years and older (148/100,000), despite a high vaccination rate among this group.

This is concerning because seniors are also at highest risk for hospitalization and death due to COVID-19. With both viruses circulating this fall and winter, this may result in more people needing medical care for flu, including hospitalization, while the health system is still battling COVID-19. A resurgence or one or both of these viruses could easily overwhelm our healthcare system. Because a flu vaccine exists, but not yet for COVID-19, it is important to protect this high risk population with flu vaccination to limit infections generally, but specifically to limit severity and duration of symptoms requiring hospitalization.

WIGs, Strategies & Activities

Lead Division: Disease Control and Public Health Response

WIG 6: Increase the percent of adults aged 65 years and older protected against influenza through vaccination from 70.4% to 78% by June 30, 2021 and increase to 82% by June 30, 2024.

6.1 Strategy: Leverage existing and new partnerships to expand access to influenza vaccinations for adults 65 years and older.

Activities:

- Fund local public health agencies (LPHAs) to promote and provide influenza vaccine in their communities.
- Purchase additional adult influenza vaccine off of the federal contract to augment allocation of publicly-purchased adult influenza vaccine for uninsured/underinsured adults.
- Build an adult vaccination program by partnering with interested providers to increase the availability of influenza vaccine.
- Partner with LPHAs, community health centers, Federally Qualified Health Centers (FQHCs) and retail pharmacies to perform mass vaccination drive-through clinics.

- Implement vaccine strike teams to travel and provide vaccination services in non-traditional settings, including long term care facilities.
- Explore the feasibility of co-locating influenza vaccine clinics with COVID-19 testing sites.
- Convene an interagency Influenza Task Force that focuses on communications/ outreach and deployment of influenza vaccine during the upcoming flu season.
- Identify, enroll, and onboard adult immunization providers to CIIS, including pharmacies and companies that provide on-site influenza vaccinations.

6.2 Strategy: Perform targeted programming to increase influenza immunization rates.

Activities:

- Implement statewide centralized reminder/recall for influenza vaccine among adults 65 years and older.
- Implement a statewide media/outreach campaign encouraging influenza vaccination.
- Develop provider-level influenza report cards for clinics who report adult immunization data to CIIS. Along with providing a snapshot of influenza vaccination coverage, the report cards would also include a list of strategies adult immunization providers could implement to increase immunization rates.
- Create and maintain a flu clinic locator map to assist the public in finding a flu clinic near them. Include flu clinic locations in the COVID mobile app as one of the services the public can be connected to.
- Survey long-term care facilities to better understand their plans to provide or secure flu vaccine for residents.

6.3 Strategy: Implement policies that promote increased vaccine access and patient engagement.

Activities:

- Approach the Colorado Department of Health Care Policy and Financing to explore the feasibility of expanding Medicaid reimbursement for retail pharmacies. Currently, pharmacies may only bill Medicaid for Shingles, Pneumococcal, Td, and Tdap vaccine for patients 19 years and older.
- Implement a Consumer Access Portal in CIIS. This secure, online portal will enable individuals to access, save and print official certificates of immunization directly from CIIS. Online access to immunization information can empower individuals to take ownership of their health and inform the decisions they make about vaccinating themselves and their family.

	Measures	Desired trend	Baseline	Target
OUTCOME	% of adults 65 years and older vaccinated for influenza	⇧	70.4% in 2019	80% by 7/2021
	% of adult immunization providers that receive influenza report cards	⇧	0 in 2019	100% by 7/2021

	% of adults 65 years and older receiving influenza vaccine after receiving a reminder/recall notice	⇧	0% in 2019	25% by 7/2021
	% of adults 65 years and older with missing influenza vaccination included in reminder/recall	⇧	0% in 2019	100% by 7/2021
	# of web page views for flu clinic locator map	⇧	0 in 2019	25,000 by 7/2021
LEAD	% of known adult immunizing providers that submit immunization data to CIIS	⇧	78% in 2019	85% by 7/2021 95% by 7/2024
LEAD	# of adult immunizing clinics reporting electronically to CIIS	⇧	1,214 in 2019	1,264 by 7/2021 1,364 by 7/2024

Priority: HIV

Supports the Governor's Bold 4 Priority: Health

WIG #7: *In progress- coming 9/1/20*

Priority: COVID-19 Response

Supports Governor's priority

Context:

As response to the COVID-19 pandemic moves from suppression to containment, the state needs to focus resources on increased testing to ensure near real time identification and investigation of persons positive for COVID-19, comprehensive contact tracing, outbreak response, surveillance, and robust isolation and quarantine support to rapidly minimize community spread. Medical surge capacity must also be in place if community spread increases beyond existing hospital capacity. The COVID-19 Outbreak Response and Coordination Center (CORCC) will provide surveillance, response, and health expertise in responding to COVID-19 outbreaks while partnering with key stakeholder groups, businesses, community leaders and innovators to provide subject matter expertise and policy guidance.

At optimal testing capacity, we estimate 80% of symptomatic cases may be reported to public health with each case requiring a full epidemiological case investigation and monitoring. Each case yields an average of 10 potentially exposed individuals that must be quarantined and monitored daily for 14 days. Assume 500 daily positive cases = 5,000 new contacts per day, on a cumulative, rolling basis.

Given that the public health community is already spread dangerously thin, the state must immediately recruit, train and equip an ancillary workforce to supplement the current COVID-19 response and couple this with technology solutions to force multiply these efforts.

WIGs, Strategies & Activities

Lead Division: Disease Control and Public Health Response

WIG 8: Achieve and maintain an R (effective reproductive number) of less than 1 by June 30, 2021 and maintain an R of less than 1 through June 30, 2024.

8.1 Strategy: Rapidly scale up epidemiological, case investigation, contact tracing and resource navigation workforce and technology to support outreach, risk assessment, isolation/quarantine guidance and monitoring of all positive cases and contacts reported by each positive case.

Activities:

- Support LPHAs by providing funding, leadership, technical assistance, and expertise based on agency size and capacity.
- Mobilize a skilled epidemiological workforce, contact tracing workforce, and quarantine and isolation (Q/I) resource navigatigators at CDPHE and for LPHA deployment, as requested.
- Implement common technology infrastructure and data sharing.
- Implement a robust early warning and surveillance system that detects cases and outbreaks, enables rapid response, and prevents explosive spread that outstrips resources.
- Establish ongoing long term surveillance and isolation support programs in coordination with local governments, the private sector, and other entities.

- Implement policies that make containment easier by rapidly deploying promising practices and lessons learned from other countries, states, and jurisdictions to facilitate robust, effective disease suppression and uniform approach.

8.2 Strategy: Expand testing capacity at the State Public Health Laboratory and private laboratories to support wide-spread diagnostic testing at community testing sites, targeted testing in vulnerable populations and serologic testing and viral genomic sequencing to understand the extent of the spread of the virus.

Activities:

- Stand up community testing sites across the state to ensure equitable access to testing, with state as payer of last resort.
- Strengthen targeted testing programs for vulnerable populations including long-term care facilities, homeless shelters, prisons, critical infrastructure, schools and Tribal Nations.
- Facilitate connection of LPHAs, other community testing entities, and Senior Strike Force to personal protective equipment (PPE) supply chain.
- Build long term testing capacity and maximize access by utilizing health care system infrastructure to the fullest extent.
- Maintain a robust surveillance and serosurvey program to inform models and enable targeted disease control and policy interventions.
- Implement targeted viral genomic sequencing to understand temporal and spatial relatedness between cases and movement of the virus across the state.
- Develop and scale effective protocols that use serology to protect vulnerable populations and to aid in quarantine decisions (dependent upon efficacy established in pilot programs).
- Provide diagnostic capacity and pathogen identification for respiratory outbreak response.
- Support expansion of serological testing capacity if and as evolving science indicates that antibody status can be useful in reducing infection rates, informing lifestyle choices, and/or managing risk in workforces and at risk populations.

8.3 Strategy: Establish a coordinated surveillance and outbreak structure with local public health that is guided by best available evidence and a comprehensive approach.

Activities:

- Create and organize the Colorado Outbreak Response Coordination Center (CORCC) Command into 4 Units (Outbreak Fusion Unit, Outbreak Rapid Response Unit, Outbreak Logistics Support Unit, Outbreak Enforcement Unit).
- Define roles, procedures and update processes for the CORCC to follow in order to improve and scale outbreak response.
- Ensure effective collection and dissemination of key disease surveillance data to inform actionable preparedness, response, recovery, and policy strategies.
- Implement common outbreak tracking and response technology infrastructure that is integrated with case investigation and surveillance technology and supports data sharing with local and federal public health partners and other stakeholders.
- Conduct rapid outbreak threat assessments.

- Establish enhanced outbreak intelligence using surveillance, testing, supply inventory, medical surge, mobility, industry experts, hot spot mapping and other data sources.
- Assures standard application of "plays" for vulnerable population outbreaks developed by public health experts and best available evidence.
- Monitor supply chains and coordinate procurement of equipment and supplies.
- Build, maintain, and deploy, as needed, outbreak response caches (e.g. testing supplies, PPE, tablets for data entry).
- Develop and approve public health orders necessary to support effective outbreak response.
- Monitor opening and closing of outbreak events and communicate status via performance dashboards.

8.4 Strategy: Expand healthcare medical surge capacity and enhance resources to minimize morbidity and mortality related to COVID-19.

Activities:

- Take leadership role, including procurement, of four (4) Alternative Care Sites (Colorado Convention Center, The Ranch, St. Mary's Corwin, St. Anthony's North).
- Maintain high levels of communication and operational awareness with major health system Chief Medical Officers (CMOs).
- Continue to define and monitor existing Tier 1 hospital ICU capacity statewide.
- Continue to monitor and troubleshoot shortfalls in hospital PPE, ventilators, and pharmaceuticals necessary to support Tier 1 capabilities.
- Expand and ready Tier 2.5 Skilled Nursing beds ready for occupancy.
- Expand and ready Tier 3 Subacute Surge beds ready for occupancy.
- Continue to monitor the supply chain for opportunities to expand availability in ventilators/ PPE/pharmaceuticals.

	Measures	Desired trend	Baseline	Target
OUTCOME	**COVID-19 Cases**			
	R (effective reproductive number)	⇩	0.9 in 5/2020	<1 by 6/2021 <1 by 6/2024
	# of days in the month the two week cumulative incidence per 100,000 is below 25.	⇩	0	14
	# of days in the month where the 7 day moving average number of new hospital admissions is below the target (no greater than 25% above Colorado's lowest 7 day average number of hospital admissions since the beginning of the epidemic).	⇩	N/A	23
	Testing			
	% of Colorado population receiving a diagnostic COVID test per month	⇧	N/A	2% (115,174) by 7/2020

	# of days in the month the 7 day moving average of % positive COVID tests is below the target of 5% positive tests	⇩	N/A	23
	Medical Surge			
	% of acute care hospital beds occupied	⇩	N/A	<95%
LEAD	**COVID-19 cases**			
	% of symptomatic COVID+ cases reported to public health (model estimate)	⇧	52% in 5/2020	80% in 2020
	% of cases where Colorado's investigation and contact tracing protocol is implemented within 24 hours.	⇧	N/A	85% in 2020
	% of contacts where Colorado's investigation and contact tracing protocol is implemented within 48 hours	⇧	N/A	85% in 2020
	% of COVID+ cases and exposed individuals that receive routine contact for the duration of their isolation/quarantine and are provided health, mental health, economic, and social supports	⇧	N/A	90% in 2020
	State Lab / Statewide Testing			
	Turn-around time from date sample collected to the date results are released to Call Center or Providers		N/A	1 day by 9/2020
	# of COVID diagnostic tests per day (State)	⇧	N/A	3,000 by 9/2020
	# of COVID diagnostic tests per day (State and commercial)	⇧	N/A	10,000 by 9/2020
	% of respiratory illness outbreaks with laboratory testing pathogen cause identified	⇧	N/A	100% by 9/2020
	Epi Response			
	# case investigations completed	⇧	N/A	N/A
	% of assigned CDPHE/CCRC cases contacted within 24 hours	⇧	N/A	95%
	% of cases interviewed by CDPHE/CCRC within 24 hours	⇧	N/A	80%
	# contact notifications conducted	⇧	N/A	N/A

	% of contact notifications completed	⇧	N/A	80% of notifications completed
	Outbreaks			
	% of outbreaks that public health receives case-level (linelist) data to inform outbreak response (linelist received within week of first report)	⇧	N/A	100% ongoing
	% of outbreaks, within the six areas of focus, that are reported with <10 cases.	⇧	N/A	95% by 10/2020
	% of outbreaks where testing is offered to exposed contacts.	⇧	N/A	95% ongoing
	Implement outbreak response playbook for each CDPHE-led outbreak	⇧	N/A	95% by 1/2021
	% School Absenteeism	⇩	N/A	<5% by 6/2021
	# of cases in outbreaks involving vulnerable populations	⇩	N/A	25% decrease by 6/2021

Priority: Decrease human exposure to PFAS

Context:
Coloradans face an emerging public health threat from a family of chemicals found in toxic firefighting foam and other sources. The chemicals are known scientifically as per- and polyfluoroalkyl substances, or PFAS. These chemicals have been used for decades in food packaging, carpets, personal care items, ski waxes, other household items, and firefighting foam due to their ability to resist heat, oil, stains, grease, and water. Human contact with these chemicals is widespread, and nearly all people have some measurable levels of the chemicals in their blood. Human health toxicity information is only available for about ten of the thousands of these chemicals. However, despite the limited information, this toxicity information suggests that exposure to some PFAS can cause a range of negative health outcomes. Health effects from these chemicals may include pregnancy complications, liver damage, high cholesterol, low birth weight, cancer, immune system impact and thyroid hormone disruption.

Drinking water contamination is a particular concern because when firefighting foam is dispensed, it can leach through soil or run off into bodies of water. Most early discoveries of contaminated drinking water in Colorado were associated with firefighting foam. Avoiding

future contamination and providing safe drinking water is a priority for all Coloradans.

WIGs, Strategies & Activities

Lead Divisions: Water Quality Control Division (WQCD) and the Hazardous Materials Waste Management Division (HMWMD)

WIG 9: Maintain the percent of community* drinking water systems that sample and meet the health advisory level for PFAS at 100% by June 30, 2021 and June 30, 2024.

* Also includes schools and large workplaces with their own water systems

9.1 Strategy: Gather and analyze information related to PFAS

Activities:

- Gather water system data on PFAS
- Gather source and release information on PFAS
- Study the health impacts of PFAS
- Analyze water system data to identify sources of PFAS
- Assist water systems to analyze treatment options

9.2 Strategy: Establish guidance and assess regulatory standards

Activities:

- Complete narrative standard guidance
- Assess possible rulemaking for ground water and surface water
- Assess possible rulemaking for drinking water

9.3 Strategy: Support PFAS remediation through regulatory and voluntary efforts

Activities:

- Identify areas for voluntary remediation and support voluntary remediation efforts.
- Issue and amend permits.
- Conduct inspections based on the new permit standards.
- Support proper disposal and replacement of firefighting foams with PFAS
- Provide education to the public on options to decrease PFAS exposure.
- Support water systems with PFAS exposures via technical and communications assistance plus financial assistance as available

	Measures	Desired trend	Baseline	Target
OUTCOME	% of community drinking water systems that sample and meet the PFAS health advisory level	⇧	100% in 6/2020	100% by 7/2021 100% by 7/2024
LEA	% of community drinking water systems tested and analyzed	⇧	0% in 5/2020	TBD% 7/2021 TBD% by 7/2024

D	# of voluntary remedial actions supported	⇧	0 in 2020 (new measure)	TBD by 7/2021 TBD by 7/2024

Priority: Advancing operational excellence that consistently exceeds expectations

Digital Transformation

Context:
While Digital Transformation has been a focus for the department for several years, the importance of this goal has been made even more apparent with COVID-19. As physical distancing was put into place rapidly in March 2020 due to the pandemic response, programs and systems were quickly assessed to determine if they were able to function in a fully remote fashion (with both staff and customers needing to access systems and information remotely). This has shown a spotlight on programs and services that have not easily been able to transition to the 'new normal' and work remains at CDPHE to ensure that staff and customers can access information and services online whenever possible.

In addition, work continues on the department's 186 different known applications which are not built to be platform agnostic (to work on multiple platforms). An analysis of existing applications was performed and prioritized to update and modernize their functionality to enable customers to access them with ease. Many of the processes in these applications were not optimized before being automated. Before doing any updates, the department needs to ensure the processes are improved and efficient before applying new technology on top of the process. These improvements may be limited due to budget and staffing constraints.

WIGs, Strategies & Activities
Lead Division: Center for Health and Environmental Data

WIG 10: Increase from 26% to 90% of Department technology applications that have a Technology Health Assessment score of 70% or higher by June 30, 2023.

10.1 Strategy: Implement the CDPHE Digital Transformation Plan.
Activities:

- Annually update the Technology Health Assessment.
- Implement department wide enterprise solutions.
- Create communication and implementation plans for individual technology applications with scores under 70%.
- Create sustainability and disaster recovery plans for each technology application. Plans will describe how annual Technology Health Assessment scores do not fall below 70% and identify resources needed to sustain modernization efforts.
- Implement the Technology Debt project in collaboration with OIT.

10.2 Strategy: Optimize processes prior to digitizing them.

Activities:

- Ensure procedures to improve processes are included in the Digital Transformation Plan.

10.3 Strategy: Improve data dissemination and interoperability methods and timeliness.

Activities:

- Adopt, implement and improve the data-sharing strategies and policies across the Department
- Continue work on the CDPHE data inventory, including documentation on how and what data should be shared.

	Measures	Desired trend	Baseline	Target
OUTCOME	% of technology applications with baseline Technology Health Assessment score of 70% or greater	⇧	26% in 2019	100% by 7/2024
OUTCOME	% of technology applications with a Data Interoperability score on the Technology Health Assessment of 70% or higher	⇧	45% in 2019	80% by 7/2024
LEAD	% of technology applications with baseline Technology Health Assessment score below 70% with communication and implementation plans	⇧	0% in 2019	100% by 7/2024
LEAD	% of technology applications that have sustainability and disaster recovery plans created.	⇧	0% in 2019	100% by 7/2024

Priority: Advancing operational excellence that consistently exceeds expectations

Climate Friendly Workplace

Context:
The Climate Friendly Workplace WIG was set for FY2019-20 as an opportunity to demonstrate environmental stewardship and leadership and help achieve Greening Government Executive Order (EO) goals while improving workplace culture and employee satisfaction. When the Governor declared a Stay at Home order in March 2020 due to COVID-19, the telework strategies in this goal were put to the test in a very short time frame. The groundwork put in place in 2019 and early 2020 helped CDPHE with a successful rapid transition to having staff work at home. In fact, 94% of staff were able to work from home from mid-March through May with very few interruptions in work.

Moving into FY2020-21, the department will continue to work on fully implementing the flex policy, update space planning to align with the new telework goals, and the continued efforts to reduce emissions from CDPHE operations.

WIGs, Strategies & Activities

Lead Divisions: Administration & the Division of Environmental Health and Sustainability

WIG 11: Reduce CDPHE's Scope 1 & 2 Greenhouse Gas emissions (GHG) from 6,561 metric tons (in FY2015) to 5,118 metric tons (22% reduction) by June 30, 2021 and 4,462 tons (32% reduction) by June 30, 2024.

11.1 Strategy: Reduce emissions from employee commuting

Activities:

- Fully implement the Flexible Work Arrangements: Flextime, Flexplace and Job Sharing policy and track staff participating in flextime and flexplace.
- Update space allocation process to support the Flexible Work Arrangements policy.
- Support the CDPHE Transportation Alternatives Committee's annual work plans that include coordinating Bike to Work Day events, Go-tober and National Bike Month.

11.2 Strategy: Reduce emissions from CDPHE operations

Activities:

- Develop and adopt a five-year Electric Vehicle (EV) Plan, implement the state's EV Workplace Charging Policy and apply to become a Colorado EV Wired Workplace.
- Evaluate and seek approval for a subscription to an offsite solar garden for the North Clear Creek Water Treatment Plant.
- Review recommendations from the fleet optimization study and implement solutions as feasible.

	Measures	Desired trend	Baseline	Target
OUTCOME	CDPHE's Scope 1 & 2 Greenhouse Gas (GHG) emissions (metric tons)	⇩	6,561 in 2015	5,118 by 7/2021 4,462 by 7/2024
	Overall average miles per gallon (mi/gal) for CDPHE's fleet vehicles	⇧	26.6 in 2015	31 by 7/2021 34 by 7/2024
	% of CDPHE electricity use that comes from renewable energy sources	⇧	0% in 2015	7% by 7/2021 12% by 7/2024
	Total # of Electric Vehicles (EV), Plug-in Hybrid Electric Vehicles (PHEV) and Hybrid vehicles in CDPHE fleet	⇧	79 in 2019 (77 Hybrids, 2 PHEV, and 0 EV)	88 by 7/2021 93 by 7/2024
LEAD	% of staff that have a flextime arrangement in place	⇧	N/A in 2019 (will measure baseline in fall 2020)	TBD by 6/2021
	% of staff that have a flexplace arrangement in place (working at home at least one day a week)	⇧	94% in 3/2020 (due to COVID-19 Stay at Home order)	60% by 7/2021 75% by 7/2024
	# of energy efficiency and renewable energy projects implemented (cumulative total)	⇧	5 in 2015	58 by 7/2021 68 by 7/2024

Priority: Advancing operational excellence that consistently exceeds expectations

Health Equity and Environmental Justice

Context:
We're in the midst of a cultural change effort at CDPHE: Equity, Diversity and Inclusion (EDI) is a common part of our culture, but many staff members still struggle with how to operationalize EDI into their daily work. Using the community engagement policy adopted by CDPHE to develop best practices is an opportunity for CDPHE to generate additional lessons learned to inform future work of the department. Taking CDPHE's lessons learned and using them to help other state agencies make similar changes also presents an opportunity for CDPHE to lead. This goal ties into the work currently in progress in the department with the Office of Human Resources, Health Equity and Environmental Justice

Collaborative and the Office of Health Equity.

WIGs, Strategies & Activities
Lead Division: Office of Health Equity

WIG 12: Implement and pilot the Community Participation Principles into CDPHE Division plans by June 30, 2021 and increase the percent of Divisions using the Community Participation Principles from 0% to 100% by June 30, 2024.

12.1. Strategy: Continue to operationalize the community engagement policy adopted by the department in 2018.

Activities:

- Create a Community Participation Principles strategic planning guidance tool by March 2020.
- Deliver a Community Participation Principles Work Planning session to three pilot divisions by June 30, 2020.
- By March 2021, the three divisions piloting the Community Partnership Principles report success using multiple best practices from the guidance tool.
- A Work Planning session provided to all divisions by June 30, 2023.

	Measures	Desired trend	Baseline	Target
OUTCOME	% of Community Participation Principles strategic planning guidance tool created	⇧	0% in 2018	100% by 7/2021
OUTCOME	% of Divisions using the Community Participation Principles	⇧	0% in 2020	100% by 7/2024
LEAD	# of divisions participating in Community Participation Principles work planning sessions.	⇧	0 in 2018	8 by 7/2021 11 by 7/2024
LEAD	# of divisions piloting the Community Partnership Principles that report implementing at least a third of established best practices from the guidance document.	⇧	0 in 2018	3 by 3/2021 11 by 7/2024

Appendix 1: Divisions

Administration

Includes: Building Operations, Financial Services, the Office of Human Resources, the Office of Legal and Regulatory Compliance, and the Office of Strategy and Performance. The functions that were previously organized under the Community Relations Divisions are part of Administration.

Primary processes and customers for the division:

Primary Processes	Description	Customers
Accounting	Financial accounting, management and reporting services.	Vendors, payees, State Controller's and Auditor's Offices, partners, staff.
Board of Health	Promulgates rules and approves funding for grant programs.	Stakeholders, grantees and individuals requesting rulemaking.
Budget	Evaluates budget needs through the point at which those resources are appropriated in the Long Bill or Special Bill.	OSPB, Joint Budget Committee, Office of Legislative Council, staff.
Building Operations	Ensure work spaces are safe, clean and functional for employees and the public.	Contractors, visitors, employees, building owners.
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.
Contracting & Procurement	Procures and contracts for goods/services, evaluates compliance, assesses LPHA financial systems.	Contractors, grantees, other agencies, staff.
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, nonprofit organizations.
Human Resources	Hiring, training, compensation/rewards, employee relations/engagement, benefits, ADA and leave tracking.	Current and future staff.

Internal Audit, Privacy, & Records Management	Assesses compliance with information privacy and record retention.	State Auditor's Office, staff, Institutional Review Board, researchers, agencies.
Legislative Liaison	Coordinate all aspects of legislative initiatives, starting with requests for proposals for legislative agenda items from divisions through disposition of bills and budget items	State and federal legislators, Governor's Office, CDPHE staff, other executive agencies.
Local Public Health Planning and Support	Grant management and technical assistance to local public health agencies.	Local public health agencies.
Strategy and Performance	Lead strategic planning and performance improvement efforts.	Staff, local public health agencies.

Major Funding Sources (includes funding for the Office of Communications; Office of Public Health Practice, Planning, and Local Partnerships; and 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
- 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

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) the public, 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 the public.

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

Center for Health and Environmental Data

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

Primary processes and customers for the division:

Primary Processes	Description	Customers
Health Statistics and Evaluation	Monitor and evaluate progress toward improvement in Colorado by providing timely, innovative and quality public health data collection, utilization and reporting services.	Federal, state and local public health agencies, hospitals, academic and research institutions, and the public.
Health Information Systems	Develop and promote the increased use of sound applications and databases to collect public health data. Includes public health informatics and noncommunicable disease registries.	Local public health agencies; CDPHE staff; 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.
Vital Records Office	Administers the Colorado Vital Statistics Act by registering and issuing certified copies of all vital events including births, deaths and fetal deaths.	The public, county/local vital records offices, birthing hospitals, 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: CDC

Disease Control and Public Health Response

The Disease Control and Public Health Response (DCPHR) Division was created in 2019 and includes:

- the Disease Control and Environmental Epidemiology Division which detects, investigates and prevents communicable and environmental disease using expertise, science and innovation. The division includes the Immunization Branch, Communicable Disease Branch, Public Health Informatics, Reporting and Refugee Branch, Environmental Epidemiology Branch, Sexually Transmitted Infections/Human Immunodeficiency Virus/Viral Hepatitis Branch, and the Division Operations Branch.
- the Laboratory Services Division which includes the Microbiology, Chemistry, Newborn Screening, Certification and Evidential Breath Alcohol Testing and Marijuana Laboratory Science Programs; and Fiscal, Accessioning, Central, Quality Assurance, Safety and Building Operations Services.
- the Office of Emergency Preparedness and Response which coordinates a statewide network of staff, facilities, and other resources in partnership with local public health agencies and other disciplines and agencies to prepare for and respond to public health and medical emergencies.

Primary processes and customers for the division:

Primary Processes	Description	Customers
Surveillance of and response to communicable & environmental diseases	Continuous, systematic collection, analysis and interpretation of communicable and environmental disease data needed to plan, implement, communicate and evaluate public health programming and interventions. Surveillance can warn of outbreaks; document the impact of interventions; track progress toward specific goals; and inform public health policy, strategies and communication.	People or communities with, or at risk for, diseases and/or environmental exposures or with concerns about them (includes marijuana & oil and gas activities); local public health agencies; health care providers, hospitals, and clinical laboratories.
Support interventions for disease control	Manage and distribute medications and vaccines for infectious diseases; recommend infection control practices in health care settings; inform and guide providers; educate the public and providers; strengthen policies related to public health.	Local, state and federal agencies; health care systems; community-based and advocacy organizations; the public concerned about diseases.
Maintain health information systems	Maintain and promote the increased use of sound applications and databases to collect complete, accurate and	Government agencies; health systems; clinical labs; hospital associations, schools, advocacy

	confidential health data to facilitate public health actions and improve public health practice.	organizations, academic institutions; public.
Microbiology laboratory testing	Isolation and identification of microorganisms of public health importance.	Clinical Labs, local public health agencies, CDPHE staff, CDC, APHL, State Public Health Labs, Animal Control, veterinarians, and the public.
Chemistry laboratory testing	Testing for organic and inorganic chemical contaminants in water and environmental samples.	CDPHE staff, state & federal agencies, the public, water systems, private construction and environmental firms.
Newborn Screening laboratory testing	Screening all infants in Colorado at approx. 2 days and 2 weeks of age for metabolic conditions that can negatively affect a child's health.	Clinical providers, hospitals, pediatricians, physicians & midwives, the public.
Marijuana laboratory testing	Inspection of retail marijuana testing facilities to ensure compliance with DOR rules.	MED (DOR), marijuana testing facilities, marijuana licensed businesses.
Accessioning	Sample receiving, data entry and customer service.	All LSD programs and customers.
Calibration of equipment	Calibration, support & training for breath alcohol testing instruments.	CBI, law enforcement, district attorneys, defense attorneys.
Certification	Onsite inspections of clinical, forensic and commercial marijuana labs.	Clinical, Forensic and Commercial Labs.
Emergency Preparedness and Response	Oversee federal Public Health Emergency Preparedness and Hospital Preparedness Program grants, and state general funds for planning, training and evaluations.	CDPHE staff, local public health agencies, health care coalitions, and health care providers.

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 (STI/HIV/VH), 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)

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, assisted living residences, kitchen inspections, and 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, food operations and associations and the public.
Conduct environmental inspections	Includes processes from the identification of the facilities to be inspected to the issuance of the inspection report to the provision of compliance and technical assistance and enforcement.	All associated industry members and the public.
Type 1 Boards and Commissions (the division has rules with all four type 1 boards and commissions)	Promulgates cost-effective rules to ensure the safe production of food; safe environments within institutional settings; the proper handling, management and disposal of waste from animal feeding operations to reduce odor and protect water; and the safe disposal of medications.	Participants in rulemaking, permittees and the public.
Promote sustainable practices	The division is involved with a number of activities that foster sustainable development including assessing and recognizing Colorado businesses and entities that go above and beyond environmental compliance and demonstrate environmental leadership; providing funding to increase waste diversion; and assisting other state agencies to establish Greening Government goals.	Private businesses, nonprofits, local and state governments.

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: $111,730 (<1% of total budget)
- Federal Funds: $1,147,651 (12% of total budget)
    - Primary sources: Grants from EPA and the U.S. 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) the public, 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 the public.

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: U.S. EPA, U.S. Department of Defense, U.S. Department of Energy, and U.S. FDA

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; Certification, Licensing, Enforcement and Records 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 and EMR providers	Issuing state certification/practice credentials for EMS providers and emergency medical responders.	Individuals seeking certification as emergency medical technicians and paramedics, and registration as emergency medical responders.
Issuing air ambulance licenses	Issuing licenses for air ambulance services transporting patients in Colorado.	Air ambulance service providers.

Major Funding Sources:

- General Fund: $1,883,954 (5.49% of total budget)
- Cash Funds: $19,412,396 (56.56% 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: $6,713,423 (19.55% of total budget)
- Federal Funds: $6,314,791 (18.40% of total budget)
    - Primary sources: Title XVII Medicare, Centers for Medicare and Medicaid Services

Prevention Services Division

The division focuses on noncommunicable disease prevention and access to care.

Primary processes and customers for the division:

Primary Processes	Description	Customers
Provide and administer state, federal and private funding and resources and technical assistance for evidence-based, and population health-focused, programming and policy, systems and environment work	Programs, initiatives and collaborative efforts include, but are not limited to cancer, diabetes and heart disease prevention, screening and management; breastfeeding and early childhood nutrition; oral health; food assistance and nutrition education for mothers, infants and children; school health; preventing violence, suicide and substance use; health care workforce monitoring and loan repayment assistance; child fatality prevention and positive youth development; family planning; maternal child health; care for children with special needs; physical activity, healthy eating and built environment; health systems integration; health information and data collection; and health communication and promotion.	Local public health agencies, nonprofit organizations, tribal governments, health care organizations, universities and colleges, communities, private businesses, schools, faith-based organizations, military installations, cities, counties and towns.
Evaluate and improve program performance	PSD trains all new employees in quality improvement and all staff members have a quality improvement Individual Performance Goal. Several branches have performance management systems. PSD also works with CHED to evaluate programs and measure effectiveness using rigorous public health evaluation methods.	CDPHE staff, local public health agencies, nonprofit organizations, tribal governments, health care organizations, universities and colleges, policy makers, communities, private, federal and state funders.
Promote staff engagement, collaboration, health equity and innovation	PSD teams created resources, including an Inclusive Hiring Guide, a Feedback and Feedforward toolkit, health equity coaching, a stakeholder search engine and award tracker and practices to coordinate regarding food security and connectedness.	

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, 5-Part Cancer Grant

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:

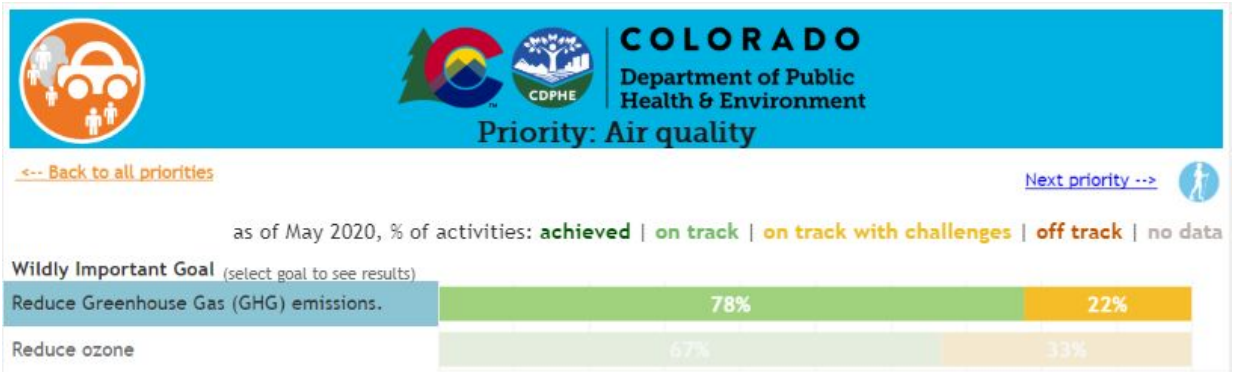
Primary Processes	Description	Customers
Issuance of permits, certifications and licenses	Receive and process applications to provide a final decision for the applicant.	The public, permittees, public water systems, environmental groups.
Environmental and drinking water inspections	Inspect facilities and issue inspection reports.	
Monitor state surface waters	Monitor and assess water quality to determine if state waters meet targets.	
Implement Safe Drinking Water Act	Review water systems compliance data, issue violations and enforcement orders, and ensure the public is notified as needed.	The public, visitors, public water systems.
Drinking water and wastewater facility projects	Review and approve municipalities planning and design documents to ensure projects will meet the requirements.	The public, permittees, public water systems, environmental groups.
Financial Assistance	Provide low-interest loans to governmental entities for water quality improvement projects and implement federal grants.	
Water Quality Control Commission	Promulgates rules to maintain and improve state waters. Reviews and approves grant funding recommendations.	Rulemaking participants, permittees, public water systems, grant recipients.
Water & Wastewater Facility Operators Certification Board	Promulgates rules and oversees program for water and wastewater operators certification.	Certified operators, water and wastewater treatment plants owners, the public.

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

Appendix 2: FY 2019-20 Key Accomplishments

The Colorado Department of Public Health and Environment made great progress on the goals of the 2019-20 plan. The summary below shows an overview of the key accomplishments and the status of each of the priority areas as of May 31, 2020. In addition, a summary of process improvement efforts is listed at the end of this section. For additional details, access the online Strategic Plan Dashboard at: https://www.colorado.gov/pacific/cdphe/strategic-plan-dashboard.



Full description of Goal #1: Reduce Greenhouse Gas (GHG) emissions economy-wide from 125.716 million metric tons of CO2e (carbon dioxide equivalent) per year to 119.430 million metric tons of CO2e per year by June 30, 2020 and to 113.144 million metric tons of CO2e by June 30, 2023.

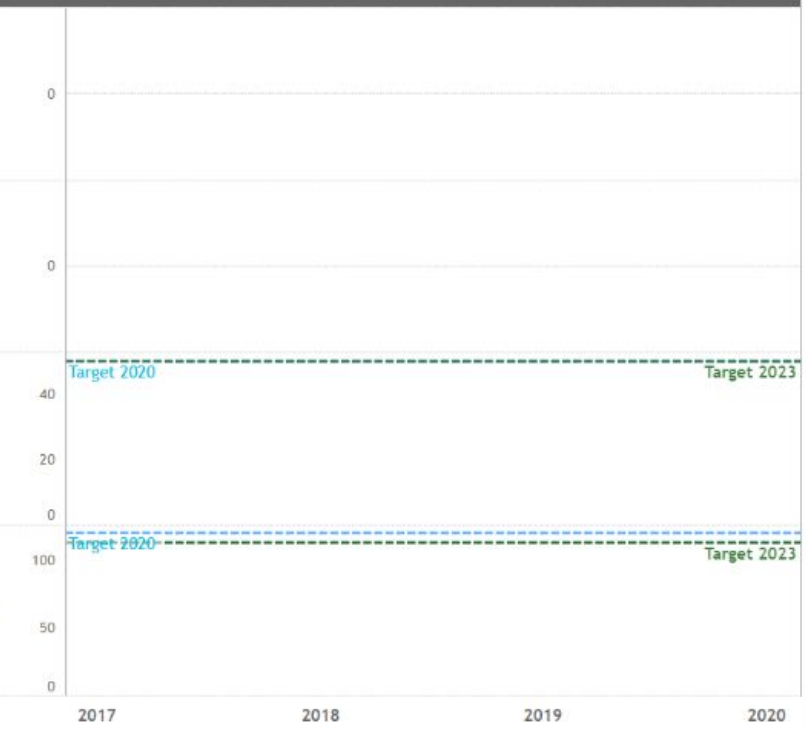
Strategy	Activity	May 2020
1.1: Oversee the development of a cross-departmental blueprint for pollution reduction.	Air Quality Control Commission (AQCC) to issue GHG emissions reporting rule by summer 2020.	On Track
	Coordinate with other state departments to create a blueprint by March 30, 2020 for Colorado to achieve GHG reductions in 2025, 2030 and beyond.	On Track
	Update the GHG emissions inventory by summer 2020.	On Track with Challenges
1.2: Reduce Carbon Dioxide (CO2) from transportation	Coordinate with transportation agencies on the strategies.	On Track
	Implement Low Emission Vehicle (LEV) rule by Jan. 2, 2021, and Zero Emission Vehicle (ZEV) rule (or alternative) by Jan. 2, 2022.	On Track with Challenges
1.3: Reduce methane emissions from oil and gas industry and carbon dioxide emissions from electricity sector	Implement oil and gas (O&G) methane and volatile organic compounds (VOC) reduction strategies (including venting and flaring).	On Track
	Increase the O&G touch rates (measured through infrared camera inspections).	On Track
	Support ongoing conversion away from coal-fired power plants (required under Regional Haze State Implementation Plan).	On Track
	Support Public Utility Commission (PUC), municipalities, Colorado Oil and Gas Conservation Commission (COGCC) and Energy Office in transition to renewable energy.	On Track

Monthly results

Metric	Target 2020	Target 2023
% of comprehensive blueprint developed	25	100
Number of AQCC rulemakings completed to reduce emissions	3	8

Annual results

Metric	Target 2020	Target 2023
% predicted 2030 reduction in CO2e for completed rulemaking or achieved measures (for O&G and electricity)	In dev	In dev
% predicted 2030 reduction in CO2e for completed rulemaking or achieved measures (for transportation)	In dev	In dev
% predicted 2030 reduction in CO2e for completed rulemaking or achieved measures (overall)	50	50
Greenhouse gas (GHG) emissions (million metric tons of carbon dioxide equivalent (CO2e)) economy-wide	119...	113.144



COLORADO
Department of Public Health & Environment

Priority: Air quality

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Next priority -->

as of May 2020, % of activities: **achieved** | **on track** | **on track with challenges** | **off track** | no data

Wildly Important Goal (select goal to see results)

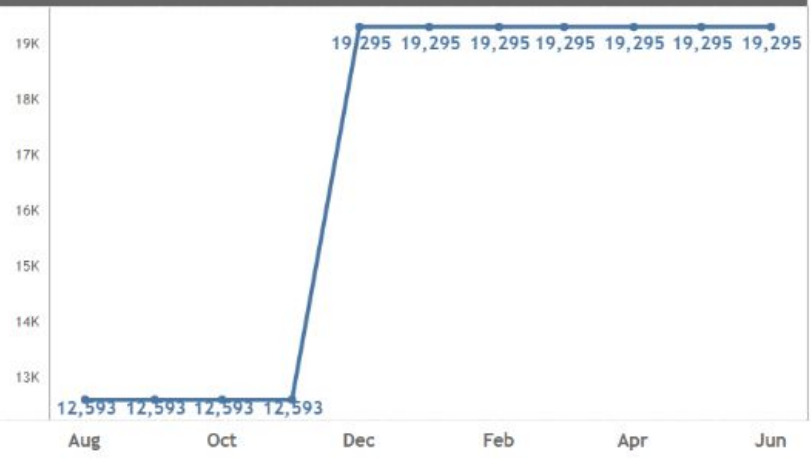
Reduce Greenhouse Gas (GHG) emissions.	78%	22%
Reduce ozone	67%	33%

Full description of Goal #2: Reduce ozone from 83 parts per billion (ppb) to 80 ppb by June 30, 2020 and 75 ppb by June 30, 2023.

Strategy	Activity	May 2020
2.1: Reduce volatile organic compounds (VOC) and oxides of nitrogen (NOx) from the oil and gas industry.	Create comprehensive and accurate inventory of oil and gas emissions.	On Track
	Develop a process to track emission benefits from permitting and inspections.	On Track
	Explore a new and improved emission and permitting database.	On Track
	Explore creating minor source offset program for VOC and NOx in Non-Attainment Area.	On Track with Challenges
	Increase compliance, oversight and enforcement.	On Track with Challenges
	Perform regulatory revisions to establish more stringent requirements for engine emissions, venting and flaring.	On Track
2.2: Support local agencies and COGCC in oil and gas regulations.	Develop air quality strategic plan toolkit/template for local agencies.	On Track
	Develop best practices document for local agencies engaging in local O&G control.	On Track
	Provide trainings and consultations to LPHAs and municipalities.	On Track with Challenges
	Survey local public health agencies (LPHAs) and municipalities to assess needs regarding O&G regulations.	On Track with Challenges
2.3: Reduce VOC and NOx emissions from non-O&G contributors	Create comprehensive and accurate inventory for non-O&G.	On Track
	Revise regulations to establish more stringent requirements for emission reductions.	On Track

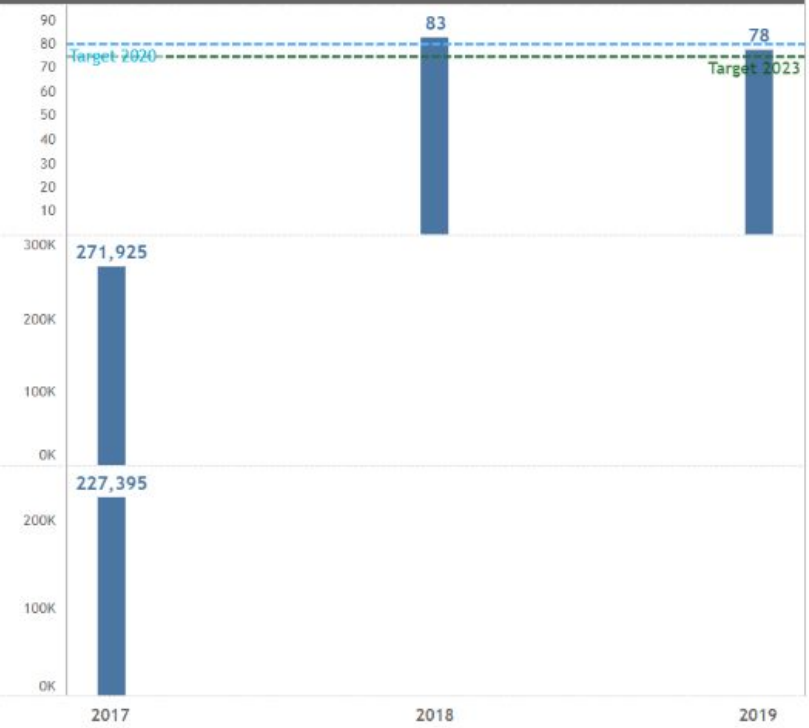
Monthly results

Metric	Target 2020	Target 2023
Reduction in tons of NOx and VOC emissions related to new regulatory actions (cumulative since July 2019)	N/A	N/A



Annual results

Metric	Target 2020	Target 2023
Ozone level (parts per billion - ppb)	80	75
Tons of emissions per year of VOC and NOx from non-O&G sources (measured every 3 years)	N/A	N/A
Tons of emissions per year of VOC and NOx from the O&G sector (measured every 3 years)	N/A	N/A



COLORADO
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Priority: Healthy Eating Active Living

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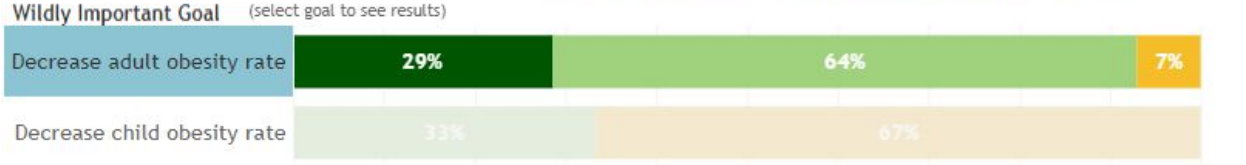
Next priority -->

as of May 2020, % of activities: **achieved** | **on track** | **on track with challenges** | **off track** | no data

Wildly Important Goal (select goal to see results)

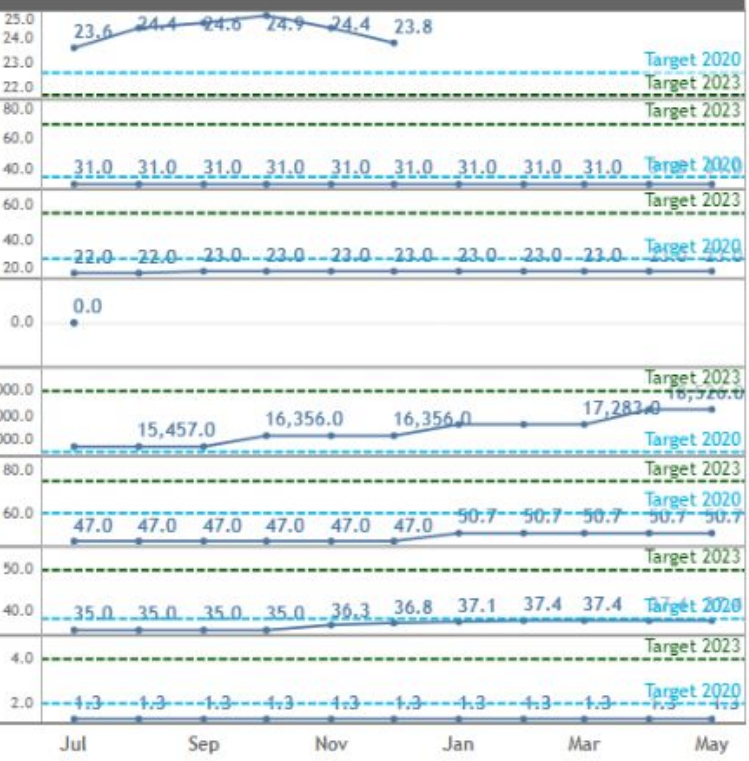


Full description of Goal #3: Decrease the rate of Colorado adults who have obesity from 22.9% to 22.6% by June 30, 2020 and to 21.7% by June 30, 2023.

Strategy	Activity	May 2020
3.1: Increase the consumption of healthy food and beverages through education, policy, practice and environmental changes.	Convene the Metro Denver Partnership for Health to identify, leverage and/or expand strategies to reduce consumption of sugar-sweetened beverages.	On Track
	Implement food service guidelines in worksites and community settings to increase access to healthy foods.	On Track
	Increase the number of hospitals participating in the Colorado Healthy Hospital Compact.	On Track
3.2: Increase the number of Coloradans in private health plans who have a covered benefit for screening, counseling and referral..	Engage CDPHE and Division of Insurance (DOI) leadership to determine the kinds of coverage for screening, counseling and referrals for obesity prevention and control that health plans in Col..	On Track
	Engage with DOI to discuss the potential for a standardized benefit for screening, counseling, and referrals for obesity prevention and control that meets or exceeds an established Colorad..	On Track
3.3: Significantly increase the reach of the National Diabetes Prevention Program (DPP) and Diabetes Self-Management Education and Support (DSMES) by collaborating with the Department of Health Care Policy and Financing (HCPF).	Engage CDPHE and HCPF leadership to remove existing barriers and ensure the National DPP becomes a covered benefit for Colorado Medicaid recipients.	On Track
	Engage CDPHE and HCPF leadership to remove existing barriers and ensure existing restrictions on coverage for education-only telehealth services are lifted.	Achieved
	Offer the National DPP in five counties where the burden of diabetes, obesity and poverty is high.	On Track
	Offer the National DPP for state employees.	On Track
	Offer DSMES in three counties where the burden of diabetes, obesity and poverty is high.	On Track
	Establish relationships between Women, Infants and Children (WIC) clinics and National DPPs in three counties.	Achieved
	Coordinate training for WIC clinic staff regarding National DPP in three counties.	Achieved
	Promote the National DPP for potentially eligible WIC clients in three counties	On Track w..
	Host the Diabetes Prevention and Management State Engagement Meeting (StEM) in August, 2019 to plan the next two to three years of work in diabetes prevention and management for ..	Achieved

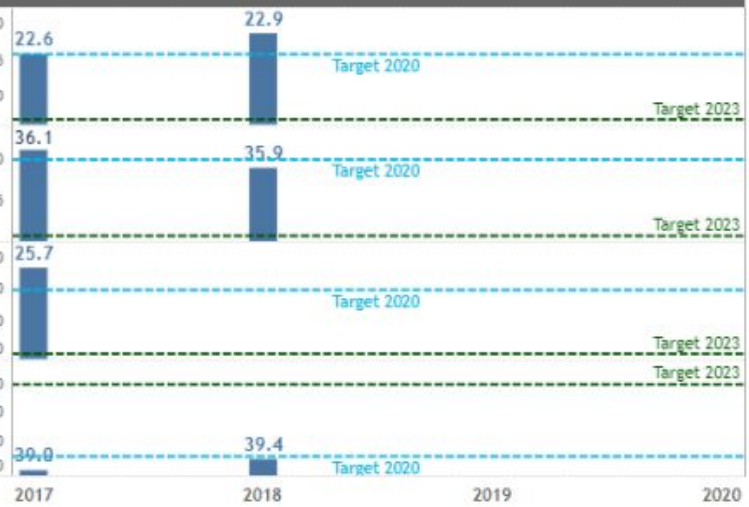
Monthly results

Metric	Target 2020	Target 2023
% of adults 18 yrs and older who are obese (monthly estimate based on 3 month rolling average of BRFSS respondents)	22.6	21.7
# of Colorado hospitals participating in the Healthy Hospital Compact	36	70
# of hospitals that achieve recognition through participation in Colorado Healthy Hospital Compact	30	55
% of Coloradans who have screening, counseling and referrals for obesity prevention and control as a covered benefit.	TBD	TBD
# of adults in Colorado who enrolled in the National Diabetes Prevention Program	15000	20000
% of Colorado adults who have the National Diabetes Prevention Program as a covered benefit	60	75
% of eligible state employees who enroll in the National Diabetes Prevention Program	38	50
% of Medicaid recipients with diabetes who participate in Diabetes Self-Management Education and Support	2	4



Annual results

Metric	Target 2020	Target 2023
% of adults 18 yrs and older who are obese	22.6	21.7
% of adults 18 yrs and older who are overweight	36	35.1
% of adults who consume one or more sugary beverages per day (BRFSS)	25	23
% of Colorado adults at a healthy weight	39.5	42



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Priority: Healthy Eating Active Living

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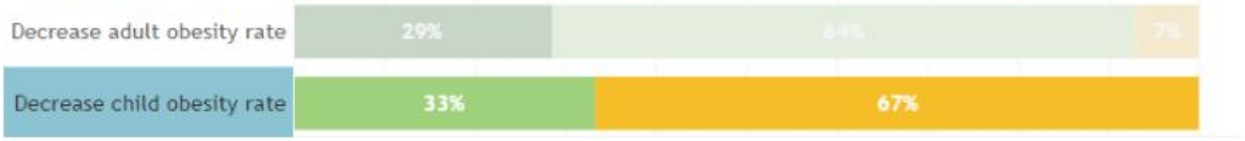
Next priority -->

as of May 2020, % of activities: achieved | on track | on track with challenges | off track | no data

Wildly Important Goal (select goal to see results)

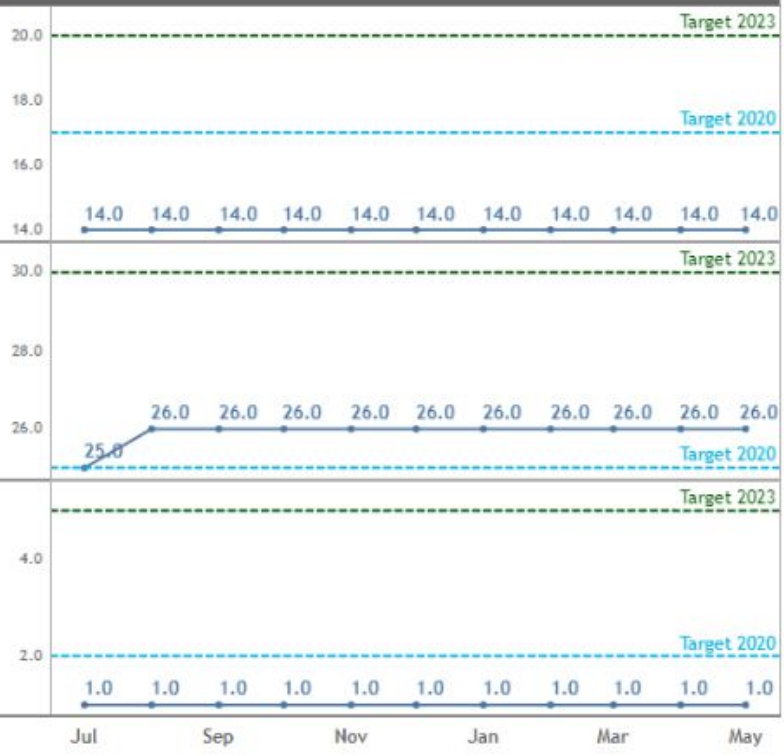


Full description of Goal #4: Decrease the rate of Colorado children (age 2-4 years) who participate in the WIC Program and have obesity from 7.5% to 7.25% by June 30, 2020 and to 6.5% by June 30, 2023.

Strategy	Activity	May 2020
4.1: Ensure access to breastfeeding-friendly environments.	Promote and support the Baby-Friendly Hospital Collaborative to new and existing hospitals.	On Track with Challenges
	Support and promote sites (e.g., worksites, child care programs, medical offices) providing breastfeeding accommodations.	On Track with Challenges
4.2: Increase the consumption of healthy food and beverages and decrease consumption of sugar-sweetened beverages through education, policy, practice and environmental changes.	Increase the number of municipal-level policies for milk or water as the default beverage in restaurants' kids' meals.	On Track

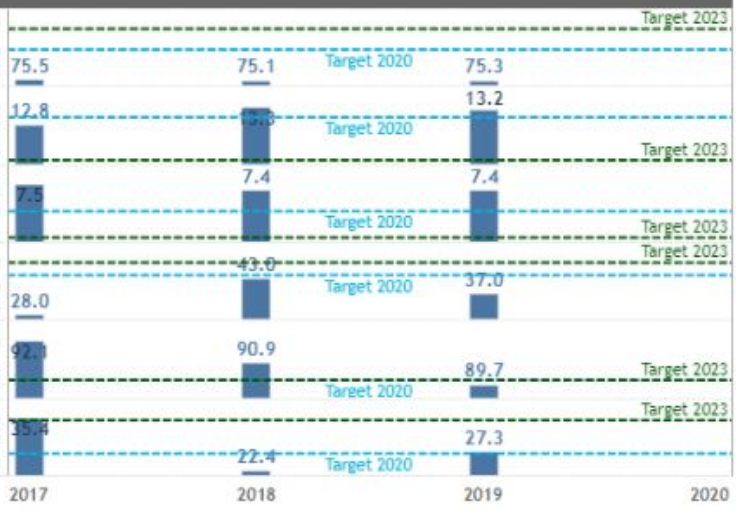
Monthly results

Metric	Target 2020	Target 2023
# of hospitals in Colorado certified as Baby-Friendly	17	20
# of hospitals in the Colorado Baby-Friendly Hospital Collaborative	25	30
# of municipal-level policies for milk or water as the default beverage in restaurants' kids' meals.	2	5



Annual results

Metric	Target 2020	Target 2023
% of children aged 2-4 years enrolled in WIC who are at a healthy weight	80.5	84
% of children aged 2-4 years enrolled in WIC who are overweight	13	11.8
% of children aged 2-4 years enrolled in WIC who are obese	7	6.5
% of births that occur at a Baby-Friendly designated facility	45	50
% of infants who were ever breastfed *from the National Immunizati..	90	90
% infants who were exclusively breastfeeding at 6 months *from the National Immunizati..	27	35



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Priority: Immunizations

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Next priority -->

as of May 2020, % of activities: achieved | on track | on track with challenges | off track | no data

Wildly Important Goal

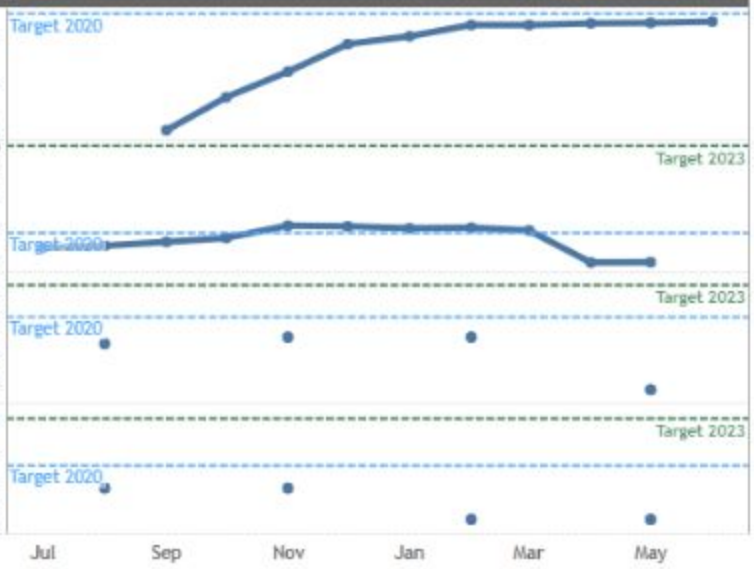
Increase the percent of kindergartners vaccinated for MMR

Full description of Goal #5: Reverse the downward trend and increase the percent of kindergartners protected against measles, mumps and rubella (MMR) from 87.4% to 90% (1,669 more kids) by June 30, 2020 and increase to 95% by June 30, 2023.

Strategy	Activity	May 2020
5.1: Use available data to identify areas of under-immunization and determine the root cause (due to vaccine hesitancy and/or lack of adequate access to immunizing providers).	Analyze Medicaid provider data to identify which providers bill for well-child visits but not immunizations.	Achieved
	Analyze vaccine access data to identify and respond to ensure equitable and comprehensive immunization access.	Achieved
	Include immunization and exemption information annually as part of CDPHE's State Measurement for Accountable, Responsive and Transparent Government (SMART) Act hearing presentation to th..	Achieved
	Investigate evidence-based strategies supporting the effectiveness of 2Gen vaccination approaches that increase vaccination coverage among families on Medicaid.	Achieved
	Survey Colorado vaccine-hesitant parents for knowledge, attitudes and beliefs about vaccines to learn why they feel the way they do, what their concerns are and what influences their decisions.	Achieved
5.2: Perform targeted programming to increase immunization rates.	Launch a public outreach campaign that addresses the root causes of vaccine hesitancy and access and targets urban areas most in need where the risk of an outbreak is highest.	Off Track
	Partner with Front Range local public health agencies whose populations are at greatest risk for an MMR outbreak, to develop local strategies to deliver MMR vaccinations to students in high-risk sch..	Achieved
	Partner with targeted rural local public health agencies that have a low kindergarten MMR vaccination rate to deliver MMR vaccinations to kindergartners in need.	Achieved
	Pilot centralized reminder/recall and incentives with one urban and one rural local public health agency that has low kindergarten MMR vaccination rates or is at greatest risk for an MMR outbreak.	Achieved
	Publicize the school and child care data to inform parental decision-making.	Achieved
	Recruit Well-Child-only Medicaid providers to enroll in the Vaccines for Children program to become immunizing providers, in collaboration with Regional Accountable Entities	Achieved
	Secure funding and develop a public health detailing approach to support immunization providers' efforts toward increasing immunization coverage.	Achieved
5.3: Support legislation and policies that promote complete immunization and exemption data in the Colorado Immunization Information System (CIIS).	Collaborate with HCPF to implement policies that support Medicaid provider participation in CIIS and Vaccines For Children.	On Track
	Develop new functionality to make CIIS more user friendly for schools.	Achieved
	Implement policies that promote collection of standardized immunization and exemption data.	On Track
	Pursue legislation that supports timely, accurate and complete data (immunizations and exemptions) in CIIS	On Track

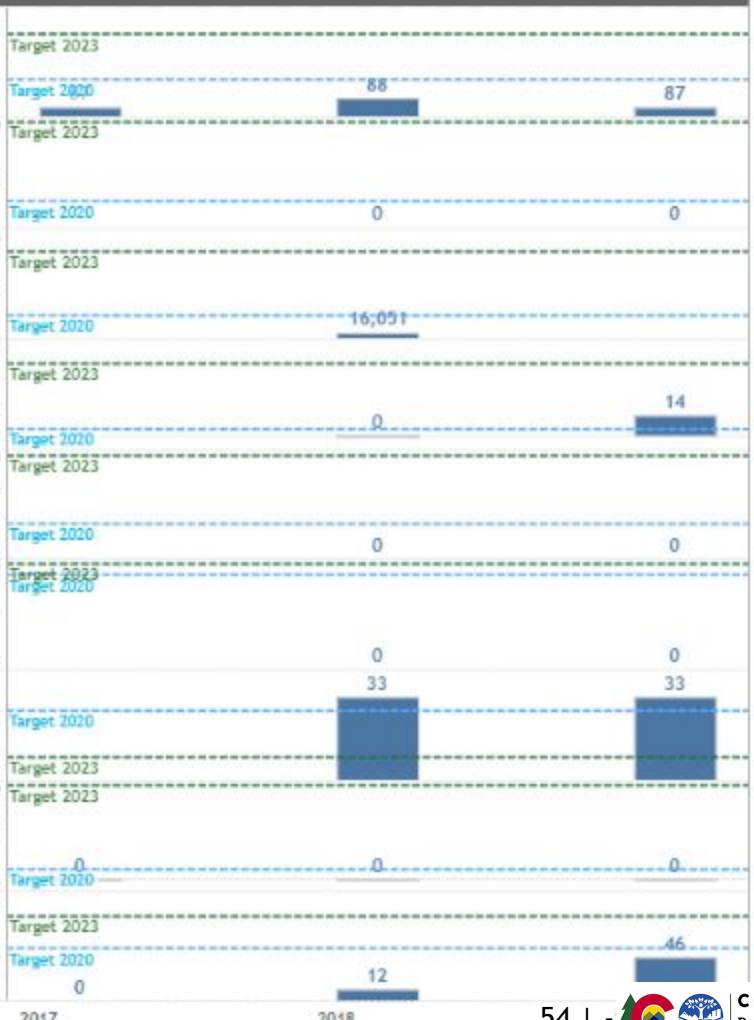
Monthly results

Metric	Target 2020	Target 2023
# of new kindergarten-age students fully immunized for MMR	57,151	Null
# of clinics reporting electronically to CIIS	1573	2164
% of known immunizing providers that submit immunization and medical exemption data to CIIS	90	95
% of known pediatric, family clinics, and community and rural health centers participating in the VFC program	39	45



Annual results

Metric	Target 2020	Target 2023
Percent of kindergartners vaccinated for MMR (%)	90	95
# of providers that receive two public health detailing (targeted provider coaching) visits	25	100
# of web page views for school/childcare data	17656	23499
% of counties identified as having vaccine hesitancy or vaccine access issues that receive targeted programming	5	50
% of kindergartners receiving 1+ vaccines after receiving a reminder/recall notice	10	30
% of kindergartners with incomplete vaccination included in reminder/recall	90	100
% of parents who identify as vaccine-hesitant and do not intend to vaccinate their child per internet panel survey	30	20
% of school districts that share their student directory with CIIS	10	95
% of students whose de-identified information is submitted electronically to CDPHE	56	88



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Priority: Suicide Prevention

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Next priority -->

as of May 2020, % of activities: achieved | on track | on track with challenges | off track | no data

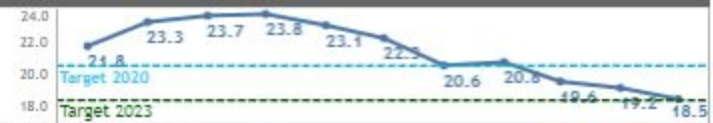
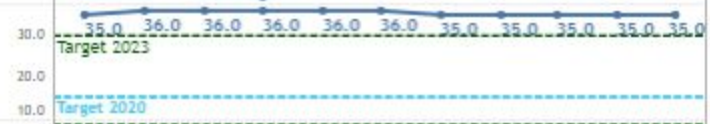
Wildly Important Goal

Reduce suicide rate

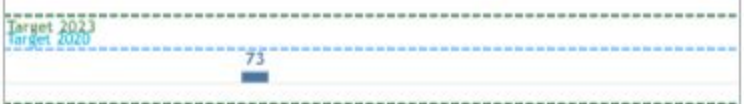
Full description of Goal #6: Reduce Colorado's suicide rate from 21.7 per 100,000 people in 2018 to 20.6 (a 5% decrease) by June 30, 2020 and 18.4 (a 15% decrease) by June 30, 2023.

Strategy	Activity	May 2020
6.1: Create a framework to address suicide in Colorado.	Collaborate with other state agencies and local public health agencies to identify opportunities to engage them in reducing the suicide rate.	On Track
	Conduct an evidence-based review panel for suicide prevention, including a comprehensive literature review, key informant interviews with other states, and co..	Achieved
	Implement the strategies identified in the suicide prevention framework.	On Track
	Using results from the evidence-based review panel, identify leverage points across CDPHE divisions and programs to create a suicide prevention framework.	On Track
6.2: Increase active analysis and dissemination of suicide-related data.	Explore a toxicologic connection between suicide and opioids/benzodiazepines by linking and analayzing data from the Prescription Drug Monitoring Program to suicide..	On Track
	Incentivize coroner and law enforcement agencies to use the Colorado Suicide Investigation Form.	On Track
	Increase real-time data collection in emergency departments on suicide attempts and use data to inform prevention/intervention efforts.	On Track
6.3: Improve health system readiness and response to suicide.	Create tiered training requirements in rule aligned with the Zero Suicide Model for behavioral health facilities.	On Track
	Expand and support Zero Suicide model implementation within health care settings.	On Track
	Explore prescribing guidelines related to benzodiazepines.	On Track
	Reduce risk and provide support for individuals in the aftermath of a mental/behavioral health crisis by sustaining and expanding the Follow Up Project in..	On Track
6.4: Increase suicide prevention and intervention efforts for priority occupations (including first responders, construction, installation and maintainance, and agriculture and ranching).	Consult with Behavioral Insights to identify strategies that will engage people in priority occupations.	Achieved
	Create and promote an Emergency Medical Services Peer Support Program.	On Track
	Implement and evaluate strategies identified through Behavior Insights consultation.	On Track
	Promote and disseminate resources and tools that support men in their workplaces with mental health promotion and help-seeking strategies and screening/referral pro..	On Track
6.5: Increase suicide prevention and intervention efforts for special populations at higher risk for suicide (LGBTQ+, youth, veterans, middle-aged men, older adults, and counties with the highest burden).	Consult with Behavioral Insights to identify strategies that will engage people in special high-risk groups.	Achieved
	Implement and evaluate strategies identified through Behavioral Insights consultation.	On Track
	Improve data collection and reporting to inform prevention strategies and trends for LGBTQ+ populations.	On Track
	Increase the availability of evidence-based gatekeeper training (e.g. QPR, ASIST) in veteran services organizations.	On Track
	Sustain and expand lethal means safety initiatives (CALM and the Gun Shop Project).	On Track
	Sustain and expand the evidenced-based program Sources of Strength in Colorado middle and high schools.	On Track

Monthly results

Metric	Target 2020	Target 2023	
Age-adjusted suicide rate per 100,000 people. *annual data has one year lag; monthly rates represent 3 month lag (eg. reporting Mar 2019 rates in Jun 2019)	20.6	18.4	
Suicide rate per 100,000 among men aged 25 - 64. *annual data has one year lag; monthly rates represent 3 month lag (eg. reporting Mar 2019 rates in Jun 2019)	41.1	36.8	
Suicide rate per 100,000 among youth ages 10 - 18. *annual data has one year lag; monthly rates represent 3 month lag (eg. reporting Mar 2019 rates in Jun 2019)	10.9	9.8	
Suicide rate per 100,000 among people ages 65+. *annual data has one year lag; monthly rates represent 3 month lag (eg. reporting Mar 2019 rates in Jun 2019)	22.1	19.8	
Age-adjusted rate of firearm suicide fatalities all ages. *annual data has one year lag; monthly rates represent 3 month lag (eg. reporting Mar 2019 rates in Jun 2019)	10.5	9.4	
# of counties participating in the Gun Shop Project each quarter	45	64	
# of hospitals implementing the Follow Up Project protocol	15.0	30.0	
# of middle and high schools (funded by CDPHE) implementing Sources of Strength to fidelity each quarter	100.0	150.0	
# of clients receiving follow-up services after discharge from an emergency department per month (one month lag, cumulative)	500	1000	

Annual results

Metric	Target 2020	Target 2023	
# of suicide-related behavior events per year that are seen in emergency departments. *data available 4/1/2020	8616	7709	
% of clients receiving follow up services who self-report re-attempts or revisits to the emergency department	2.0	1.0	
% of high school students who report having an adult to go to for help *HKCS every other year	75.0	78.0	
% of middle school students who report having an adult to go to for help *HKCS every other year	75.0	78.0	

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Priority: Emergency Preparedness and Response

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Next priority -->

as of May 2020, % of activities: achieved | on track | on track with challenges | off track | no data

Wildly Important Goal
Increase staff capacity to respond

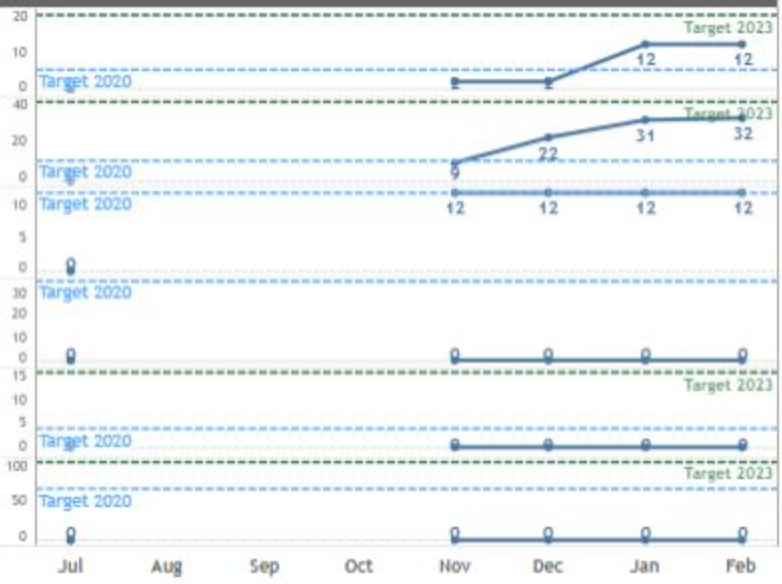
100%

Full description of Goal #7: Improve the capability of CDPHE staff who are in the department's All-Hazards Internal Emergency Response and Recovery Plan to serve in an Incident Command System role during an emergency by increasing the percentage who are trained and exercised from 7% to 48% by June 30, 2020 and to 100% by June 30, 2023 in order to more effectively support local public health departments and healthcare coalition partners during emergency events.

Strategy	Activity	May 2020
7.1: Finalize response protocols, procedures, and plans utilized during any emergency event involving an Emergency Support Function (ESF) #8 response.	Develop "response ready" certification criteria that enable CDPHE staff to serve in a specific ICS position within the CDPHE Departmental Operations Center, and create tracking mechanism for ICS positions with at least one primary and one alternate techni..	On Track
	Develop an Information Management Framework / Plan to support local public health agencies, healthcare coalition partners, and CDPHE staff.	On Track
	Update and finalize the All-Hazards Internal Response Plan, with associated protocols and procedures, through the identification of improvement items in the planning, training, and exercise cycle	On Track
7.2: Conduct assessment, training, and exercise opportunities to support local public health agencies and healthcare coalition partners through the CDPHE Departmental Operations Center (DOC) during any emergency event involving an ESF#8 response.	Based on assessment results, develop and maintain an Emergency Preparedness and Response Technical Assistance Program that will provide best practice support and training to local public health agencies and healthcare coalitions to address and overco..	On Track
	Conduct a National Incident Management System (NIMS) compliance survey to assess the current state of NIMS education levels and to identify NIMS/ICS training needs for local public health departments and healthcare coalition partners	On Track
	Engage with local public health departments and healthcare coalition partners through a statewide Training, Exercise, and Performance Improvement Workgroup which includes LPHAs, hospitals, Emergency Management, and EMS to prepare for the required full scal..	On Track
	Provide "response ready" certified OEPR staff to train and exercise identified primary and alternate CDPHE divisional staff and support their fulfillment of assigned roles and responsibilities during emergency events	On Track
	Provide additional annual training opportunities throughout the state and CDPHE that increase emergency preparedness (for example: Stop the Bleed, Psychological First Aid, How to Prepare for Everything, Engage-Calm-Distract, Community Inclusion, National Pr..	On Track
	Provide training to OEPR staff to support the newly developed "response ready" certification criteria.	On Track
7.3: Strengthen CDPHE's ability to share Essential Elements of Information to determine a common operating picture during any emergency event involving an ESF #8 response.	Conduct a full planning, training, and exercise cycle for the Information Management Framework / Plan to determine communication failure points and incorporate feedback from external partners and CDPHE staff	On Track
	Develop a draft Information Management Framework / Plan with Essential Elements of Information (EEIs) to share with external partners at the Annual Partners Meeting coordinated by OEPR.	On Track

Monthly results

Metric	Target 2020	Target 2023
# of CDPHE and statewide exercises completed	5	20
# of CDPHE and statewide trainings facilitated	10	40
# of Essential Elements of Information developed	12	N/A
# of OEPR staff certified as "response ready"	35	N/A
# of regional Technical Assistance Program site visits coordinated to support local public health agencies and ..	4	16
% finalized ESF#8 emergency and response plans, with supporting documentation, to include the All-Hazards Inte..	65	100



Annual results

Metric	Target 2020	Target 2023
% of CDPHE staff identified to support local public health departments and healthcare coalition partners in CDPHE's All-Hazards Internal Emergency Response Plan who are both trained and exercised to support and serve in an ICS role	48	100

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Priority: Advancing Operational Excellence That Consistently Exceeds Expectations

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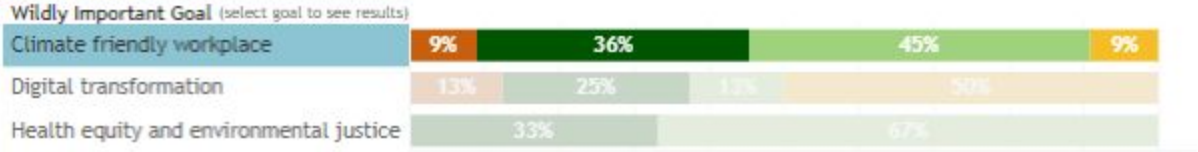
as of May 2020, % of activities: achieved | on track | on track with challenges | off track | no data

Wildly Important Goal (select goal to see results)



Full description of Goal #9: Reduce CDPHE's Scope 1 & 2 Greenhouse Gas emissions (GHG) from 6,561 metric tons (in FY2015) to 5,249 metric tons (20% reduction) by June 30, 2020 and 4,593 tons (30% reduction) by June 30, 2023.

Strategy	Activity	May 2020
9.1: Reduce emissions from employee commuting	Create, administer and track annual employee commuter survey.	Achieved
	Ensure the network capacity and staff technology needs are addressed to support teleworking (for example, laptops are used and staff can access all files needed when teleworking).	Achieved
	Implement space allocation process changes to support flex policy and ensure cost avoidance is realized.	On Track with Challenges
	Support the CDPHE Transportation Alternatives Committee's annual work plans that include coordinating Bike to Work Day events, Go-tober and National Bike Month.	On Track
	Update the flex policy and related procedures to be able to track the number of staff members approved for flexplace or flextime, and ensure supervisors and staff are informed and trained on the policy.	Achieved
	Work with department leadership, Air Pollution Control Division, Sustainability Unit, and Transportation Alternatives Committee to explore employee incentive options for using alternative transportation	On Track
9.2: Reduce emissions from CDPHE operations	Conduct a pilot fleet optimization study by using vehicle telematics, which will allow for making data-informed decisions about right-sizing the fleet and choosing the most efficient vehicles for the demonstrated business need.	On Track
	Develop and adopt a five-year EV Plan, implement state's EV Workplace Charging Policy and apply to become a Colorado EV Wired Workplace.	Off Track
	Discuss the possibility of onsite solar at the Cherry Creek Campus with building management company and owners.	Achieved
	Expand Level II Electronic Vehicle (EV) charging infrastructure on campus.	On Track
	Research options to purchase renewable energy credits (such as Xcel's WindSource) or subscription to an offsite solar garden.	On Track

Monthly results

Metric	Target 2020	Target 2023
# of employees with a flexplace or flextime agreement in place (per quarter)	TBD	TBD
# of energy efficiency and renewable energy projects implemented (cumulative total)	50	65

Annual results

Metric	Target 2020	Target 2023
% of CDPHE electricity use that comes from renewable energy sources	5	20
CDPHE's Scope 1 & 2 Greenhouse Gas (GHG) emissions (metric tons)	5249	4593
Overall average miles per gallon (mi/gal) for CDPHE's fleet vehicles	30	33
Total # of Electric Vehicles (EV), Plug-in Hybrid Electric Vehicles (PHEV) and Hybrid vehicles in CDPHE fleet	86	91

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as of May 2020, % of activities: achieved | on track | on track with challenges | off track | no data

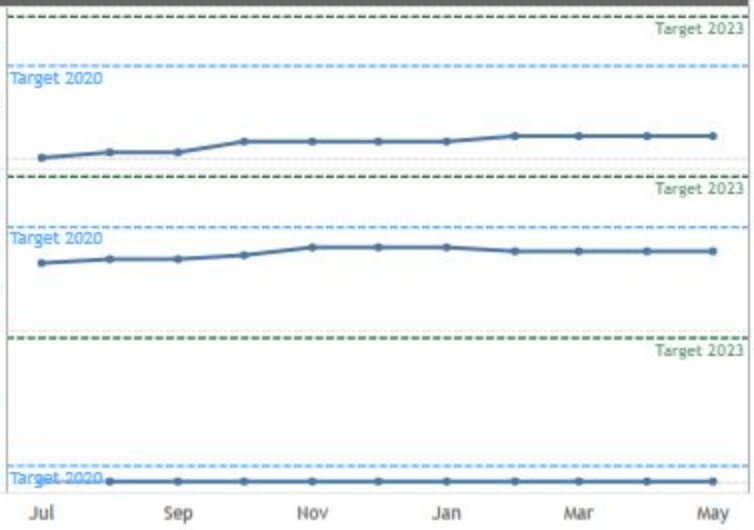
Wildly Important Goal (select goal to see results)

Full description of Goal #8: 100% of new technology applications will be virtually available to customers, anytime and anywhere, by June 20, 2020 and 90 of the existing applications by June 30, 2023.

Strategy	Activity	May 2020
8.1: Implement the CDPHE Digital Transformation Plan.	Create the CDPHE Five-Year Digital Transformation Plan informed by division assessments.	On Track with Challenges
	Use a digital maturity assessment tool to assess all divisions.	Achieved
8.2: Optimize processes prior to digitizing them.	Ensure procedures to improve processes are included in the Digital Transformation Plan.	On Track with Challenges
	Identify resources to facilitate improvement projects.	Off Track
	Update the Business Technology Team (BTT) Policy and communicate changes to staff.	On Track
8.3: Improve data dissemination and interoperability methods and timeliness.	Adopt, implement and improve the data-sharing strategies and policies across the department.	On Track with Challenges
	Continue work on the CDPHE data inventory, including documentation on how and what data should be shared.	On Track with Challenges
	Create one department-level application interface standard to align with the Office of Information Technology (OIT).	Achieved

Monthly results

Metric	Target 2020	Target 2023
# of application modernization projects completed	17	26
# of application modernization projects in process	26	39
% of BTT project requests that have processes optimized when submitted	10	90



Annual results

Metric	Target 2020	Target 2023
# of applications that are modernized	50	40
# of improvement projects implemented related to IT modernization	26	39
% of new data systems designed with Application Programming Interface (APIs)	100	100

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Priority: Advancing Operational Excellence That Consistently Exceeds Expectations

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as of May 2020, % of activities: achieved | on track | on track with challenges | off track | no data

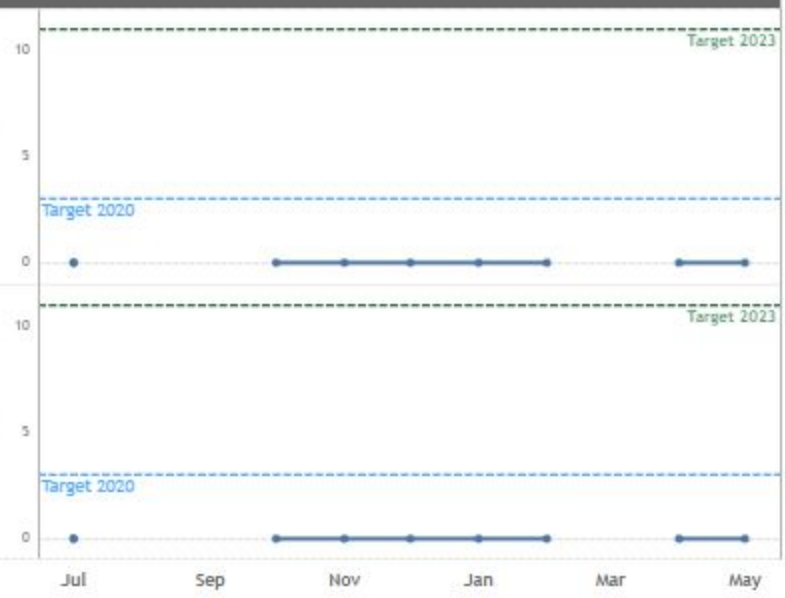
Wildly Important Goal (select goal to see results)

Full description of Goal #10: Implement and pilot the Community Participation Principles into CDPHE Division plans by June 30, 2020 and increase the percent of Divisions using the Community Participation Principles from 0% to 100% by June 30, 2023.

Strategy	Activity	May 2020
10.1: Operationalize the community engagement policy adopted by the department in 2018	Create a Community Participation Principles strategic planning guidance tool by March 2020.	Achieved
10.1: Operationalize the community engagement policy adopted by the department in 2019	Create a Community Participation Principles Work Planning session and deliver to pilot divisions by June 30, 2020. Workshop will be provided to all divisions by June 30, 2023.	On Track
10.1: Operationalize the community engagement policy adopted by the department in 2020	By March 2021, 100% of divisions piloting the Community Partnership Principles, report implementing at least 30% of established best practices from guidance document in their community engagement efforts.	On Track

Monthly results

Metric	Target 2020	Target 2023
# of Community Participation Principles work planning sessions and delivered	3	11
# of divisions piloting the Community Partnership Principles that report implementing at least three established best practices from the guidance document.	3	11



Annual results

Metric	Target 2020	Target 2023
% of Community Participation Principles strategic planning guidance tool created	100	50

Continuous Process Improvement Impacts:

In addition to the measures and activities in the Operational Excellence WIG, the 2020 - 2022 CDPHE Quality Improvement Plan was updated in late 2019. The plan has details on the QI/Lean and performance management program at the department.

For FY 2019-20, the following is a summary of process improvement efforts:

- Between July 2019 and June 2020, the department started 21 improvement projects across 7 different divisions.
- 188 staff were involved with the 2019-20 improvement projects.
- 71% of the projects started in FY 2019-20 were completed and the remaining projects are still in progress.
- 33% (7) of the improvement projects were simple ("just do it", requiring less than 4 hours and involving 1-3 people), 62% (13) were moderately complex (using a facilitator and within the department), and 5% (1) of the projects were very complex (involving other departments and formal facilitation).
- Some projects were directly tied to department digital transformation efforts, such as moving files to Google Drives, and became even more critical with COVID-19 and the bulk of staff working remotely and needing access to electronic files.
- Many of the projects were focused on creating standard work to ensure staff are following standardized and efficient methods. Some of the standard work projects focused on writing legislative reports, contract monitoring, campaign review and renewal process, travel approval, and meeting evaluations.
- One other example of improvements was within the 'Title V' program within the Air Pollution Control Division. One project in that program resulted in saving 700 printed pages, 19.5 hours of labor, and $280 in mailing costs per year by moving to an electronic process. Another project automated renewal reminder letters which ended up improving the timeliness and standardization of the letters and also reduced time engineers needed to spend on the administrative task.