



Department of Public Health & Environment FY2015 Annual Performance Evaluation (October 2015)

Strategic Policy Initiatives

The Department of Public Health & Environment has identified several strategic policy initiatives for FY 2014-15 and beyond. For this performance evaluation, the Department has updated progress on the selected initiatives used in the November 3, 2014 Annual Performance Report that best capture some of the Department's strategic and operational priorities, and reflect the overall direction as identified by Department leadership. The updates reflect data as of June 30, 2015. Additional detail for these, and other, strategic policy initiatives is available in the Department's Performance Plan, which may be accessed [here](#).

Effective and efficient use of health data and technology

The public health programs in the Department receive various public health data. The systems are not currently fully integrated with each other, local providers or other state agencies. With a cohesive, integrated architecture, data entry will occur only once, reducing the potential for error, and alleviating workload. By June 30, 2015, CDPHE will have a department wide working foundational technology framework (FTF) to enable interoperability with other information technology systems, including Health Information Exchange. By June 30, 2017, the percentage of hospitals and clinics engaging in bi-directional, real-time messaging with the Colorado Immunization Information System will increase by 50 percent.

FY 2015 Outcome: A draft of CDPHE's Foundational Technology Framework was created (by June 30, 2015) and bi-directional, real-time messaging with the Colorado Immunization Information System and hospitals and clinics is on track to meet the goal.

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

Oral Health

Dental cavities are the most common chronic disease of childhood. For children ages 2 to 5, 70 percent of cavities are found in 8 percent of the population and are disproportionately concentrated among low income children. Establishing a dental home by age one helps prevent tooth decay. To improve access to preventive oral health services, CDPHE and partners are educating communities and providers about early oral health interventions in young children. By June 30, 2015, 100 new dental and medical providers will be trained. By June 30, 2017, 10 percent of all Medicaid children under age one will receive an oral health service.

FY 2015 Outcome: CDPHE trained over 115 new dental and medical providers (by June 30, 2015) on early oral health interventions in young children and is collaborating with HCPF to obtain Medicaid utilization data to track age one dental visits for children enrolled in Medicaid.

Obesity

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

FY 2015 Outcome: CDPHE has 13 hospitals involved with the Healthy Hospital Compact (as of June 30, 2015) and continues to work on healthy beverage guidelines for concessions, beverage coolers and vending across the state departments.



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Substance Abuse and Mental Health

Mental Health issues, including depression, are prevalent nationally, exerting significant effects on health. The stigma surrounding mental health disorders prevents many from seeking help. The number of deaths in Colorado annually due to drug-related poisoning, including opioid analgesics such as oxycodone and hydrocodone more than doubled between 2000 and 2012. By June 30, 2015, the Department seeks to decrease the stigma of seeking help for depression among working aged men through access to the Man Therapy campaign and website as measured by the number of Colorado visitors to the Man Therapy website. CDPHE will also enlist partners to provide provider trainings on safe and effective pain management practices, including the use of the Prescription Drug Monitoring Program (PDMP). By 2017, the Department seeks to increase the percentage of adults who report experiencing symptoms of depression from 7.7 in 2012 to 7.9 as reported in the Behavioral Risk Factor Surveillance System (BRFSS); similarly, the Department seeks to increase the percentage of PDMP queries for Schedule II-V prescriptions by registered PDMP providers from 20 percent of filled prescriptions (2013) to 75 percent of filled prescriptions.

FY 2015 Outcome: There were 19,484 Colorado visitors to the Man Therapy website in FY2015, CDPHE staff provided input to the Quad Regulatory Boards (Board of Medicine, Board of Pharmacy, Board of Nursing, and Board of Dentistry) on a policy for prescribing and dispensing opioids (which was adopted in late 2014), and 92.3 percent of eligible prescribers and pharmacists registered for the PDMP.

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

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

FY 2015 Outcome: The online permitting pilot component was released for a Request for Proposal and will be moving forward this fall and the department has purchased and started to implement a records management system for the Air Pollution Control Division and Water Quality Control Division.

Operational Measures

Major Program Area – Center for Health and Environmental Data Process - Vital Records Section – provides birth and death certificates

Measure	FY12 Actual	FY13 Actual	FY14 Actual	03/31/ 15	06/30/ 15	FY15 Actual	1-Year Goal	3-Year Goal
Average time to issue a birth or death certificate in person (Minutes)	30	30	30	30	30	30	30	< 30

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



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**Major Program Area – Laboratory Services Division
Process – Training of Law Enforcement Agency officers**

Measure	FY12 Actual	FY13 Actual	FY14 Actual	03/31/ 15	06/30/ 15	FY15 Actual	1-Year Goal	3-Year Goal
Number of Law Enforcement Agency officers trained on equipment	1,378	6,070	1,257	1,257	1,619	1,619	1,515	1,587

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

Major Program Area – Air Pollution Division

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

Measure	FY12 Actual	FY13 Actual	FY14 Actual	03/31/ 15	06/30/ 15	FY15 Actual	1-Year Goal	3-Year Goal
Number of minor stationary source permits issued	2,876	5,691	5,383	2,568	3,547	3,547	3,500	5,000
Number of major stationary source permits issued	55	77	41	17	24	24	24	85

3-Year goal for minor permits revised downward to reflect possible reduction in permit demand from oil and gas sector based on recent industry trends.

Major Program Area – Water Quality and Control Division

Process - The first measure is defined by the number of permit actions issued within one year from the time the division receives an application to the final decision regarding the requested document. The second process is defined by the number of inspections completed within a year.

Measure	FY12 Actual	FY13 Actual	FY14 Actual	03/31/ 15	06/30/ 15	FY15 Actual	1-Year Goal	3-Year Goal
Number of new permit actions issued (Clean Water Act)	2,171	1,742	1,691	1,691	2,191	2,191	2,000	2,000
Number of inspections completed: Public Water Systems	477	493	472	83	97	403	475	500

Major Program Area – Hazardous Materials Waste Management Division

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

Measure	FY12 Actual	FY13 Actual	FY14 Actual	03/31/ 15	06/30/ 15	FY15 Actual	1-Year Goal	3-Year Goal
Number of environmental inspections completed	5,393	7,952	7,424	4,906	6,274	6274	6,965	6,965



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Major Program Area – Division of Environmental Health & Sustainability

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

Measure	FY12 Actual	FY13 Actual	FY14 Actual	03/31/ 15	06/30/ 15	FY15 Actual	1-Year Goal	3-Year Goal
Number of CAFO/HCSFO water quality and air quality inspections	375	524	400	216	43	259	422	432

Major Program Area – Disease Control & Environmental Epidemiology Division

Process - Immunization Program: distribution of vaccines and medications

Measure	FY12 Actual	FY13 Actual	FY14 Actual	03/31/15	06/30/15	FY15 Actual	1-Year Goal	3-Year Goal
Total vaccine doses distributed	1,028,813	929,638	1,059,284	765,275	1,085,407	1,085,407	1,083,576	1,188,233

Major Program Area – Health Facilities & Emergency Medical Services Division

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

Measure	FY12 Actual	FY13 Actual	FY14 Actual	03/31/ 15	06/30/ 15	FY15 Actual	1-Year Goal	3-Year Goal
Number of licenses due for renewal	1,689	1,822	1,843	1,669	1,962	1,962	2,207	2,540
Number of renewal licenses issued	1,688	1,817	1,870	1,450	1,852	1,852	2,207	2,540

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

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

Process – Management of Colorado General Fund and crisis counseling emergency response grant funding totaling over \$18 million.

Measure	FY12 Actual	FY13 Actual	FY14 Actual	03/31/ 15	06/30/ 15	FY15 Actual	1-Year Goal	3-Year Goal
Number of exercises completed by Local Public Health Agencies	N/A	N/A	926	34	40	40	54	54

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

FY2016 Performance Plan

FY2016 Strategic Policy Initiatives – Changes from the FY 2014-15 Plan and insight into how the 2015 Plan informed the FY 2016 Plan

The Strategic Policy Initiatives (SPIs) for FY 2015-16 were reviewed and updated to align goals and initiatives of the department to the Public Health Improvement Plan (published in January 2015), the State of Health, Vision 2018 (created in 2015), and the 2011-2015 CDPHE Strategic Map. Of the 5 SPI for 2014-15, four were retained in the 2015-16 plan and three were added (Healthier Air, Clean Water, and Health Equity and Environmental Justice).