

Colorado Department of Public Health and Environment

SFY24 Department Performance Plan



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Introduction

CDPHE is submitting this performance plan in accordance with the State Measurement for Accountable, Response and Transparent (SMART) Government Act ([C.R.S. 2-7-204](#)) and provides information related to the required components of the statewide performance management system implemented to manage the principal departments of the Executive Branch. Contained within this document are the organizational mission, vision, department description, organizational chart, SFY23 performance evaluation, SFY23 process improvement efforts and concludes with an overview of the Department's SFY24 Wildly Important Goals (WIGs) along with the strategies that support each goal.

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.

Department Description

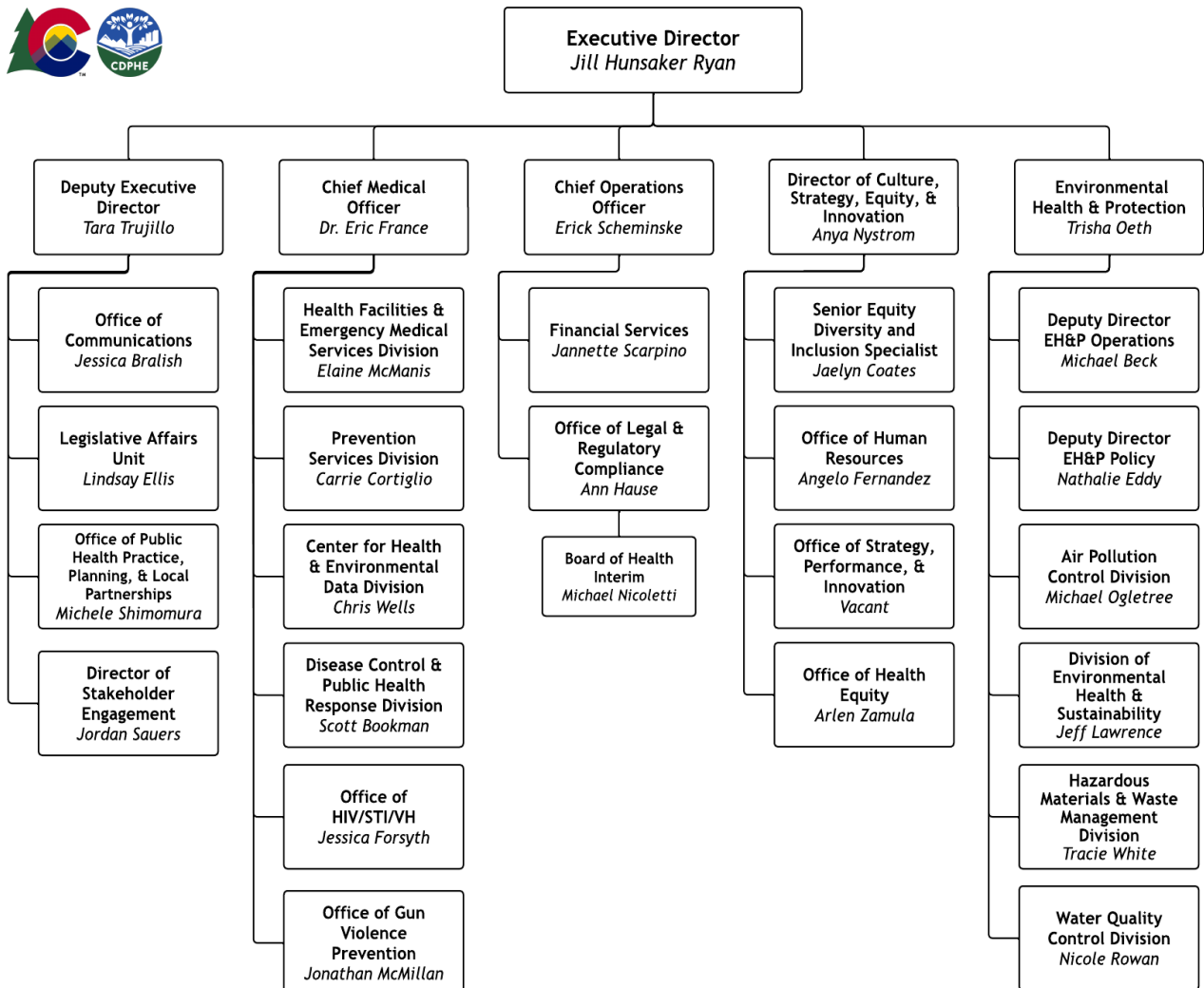
The Colorado Department of Public Health and Environment (CDPHE) is one of 20 cabinet-level departments whose executive director is appointed by the governor. Jill Hunsaker Ryan is the department's executive director. The department serves Coloradans by providing public health and environmental protection 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 1,945 permanent employees with the vast majority working at the offices in Glendale and the State Lab in Denver. CDPHE also has satellite offices in Grand Junction and Pueblo.

The department's total appropriation for FY 2023-24 is \$808.1 million. Of this amount, \$692.1 million, or 85.6%, is generated through fees and federal grants. The remaining \$16.0 million, or 14.4%, is from the General Fund. The statutory authority for the department is found predominantly in Title 25 of the Colorado Revised Statutes 2017 TITLE 25 Colorado Revised Statutes.

CDPHE Organizational Chart



6/10/2023

SFY24 Wildly Important Goals & Strategies

WIG 1: Air Quality - Ozone

SFY 2023-2024 WIG: Adopt new regulatory requirements and implement state air quality programs by June 30, 2024 that will result in estimated reductions of ozone precursor emissions totaling 11,700 tons per year.

Three Year Goal: Reduce ozone precursor emissions by 35,100 tons by June 30, 2026.

- Supports the Governor's Bold 5 Priorities: Environment, Renewables and Health
- Supports the [Public Health Improvement Plan](#) Priority 4: Climate Action and Air Quality

Lead Division: Air Pollution Control Division

Ozone presents both public health and environmental concerns. Exposure to ozone causes damage to the tissues of the respiratory system, resulting in potential inflammatory and irritating symptoms, and causes environmental harm to the livelihood of forests and crops. High concentrations of ground level ozone negatively impact the health of Colorado's residents, resulting in higher rates of asthma and other respiratory and pulmonary disease and increased risk of cardiovascular disease. As a result, hospitalizations are increased and premature deaths rates may increase. These health impacts disproportionately affect communities of color as well as low-income residents and addressing ozone levels is pertinent.

The Denver Metro/North Front Range Area (DMN/FR) is out of attainment with federal health-based standards for ozone, most severely in the areas along I-25 ("ozone nonattainment area"). Several factors contribute to this, including climate changes, weather patterns, and local pollution. Colorado acknowledges that while ozone levels have begun to drop, the pace at which they are falling is not fast enough to result in significant change. Thus, the Environmental Protection Agency reclassified the Denver Metro/North Front Range Area (DMN/FR) from a "serious" nonattainment area in January 2020, to a "severe" designation as of July 2021. For more data on ozone, access "[Ozone exceedance data](#)"

As a result, Colorado must develop new, more stringent requirements to reduce emissions that cause ground level ozone. To accomplish this, CDPHE conducts continual evaluation of current strategies aimed at the reduction of emissions, including the focus on precursors that form ozone - nitrogen oxides (NOx) and volatile organic compounds (VOCs). Additional emission reduction opportunities exist for the oil and gas industry, mobile sources, and other critical sectors. CDPHE will also implement another strategy that will focus on reduction of greenhouse gas (GHG) and other visible pollutants. To accomplish many of the technology-based goals, the CDPHE Air Pollution Control Division will need resources to evaluate and, in most cases, improve data systems such as the permitting database. The Division plans to use existing appropriation to increase inspection and compliance staff, and will continue to evaluate the need for new resources.

Strategy 1.1: Reduce volatile organic compounds (VOC) and oxides of nitrogen (NOx) from the oil and gas industry.

Activities:

- Explore a new and improved emission and permitting database.
- Increase compliance, oversight, and enforcement.
- Develop a process to track emission benefits from permitting and inspections.

Strategy 1.2: Support local agencies and COGCC in oil and gas regulations.

Activities:

- Provide training and consultations to LPHAs and municipalities.
- Coordinate the submittal and review of air quality monitoring plans under the new rules for preproduction/early production monitoring.
- Consult on COGCC Oil and Gas Development Plans, Comprehensive Area Plans, and variance requests as outlined by COGCC's rules to avoid, minimize, and mitigate potential adverse impacts. These consultations may be requested by local governments, the COGCC Director, or CDPHE.

Strategy 1.3: Reduce NOx and VOC emissions from non-oil and gas contributors.

Activities:

- Refine comprehensive and accurate inventory for non-oil and gas contributors.
- Revise regulations to establish more stringent requirements for emission reductions by December 31, 2023.
- Assess potential precursor reduction strategies for the on road mobile and non-road sectors.
- Coordinate with Regional Air Quality Council and other stakeholders to develop new ozone strategies for other sectors.

Strategy 1.4: Capacity and workforce building within the CDPHE Air Pollution Control Division.

Activities:

- Develop and implement strategic planning to accommodate an increased workforce and effectively address legislative priorities.
- Analyzing and utilizing new technologies for emissions.

Lead Measures:

- Promulgate three rulemakings by the AQCC to support emission precursor reductions (Oil and Gas Pre-production NOx emissions, small engines, and Colorado Clean Cars) by June 30, 2024.

- Develop and design the Clean Fleet Enterprise transportation network company (i.e., Uber/Lyft) grant program to support and accelerate the transition from fossil fuel-powered car share vehicles and trucks to electric motor vehicles by February 1, 2024.
- Increase Title V Permitting staff from 23 FTE to 30 FTE by June 30, 2024.
- Sustain daily air quality forecasts for 358 out of 365 days through June 30, 2024.

WIG 2: STI - Syphilis

SFY 2023-2024 WIG: Reduce the incidence of syphilis by 20% by June 30, 2025.

Three Year Goal: Reduce the incidence of syphilis by 25% by June 30, 2026.

- Supports the Governor's Bold 5 Priority: Health

Colorado has been experiencing a sharp rise in syphilis (all stages) over the past six years. There has been a 500% increase in both the number of syphilis cases for women of reproductive age (WRA), as well as the number of congenital syphilis cases from 2017-2021. Overall, syphilis (all stages) cases in Colorado have hit a historic high. Syphilis can lead to poor health outcomes including neurologic, ocular and otic manifestations, including neurologic problems, vision impairment and in some cases, blindness and hearing loss. The trend of neurosyphilis manifestations has been increasing in case records in Colorado – in 2022, 185 cases included a neurosyphilis manifestation, and there have been a reported 286 manifestations for 2023 as of May.

CDPHE will work to improve and sustain both testing and treatment of syphilis through continued partnerships with community-based organizations and key providers, including the expansion of jail pilot programs. These strategies work to reach individuals experiencing homelessness, unhoused individuals, those with substance use disorders and mental health concerns, and uplift equity by offering accessible treatment options and services. To accomplish this bold goal of reducing overall incidence of syphilis, there will be a concerted focus on testing and treatment across all populations through the implementation of the Syphilis CORCC (incident command center).

Lead Division: Office of STI/HIV/Viral Hepatitis

Strategy 2.1: Establish a strategic plan to reduce syphilis via the Colorado Response Coordination Center by June 30, 2024.

Activities:

- Develop strategic priorities for the Colorado Response Coordination Center.
- Identify sources of funding for projects related to treatment, testing, provider engagement, community outreach, and expansion of the jail pilot program.

Strategy 2.2: Increase access to quality treatment.

Activities:

- Increase access to care through expansion of Field Delivered Therapy (FDT) through continued partnerships with local public health agencies (LPHA) or contracted medical providers to deliver and administer medications directly to patients.
- Increase access to care in the Emergency Department and Urgent Care settings.

Strategy 2.3: Increase testing

Activities:

- Increase syphilis testing in the Emergency Department (ED) environment through opt-out risk based syphilis screenings.
- Increase rapid syphilis testing at community based locations that serve priority populations (PEH, PWUD, pregnant persons, MSM, MSMW).

Strategy 2.4: Expand jail pilot program.

Activities:

- Expanding syphilis testing and treatment for women of reproductive age (WRA) for incarcerated persons (currently implemented in Pueblo County Detention Center) to three other counties in Colorado.

Lead Measures will be aligned with the Syphilis Colorado Response Coordination Center.

WIG 3: Prevention Cost-Savings

SFY 2023-2024 WIG: Develop and implement a framework for incorporating health cost savings analysis into evidence-based policy / program design decisions for public health prevention. Implement at least five programmatic changes informed by this framework in 2024 and develop cost saving targets for 2024-2026.

Three Year Goal: Meet cost saving targets by June 30, 2026.

- Supports the Governor's Bold 5 Priority: Health
- Supports the Governor's Health Cabinet and Office of Saving People Money on Health Care

Colorado actively supports public health prevention through a broad scope of programs, including but not limited to oral health, diabetes, family planning, cancer screening, and immunizations as well as more tailored prevention efforts for tobacco cessation, substance misuse, gun violence, suicide, and STI/HIV. Prevention work is broad and it incorporates universal approaches, as well as disease-specific interventions.

Prevention is a robust field in public health categorized by the way in which interventions

focus on the prevention of health outcomes before they begin to develop (primary prevention), prevention of the manifestation of the health outcome (secondary prevention) or severity of symptoms of the health outcome or death (tertiary prevention). The underlying activities of prevention in public health can avoid future health care costs by reducing incidence and impact of disease. However, quantifying cost savings, and to whom, is complex and challenging. Very few prevention interventions are actually cost saving – more realistically, costs avoided is the appropriate measure.

Quantifying prevention healthcare savings is a complex task due to several factors including the nuanced nature of prevention services, intervention approaches, and challenges in attributing cost savings directly to prevention initiatives. To do so, it is the intention of this WIG to thoroughly research and develop a framework that can identify the relationship of prevention interventions with cost avoidance to better illuminate cost savings. While this work is challenging, utilizing available data and evidence can potentially provide useful insights into the estimation of cost avoided by prevention programs and interventions, which helps inform decision-making and resource allocation.

Lead Division: Prevention Services Division

Strategy 3.1: Research on current health cost savings analysis.

Activities:

- Define the scope to determine availability and needs for resources.
- Contract with an external vendor to thoroughly research methodologies, studies, and frameworks that can identify the relationship of prevention interventions with cost avoidance.

Strategy 3.2: Development and application of Public Health Framework.

Activities:

- Design a framework that incorporates estimation for costs avoided as it relates to prevention initiatives.
- Contract with external vendor to apply established framework to conduct robust literature review on current public health initiatives that estimate cost-savings for prevention services

Strategy 3.3: Develop and prove recommendations.

Activities:

- Provide (5) recommendations for policy, budget, staffing and/or programmatic changes based on results from framework implementation.

SFY23 Inclusion, Diversity, Equity and Accessibility

The Department of Public Health and Environment believes that transformational change can be realized and therefore we continue our sustained commitment to integrating inclusion, diversity, equity, and accessibility (IDEA) values into how we do business! Refer to the [IDEA Work Plan](#) for more information.

SFY23 Continuous Process Improvement Initiatives and Outcomes

A major milestone during SFY23 included the development of the 2023 - 2026 CDPHE Performance Management and Quality Improvement (PMQI) Plan by the Office of Strategy, Performance, and Innovation (OSPI), in conjunction with CDPHE's PMQI Council. The plan, which is currently in the final review stage, is a requirement of Public Health Accreditation and outlines CDPHE's performance management and continuous quality improvement program and practices at the department over the next three years. CDPHE launched four initiatives over the past year that are either complete or still ongoing to inform Performance Management and Quality Improvement (PMQI) infrastructure at CDPHE:

1. CDPHE conducted a comprehensive strategic planning process with employees and leaders from across the organization resulting in the 23-26 departmental strategic plan. This process and final plan helped to inform and enhance the PMQI efforts at the department.

CDPHE is aligning to [version 2022 of the Public Health Accreditation Board \(PHAB\) Reaccreditation standards](#) to include explicit alignment to the strategic plan, performance management system, and the identification of quality improvement projects using data.

2. As part of the department-wide strategic planning process, 180 employees across many levels of the organization completed [NACCHO's culture of quality assessment](#) to identify opportunities for improvement within each of the six foundational elements that constitute a culture of performance and quality improvement. The results informed priorities within the revised PMQI Plan in the form of transition strategies at the division and department levels. CDPHE scored a 3.8 on a scale of 6 within the [NACCHO culture of quality roadmap](#), which means formal QI activities are implemented in specific areas, efforts are made to link organizational performance measures to the organization's strategic plan, and performance is measured, monitored, and reported in some parts of the organization. OSPI's consultancy is engaging with department staff to move towards phase 5, where: a) most staff value QI as a strategy for improving their work, b) processes are becoming clearly defined, efficient, effective, and standardized across the organization, c) all teams have performance management

plans, including data collection, analysis, and reporting and a centralized system for storing and accessing that data exists, and d) where problem solving and decision making are driven by data.

3. As part of continuous quality improvement efforts, CDPHE is in the process of redesigning and strengthening the original Performance Reporting Forum agenda, content, and cadence. The Performance Reporting Forums are shifting to a 'Business Intelligence and Innovation forum', and will allow divisions to report-out on division strategic work plan efforts, in addition to hearing progress made on the department strategic priorities.
4. CDPHE's Office of Strategy, Performance, and Innovation (OSPI) has been in a 'rebuilding' phase over the past two years to support and serve department staff in performance management and continuous quality improvement initiatives. The office developed a standardized Intake and Service Delivery model/process to support all phases of the project lifecycle. This model is part of OSPI's efforts in building a consultancy to effectively support CDPHE staff and to establish standards for measurement of success and cost savings. For SFY23, OSPI received 34 improvement project and consultancy requests across eight different divisions/offices. These efforts align to CDPHE's Strategic Goal 4.5: Promote a culture of continuous improvement throughout the department. In addition, CDPHE is recruiting three new positions to support this work, of which two are funded by the Centers for Disease Control's (CDC) new public health infrastructure grant titled, [Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems](#) (CDC-RFA-OE22-2203).

CDPHE is approaching our work in response to HB 21-1110 with a three-pronged approach:

1. Building employee awareness and capacity: Efforts include the building and increased utilization of the centralized educational resources, training, and tools; leveraging the Business Operations Group (BOG) as champions to support the change management efforts to realize a future where we all contribute towards increasing accessible digital information.
2. Designing an effective accommodations process to assist those employees and customers to access the services and information they need in a responsive and timely way in coordination with our anti-discrimination unit in the Office of Legal, Regulatory, and Compliance.
3. A strategic project plan to engage key team members to scan the department's digital information and make an inventory of the highest priority items requiring remediation. This prioritization will help to inform our investments for long-term compliance and success. Webpages have improved their overall accessibility ratings by 1.5% to 82.8% with a goal of 95.1%. All Divisions at CDPHE are actively in inventory and 30% of divisions are actively in remediation stages for web pages and documentation.

Reaccreditation in SFY23:

CDPHE was the 16th state health department to receive Accreditation status in 2016 from The Public Health Accreditation Board (PHAB). Accreditation status represents the achievement of the Department's performance against nationally recognized, practice-focused and evidence-based standards. Reaccreditation is a way for CDPHE to systematically increase the

performance management capacity of the department and to ensure public health goals are effectively and efficiently met. It is designed to encourage the health department to continue to evolve, improve, and advance, thereby becoming increasingly effective at improving the health of the population it serves. The department participated in a virtual Reaccreditation site visit through the Public Health Accreditation Board on June 21, 2022, and was later awarded a five-year continuation of accreditation status in SFY23 through 2027 ([see 09/26/2022 press release](#)).

CDPHE will align to [version 2022 of the Public Health Accreditation Board \(PHAB\) Reaccreditation standards](#) by June of 2027. CDPHE demonstrated the capacity required to not only provide the ten essential public health services, but evidence of operationalizing the standards within the 12 PHAB domains:

1. Conduct and Disseminate Assessments Focused on Population Health Status and Public Health Issues Facing the Community
2. Investigate Health Problems and Environmental Public Health Hazards to Protect the Community
3. Inform and Educate about Public Health Issues and Functions
4. Engage with the Community to Identify and Address Health Problems
5. Develop Public Health Policies and Plans
6. Enforce Public Health Laws
7. Promote Strategies to Improve Access to Health Care
8. Maintain a Competent Public Health Workforce
9. Evaluate and Continuously Improve Processes, Programs, and Interventions
10. Contribute to and Apply the Evidence Base of Public Health
11. Maintain Administrative and Management Capacity
12. Maintain Capacity to Engage the Public Health Governing Entity

CDPHE demonstrated 90 elements across 12 domains with 97% of the required measures being “Met” (30 out of 31).

There are many benefits/outcomes of Reaccreditation, which include:

- Validation from an external oversight body of peers that the department meets the highest quality practice and standards
- The creation of infrastructure that transcends administrations or changes in leadership
- The standards ensure equity is embedded throughout department work
- Increased accountability and transparency internally and externally

- Ensured Major Plan creation and linkages (i.e. Community Health Assessment, Public Health Improvement Plan, Strategic Plan, Performance Management System/Quality Improvement Plan, Workforce Development Plan, etc.) and prevents plan development in silos ([see diagram of strategic plan alignment](#)).

SFY23 Performance Evaluation and Governor's Dashboard

The Colorado Department of Public Health and Environment made great progress on the goals contained within the FY23 performance plan. The summary below provides an overview of accomplishments and the status of each of the priority areas as of April 30, 2023 with corresponding graphs to visual progress in the Appendix. For additional details, access the online [Performance Plan Dashboard](#).

WIG 1 focused on Air Quality, specifically reducing Greenhouse Gases (GHGs). This WIG was achieved largely due to the AQCC rulemakings that support GHG emissions reductions and goals. These regulatory initiatives included new requirements for the oil and gas sector, and clean truck rules, which are projected to reduce GHG emissions by approximately 6.5 million metric tons per year. To support this WIG, the Climate and GHG Program met the lead metric to increase program staff to 12 FTE. The Division also established the Clean Fleet Enterprise grant and incentive program, with its first round of applications closing on June 30, 2023. Next year we will continue to make progress with the adoption of additional rulemakings to achieve additional GHG reductions and by completing emission reduction projects through the Clean Fleet Enterprise. The indicators included promulgating three rulemakings by the AQCC and increasing the staff in the Climate and Greenhouse Gas programs. Progress for WIG1 indicators is seen below in Figures 1 and 2.

WIG 2 focused on Air Quality as well, specifically reducing Ozone emissions. This WIG was also achieved due to AQCC rulemaking to address ozone precursor emissions. These regulatory initiatives included new requirements for the oil and gas sector, and clean truck rules, which are projected to reduce ozone precursor emissions by approximately 17,500 tons per year. The Division developed the electric school bus, Clean Fleet Enterprise grant programs to accelerate the transition from fossil fuel-powered vehicles and trucks to electric clean burning fuels to support this WIG. The Division also completed phase I of the electric small equipment grant program for state and local governments. We anticipate that emission reductions will be achieved through these programs in the next year. We also plan to complete additional rulemakings to address ozone precursor emissions in the coming year.

This WIG was achieved. This was largely due to the Office of Suicide Prevention's braided funding approach which included additional funds from the new Garrett Lee Smith (GLS) suicide prevention grant, as well as greater focus and outreach to rural hospitals by the OSP Follow-Up Coordinator. We anticipate continuing to sustain, or grow, the program in FY24 if we receive grant funding to support staff, grantees, and outreach efforts. Progress for these indicators is included below in Figures 3-8 respectively.

WIG 3 addressed suicide prevention, and aimed to increase the number of people living in Colorado receiving responsive care contact after discharge from an emergency department; efforts like responsive care have been shown to reduce return emergency department visits, reduce future suicide attempts as well as suicide deaths. This WIG was also achieved, largely

from the efforts and initiatives of the Office of Suicide Prevention and the braided funding approach which included additional funds from the new Garrett Lee Smith (GLS) suicide prevention grant. Strategies also included a greater focus and outreach to rural hospitals by the OSP Follow-Up Coordinator. We anticipate continuing to sustain, or grow, the program in FY24 if we receive grant funding to support staff, grantees, and outreach efforts. Progress on these indicators is included below in Figures 9-15 respectively.

WIG 4 addressed vaccination as it relates to COVID-19 for people living in Colorado aged 5-11 years old. This WIG aimed to provide protection against the rapid spread and increased severity of COVID-19 through a primary series of vaccinations. Vaccination rates were calculated using the methodology based on “age at first vaccination” which most accurately reflects progress and public health surveillance. This WIG’s % improved by 8.6% (40.2%), missing the target goal of 10% improvement by 1.4%. While the target end percentage of 41.5% was not achieved, DCPHR efforts to increase COVID-19 vaccination coverage among Coloradans 5-11-years-old outpaces much of the nation, with Colorado ranking 15th nationally for this age group. Continuing efforts to ensure equitable access to vaccines will remain a long term priority for DCPHR as the Division gears up to initiate a mobile public health clinic program starting in August 2023. This program will offer vaccines and other disease control services to communities across the state, with a focus on historically underserved populations. Progress on this WIG is included below in Figure 16.

Appendix

Progress on SFY23 Wildly Important Goals

See the [Governor's Dashboard](#) for updated performance metrics. Progress on Air Quality WIGs will be reflected in the dashboard as they are reported on an annual basis.

SFY23 WIG 1: Air Quality - Greenhouse Gas

WIG: Adopt new regulatory requirements by June 30, 2023 that will result in estimated reductions of GHG emissions totaling 5.5 MMT per year once fully implemented.

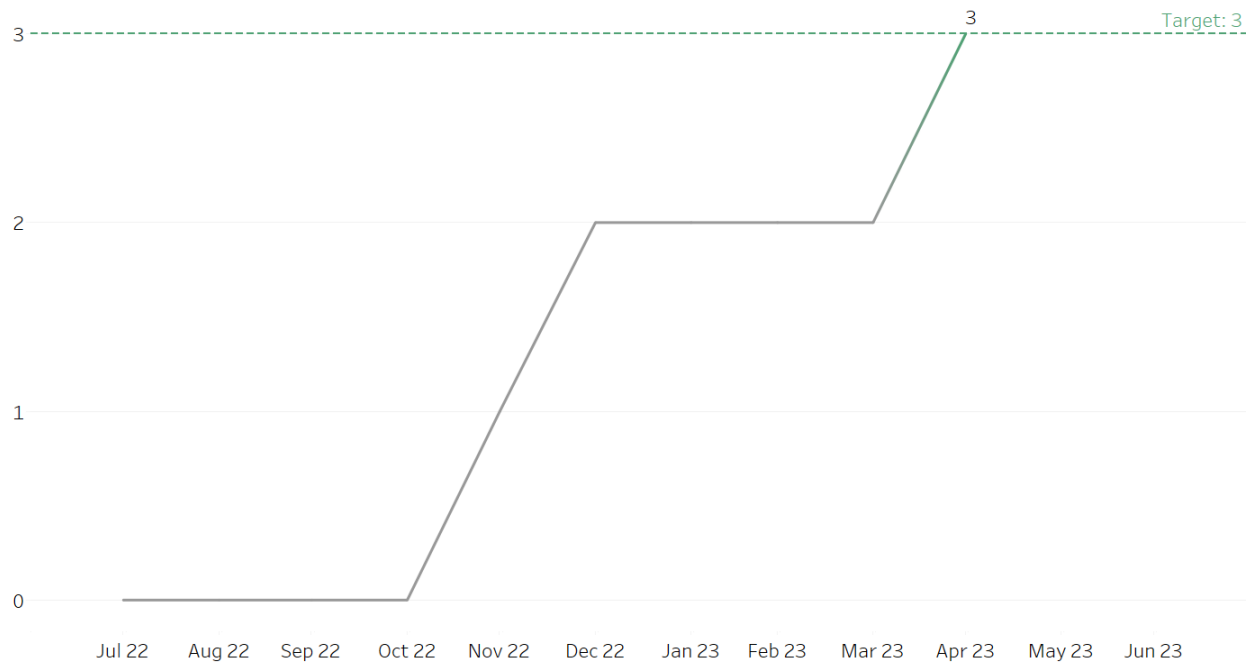


Figure 1: Lead Measure: Promulgate three rulemakings by the AQCC to support greenhouse gas emissions reductions and greenhouse gas goals (ACT, Recovered Methane & Establishment of GHG credit and tracking system, Building Energy Efficiency) by June 30, 2023. Progress as of April 30, 2023.

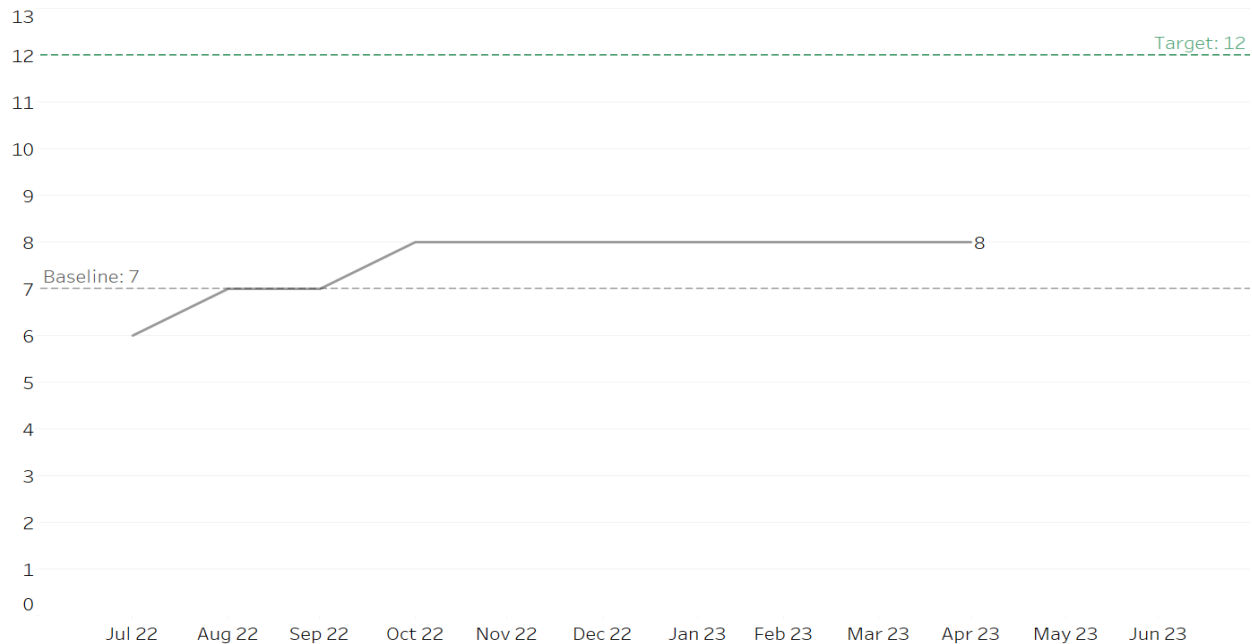


Figure 2: Lead Measure: Increase staff in Climate and Greenhouse Gas program from 7 FTE to 12 FTE by June 30, 2023. Progress as of April 30, 2023.

SFY23 WIG 2: Air Quality - Ozone

WIG: Adopt new regulatory requirements and implement state air quality programs by June 30, 2023 that will result in estimated reductions of ozone precursor emissions totaling 12,500 tons per year.

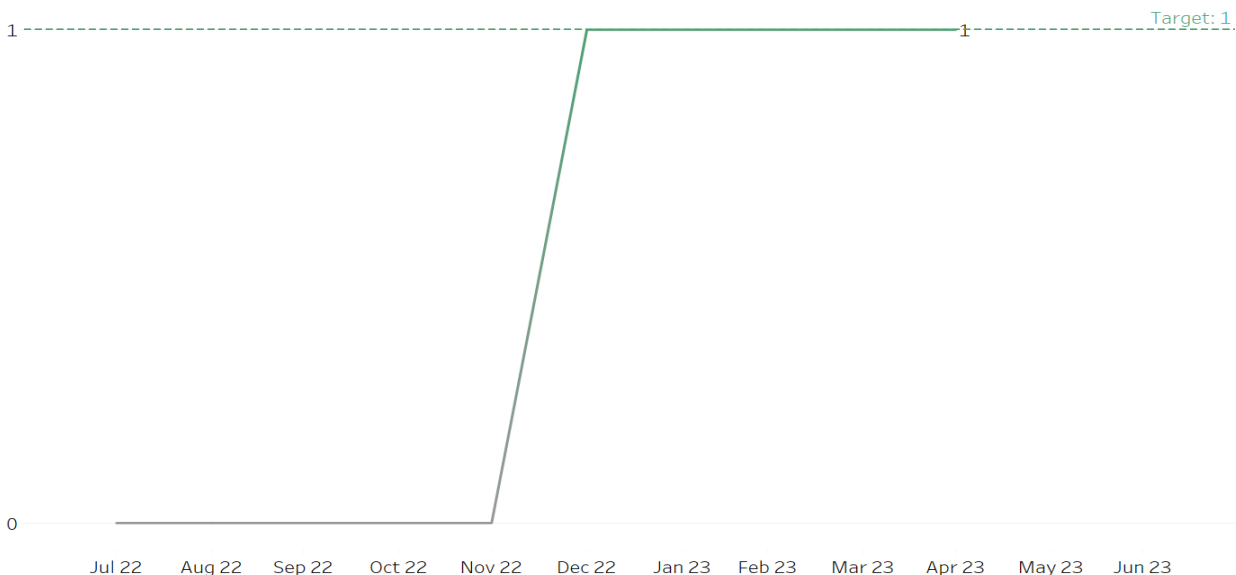


Figure 3: Lead Measure: Complete rulemaking for the 2008/2015 Ozone State Implementation Plan (SIP) and Associated Regulations and the Regional Haze State Implementation (SIP) Plan 5-Year Progress Report by June 30, 2023. Progress as of April 30, 2023.

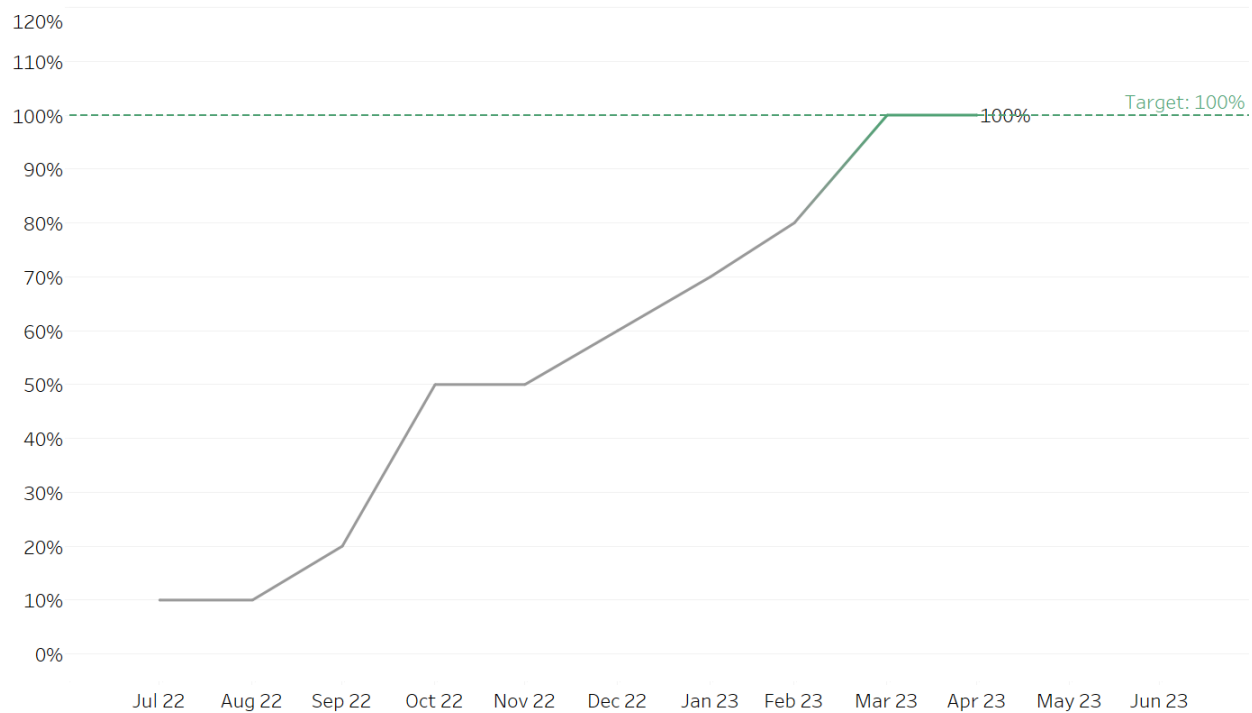


Figure 4: Lead Measure: Design and implement phase I of the electric small equipment grant program for state and local governments by June 30, 2023. Progress as of April 30, 2023.

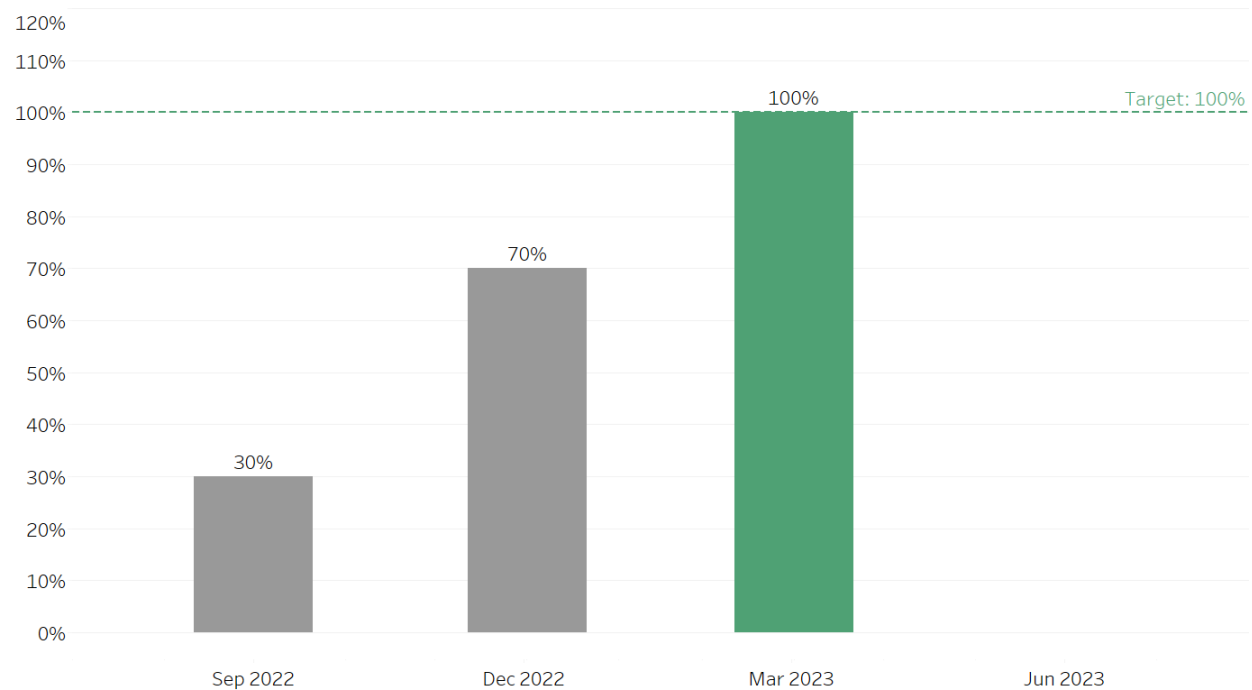


Figure 5: Lead Measure: Develop and design the electric school bus and Clean Fleet Enterprise grant programs to accelerate the transition from fossil fuel-powered vehicles and trucks to electric clean burning fuels by April 1, 2023. Progress as of April 30, 2023.

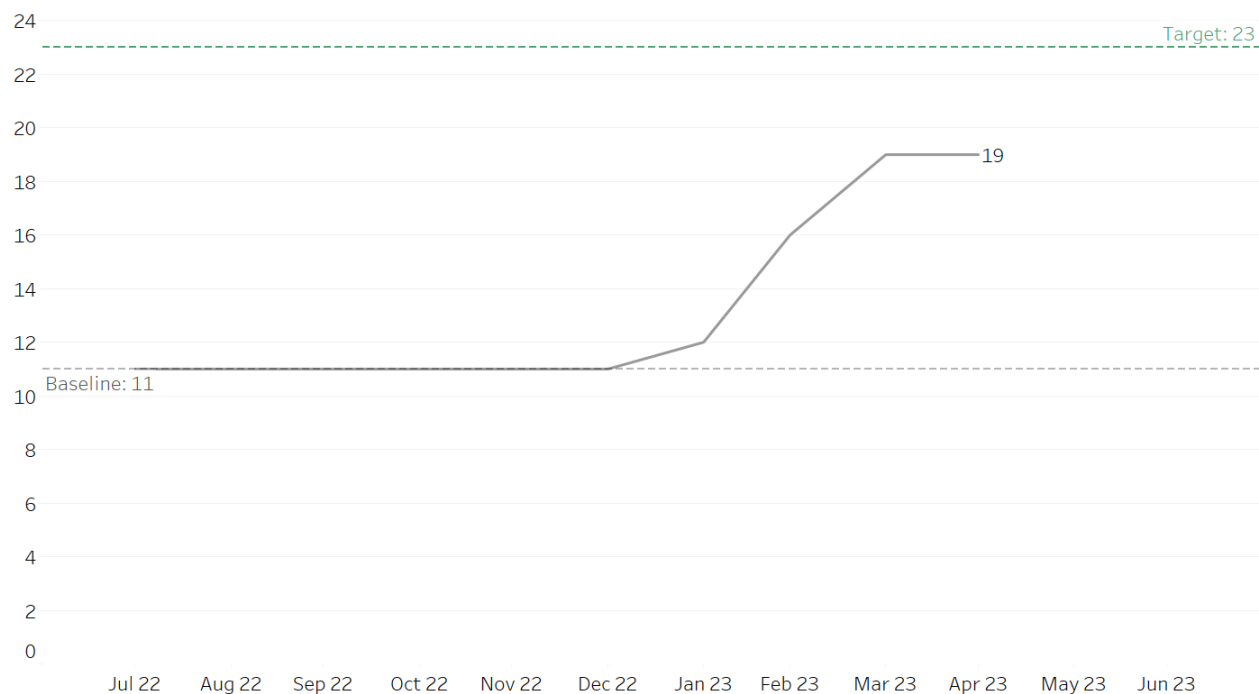


Figure 6: Lead Measure: Increase Title V Permitting Staff from 11 FTE to 23 FTE by June 30, 2023. Progress as of April 30, 2023.

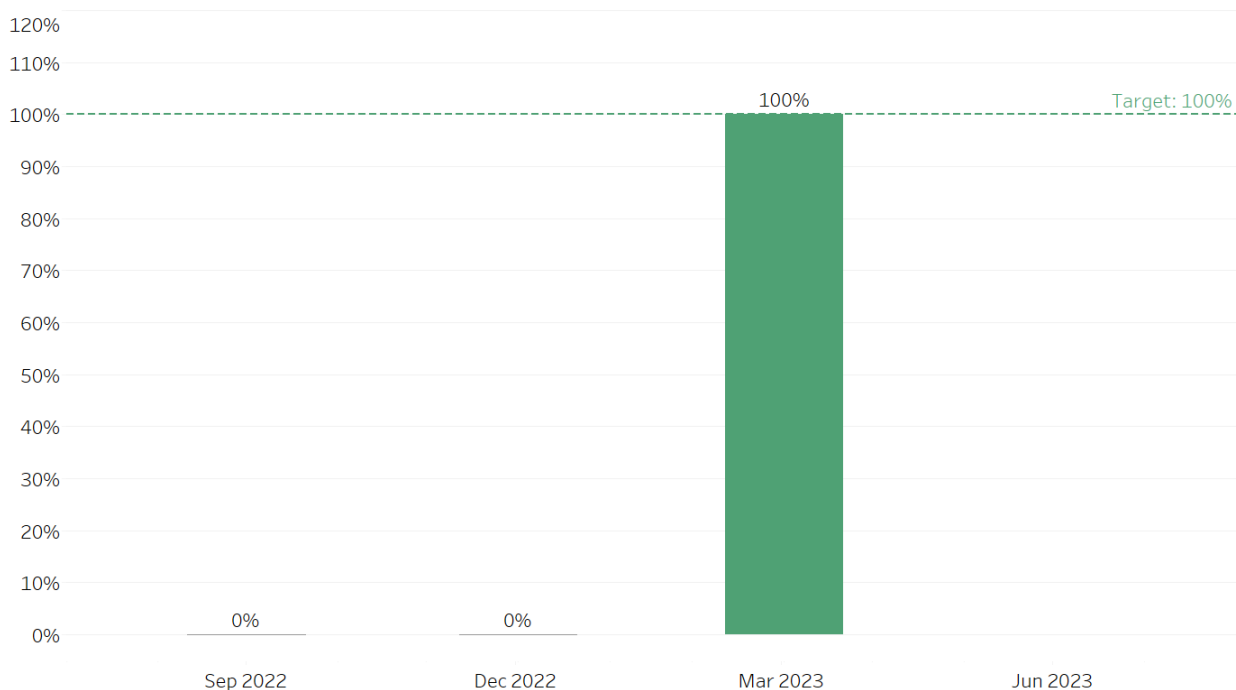


Figure 7: Lead Measure: Apply new air quality requirements to 100% of air emission sources newly required to obtain a Title V permit in an effort to improve ozone pollution by June 30, 2023. Progress as of April 30, 2023.

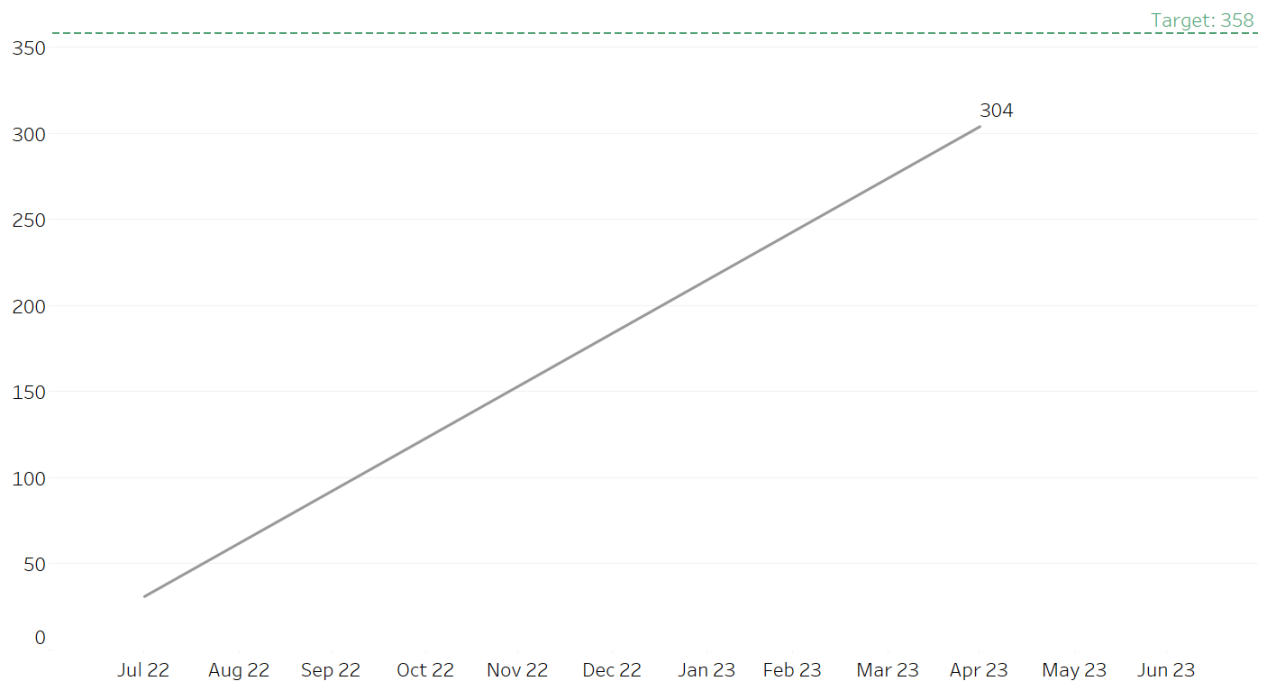


Figure 8: Lead Measure: Sustain daily air quality forecasts for 358 out of 365 days through June 30, 2023. Progress as of April 30, 2023.

SFY23 WIG 3: Suicide Prevention

WIG: Sustain the annual number of Coloradans provided service via the Hospital Follow Up Project at 8,000 per year through June 30, 2023.

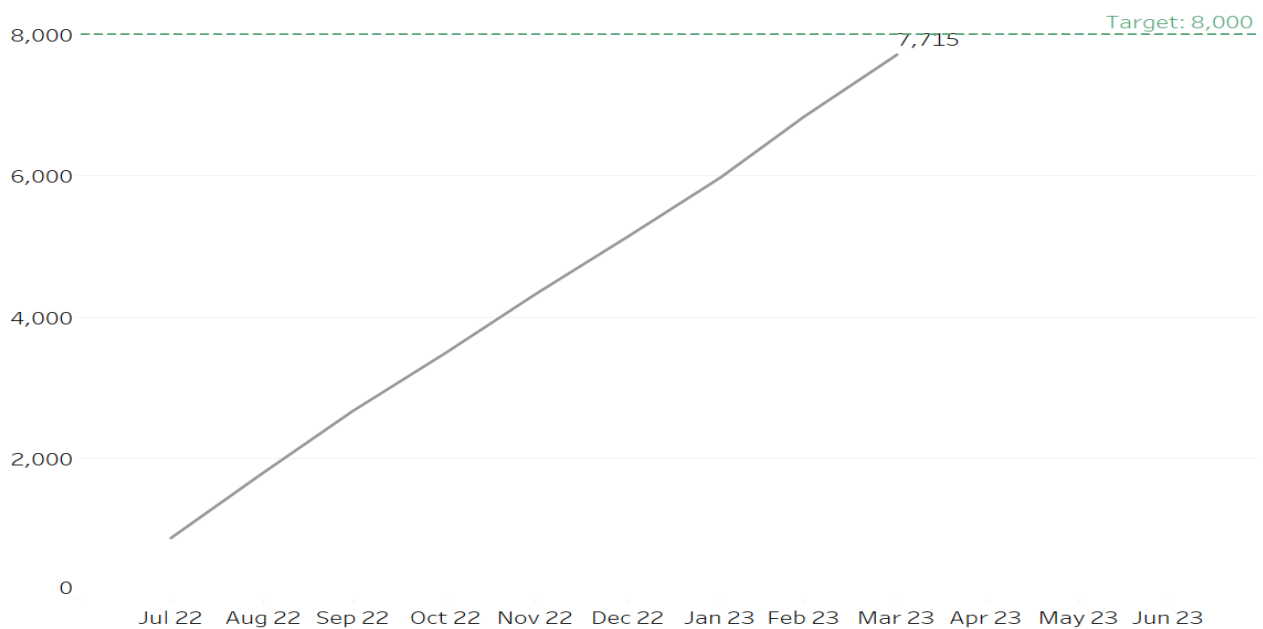


Figure 9: WIG: Number of services provided to individuals living in Colorado via Colorado Hospital Follow Up Project (WIG) progress as of April 30, 2023.

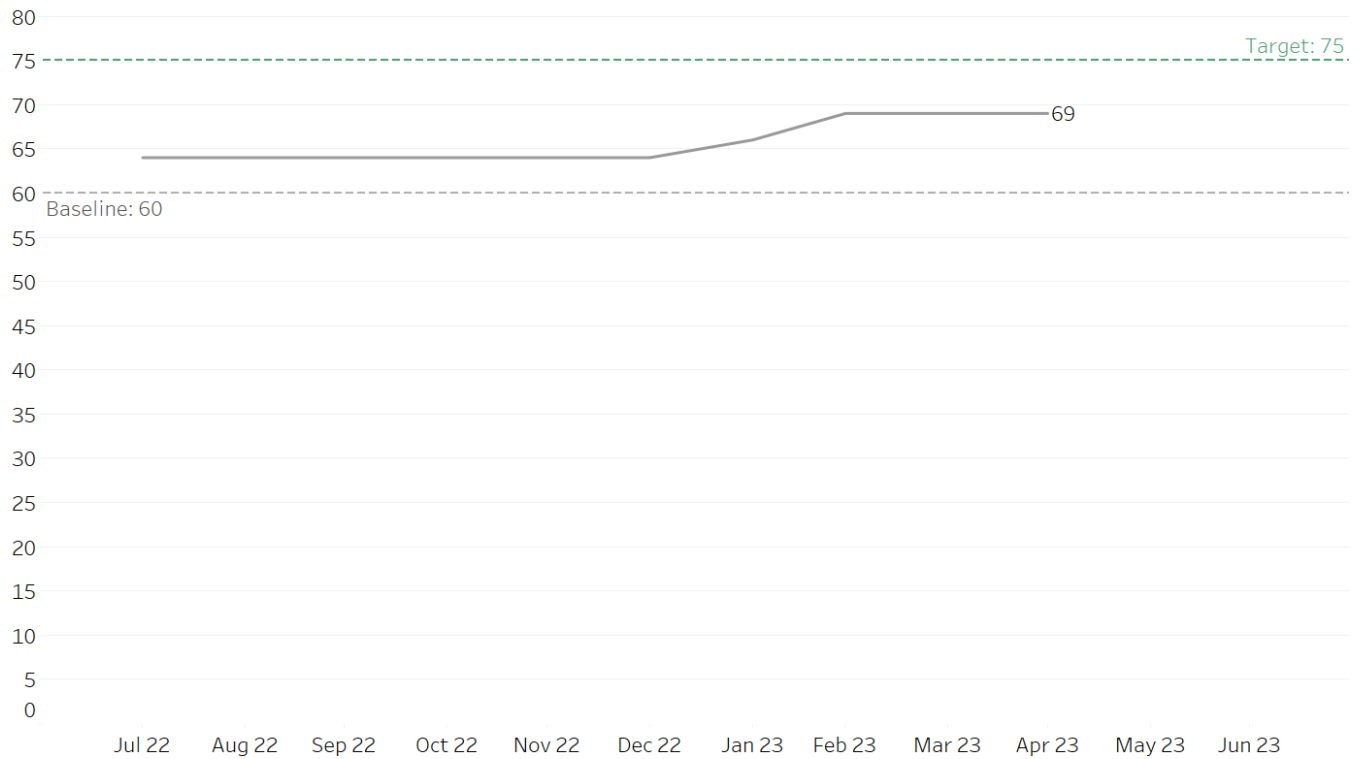


Figure 10: Lead Measure: Increase the number of hospitals implementing the Follow Up Project protocol each year from 60 to 75 by June 30, 2023. Progress as of April 30, 2023.

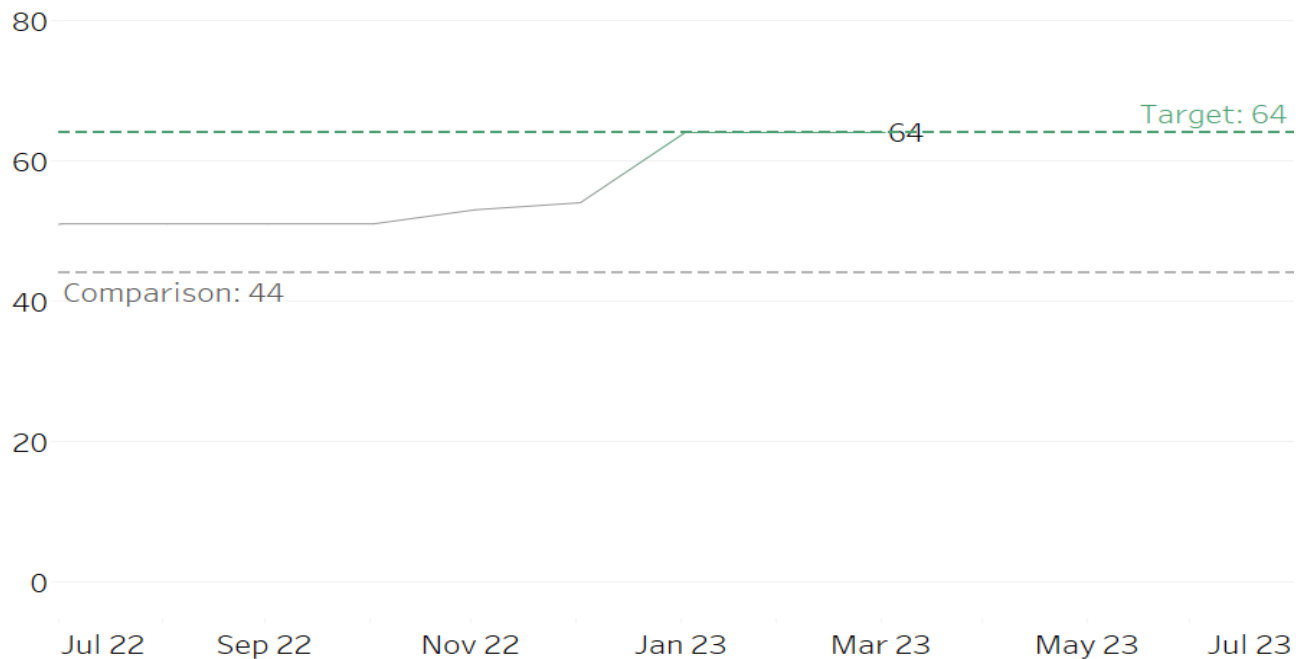


Figure 11: Lead Measure: Increase the number of counties participating in the Gun Shop Project each year from 44 to 64 by June 30, 2023. Progress as of April 30, 2023.

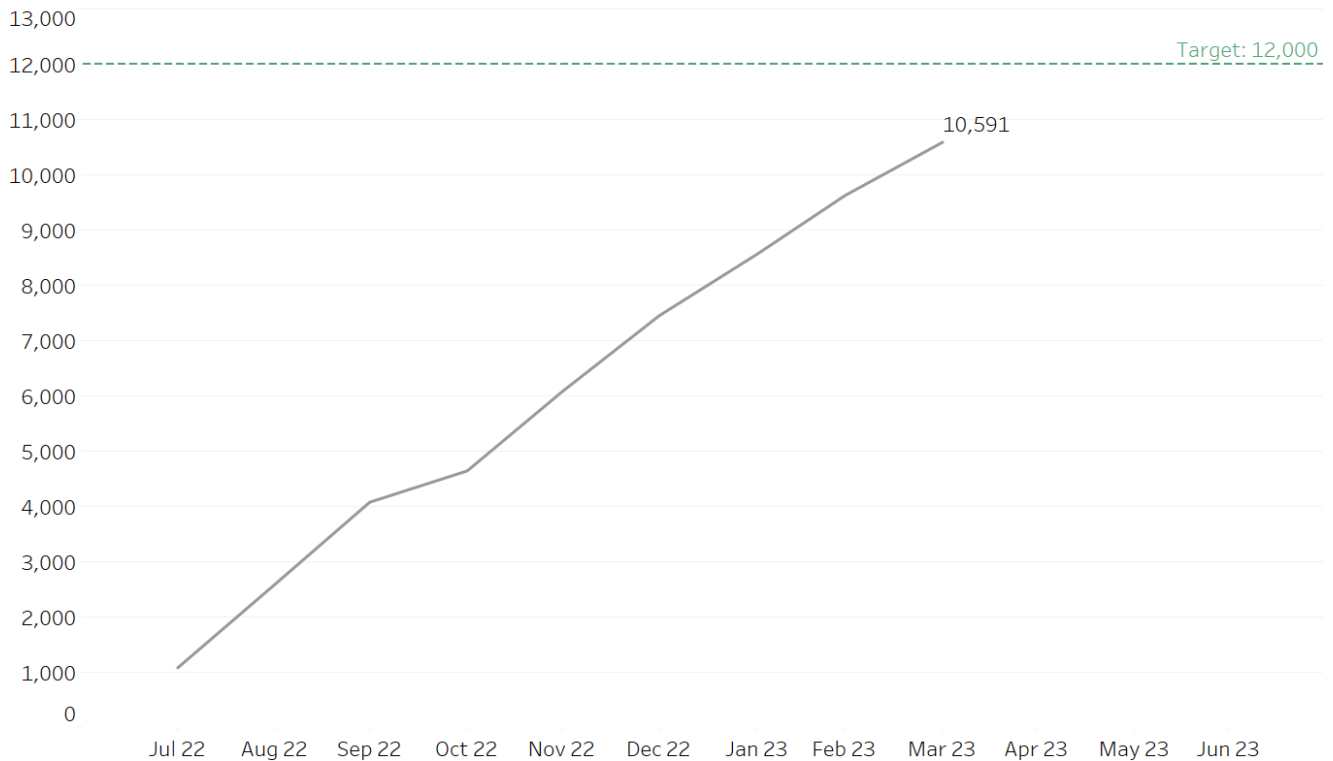


Figure 12: Lead Measure: Maintain the annual number of Colorado 20 Point Head Inspection completions above 12,000 by June 30, 2023. Progress as of April 30, 2023.



Figure 13: Lead Measure: Increase the number of youth serving organizations and schools (funded by CDPHE) trained in Sources of Strength each year from 120 to 124 sites by June 30, 2023. Progress as of April 30, 2023.

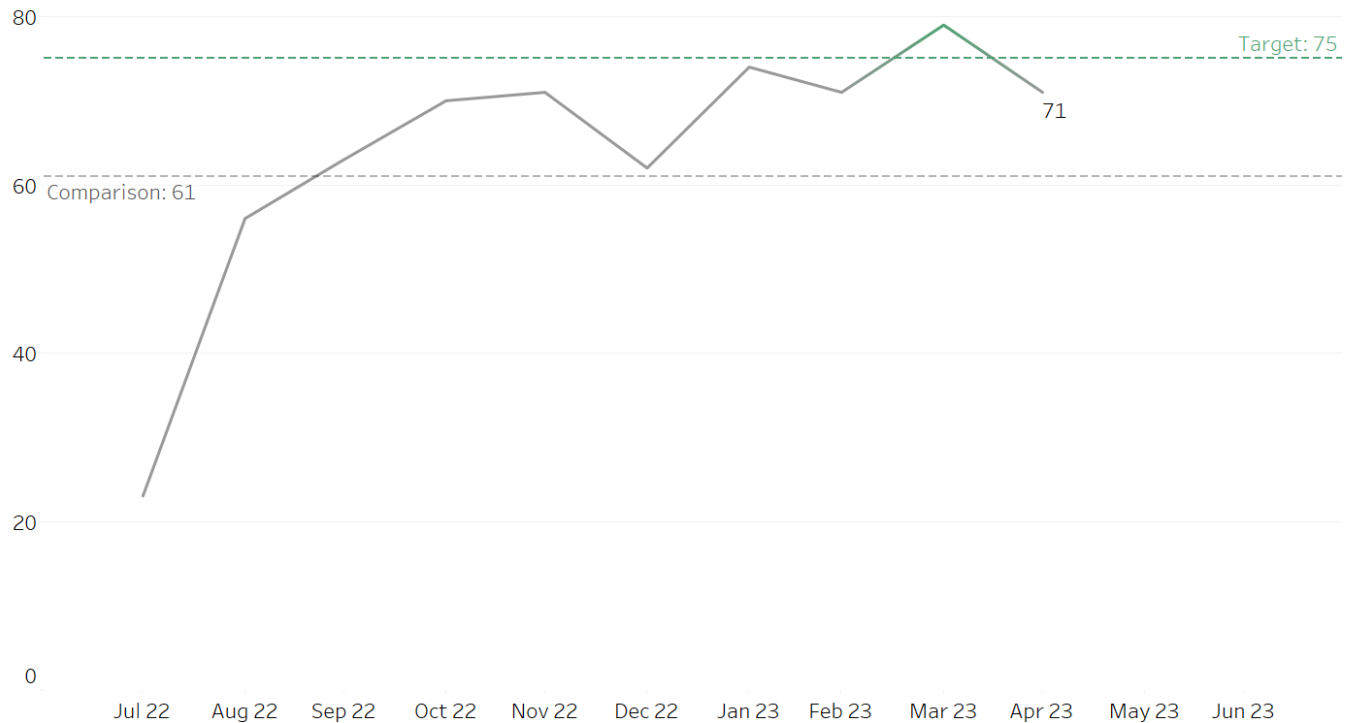


Figure 14: Lead Measure: Increase the number of agencies participating in the Colorado Zero Suicide Learning Collaborative each month from 61 to 75 by June 30, 2023. Progress as of April 30, 2023.

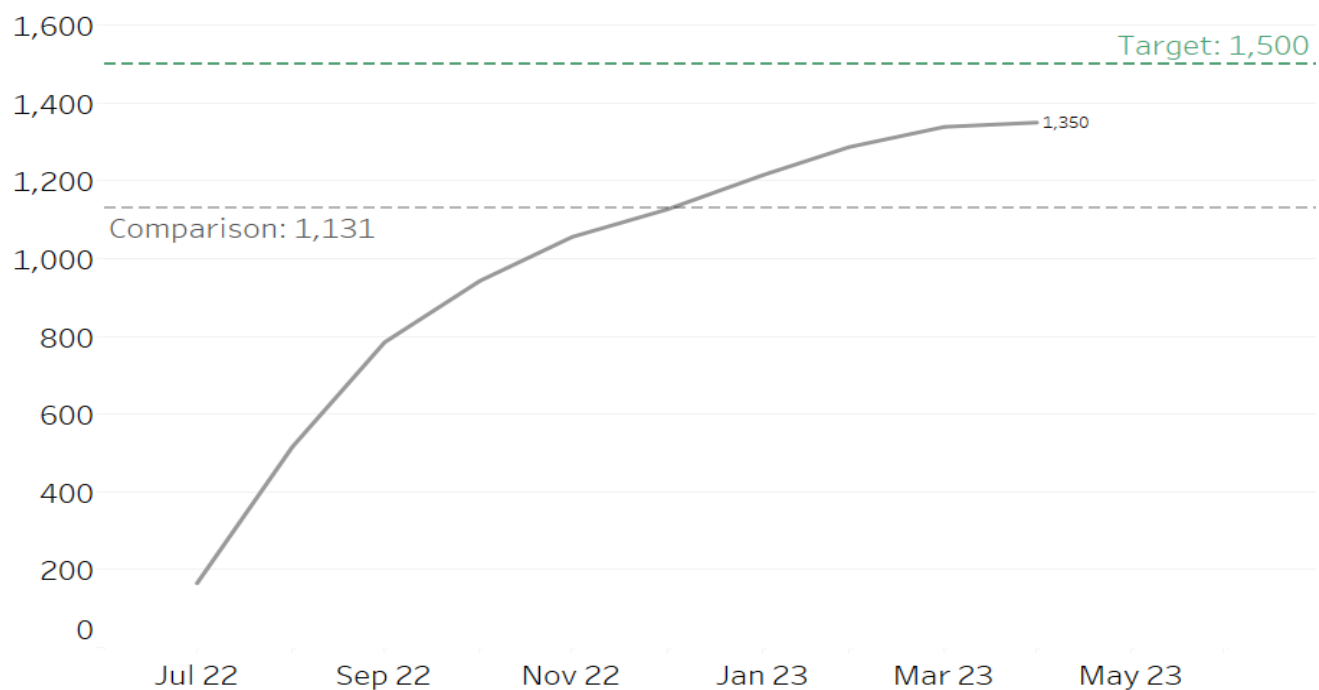


Figure 15: Lead Measure: Increase new Colorado user registrations per year for the Operation Veteran Strong portal from 1,131 in FY 2022 to 1,500 by June 30, 2023. Progress as of April 30, 2023.

SFY23 WIG 4: COVID-19 Vaccination

WIG: Increase the percentage of Coloradans 5-11 years old who have a complete primary series of vaccinations for COVID-19 from 31% as of July 2022 to 41% by June 2023.

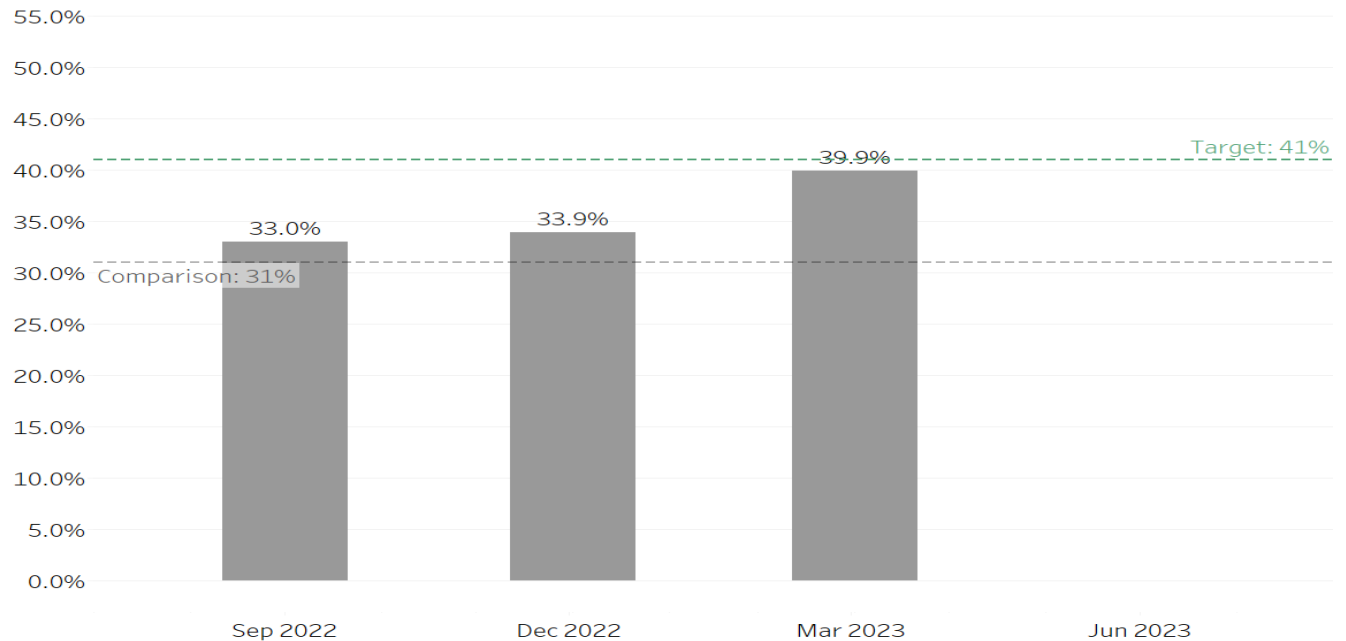


Figure 16: WIG: Increase the percentage of Coloradans 5-11 years old who have a complete primary series of vaccinations for COVID-19 from 31% as of July 2022 to 41% by June 2023. Progress as of April 30, 2023.

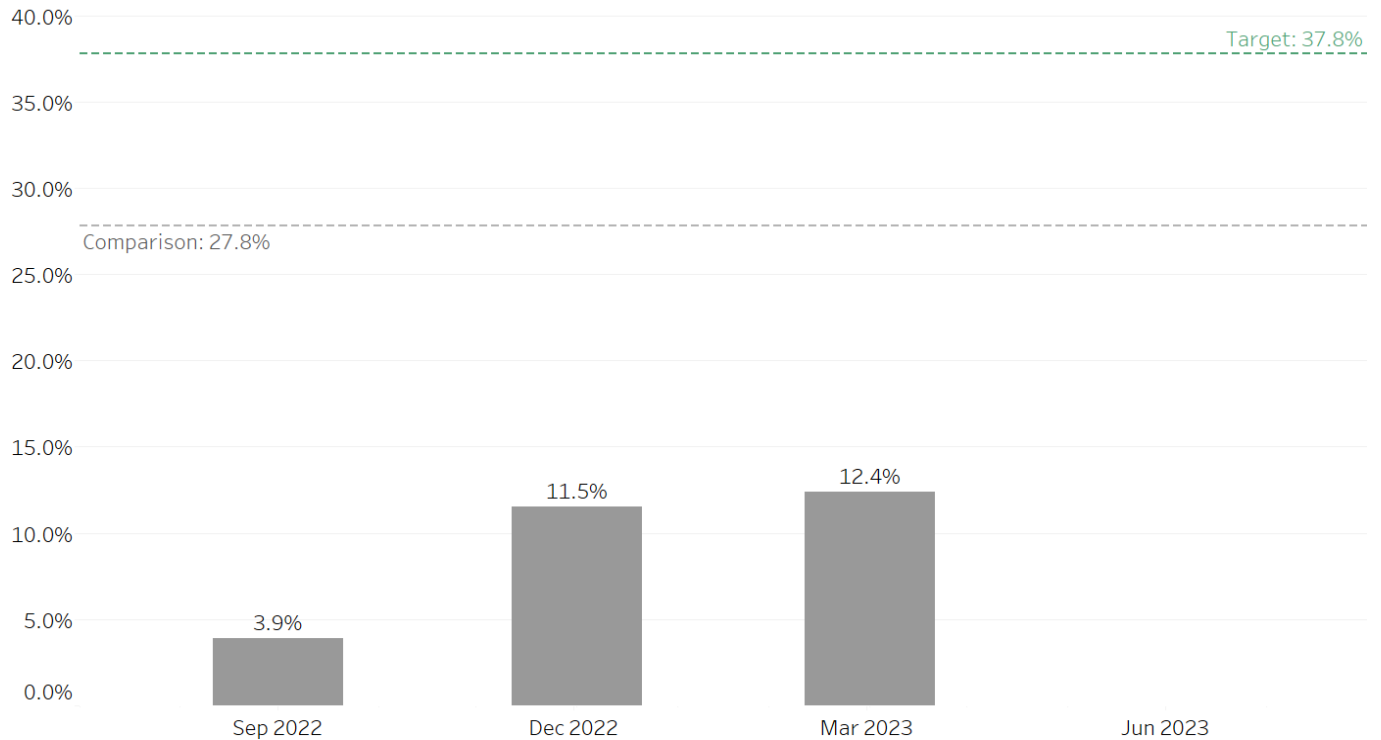


Figure 17: Lead Measure: Increase the up-to-date vaccination rate of BIPOC (Black, Indigenous, and People of Color) Coloradans 5 years and older from 27.8% to 37.8% by June 30, 2023. Progress as of April 30, 2023.

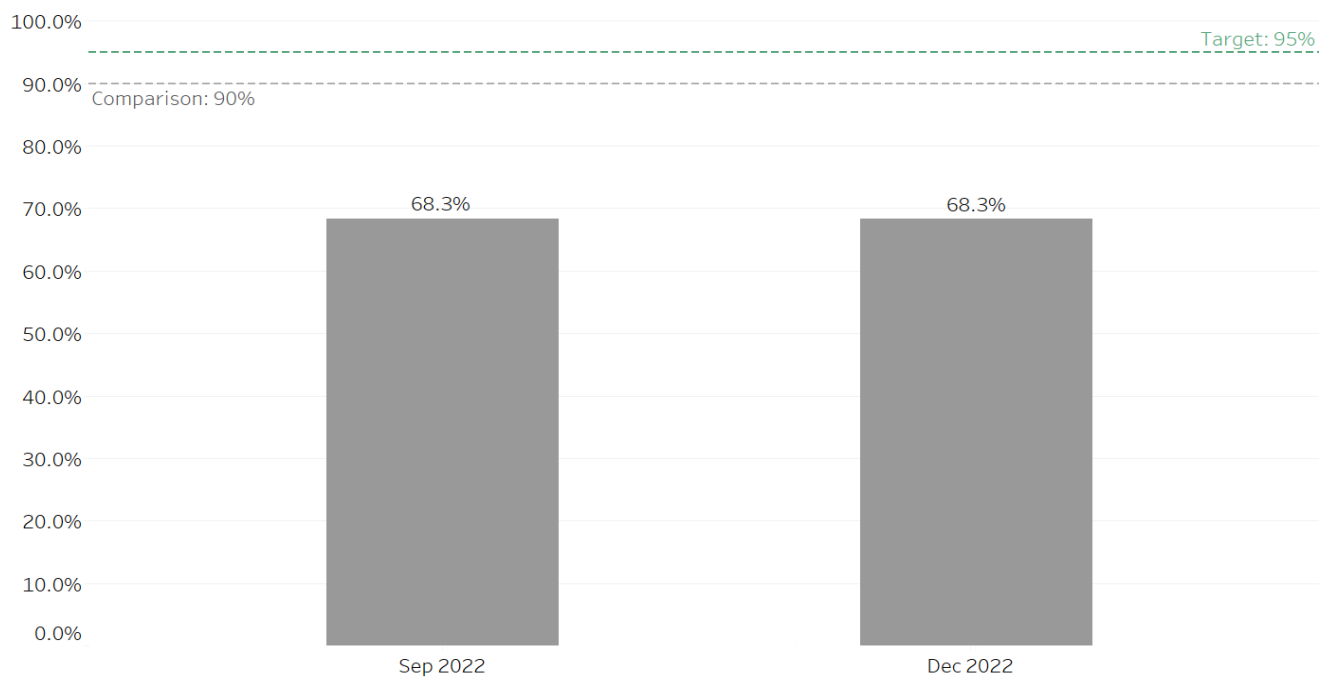


Figure 18: Lead Measure: Increase the percentage of long-term care facilities (LTCFs) that hold an internal vaccine clinic or accept a State-run clinic within 60 days of new CDC booster recommendations from 90% to 95% by December 31, 2022.