

Schedule 13



Funding Request for the FY 2015-16 Budget Cycle

Department of Public Health and Environment

PB Request Number NPR-01

Request Titles

NPR-01 Annual Fleet Vehicle Request

Dept. Approval By: 	<input checked="" type="checkbox"/>	Supplemental FY 2014-15
	<input type="checkbox"/>	Change Request FY 2015-16
	<input type="checkbox"/>	Base Reduction FY 2015-16
OSPB Approval By: 	<input type="checkbox"/>	Budget Amendment FY 2015-16

Line Item Information	FY 2014-15		FY 2015-16		FY 2016-17
	Appropriation	Request	Base Request	FY 2015-16	Continuation
Fund					
Total	\$314,541	\$0	\$314,541	\$23,563	\$23,563
FTE	-	-	-	-	-
Total of All Line Items					
GF	\$620	\$0	\$620	\$0	\$0
CF	\$215,026	\$0	\$215,026	\$21,647	\$21,647
RF	\$60,699	\$0	\$60,699	\$6,922	\$6,922
FF	\$38,196	\$0	\$38,196	(\$5,006)	(\$5,006)

Line Item Information	FY 2014-15		FY 2015-16		FY 2016-17
	Appropriation	Request	Base Request	FY 2015-16	Continuation
Fund					
Total	\$314,541	\$0	\$314,541	\$23,563	\$23,563
CF	\$215,026	\$0	\$215,026	\$21,647	\$21,647
FF	\$38,196	\$0	\$38,196	(\$5,006)	(\$5,006)
01. Administration and Support - Vehicle Lease Payments					
GF	\$620	\$0	\$620	\$0	\$0
RF	\$60,699	\$0	\$60,699	\$6,922	\$6,922

Letternote Text Revision Required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	X	<input type="checkbox"/>	If Yes, describe the Letternote Text Revision:
Cash or Federal Fund Name and CORE Fund Number:							
Reappropriated Funds Source, by Department and Line Item Name							
Approval by OIT?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Required	X	<input type="checkbox"/>
Schedule 13s from Affected Departments:							
Other Information:							

Schedule 13

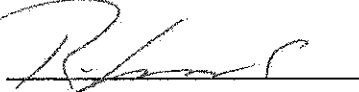
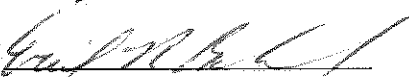
Funding Request for the FY 2015-16 Budget Cycle

Department of Public Health and Environment

PB Request Number NPR-02

Request Titles

NPR-02 Network Refresh

Dept. Approval By: <u></u>	<u> </u>	<input checked="" type="checkbox"/>	Supplemental FY 2014-15
		<input type="checkbox"/>	Change Request FY 2015-16
		<input type="checkbox"/>	Base Reduction FY 2015-16
OSPB Approval By: <u></u>	<u> </u>	<input type="checkbox"/>	Budget Amendment FY 2015-16

Line Item Information	Fund	FY 2014-15		FY 2015-16		FY 2016-17
		Appropriation	Request	Base Request	FY 2015-16	Continuation
	Total	\$7,134,425	\$0	\$7,229,335	\$508,200	\$268,200
	FTE	-	-	-	-	-
Total of All Line Items	GF	\$0	\$0	\$0	\$0	\$0
	CF	\$53,560	\$0	\$32,136	\$0	\$0
	RF	\$7,080,865	\$0	\$7,197,199	\$508,200	\$268,200
	FF	\$0	\$0	\$0	\$0	\$0

Line Item Information	Fund	FY 2014-15		FY 2015-16		FY 2016-17
		Appropriation	Request	Base Request	FY 2015-16	Continuation
	Total	\$7,134,425	\$0	\$7,229,335	\$508,200	\$268,200
01. Administration and Support - Payments to OIT	CF	\$53,560	\$0	\$32,136	\$0	\$0
	RF	\$7,080,865	\$0	\$7,197,199	\$508,200	\$268,200

Letternote Text Revision Required?	Yes	No	X	If Yes, describe the Letternote Text Revision:
Cash or Federal Fund Name and CORE Fund Number:				
Reappropriated Funds Source, by Department and Line Item Name				
Approval by OIT?	Yes	X	No	Not Required
Schedule 13s from Affected Departments:				
Other Information:				

Schedule 13

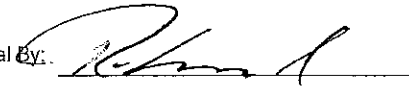
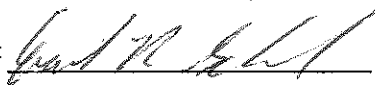
Funding Request for the FY 2015-16 Budget Cycle

Department of Public Health and Environment

PB Request Number R-01

Request Titles

R-01 Family planning

Dept. Approval By: 	<input type="checkbox"/>	Supplemental FY 2014-15
	<input checked="" type="checkbox"/>	Change Request FY 2015-16
	<input type="checkbox"/>	Base Reduction FY 2015-16
OSPB Approval By: 	<input type="checkbox"/>	Budget Amendment FY 2015-16

Line Item Information	Fund	FY 2014-15		FY 2015-16		FY 2016-17
		Appropriation	Request	Base Request	FY 2015-16	Continuation
Total		\$4,812,226	\$0	\$4,812,226	\$5,000,000	\$4,000,000
FTE		-	-	-	-	-
Total of All Line Items	GF	\$1,223,326	\$0	\$1,223,326	\$5,000,000	\$4,000,000
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$3,588,900	\$0	\$3,588,900	\$0	\$0

Line Item Information	Fund	FY 2014-15		FY 2015-16		FY 2016-17
		Appropriation	Request	Base Request	FY 2015-16	Continuation
Total		\$4,812,226	\$0	\$4,812,226	\$5,000,000	\$4,000,000
09. Prevention Services Division - Family Planning Purchase Of Services	FF	\$3,588,900	\$0	\$3,588,900	\$0	\$0
	GF	\$1,223,326	\$0	\$1,223,326	\$5,000,000	\$4,000,000

Letternote Text Revision Required? Yes No <input checked="" type="checkbox"/>	If Yes, describe the Letternote Text Revision:
Cash or Federal Fund Name and CORE Fund Number:	
Reappropriated Funds Source, by Department and Line Item Name	
Approval by OIT? Yes No Not Required <input checked="" type="checkbox"/>	
Schedule 13s from Affected Departments:	
Other Information:	



COLORADO

Department of Public Health and
Environment

Priority: R-1
Family Planning
FY 2015-16 Decision Item

Cost and FTE

- This request is for \$5,000,000 of General Fund support to continue the Department's significant success in reducing unintended pregnancies.

Link to Operations

- The Family Planning Program serves low-income, uninsured individuals seeking family planning services by granting federal, state and private funds to community and safety net clinics.
- Using a private donation, The Department has been able to expand the grant funding to community clinics and other providers – \$5 million, on average, per year for the past 7 years.
- Using the private donation, the Department has inserted nearly 30,000 LARC devices.

Problem or Opportunity

- Through making Long Acting Reversible Contraception (LARC) methods such as IUDs and implants available to low-income women, The Department and its community health partners have made significant progress in reducing the unintended pregnancy rate in Colorado.
- LARC methods are extremely effective in reducing unintended pregnancy, but they have a higher initial cost, approximately \$900 per person, as opposed to other methods such as birth control pills.
- This high initial cost means many safety net clinics have not been able to offer LARC to their low-income clients.
- LARC use among low-income women using contraception grew from 4.5%, or 1 in 170, in 2008 to 19.4%, or 1 in 15 women, in 2011.
- The birth/fertility rate among low-income women in the counties served dropped by 28 percent for women ages 15-19 and by 14 percent for ages 20-24.
- WIC enrollment declined 23 percent between March 2010 and March 2013.
- In 2010 and 2011, an estimated \$23 million has been averted in Medicaid costs associated with prenatal, labor and delivery expenses due to births that did not occur.

Consequences of Problem

- If the Department is not able to continue providing expanded grant support for Long Acting Reversible Contraception, training of providers and marketing of the services, pregnancy rates and associated health care costs may rise.
- The number of abortions among low-income women may increase.

Proposed Solution

- The Department is requesting \$5,000,000 in on-going General Fund support to prevent unintended pregnancy.
- This funding will continue grant support to community clinics and other providers to sustain the dramatic decreases in unintended pregnancy rates that have been achieved over the last 7 years.
- The average cost to Medicaid for prenatal, labor and delivery services is \$7,200.
- If the program were authorized an additional \$5,000,000 and could fund LARC insertion for 5,555 women, the estimated savings to Medicaid would be approximately \$40 million.



Department Priority: R-1
Request Detail: Family Planning Funding

Summary of Incremental Funding Change for FY 2015-16	Total Funds	General Fund
Family Planning Funding	\$5,000,000	\$5,000,000

Problem or Opportunity:

This request seeks \$5,000,000 in General Fund for the Family Planning Program (FPP) in FY 2015-16 and \$4,000,000 in FY 2016-17 with continued decreases until FY 2019-20 when the program is requesting \$2,000,000 in on-going funding to maintain the State’s excellent progress in reducing unintended pregnancy.

Overview: The goal of reducing the unintended pregnancy rate has been the priority of the Family Planning Program (FPP) for over four decades. In recent years, it has become a state and CDPHE Strategic Map priority because unintended pregnancies are costly to society in a number of ways, including to the health of citizens. Due to an influx of private funds (in 2009) that allowed the Title X program to increase contraceptive coverage and clinical capacity around the state, the FPP has had unprecedented success in reducing the teen birth rate, the induced termination rate, second order births and the unintended pregnancy rate over the past five years. All of these interrelated data points have been on a downward trajectory since the start of the expanded project. The FPP would like to maintain this success and continue to benefit Colorado citizens and Colorado’s economy. Without an increase in the FPP appropriations, it would be impossible to sustain these gains.

Problem: Unintended pregnancy occurs when a woman becomes pregnant sooner than desired or when the pregnancy is not desired at any time. Such pregnancies are associated with poor health, and poor economic and social outcomes. In 2009, 39 percent of all Colorado mothers reported their pregnancies were unintended. That percentage is much higher among young women with low incomes and low educational attainment. The following is a snapshot of the cascading problems associated with unintended pregnancy and the return on investment for family planning programs:

- Unintended pregnancies are linked to late entry into prenatal care, birth defects, low birth weight, induced termination, maternal depression, reduced rates of breastfeeding, and increased risk of physical violence during pregnancy. Children born as a result of an unintended pregnancy are more likely to experience child abuse, poor mental and physical health, lower educational attainment and behavioral problems.

- For teen mothers who still lived with their parents, 34 percent lived below the poverty line; while the poverty rate for teen mothers that lived on their own is 63 percent. Nearly two-thirds of teen mothers receive some type of public assistance during the first year of their child's life; this includes Medicaid, food stamps, and other assistance (Dominique W. Brooks MD, MBA).
- Nationally, one in five unintended pregnancies each year occurs among teens (The National Campaign to Reduce Teen and Unplanned Pregnancy 2012). Teen mothers:
 - Are less likely to graduate from high school or attain a General Educational Development (GED) by the time they reach age 30;
 - Earn an average of approximately \$3,500 less per year, when compared with those who delay childbearing until their 20s;
 - Receive nearly twice as much federal aid for nearly twice as long. *Hoffman S, Maynard R, eds.*

Family Planning benefits: The benefits of family planning, including cost benefit analysis, have been widely studied and proven:

- In 2010, federal Title X family planning dollars saved Colorado \$42.5 million dollars in public funds (Guttmacher 2014).
- The services provided at publicly funded family planning centers saved the federal and state governments an estimated \$7.6 billion in 2010; services provided at Title X–supported centers accounted for \$5.3 billion of that total (Guttmacher Institute, Contraceptive Needs and Services, 2010).
- Nationally, every \$1.00 invested in helping women avoid pregnancies they did not want, saves \$5.68 in Medicaid expenditures that otherwise would have been needed (Guttmacher, 2014).

History: Since 1970, CDPHE has been the Colorado grantee for the federal Title X, Family Planning Program. The Program has spent the past 44 years steadily increasing its clinic reach throughout Colorado, training Title X providers in the most current clinical and business practices and continuously earning high marks on federal reviews for program stewardship. Colorado had a successful family planning program for over 40 years, when in 2008, the FPP program received an anonymous donation of funding that catapulted the program to an entirely new level of performance. This donation supported the Colorado Family Planning Initiative (CFPI) and invested millions to help make the most effective, long-acting, reversible contraceptives accessible to thousands of women.

Support from the CFPI donor was originally committed for five years. However, seeing the success of the program, the donor invested for two additional years. The CFPI donation will end on June 30, 2015, which is the impetus for this General Fund increase request. In order to maintain momentum and to preserve past gains of CFPI, CDPHE requests additional General Fund support to carry on this work.

Program Focus: The CFPI funding supplements existing Title X family planning clinics in addressing the unintended pregnancy problem in Colorado. One of the main objectives of CFPI is to increase access to family planning services through strategic, focused funding of Long Acting Reversible Contraception (LARC) methods, particularly among low-income and uninsured women.

LARC methods are highly effective in preventing unintended births because they require little or no effort after the initial implant or insertion. LARC are easily inserted, require no maintenance, are simple to remove and are worry-free in terms of daily, weekly or monthly maintenance. Once a LARC is inserted, a

client has contraceptive coverage for three to ten years. Fertility returns to normal immediately upon removal, which is done in a quick and simple office visit. While the Title X program has always supported the use of LARC, the high initial price of the device, lack of marketing to clients and costs of clinician training was typically a barrier to widespread use. When the donation became available, these barriers were eliminated and women chose LARC.

Target Population: CFPI funding was distributed for the first time in 2009 to 28 Title X agencies serving 37 of Colorado's 64 counties. Since then, CFPI has provided, on average, an additional \$5 million annually to these agencies. These funds were in addition to existing federal, state and county funding, essentially doubling the pre-CFPI, Family Planning Program budget. The counties served by Title X are home to 95 percent of the state's low-income population. Nine out of ten Title X clients have incomes at or below 150 percent of the federal poverty level (\$16,755 annual income in 2012 for a single person) and 7 out of 10 are age 29 or younger.

Outcomes: With these investments, the FPP has made enormous and unprecedented gains in increasing the number of family planning clients served annually, and the percent of people using the most effective LARC methods. These two combined program strategies allowed the following to occur between 2009 and 2012:

- Number of Title X clients served annually grew from 52,000 to 60,000 (on average).
- Intrauterine device (IUD) and implant use among Title X clients using contraception grew from 4.5 percent to 19.4 percent.
- In 2008, one in 170 young, low-income women in Colorado received an IUD or implant; by 2011 one in 15 received one of these highly effective contraceptive methods.
- The fertility rate among low-income women in the counties served by Title X dropped by 28 percent for women ages 15-19 and by 14 percent for ages 20-24, significantly sharper declines than expected.
- The overall unintended pregnancy rate significantly decreased from 39.5 in 2009 to 35.9 in 2011.
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) infant enrollment declined 23 percent between March 2010 and March 2013 (it had previously been increasing).

This data suggests that increasing the availability of LARC methods, specifically by removing the cost barrier has a significant impact on population health and other social welfare programs.

Proposed Solution:

One approach for addressing the unintended pregnancy rate in Colorado is to remove access and cost barriers for contraceptives for women and men – specifically long-acting, reversible contraceptives by investing additional General Fund dollars into the program.

The World Health Organization (WHO), Family Planning: A Global Handbook, lists all contraceptive methods in tiers of effectiveness. The top-tier, LARC methods shares the characteristic of requiring a single act of motivation for long-term use, essentially eliminating adherence and user-dependence from the

effectiveness equation. These top-tier methods also share the highest continuation rates of all contraceptive methods, *one of the most important factors in contraceptive success*. In addition to WHO, the Centers for Disease Control and Office of Population Affairs, also endorse the use of LARC as a first-tier contraceptive for all females of any age.

While they are the most effective methods, LARC have a high front-end cost (\$400-\$900), which makes it nearly impossible for low-income people to afford. In addition, debunking IUD myths and training clinicians about effectiveness, safety and ease of insertion are also priorities for the FPP. Building client health literacy about LARC through outreach and education, combined with availability of the contraceptive methods and a trained cadre of clinicians, has proven an effective strategy in lowering unintended births.

Staffing: The existing FPP staff has managed CFPI with its clinical vendors throughout Colorado for the past six years and has the capacity to manage the ongoing workload. Clinical vendors are trained, ready and able to continue this good work.

The FPP calculated an average price of \$900 for each LARC insertion. This \$900 includes the device, insertion costs, provider training, outreach and education and associated clinical costs. The FPP has been able to support, on average, 5000-6000 insertions annually. This means a \$5 million General Fund request would yield approximately 5,556 device insertions in one year and allow the program to maintain its insertion rates.

Consequences: If increased funding is not available for the FPP, the program and its providers will slide back toward the level of outcomes prior to CFPI. In addition, WIC enrollment, payments for Medicaid births and other entitlement program costs could increase, costing Colorado taxpayers significantly more in program services.

In the long run, the program expects that the family planning network will have the majority of their clients with a payer source. The program estimates that it will take at least four to five more years to accomplish that. While FPP clinics have made significant strides in insurance and Medicaid reimbursements, they are not yet able to collect the income and reimbursement needed to maintain the gains made in the past seven years with CFPI funding. Additionally, there will always be a need for family planning funds to support clients seeking confidential services, clients in need of sliding-fee scale services and the population that remains uninsured for various reasons such as “churning” on and off coverage.

Anticipated Outcomes:

If authorized, the requested funding will enable approximately 5,556 women to receive a long-acting reversible contraception method, thereby reducing the teen birth rate, the induced termination rate, second order births and the unintended pregnancy rate in Colorado. In addition, the continuation of the LARC program will work to improve women’s health and economic outcomes and save the state on programs such as Medicaid and WIC.

The FPP will collect the following data points to help measure the continued decrease in birth rates, second and higher order births and unintended pregnancy rates:

1. Unintended Pregnancy Rate (Pregnancy Risk Assessment Monitoring System, PRAMS)
2. Second and Higher order teen births (Birth Certificate)

3. High-Risk fertility rates (Birth Certificate)
4. Induced termination Rate (induced termination data)
5. LARC usage in FPP patient population
6. LARC usage in general, adult public (Behavioral Risk Factor Surveillance System (BRFSS))

The Colorado Department of Public Health and Environment Strategic Map for 2011-2016 works to align priorities and resources to improve and sustain public health and environmental quality. As one of CDPHE’s Winnable Battles, the FPP Unintended Pregnancy prevention work is aligned with the performance plan of CDPHE. This request reinforces the activities of developing strategies to achieve the winnable battle and promoting policies to support the winnable battle.

Assumptions and Calculations:

This request seeks \$5,000,000 in General Fund support in FY 2015-16 to continue the highly effective family planning efforts that have resulted in significant decreases in unintended pregnancy rates in Colorado. No new FTE are needed for this work. The FPP will support this work with existing staff.

The Family Planning Program (FPP) respectfully requests an increase to its existing General Fund appropriation, illustrated in the table below.

Year	Increase Request Amount
FY 2015-16	\$5,000,000
FY 2016-17	\$4,000,000
FY 2017-18	\$3,000,000
FY 2018-19	\$2,500,000
FY 2019-20	\$2,000,000*

**The \$2 million increase is requested in perpetuity. During its peak years (2, 3, 4 and 5), the average CFPI donation was \$4,995,854 which is the logic for the Year One, \$5 million increase request.*

The FPP calculated a price of \$900 for each LARC insertion. This \$900 includes the device, insertion costs, provider training, outreach and education and associated clinical costs. The FPP has been able to support, on average, 5000-6000 insertions annually. This means a \$5 million General Fund request (Year 1) would yield approximately 5,556 device insertions in one year and allow the program to maintain its success

Increasing Colorado’s General Fund contribution to CDPHE’s Family Planning Program will help address unintended pregnancy in Colorado by providing women with the most effective, LARC methods. For the past five years, the FPP has shown statistically significant results in helping to lower birth rates and second order births. The FPP has increased provider education and consumer acceptance. The FPP is prepared to continue its successful track record, but it requires additional support.

The logic for the scaled down request over the course of five years is that the FPP is optimistic that through the on-going implementation of the Affordable Care Act and Colorado Medicaid Expansion, fewer women will be in need of subsidized family planning services. However, it will take time for the eligible, but not enrolled, population to become covered. Therefore, the FPP is starting its Year 1 increase request, commensurate with the average budget of \$5 million for long-acting, reversible contraceptives (LARC),

and scaling back the request in the following years, anticipating that insurance and Medicaid revenue should backfill the difference.

At a minimum, the FPP requires an additional \$2 million (in perpetuity) to maintain the LARC momentum. Two million dollars equates to approximately 2,222 LARC insertions which is roughly one third of the LARCs the program is currently supporting. That \$2 million, combined with projected Medicaid and insurance income that will cover the other two-thirds of insertions, and should sustain the program.

Schedule 13


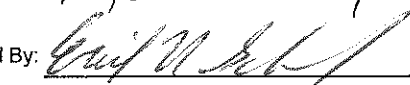
Funding Request for the FY 2015-16 Budget Cycle

Department of Public Health and Environment

PB Request Number R-02

Request Titles

R-02 Air Inspection and Permitting Improvements

Dept. Approval By: 	<input type="checkbox"/>	Supplemental FY 2014-15
	<input checked="" type="checkbox"/>	Change Request FY 2015-16
	<input type="checkbox"/>	Base Reduction FY 2015-16
OSPB Approval By: 	<input type="checkbox"/>	Budget Amendment FY 2015-16

Line Item Information	Fund	FY 2014-15		FY 2015-16		FY 2016-17
		Appropriation	Request	Base		Continuation
				Request	FY 2015-16	
Total		\$12,579,443	\$0	\$12,483,985	\$989,393	\$956,932
FTE		132.0	-	127.0	11.0	11.0
Total of All Line Items	GF	\$445,696	\$0	\$620	\$0	\$0
	CF	\$9,042,852	\$0	\$9,392,470	\$989,393	\$956,932
	RF	\$60,699	\$0	\$60,699	\$0	\$0
	FF	\$3,030,196	\$0	\$3,030,196	\$0	\$0

Line Item Information	Fund	FY 2014-15		FY 2015-16		FY 2016-17
		Appropriation	Request	Base		Continuation
				Request	FY 2015-16	
Total		\$314,541	\$0	\$314,541	\$15,552	\$15,552
	CF	\$215,026	\$0	\$215,026	\$15,552	\$15,552
01. Administration and Support - Vehicle Lease Payments	FF	\$38,196	\$0	\$38,196	\$0	\$0
	GF	\$620	\$0	\$620	\$0	\$0
	RF	\$60,699	\$0	\$60,699	\$0	\$0

	Total	\$3,122,851	\$0	\$3,199,699	\$76,798	\$77,312
	CF	\$2,043,151	\$0	\$2,119,999	\$76,798	\$77,312
04. Air Pollution Control Division - Personal Services	FF	\$1,079,700	\$0	\$1,079,700	\$0	\$0
	FTE	34.7	-	34.7	1.0	1.0

	Total	\$657,881	\$0	\$657,881	\$5,653	\$950
	CF	\$317,381	\$0	\$317,381	\$5,653	\$950
04. Air Pollution Control Division - Operating Expenses	FF	\$340,500	\$0	\$340,500	\$0	\$0

	Total	\$7,861,333	\$0	\$7,789,217	\$801,369	\$806,762
	CF	\$6,067,747	\$0	\$6,340,517	\$801,369	\$806,762
04. Air Pollution Control Division - Personal Services	FF	\$1,448,700	\$0	\$1,448,700	\$0	\$0
	FTE	97.3	-	92.3	10.0	10.0
	GF	\$344,886	\$0	\$0	\$0	\$0

	Total	\$622,837	\$0	\$522,647	\$90,021	\$56,356
	CF	\$399,547	\$0	\$399,547	\$90,021	\$56,356
04. Air Pollution Control Division - Operating Expenses	FF	\$123,100	\$0	\$123,100	\$0	\$0
	GF	\$100,190	\$0	\$0	\$0	\$0

Letternote Text Revision Required?	Yes	No	X	If Yes, describe the Letternote Text Revision:
Cash or Federal Fund Name and CORE Fund Number:				
Reappropriated Funds Source, by Department and Line Item Name				
Approval by OIT?	Yes	No	Not Required	X
Schedule 13s from Affected Departments:				
Other Information:				



COLORADO

Department of Public Health and
Environment

Priority: R-2
Air Inspection and Permitting Improvements
FY 2015-16 Decision Item

Cost and FTE

This request is for \$989,393 and 11.0 FTE in FY 2015-16 and \$956,932 and 11.0 FTE in on-going cash fund spending authority to improve oil and gas inspections and permitting services.

Current Program

- The Air Pollution Control Division must monitor and model air emissions from industrial sources, including approximately 9,100 oil and gas sites around the state.
- EPA issues regulations and standards for large facility pollutant emissions called Title V permits. The division must issue Title V permits for 239 sources and renew them every five years.

Problem or Opportunity

- Oil and gas operations sometimes have unintentional leaks or fugitive emissions. These leaks can be costly for operators and contribute to air pollution. They can be detected with infrared (IR) cameras.
- In FY 2013-14, the division was authorized 5.0 temporary FTE for a two-year project to detect these emissions.
- This staff has inspected 3,500 oil and gas sites to date and have found leaks at 35% of the sites.
- The number of Title V permits has grown and the complexity of the associated Federal regulations has increased. The program has 1 staff person for every 40 permits, more than double the national average, and has a significant backlog.
- The division has engaged in many Lean initiatives and has standardized processes, utilized technology, eliminated steps and decreased process times.

Consequences of Problem

- Failure to identify and correct accidental leaks costs operators in lost production and increases air pollution.
- Delays in issuing Title V permit renewals can negatively impact sources' compliance with regulations.
- Delays in issuing permits and performing modeling can also lead to delays in initiating construction of projects, which can have adverse economic impacts.

Proposed Solution

- This request seeks 11.0 FTE and \$989,393 in FY 2015-16 and 11.0 FTE and \$956,932 in on-going cash fund spending authority to reduce the inspection, permit and modeling backlog. Based on current projections, the division does not envision the need for a fee bill until approximately 2020.
- The Program estimates that the 4.0 IR camera inspectors will visit approximately 2,000 oil and gas operations each year and 1.0 legal assistant will prepare the related enforcement documents.
- The 3.0 Title V permit engineers will allow the elimination of the Title V backlog over an eight-year period.
- The 2.0 FTE permit completeness technicians and 1.0 FTE emissions inventory specialist will support the timely review for completeness and modeling for construction and Title V permit applications.



Department Priority: R-2
Request Detail: Air Inspection and Permitting Improvements

Summary of Incremental Funding Change for FY 2015-16	Total Funds	Cash Fund
Air Inspection and Permitting Improvements	\$989,393	\$989,393

Problem or Opportunity:

This cash fund request seeks \$989,393 and 11.0 FTE in FY 2015-16 and \$956,932 and 11.0 FTE in on-going spending authority to meet changing permitting and inspection needs.

Background and Current State:

The growth in oil and gas development in Colorado has significantly changed inspection and permitting needs throughout the Air Pollution Control Division. The Division has made significant strides in increasing efficiencies of both permitting and conducting inspections through the development of general permits, permit streamlining activities, consolidation of inspections requirements and other Lean activities. While all these changes have allowed the division to address a workload that has more than doubled over the last five years without doubling the staffing, the explosive growth in very small sources and the continued growth in very large sources, along with additional complex federal and state regulations, requires some additional staff to continue to meet the workload needs. Based on current assumptions and projections, the division does not envision the need for a fee bill until approximately FY 2020.

Inspections

The Air Pollution Control Division is responsible for monitoring and minimizing air pollution, including volatile organic compounds and methane emissions, from approximately 9,097 minor oil and gas operations around the state. Division inspections assess emissions from oil and gas operations and associated equipment to ensure that the operation is not exceeding emissions limits established in rules promulgated by the Colorado Air Quality Control Commission and in permits issued by the division. The division’s eight permanent oil and gas inspectors are able to complete approximately 160 full minor source compliance inspections, which specifically meet U.S. EPA requirements, per year (in addition to inspecting approximately 220 major and “synthetic minor” sources per year). In 2013, the division received authority to hire four term-limited (2 years) inspectors to assess oil and gas operations using infrared (IR) cameras. This has expanded the ability of the division to visit and ensure compliance of facilities within this growing industry sector. Legal assistants process the enforcement cases generated by both traditional and IR camera inspections.

Permitting

The growth in oil and gas facilities has more than doubled the number of permit applications that need to be checked for completeness and increased the number of very large facilities requiring federal Title V permits. The Air Pollution Control Division issues permits to control the amount of pollutants that industrial and commercial facilities emit into Colorado's air. The division regulates approximately 16,000 of these facilities. The federal Environmental Protection Agency (EPA) issues regulations and standards for the largest sources of air pollution under the Title V program, including the requirement for subject facilities to obtain and comply with Title V operating permits. The goals of the Title V program are to enhance public involvement in the air quality permit process and to improve a facility's understanding of highly complex regulations and ability to comply with them, by combining and streamlining all of a facility's air quality obligations into a single document. With the high level of interest from Colorado citizens in oil and gas development, there has been an increased interest in the Title V permits issued to oil and gas facilities, adding to the time required for public comment and public comment hearings. Title V permits provide a service to both the regulated facility and public customers by clarifying and consolidating a myriad of complex requirements into one permit and facilitating compliance.

Colorado is responsible for issuing 239 Title V permits (as of June 2014) for facilities such as power plants, large manufacturing, chemical processing and oil and gas facilities. Title V permits must be renewed every five years, requiring the division to receive applications and update and re-issue these permits, at a minimum, once every five years. The Title V Unit receives about 48 Title V permit renewal requests annually plus the submittal of new applications and other modification requests.

In order to approve a permit, a permit engineer must assess a facility's equipment, its air pollutant emissions, and its plan for managing these emissions, against complex federal rules. The permit engineer must understand the process and air pollution control equipment located at a facility, evaluate all emissions sources and applicable regulations for the facility, perform engineering calculations, and work with the facility owner to address issues. The basis for permitting decisions must be documented by the permit engineer in the record. The permit engineer must also respond to any comments received during public comment. Colorado receives significant interest in many of its Title V permit actions and expends a great deal of effort in providing adequate responses. State and federal regulations allow the division 18 months to process Title V applications and issue a permit.

Colorado's Title V permits also receive a great deal of attention relative to the size of the program. According to EPA's Title V petition database, Colorado is in the top 10 states in terms of the number of petition actions. Most of the other states in the top 10 have much larger populations and numbers of Title V sources, including California and New York. Petitions to challenge can be brought forward to EPA by any interested party (typically environmental or community groups) after permit issuance based on issues they raised during public comment. EPA reviews petitions and then issues orders directing a course of action. Colorado's coordination with and responses to EPA orders are involved and time-consuming. It is important for Colorado to write strong records for permitting decisions that adequately defend The Program's actions during a petition or litigation process.

Prior to processing any application, whether for a Title V operating permit or a construction permit, the division must first assess the application for completeness. The division receives an average of 3,000 permit application packages per year. An individual package can contain multiple applications for different facility locations. Permit completeness technicians review each package to evaluate whether the necessary permitting and reporting forms and supporting information have been provided and that

the information meets minimum technical standards. Many of the Lean initiatives and permit streamlining activities the division has developed have moved work from the engineering staff to permit completeness technicians. These changes ensure that each permit application meets minimum standards for completeness, ensure that a permit is actually necessary for the facility, and help expedite the permitting process by ensuring minimum quality standards for each application before an engineer begins to work on it. Technicians log a variety of data elements and setup the structure for the permit action in the division's permit tracking system. The completeness review is a critical function for the entire permitting process and allows permit engineers to more efficiently draft the permit.

Federal regulations also require the division to do analysis of how emissions from these facilities and other sources, such as vehicles and gas stations, will impact air quality in an area and throughout the state. An emission inventory is a summary or forecast of emissions to the air of pollutants from individual sources or groups of sources over a given period of time. Emissions inventories are the basis for regional and local scale air quality modeling as well as regulatory impact modeling for stationary sources such as Title V facilities. To create and maintain emissions inventories, an emissions inventory specialist/modeler is required. This person compiles emissions from reports submitted by industrial sources and runs emissions models to develop estimates from sources that are too small to need for industrial reports. The analysis of emissions relies on complex computer-based models of how various pollutants react in and move around the atmosphere and is critical to understanding impacts on Colorado's air quality.

Problem Statement

The growth in sources has resulted in difficulties in meeting the preferred inspection frequency of minor sources (once every five years) and the timeliness of permits, including federal Title V permits (18 months). Inspections provide assurance that sources operating in Colorado are complying with their permits. The significant growth in minor oil and gas sources has made it difficult to perform a complete inspection on all of these sources in a timely manner; however, the implementation of the IR camera program has allowed the division to visit the oil and gas minor sources more frequently and to find leaks which must then be promptly fixed by the oil and gas company. The IR camera inspections do not replace full compliance inspections which ensure all elements of the permit, including compliance with federal new source and hazardous air pollutant regulations, are being met. The IR camera partial inspections cannot supplant those inspections that specifically meet EPA's requirements. IR camera inspections are considered partial compliance evaluations and do not satisfy EPA requirements nor are these inspections given EPA "credit" for the division's inspection program. However, the IR camera partial inspections provide the division with an increased presence associated with these facilities, and enable the division to reduce air pollution in a proven, effective and efficient manner. Permitting for the largest sources in Colorado is also significantly behind the required 18 month schedule, and the division has been sued by an environmental organization over Title V permit timeliness. The additional staff will allow the division to come into compliance with this requirement over time.

Inspections

In addition to permitted emissions monitored through the full compliance inspections, oil and gas operations sometimes have leaks or fugitive emissions. These fugitive emissions are unintentional releases of pollutants such as volatile organic compounds (VOCs) from leaks in valves, seals, pipes, and storage tanks. These unintentional leaks can be costly for operators and can contribute to air pollution; for example, VOCs are a key component of harmful ground level ozone. The Denver Metro Area-North Front Range is currently out of compliance with the federal health based ozone standard. At the current rate of 160 full minor source compliance inspections per year, on average each of the

State's 9,097 oil and gas operations will be inspected approximately once every 52 years. However, because the four existing IR camera temporary inspectors are doing a less-intensive, partial compliance inspection and are using special equipment to identify emissions, rather than a more comprehensive full compliance inspection, they are able to visit a significantly greater number of operations per year. During the first year of the IR camera initiative, the four inspectors completed over 2,000 IR inspections. As of August 2014, close to 3,500 IR camera inspections were completed. The four temporary inspectors have identified leaks at approximately 35% of the locations they have visited. Additionally, during the course of the partial inspections, inspectors identified several critical issues that otherwise would not have been identified (*e.g.*, safety-related matters and other unanticipated VOC emission sources).

The division has implemented several LEAN initiatives to streamline its inspection processes. For example, it has standardized permit terms (including developing General Permits for similar processes and pieces of equipment) which enable inspectors to review facilities in a more standard and efficient manner. Similarly, the division has developed inspection templates for its inspectors, both partial and full compliance inspections. The division has begun utilizing GPS and GIS technology to "group" its inspections by geographic region, resulting in less travel time. The division has also developed tools to streamline the interface between its inspectors and its compliance unit, which is the unit that considers compliance issues identified during inspections and evaluates potential paths forward.

Despite the LEAN initiatives employed for both traditional and IR camera inspections, there are prescriptive federal requirements that continue to apply to full compliance inspections. Many of these are contained in federally-enforceable agreements with the U.S. EPA, in order for Colorado to maintain a federally delegated program under the federal Clean Air Act. In addition, the number and complexity of federal regulations pertaining to oil and gas and other facilities continues to grow. Thus, the traditional full compliance inspections will continue to take more time and detailed effort than IR camera inspections.

While the IR cameras are excellent for qualitatively detecting VOCs, the technology is limited in that it cannot quantitatively assess emissions. Given that the new oil and gas tank rules, for example, are not zero emission standards and given that air pollution sources are usually allowed to emit some pollution, it is imperative that the Division have a more quantitative tool in the toolbox. The IR cameras should complement, not supplant, the traditional inspector work, including the full compliance evaluations which more deeply assess the quantitative nature of emissions.

The IR camera program, as part of this larger compliance evaluation strategy, is a prime example of government effectiveness and efficiency. The IR camera program has enabled the state to streamline inspections and expand its outreach at oil and gas facilities, while maintaining the more detailed inspection program required by federal authorities. The IR camera program can identify and compel fixes of previously undetected air pollution, in a timely and cost-effective manner. Through its streamlined processes, the IR camera program can essentially inspect oil and gas facilities at a rate 4 times to 13 times greater than traditional, comprehensive inspections required by federal authorities. Moreover, in February 2014, Colorado became the first state in the country to directly regulate methane emissions (including fugitive leaks) from oil and gas operations. In doing so, Colorado promulgated regulations requiring companies to use instruments (including infrared cameras) to detect and fix leaks. The increasing use of IR cameras by the public and private sectors further supports making CDPHE's IR camera program permanent. Maintaining the IR camera program will continue to provide important public health, environmental and economic benefits to the State of Colorado.

Permitting

The number of Title V permits has grown significantly. In 2007, there were 200 Title V permits. In 2014, this number has risen to 239. This increase is in large part related to growth in the oil and gas sector. The number and complexity of the associated federal regulations and emissions models has also increased which means each permit request takes longer to review. The division's Title V unit currently has six staff dedicated to drafting Title V permits, in addition to one supervisor. This equates to around 40 permits for each permit engineer. This ratio is much higher than most other permitting agencies in the country. Based on a 2011 survey, the national average for the ratio of Title V permits to permit writers is 17 permits for each permit writer. At 40 permits for each permit engineer, Colorado's permitted source to staff person ratio is more than twice the national average and was the third highest in the survey. The division also queried surrounding states in May 2014 (see below) to update the 2011 numbers. The current data from these surrounding states is consistent with the 2011 national data.

Colorado is not meeting its obligation to issue Title V permits within the required 18-month timeframe. There is currently a backlog (i.e. overdue applications) of 58 initial permit requests, 71 renewal requests and 140 modification requests pending. This backlog has grown over the years as the division has struggled to keep up with an increasing application load and providing responsive customer service to permit applicants. External stakeholders have also raised concerns with Colorado's performance in meeting the 18-month deadlines. EPA has noted Colorado's lack of timeliness in their Title V program reviews, an environmental group recently filed a petition with EPA regarding Colorado's Title V permit timeliness, and the same group has sued CDPHE over three individual permit actions based on a failure to act within 18 months.

The division currently receives approximately 3,000 permit application packages per year, which include requests for Title V operating permits, construction permits, and updates to reported pollutant emissions. Two technicians review the application packages for completeness upon receipt. The technicians frequently interact with permit applicant customers to assist them in properly completing their applications. Given the large and increasing volume of permit applications received that is largely driven by growth in the oil and gas sector, it can take up to 45 days or more to perform the initial completeness review. This presents a considerable challenge to issuing construction permits in particular, because under state law these permits must be issued within either 90 or 135 days depending on the permit type. Customers must obtain construction permits prior to building or modifying their facilities and are typically very concerned about the time involved in the permitting process. Permitting delays can lead to delays in initiating construction of projects, which can have adverse economic impacts.

In an effort to improve efficiency, the division has engaged in several Lean initiatives that have, among other things, standardized processes and eliminated steps in permit processing. One initiative recommended expanding the scope of the permit completeness technicians. Reducing the number of "hand-offs" and steps in the process decreases the time required to provide applications to permit engineers and better meet our permitting timeliness requirements. The permit completeness review done by the technicians helps eliminate re-work for the permit engineers and increases their efficiency by ensuring that the needed information is received upfront.

The division currently has only one emissions inventory specialist/modeler for permit modeling needs, regional modeling, State Implementation Plan modeling and for transportation conformity modeling. Depending on priorities, some requests for emissions data or associated modeling may need to wait for

long periods of time before the one person can respond. Prior to 2007, there were 2.0 FTE performing emissions inventory and associated modeling work. With innovation and automation of processes, 1.0 FTE has been adequate in the short-term, but as time progresses, the job of compiling and developing comprehensive statewide emission inventories has become more complex. Due to new, more stringent federal air quality standards and growth in air emissions, the complexity, scope, and varieties of emissions inventory products have increased substantially since 2007. Emissions from smaller sources of pollution, wildland fires, and natural sources must now be analyzed as well. Oil and gas sources, in particular, are now broken out by specific source categories for an individual location instead of being lumped as one single item, which greatly increases the size and complexity of emissions databases. As federal models and inventory requirements have become more complex, more staff time is needed to process the data inputs, run the models and compile the outputs in to a useable form. With the growth in Title V and other construction permits, there is a greater need for supporting emissions inventory and modeling work than can be supported by 1.0 FTE, resulting in delays in issuing permits.

The division has received 13.0 additional FTE in recent years to support the regulation of oil and gas activities. These additional FTE have been critical in helping the division meet some of its permitting deadlines and other obligations; however, none of these 13.0 FTE are dedicated to Title V permit writing, application completeness review or emissions inventory/modeling functions.

Proposed Solution:

Results if approved:

Inspections

- Spending authority and FTE to hire four permanent oil and gas inspectors. The Division will visit minor oil and gas facilities once every 4.5 years (9,097 operations / 2,000 partial compliance inspections per year = ~ 4.5 years)
- Additionally, identified compliance issues will require spending authority and FTE for 1 additional legal assistant to process and advance enforcement cases. The additional legal assistant will process approximately 65 enforcement actions each year.

Title V Permitting

- Spending authority and FTE to hire three additional Title V permit engineers which will allow the division to come into compliance with permit timelines over the next eight years.

Permit Completeness Technicians

- Spending authority and FTE to hire two additional permit completeness technicians which will allow the division to continue to implement permit streamlining efforts so that permits are issued in a timely manner.

Emissions Inventory Specialist

- Spending authority and FTE to hire one additional emissions inventory/modeling specialist which will allow the division to address emissions data and modeling requests in a timely manner to help ensure that permits are not delayed and can be issued within required timelines.

Anticipated Outcomes:

Inspections

- The Division will visit minor oil and gas sources once every 4.5 years
- The Division will initiate 65 additional enforcement actions each year.
- The Division will notify sources of approximately 700 leaks per year (2,000 inspections each year * 35% leak rate = 700). This will result in timely fixes of leaks, less air pollution, and more beneficial use of natural gas.

- The Division will also re-visit select oil and gas sources to confirm that leak repairs have been made. To date, approximately 61% of the re-checks show that the identified leaks have been repaired.

Permitting

The addition of three Title V permit engineers will reduce Colorado’s Title V permit engineer burden from 39.8 permits per permit engineer to 26.6 permits per permit engineer. While this ratio is still higher than the national average (17 permits per permit writer), it represents a more manageable workload for each permit engineer. This staffing level will allow the Title V Unit to keep up with annual permit applications, address the backlog of applications, and maintain excellent work quality and customer service. It is anticipated that the backlog will persist for eight years even with additional staff. Without the addition of three staff, the backlog will continue to grow at the following rate (based on historic data):

- 12.5 initial applications per year;
- 6.8 renewal applications per year;
- 4.8 significant modification applications per year.

The addition of two permit completeness technicians will ensure that applications are reviewed for completeness and logged into the tracking systems in a timelier manner. The additional technicians would also allow for the implementation of recent Lean initiatives to enhance the role of the completeness technician. Without the addition of two staff, the time an application awaits review by a technician will continue to increase with corresponding increases in overall permit processing times. Applications received by the engineers will not be as complete, adding to processing times.

The addition of one emissions inventory/modeling specialist will allow for a division of tasks to balance workloads between diverse modeling needs and data requests, and to perform quality assurance reviews and detailed documentation of products before they are released, which will reduce the re-work that is currently occurring. The new FTE will also allow responses to requests and permits to be completed in a shorter timeframe and with increased accuracy to better meet required timelines.

<i>Assumptions and Calculations:</i>

This cash fund request seeks \$989,393 and 11.0 FTE in FY 2015-16 and \$956,932 and 11.0 FTE in on-going spending authority to meet changing permitting and inspection needs.

Assumptions:

Oil and gas inspections 4.0 Environmental Protection Specialist I \$289,979

- Each IR camera inspection requires 2 hours to complete
- 1.0 hours of field time (including travel time to and from facilities)
- 0.5 hours of contact with the regulated source to relate findings
- 0.5 hours to finalize report of findings
- 35% of the IR camera inspections identify problems at the facility that could lead to enforcement
- Re-visits of select oil and gas facilities are warranted. Each re-visit could require two hours to complete.

EPA requires that the state do full compliance inspections on major sources and some minor sources. The following table illustrates the reduced time necessary for IR camera inspections. In short, through

streamlined processes, the IR camera program can essentially inspect oil and gas facilities at a rate 4 times to 13 times greater than traditional, comprehensive inspections required by federal authorities. Note: EPA will not accept IR camera inspections in place of full compliance inspections.

OIL AND GAS INSPECTOR¹		
IR CAMERA INSPECTION		
IR Camera Task	Hours	Total Hours for IR Camera Inspections
Field time / travel	1 hour per inspection * 500 inspections	500
Contact with the regulated source	0.5 hour per inspection * 500 inspections	250
Review data and finalize report findings	0.5 hour per inspection * 500 inspections	250
Sub-Total Hours for IR Camera Inspections		1,000 hours
MINOR SOURCE FULL COMPLIANCE EVALUATION²		
Task	Hours	Total Hours for Full Compliance Evaluations of Minor Sources
Field time / travel	1 hour per inspection * 20 FCEs	20
Contact with source	1 hour per inspection * 20 FCEs	20
Review data and finalize report findings	6 hours per inspection * 20 FCEs	120
Sub-Total Hours for Minor Source FCEs		160
MAJOR SOURCE FULL COMPLIANCE EVALUATION³		
Task	Hours	Total Hours for Full Compliance Evaluations of Major Sources
Field Time / Travel	1 hour per inspection * 15 FCEs	15
Contact with source	4 hours per inspection * 15 FCEs	60
Review data and finalize report findings	21 hours per inspection * 15 FCEs	315
Sub-Total Hours for Major Source FCEs		390
OIL AND GAS INSPECTIONS (OTHER)		
Task	Hours	Total Hours
Miscellaneous ⁴	Variable	530
Total Hours for an Oil and Gas Inspector		2,080

1. A full time oil and gas inspector has 2,080 total hours available.

2. Minor source Full Compliance Evaluations (FCEs) are performed for oil and gas sources on a rotating basis.
3. Major source Full Compliance Evaluations (FCEs) are required under the agreement with U.S. EPA and average 26 hours per facility to complete. Each oil and gas inspector currently completes approximately 15 major source evaluations each year.
4. Miscellaneous tasks include: complaint response, preparing for and attending compliance meetings, reviewing compliance-related reports, training, lean efficiency projects, and implementation of new air quality rules, among other tasks and responsibilities.

Enforcement 1.0 Legal assistant-General professional III \$70,710

LEGAL ASSISTANT¹		
Task	Hours	Total Hours
Initiate enforcement cases include preparation of initiating legal documents	7 hours per case * 65 cases	455
Prepare for and attend statutorily-required enforcement meetings	6 hours per case * 65 cases	390
Close out enforcement actions and track case resolution	13 hours per case * 65 cases	845
Develop and maintain metrics	2 hours per case * 65 cases	130
Total Hours for Legal Assistant		1,820 (0.85 FTE)

1. A full time legal assistant has 2,080 total hours available.

Other

- Maintenance on the IR cameras cost \$34,000/year.
- The lifetime of an IR camera is 5 years.
- Three state fleet vehicles, \$24,408. Each IR camera inspector requires a vehicle at least four days out of five to be able to inspect 500 sources each year. Thus, three vehicles are required.
- Per diem, lodging and parking expenses, \$3,000, are also needed for travel to sites that require overnight stays.
- Safety and inspection gear, \$3,550.
- Four replacement laptops, \$6,600. In FY 2014, funding was provided to purchase tablets for IR inspectors with two years warranty. However, staff experienced challenges using the tablets and thus would like to revert back to using laptops instead.
- IR camera usage and oil and gas fundamentals training, \$1,000.

Title V Permitting 3.0 Professional Engineer II \$304,251

- It takes 250.6 hours to process a Title V permit action based on historic data. This includes:
 - Reviewing the application and communicating with the applicant.
 - Reviewing the existing construction permits and inspection reports.
 - Preparing the Technical Review Document.

- Evaluating requirements under new state and federal regulations, streamlining out redundant requirements and including the appropriate requirement in the permit.
 - Preparing the permit for public comment as required by federal regulation and state statute.
 - Attending and preparing for the public comment hearing, if a hearing is requested.
 - Responding to submitted public comments.
 - Responding to EPA questions and comments.
 - Issuing the permit.
 - Supporting defense of permit if petitioned or litigated.
- There is currently a backlog of 58 initial permit requests, 71 renewal requests, and 140 modification requests.
 - It takes 250.6 hours to complete a Title V permit action.
 - The Division anticipates that the 3 new staff will be able to address the overdue initial and renewal applications within 5.2 years:
 - $(58+71)*(250.6 \text{ hours})/((3 \text{ FTE})*(2,080 \text{ hours/yr per FTE})) = 5.2 \text{ years.}$
 - Many of the remaining 140 modification requests will be rolled into the renewal application for resolution. Assuming 50% of the modifications can be combined with renewals, the remaining modification requests will take an additional 2.8 years to resolve:
 - $(0.5*140)*(250.6 \text{ hours})/((3 \text{ FTE})*(2,080 \text{ hours/yr per FTE})) = 2.8 \text{ years.}$
 - The total estimated time to eliminate the Title V application backlog and return to the EPA regulation-prescribed 5-year permit renewal schedule is: $5.2 + 2.8 = 8.0 \text{ years.}$
 - Table comparison to other surrounding states and local agencies (May 2014)

State/Local Agency	Number of Title V Permits/Title V Permit Engineers
Kansas	29.0
Wyoming	25.5
Montana	11.0
Clark County, NV	6.4
Utah	15.7
New Mexico	18.8
Albuquerque, NM	3.0
Colorado	39.8

Note – Based on discussions with these other state/local permitting managers, agencies that have permit to permit engineer ratios of under 20 permits per engineer typically are meeting their 18-month obligations, while those above 20 are not.

Title V Permit Workload Analysis

In addition to addressing the backlog described above, the processing of Title V permit applications requires the following:

Assumptions

- It takes 250.6 hours per Title V permit action
- There are 239 existing Title V permits that need to be renewed every 5 years or 47.8 permits per year
- The division receives approx. 20 significant modification requests per year

- The division receives approx. 10 new Title V permit requests (many oil and gas) per year

Title V Permitting¹		
Task	Hours	Total Hours
Issue renewals for existing Title V sources every 5 years as required by EPA	239 existing Title V permits that need to be renewed every 5 years or 47.8 permits per year. 250.6 hours per Title V permit action $250.6 * 47.8 = 11,978.6$	11,978.6 hours (5.8 FTE)
Significant modifications	Approximately 20 significant modifications are requested each year 250.6 hours per Title V permit action $20 * 250.6 = 5,012$ hr/yr	5,012 hours (2.4 FTE)
New Title V permit requests	Approximately 10 new sources request Title V permits each year (many are oil and gas) 250.6 hours per Title V permit action $10 * 250.6 = 2,506$ hr/yr	2,506 hr/yr (1.2 FTE)

1. A full time Title V permit engineer has 2,080 total hours available.

The division has 6 existing FTE

9.373 required FTE – 6 existing FTE = 3.373 additional FTE

Permit Completeness Technicians 2.0 Engineer Physical Scientist Technician II \$127,429

- Ensure that permit applications sent to permit engineers meet minimum standards of completeness
- Work with sources to ensure a complete application
- Gather necessary information and data for engineer to begin processing permit
- Determine whether permit is necessary and send exemption letter where appropriate
- It takes an average of 2.73 hours to process a permit application package for completeness and prepare it for engineering
- The division receives 3,000 permit application packages per year (these packages can contain multiple permit applications).
- The division has two existing permit completeness technicians

PERMIT COMPLETENESS TECHNICIANS¹		
Task	Hours	Total Hours
Process permit application packages to ensure they are complete	2.73 hours per application package * 3,000 application packages per year	8,190

Total Hours for Permit Completeness Technicians	8,190 (3.94 FTE)
Total Hours for Current Existing Permit Completeness Technicians	4,160 (2.00 FTE)
Additional Hours/FTE Needed to Meet Application Demand	4,030 (1.94 or 2 FTE)

1. A full time permit completeness technician has 2,080 total hours available.

76,798 Emissions Inventory Specialist 1.0 Environmental Protection Specialist II \$63,800

- Ensure that emissions reported by a facility are complete and accurate.
- Work with permit engineers to resolve completeness and accuracy issues.
- Process and refine data in emissions inventories for use in emissions models.
- Set up and run emissions models.
- Format model outputs for use in permits or other models.
- Permit modeling reviews are varied in length from just a few hours to hundreds of hours, depending on the permit complexity. Beyond construction and Title V permits for oil/gas and other sources that need emissions inventory and modeling work, many requests for information are received from industry and consultants for projects that either do or do not go forward, or are determined based on the information to not need modeling reviews. This takes a considerable amount of time, but cannot be appropriately accounted. For construction permit modeling (not including Title V, but including oil and gas sources), the time billed in past fiscal years is:

Fiscal Year	Permit Hours	Modeling FTE
FY 2010-11	1,402	0.67
FY 2011-12	501	0.24
FY 2012-13	773	0.37
FY 2013-14 (July - May)	850	0.41

- Other emissions inventory/modeling needs not included in permit modeling include area source emissions calculations, mobile source emissions calculations and MOVES model, unpaved and paved road dust emissions calculations, transportation plan conformity emissions calculations, refining inventories for plume and grid modeling, refining inventories for permit modeling, reviews of National Environmental Protection Act inventories, compiling inventories for regional and state implementation plan modeling, compiling inventories for regional haze modeling, developing inventories for future-year modeling, formatting and transmitting refined inventories to the National Emissions Inventory, county-level emissions compilations, and developing and maintaining GIS shape files for inventories.
- Other emissions inventory/modeling needs not included in permit modeling are varied in length from just a few hours to tens of hours, depending on the complexity of the request.
- The single existing emissions inventory specialist is currently fully allocated on needs beyond industry permits.

EMISSIONS INVENTORY/MODELING SPECIALIST¹		
Task	Hours	Total Hours
Refine emissions inventories, run modeling and perform permit modeling reviews	Variable hours and number of permits per year. Average for past 3 years = 70.2 hours per permit review * 11 permit review packages per year	772 (0.37 FTE)
Perform emissions inventory/modeling needs for new or existing sources (Title V and other) that are determined to not need modeling	Variable hours, depending on project and details	416 (0.20 FTE)
Perform emissions inventory/modeling needs for area source emissions calculations, mobile source emissions calculations and MOVES model, unpaved and paved road dust emissions calculations, transportation plan conformity emissions calculations, refining inventories for plume and grid modeling, refining inventories for permit modeling, reviews of National Environmental Protection Act inventories, compiling inventories for regional and state implementation plan modeling, compiling inventories for regional haze modeling, developing inventories for future-year modeling, formatting and transmitting refined inventories to the National Emissions Inventory, county-level emissions compilations, and developing and maintaining GIS shape files for inventories	Variable hours, depending on project and details	2,704 (1.30 FTE)
Total Hours for Emissions Inventory/Modeling Specialist		3,892 (1.87 FTE)
Total Hours for Current Existing Emissions Inventory Specialist		2,080 (1.00 FTE)
Additional Hours/FTE Needed to Meet Application Demand		1,812 (0.87 or 1 FTE)

¹ A full time position has 2,080 total hours available

In addition to the equipment and travel costs described above for continuation of the 5.0 existing oil and gas FTE, the request includes \$38,668 in operating expenses in the first year. These costs include 10,450 for basic operating costs and telephone charges for the 11.0 FTE. The request also includes office furniture and computers for the 6.0 new FTE. \$10,450 is included in FY 2016-17 for on-going operating and telephone costs for the 11.0 FTE.

This request does not include indirect cost expenses. Indirect cost expenses for this request will be allocated during figure setting.

The Stationary Sources Cash Fund (1190) had a fund balance of \$7,414,249 as of the end of FY 2013-14. See the schedule 9 for more detail. Fund balance is expected to be around \$7 million for FY 2014-15. The

fund is projected to have a positive fund balance until at least FY 2020-21. With the additional projected cost (\$989,393) and revenue (\$492,338) from this decision item, fund balance will decrease and is projected to be depleted in FY 2019-20.

Calculation Assumptions:

Operating Expenses -- Base operating expenses are included per FTE for \$500 per year. In addition, for regular FTE, annual telephone costs assume base charges of \$450 per year.

Standard Capital Purchases -- Each additional employee necessitates the purchase of a Personal Computer (\$900), Office Suite Software (\$330), and office furniture (\$3,473).

General Fund FTE -- New full-time General Fund positions are reflected in FY 2015-16 as 0.9166 FTE to account for the pay-date shift.

Expenditure Detail		FY 2015-16		FY 2016-17	
<i>Personal Services:</i>		FTE		FTE	
	Monthly Salary				
Professional Engineer II	6,467	3	232,812	3	232,812
PERA			23,630		23,630
AED			10,244		11,175
SAED			9,895		11,059
Medicare			3,376		3,376
STD			512		512
Health-Life-Dental			23,782		23,782
Subtotal Position 1, ## FTE		3	304,251	3	306,346
	Monthly Salary				
Engr/Phy Sci Tech II	3,859	2	92,616	2	92,616
PERA			9,401		9,401
AED			4,075		4,446
SAED			3,936		4,399
Medicare			1,343		1,343
STD			204		204
Health-Life-Dental			15,854		15,854
Subtotal Position 2, ## FTE		2	127,429	2	128,263
	Monthly Salary				
Environ Protect Spec II	4,764	1	57,168	1	57,168
PERA			5,803		5,803
AED			2,515		2,744
SAED			2,430		2,715
Medicare			829		829
STD			126		126
Health-Life-Dental			7,927		7,927
Subtotal Position 3, ## FTE		1	76,798	1	77,312
	Monthly Salary				
Environ Protect Spec I	4,622	4	221,856	4	221,856
PERA			22,518		22,518
AED			9,762		10,649
SAED			9,429		10,538
Medicare			3,217		3,217
STD			488		488
Health-Life-Dental			31,709		31,709

Subtotal Position 4, ## FTE		4	298,979	4	300,975
	Monthly Salary				
General Professional III	4,343	1	52,114	1	52,114
PERA			5,290		5,290
AED			2,293		2,501
SAED			2,215		2,475
Medicare			756		756
STD			115		115
Health-Life-Dental			7,927		7,927
Subtotal Position 5, ## FTE		1	70,710	1	71,178
Subtotal Personal Services		11	878,167	11	884,074
Operating Expenses					
Regular FTE Operating	500	11	5,500	11	5,500
Telephone Expenses	450	11	4,950	11	4,950
PC, One-Time	1,230	6	7,380		
Office Furniture, One-Time	3,473	6	20,838		
Travel: 3 state fleet vehicles			15,552		15,552
Travel: 3 state fleet vehicles			8,856		8,856
Travel: Per diem, lodging,			3,000		3,000
Safety & inspection gear			3,550		
IT equipment & software			6,600		
Training			1,000		1,000
IR cameras general			34,000		34,000
Subtotal Operating Expenses			111,226		72,858
TOTAL REQUEST		11	989,393	11	956,932
	<i>General Fund:</i>				
	<i>Cash funds:</i>		989,393		956,932
	<i>Reappropriated Funds:</i>				
	<i>Federal Funds:</i>				

Schedule 13

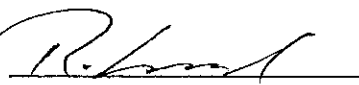
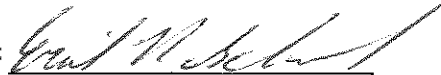
Funding Request for the FY 2015-16 Budget Cycle

Department of Public Health and Environment

PB Request Number R-03

Request Titles

R-03 Primary Care Workforce Data and Development

Dept. Approval By: 	<input checked="" type="checkbox"/>	Supplemental FY 2014-15
		Change Request FY 2015-16
		Base Reduction FY 2015-16
OSPB Approval By: 	<input type="checkbox"/>	Budget Amendment FY 2015-16

Line Item Information	Fund	FY 2014-15		FY 2015-16		FY 2016-17
		Appropriation	Request	Base Request	FY 2015-16	Continuation
Total		\$951,342	\$0	\$951,342	\$1,752,451	\$1,766,598
FTE		3.2	-	3.2	2.7	3.0
Total of All Line Items	GF	\$0	\$0	\$0	\$1,752,451	\$1,766,598
	CF	\$302,842	\$0	\$302,842	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$648,500	\$0	\$648,500	\$0	\$0

Line Item Information	Fund	FY 2014-15		FY 2015-16		FY 2016-17
		Appropriation	Request	Base Request	FY 2015-16	Continuation
Total		\$951,342	\$0	\$951,342	\$1,752,451	\$1,766,598
	CF	\$302,842	\$0	\$302,842	\$0	\$0
09. Prevention Services Division - Primary Care Office	FF	\$648,500	\$0	\$648,500	\$0	\$0
	FTE	3.2	-	3.2	2.7	3.0
	GF	\$0	\$0	\$0	\$1,752,451	\$1,766,598

Letternote Text Revision Required? Yes No X _____ _____ _____	If Yes, describe the Letternote Text Revision:
Cash or Federal Fund Name and CORE Fund Number:	
Reappropriated Funds Source, by Department and Line Item Name	
Approval by OIT? Yes No Not Required X _____ _____ _____	
Schedule 13s from Affected Departments:	
Other Information:	



COLORADO

Department of Public Health and
Environment

Priority: R-3
Primary Care Workforce Data and
Development

Cost and FTE

- This request is for \$1,752,451 and 2.7 FTE in FY 2015-16 and \$1,766,598 and 3.0 FTE in on-going General Fund to stabilize and enhance a health professional loan repayment program that increases health care services to underserved Coloradans and improves health workforce information.

Current Program

- The purpose of the Colorado Health Service Corps (CHSC) is to improve access to health care services for the underserved by providing educational loan debt repayment incentives to clinical providers who care for low-income, publicly insured, uninsured and rural Coloradans.
- Eligible clinicians work at nonprofit community health centers, rural health clinics, community mental health centers, the state mental health institutes, and certain state correctional facilities.
- Since July 2009, when CDPHE assumed administrative control of the program, the number of clinicians has grown from 12 to nearly 260 participants and has received over \$18 million in grants.
- During this period of growth, 74.9 percent of the 828,000 primary care patient encounters provided by CHSC clinicians were to individuals who were uninsured or publicly insured by Medicaid.

Problem or Opportunity

- Colorado must add 146 primary care physicians, 82 dentists and 84 licensed mental health professionals to Health Professional Shortage Areas in order to meet existing needs.
- High quality and reliable data is required for multiple important statutory functions of government including Health Professional Shortage Area designation, All Payer Claims Database, Health Information Exchange, Health Insurance Exchange, and Medicaid network development.

Consequences of Problem

- Without a new appropriation to match other funding sources, the CHSC program will reduce by at least 42 CHSC clinicians per year, which could result in 63,000 fewer patient visits annually.
- Private funding for CHSC has exceeded \$14 million since 2009. Continued philanthropic support on the scale of the last five years requires the state's leadership in program financing/administration.
- Key statutory functions of government requiring accurate provider data will operate inefficiently.

Proposed Solution

- This request seeks \$1,500,000 in on-going General Fund to finance the CHSC loan repayment program to improve low-income and rural access to medical, dental and mental health services.
- This request also includes \$148,980 and 2.0 FTE in on-going General Fund to transfer privately funded FTE to state funding in order to manage core program functions and enhance future private funding opportunities.
- The request also seeks \$117,617 and 1.0 FTE on-going General Fund to fund statistical analyst, associated operating costs and a SQL database.



Department Priority: R-3
Request Detail: Primary Care Workforce Data and Development

Summary of Incremental Funding Change for FY 2015-16	Total Funds	General Fund
Primary Care Workforce Data and Development	\$1,752,451	\$1,752,451

Problem or Opportunity:

This request seeks 2.7 FTE and \$1,752,451 in FY 2015-16 and 3.0 FTE and \$1,766,598 in on-going General Fund to improve access to medical care.

BACKGROUND

The purpose of the Colorado Health Service Corps (CHSC) is to improve access to health care services for underserved populations in Colorado by providing incentives that encourage clinical providers to care for low-income, publicly insured, uninsured and geographically isolated Coloradans. The program repays educational loan debt of primary care health professionals in medicine, nursing, dentistry and mental health in exchange for a minimum of three years practice in a federally designated Health Professional Shortage Area. Eligible participant providers work at nonprofit community health centers, rural health clinics, community mental health centers, community-funded clinics, the state mental health institutes, and certain state correctional facilities. Depending on the professional discipline of the applicant, loan repayment awards range from \$20,000 for dental hygienists to \$90,000 for physicians and dentists.

PROBLEM

1. Primary Care Provider Distribution and Shortage

Nearly every county in Colorado has regions or nonprofit clinic facilities with an assessed *shortage* of medical, dental and/or mental health clinicians to meet the needs of the community. These areas are designated as Health Professional Shortage Areas (HPSA) by the US Department of Health and Human Services. A recent assessment of current HPSAs revealed that Colorado must add 146 primary care physicians, 82 dentists and 84 licensed mental health professionals to the HPSAs in order to meet existing workforce needs. Health care workforce shortages persist in Colorado because clinical providers often choose to serve in metropolitan areas providing care to the privately insured. This results in a *maldistribution* of providers between urban and rural service areas and between privately insured and publicly insured/uninsured.

A growing state population, an aging population, and a newly insured population (driven in part by the Health Benefit Exchange and Medicaid expansion) are factors that lead to new demand for

primary health care services in Colorado. These emerging demands often exceed the health services capacity of many communities. Furthermore, the average age of clinical providers in rural communities in Colorado is higher than in urban areas indicating that new provider recruitment needs of these communities will grow due to provider retirement just as demand for clinical services is also growing. As the full effects of Affordable Care Act implementation are being experienced in Colorado, further provider capacity challenges are predicted to emerge statewide.

2. *Health Professional Workforce Data*

High quality and reliable health professional practice and demographic data is required for multiple important statutory functions of state government including Health Professional Shortage Area designation assessment (§25-1.5-401 C.R.S.), the All Payer Claims Database (§25.5-1-204 C.R.S.), health information exchanges, the Health Benefits Exchange (§10-22-101 C.R.S.), and Medicaid network development. Health professional practice data is also critical to informing policy and resource allocation decisions of government (§25-1.5-501 C.R.S.). Health professional practice data is currently only available from multiple disparate sources, or manual survey data collection and these sources are often incomplete, inaccurate and out of date.

In order to meet the provider data needs of the aforementioned state initiatives and functions, a cooperative health professional data system needs to be created that provides a master provider directory for physicians, nurses, dentists, pharmacists, and licensed mental health professionals¹. Currently, there are no funding or staff resources in CDPHE for the construction and maintenance of such a system.

CURRENT DEPARTMENT EFFORTS

1. *Primary Care Provider Distribution and Shortage*

Impact: Since July 2009, when CDPHE assumed administrative control of the CHSC program, the number of clinician participants has grown from 12 providers to nearly 260. This was made possible with over \$14 million in private grants, \$4 million in federal grants, and \$1 million in state appropriations. During this period of growth, 74.9 percent of the 828,000 primary care patient encounters provided by CHSC clinicians were to individuals who were uninsured or publicly insured by Medicaid or Medicare.

Evaluation of Provider Retention and Benefits: According to a 2014 CHSC program evaluation, 77 percent of program alumni were retained at an eligible clinic site beyond their service contract. Of those currently serving, 41 percent anticipate staying one to three years more, 35 percent anticipate staying four to eight years more. In addition, 44 percent of those serving anticipate working in an underserved community (though not necessarily the one they are currently in) for at least 16 years more. In addition, evaluation findings strongly indicate that employers in underserved communities benefit from the CHSC in that they receive more quality candidates for clinical position vacancies because of the prospect of loan repayment assistance for applicants. This condition is present irrespective of whether or not any individual applicant receives a CHSC award.

¹ The nature and details of practice characteristics for these professions is not generally available in the state health professional license system administered by the Division of Licenses and Registration at DORA.

2. *Health Professional Workforce Data*

A consortium of organizations including the Governor’s Office, Public Health and Environment, Health Care Policy and Financing (HCPF), Department of Regulatory Agencies (DORA), Colorado Health Institute, Colorado Regional Health Information Organization, the University of Colorado, the Center for Improving Value in Health Care, and the Colorado Health Insurance Exchange have begun meeting to discuss common provider data needs and strategies for collection, collaboration and cost sharing. Though discussion has been productive, no funding has been identified to build and sustain the proposed provider data system.

RETURN ON INVESTMENT

- More than \$1 million in annual economic activity and 13.84 jobs is attributable to each CHSC primary care physician in Colorado. This economic activity is specifically targeted to low-resource Colorado communities as a matter of CHSC policy. The annual state appropriation of \$1.5 million requested in the decision item will be associated with up to \$126 million dollars in economic activity and up to 581 jobs over the three-year term of service for each provider.
- Since July 2009, \$1 million in state appropriations has returned \$18 million in private and federal funds for the purposes of increasing health professional capacity in underserved Colorado communities. Continued program success with private and federal funders is dependent upon the state assuming a greater share of total program and operating funding.
- The CHSC lowers the clinician recruitment costs, which can exceed \$40 thousand per vacancy, to public and nonprofit employers who serve medically vulnerable Coloradans. This is because more quality clinician candidates apply for clinical position vacancies in under served areas because of the prospect of CHSC loan repayment assistance.
- Without a new appropriation, the CHSC program will reduce by at least 42 CHSC clinicians per year, which could result in 63,000 fewer patient visits delivered annually to rural and low-income Coloradans. This will negatively impact the success of state Medicaid expansion and will drive avoidable state spending on health care services.

Proposed Solution:

1. Primary Care Provider Distribution and Shortage

Request: This proposal seeks 2.0 FTE and \$1,648,980 in on-going General Fund to expand the Colorado Health Service Corps health professional loan repayment program for the purpose of improving access to primary, oral and mental health care services in underserved Colorado communities, including for those who are on Medicaid, Medicare or are uninsured. This includes loan repayment, salary and operating costs.

- The requested FTE will convert 2.0 General Professional III positions currently funded through private donations to General Fund. Based on comments from the program’s principle private donor, state funding of this program, and specifically administrative costs, will substantially enhance the prospects of raising additional private program funding in future years.

- This request seeks \$1,500,000 in General Fund to match federal and private funds in order to finance loan repayment awards through the CHSC. Awardees will be contracted to work in underserved Colorado communities for a minimum of three years. When paired with other funds, this state appropriation will allow for an additional 42 CHSC program contracts per year. These 42 providers could deliver as many as 63,000 patient visits per year in underserved Colorado communities.

Program Beneficiaries

- Improved Access to Care: More than one million Coloradans who live in communities with a Health Professional Shortage Area designation and have difficulty acquiring care.
- Network Sufficiency: Health Care Policy and Financing (Medicaid/CHP+ network sufficiency development), Department of Regulatory Agencies, Division of Insurance (private plan network analysis)
- Provider Recruitment and Retention Assistance to nonprofit and public employers: Federally Qualified Health Centers, Certified Rural Health Clinics, community funded safety net clinics, community mental health centers, the Colorado Mental Health Institute, the Colorado Department of Corrections.
- Contractors: Licensed health professionals with an interest in meeting the care needs of underserved populations.

Other Departments Impact: the Department of Healthcare Policy and Financing (HCPF) will benefit from positive provider network effects of CHSC program participants who have a specific contractual obligation to care for those on Medicaid and the state Children’s Health Plan. This proposal is not expected to create new work or obligations for HCPF.

Consequences of Inaction

- Access to primary health care services is an important requisite to good health, yet nearly one-fifth of Coloradans live in a community with less than half of needed primary care provider capacity. This barrier to care often results in delayed or forgone care. Lack of primary care can result in more severe illness, more costly treatment (such as emergency care or late stage disease care), and lower individual quality of life and productivity.
- Without the prospect of loan repayment, recruiting qualified health professional candidates to work in rural and safety-net clinics in Colorado will be significantly more difficult and expensive for community-based nonprofit and public employers.
- If additional state funding is not made available, the CHSC program will lose opportunities for up to \$1 million in federal matching funds annually and, based on comments from the principle donor, it will likely end private foundation support of the CHSC program. These private grants have averaged over \$2.5 million per year during the last five years. The result of lower philanthropic support will be a substantially smaller program, meaning that regional provider shortages in Colorado will increase and other state goals for improving access to care will be substantially more difficult to achieve.

2. *Health Professional Workforce Data*

Request: This proposal seeks 1.0 FTE and \$117,617 in on-going General Fund for personnel and operating costs to improve health professional workforce data collection, quality and analysis for the purposes of workforce assessment, planning, and resource allocation. In addition, this proposal's outcome will support the provider data needs of multiple state and state-chartered health services functions.

- The requested FTE is proposed for a Statistical Analyst III to aggregate data from state and national datasets, program database algorithms to match and de-duplicate data from multiple sources, collect supplemental data, provide general analysis for state policy and assessment, and distribute data to sister state agencies and state-chartered health services functions.

Program Beneficiaries

- Health services research and planning: University of Colorado Health Sciences Center, Colorado Health Institute, Center for Nursing Excellence, Primary Care Office (CDPHE)
- Provider Directory: Colorado Health Information Organization, Quality Health Network, Center for Improving Value in Health Care All Payer Claims Database
- Health resource assessment and resource allocation: Governor's Office, Primary Care Office
- Network Analysis: Health Care Policy and Financing, Department of Regulatory Agencies Division of Insurance

Other Departments Impact: HCPF will benefit from improved network analysis and planning. DORA Division of Insurance will benefit from improved data regarding the regulation of network adequacy among private health plans. This proposal is not expected to create new work or obligations for either HCPF or DORA.

Consequences of Inaction

- Key statutory functions of government and state-chartered entities that require accurate health care provider data will continue to operate sub-optimally and inefficiently.
- Health workforce policy decision-making and investment will continue to be inadequately informed by reliable and current data.

Anticipated Outcomes:

1. Primary Care Provider Distribution and Shortage

Outcome: When paired with matching funds from the federal government, an additional 42 CHSC program contracts can be financed each year resulting in as many as 63,000 patient visits per year in underserved Colorado communities. Because educational loan debt repayment explicitly requires financial resources, there is no other alternative to affecting a provider practice incentive of this kind. Future federal and private funding requires increasing state appropriations.

Measurement: Contractors report twice annually to the program in order to enumerate practice hours, practice encounters, patient payer mix, and related contractor performance metrics.

Contractors also receive site visits in the first and third year of their program contract. Program impact is reported to the legislature and governor's office in December of odd years.

2. Health Professional Workforce Data

Outcome: A comprehensive health professional provider database will be produced and maintained. As no proprietary database is available to meet the complete needs of stakeholders, state sponsored production of a database is the best alternative.

Measurement: Development of a comprehensive health professional provider data set that meets the needs of stakeholders for content, quality, accuracy and timeliness.

Assumptions and Calculations:

This request seeks 2.7 FTE and \$1,752,451 in FY 2015-16 and 3.0 FTE and \$1,766,598 in on-going General Fund to improve access to primary medical services in the State.

Basis and Assumptions: Primary Care Provider Practice Incentives Program

- \$1,500,000 of the requested funds will be used for loan repayments for providers who participate in the program.
- New federal funding was awarded to the program on August 1, 2014 in the sum of \$1 million per year for four years. Federal funding requires a one-to-one match and all administrative costs of program management must be born by the state under the grant agreement.
- Private funding for CHSC has exceeded \$14 million since 2009. *Continued philanthropic support on the scale of the last five years is dependent upon the state's leadership in program financing and program administration going forward.*
- Private funding of \$3.4 million over two years is secured through March 2016.
- The mean value of a CHSC contract since 2011 is \$71,500 per three-year term. With this appropriation, it is expected that 42 new clinician contracts will be created annually, when paired with matching federal or private funds, at a ratio of one to one.
- A CHSC provider is predicted to deliver 1,500 care encounters per year, on average.
- The CHSC program receives more than 120 well qualified applications per year, less than one third of which can be awarded with existing program resources.

The requested \$135,165 and 1.8 FTE is based on 11 months of salary, PERA, Medicare and POTS costs for the 2.0 FTE that are currently being funded through private donations. This request seeks to shift funding for these positions from the current private source to General Fund to ensure ongoing funding for the positions and to fulfill the program's obligations to grantors to provide administrative support.

- Future philanthropic support of the CHSC is contingent upon this change to personnel and operating costs of program administration.

***Basis and Assumptions: Health Professional Workforce Data
Program***

- No partner organization has solved the challenge of obtaining current, accurate and complete provider data. A collaborative strategy with state leadership made possible by this proposal will assure that this data problem is resolved.
- SQL database development, maintenance, data licensing fees, and equipment costs are estimated at \$35,000 per year.

The requested 1.0 FTE Statistical Analyst III is based on estimated workload. This position serves in compiling, analyzing, and interpreting approximately 150,000 records of licensed health professionals each year. Data will be imported from at least four state and national datasets annually. Once data sharing agreements are in place with data partners in Colorado, this could grow to more than ten. Each data set will need to be analyzed for duplication, validation and currency. This position will need to coordinate with numerous stakeholders to achieve the quality standards necessary to support state functions.

Operating

The request includes on-going standard operating costs for the 3.0 FTE including \$1500 in regular FTE operating expenses and \$1350 for telephone. The request also includes one-time costs of \$1,230 for a computer and \$3,473 for office furniture for the Statistical Analyst. As the other 2.0 FTE are existing, the Program is not requesting computers and office furniture for those positions.

Consistent with common policy, the FTE costs for the first year are based on 11 months of salary and the on-going FTE costs are based on 12 months.

Calculation Assumptions:

Operating Expenses -- Base operating expenses are included per FTE for \$500 per year. In addition, for regular FTE, annual telephone costs assume base charges of \$450 per year.

Standard Capital Purchases -- Each additional employee necessitates the purchase of a Personal Computer (\$900), Office Suite Software (\$330), and office furniture (\$3,473).

General Fund FTE -- New full-time General Fund positions are reflected in FY 2015-16 as 0.9166 FTE to account for the pay-date shift.

Expenditure Detail		FY 2015-16		FY 2016-17	
Personal Services:		FTE		FTE	
	Monthly Salary				
General Professional III	\$ 4,505	1.8	99,038	2.0	108,120
PERA			10,052		10,974
AED			4,358		5,190
SAED			4,209		5,136
Medicare			1,436		1,568
STD			218		238
Health-Life-Dental			15,854		15,854
Subtotal Position 1, ## FTE		1.8	\$ 135,165	2.0	\$ 147,080
	Monthly Salary				
Statistical Analyst III	\$ 5,063	0.9	55,652	1.0	60,756
PERA			5,650		6,167
AED			2,449		2,916
SAED			2,365		2,886
Medicare			807		881
STD			122		134
Health-Life-Dental			7,927		7,927
Subtotal Position 2, ## FTE		0.9	\$ 74,972	1.0	\$ 81,667
Subtotal Personal Services		2.7	\$ 210,137	3.0	\$ 228,748
Operating Expenses					
Regular FTE Operating	500	2.7	1,374	3.0	1,500
Telephone Expenses	450	2.7	1,237	3.0	1,350
PC, One-Time	1,230	1.0	1,230		
Office Furniture, One-Time	3,473	1.0	3,473		
loan repayments			1,500,000		1,500,000
SQL Database			35,000		35,000
Subtotal Operating Expenses			\$ 1,542,314		\$ 1,537,850
TOTAL REQUEST		2.7	\$ 1,752,451	3.0	\$ 1,766,598
<i>General Fund:</i>					
<i>Cash funds:</i>					
<i>Reappropriated Funds:</i>					
<i>Federal Funds:</i>					

Schedule 13

Funding Request for the FY 2015-16 Budget Cycle

Department of Public Health and Environment

PB Request Number: R-04

Request Titles

R-04 Food Safety Programs

Dept. Approval By: 	<input checked="" type="checkbox"/>	Supplemental FY 2014-15
	<input type="checkbox"/>	Change Request FY 2015-16
	<input type="checkbox"/>	Base Reduction FY 2015-16
OSPB Approval By: 	<input type="checkbox"/>	Budget Amendment FY 2015-16

Line Item Information	Fund	FY 2014-15		FY 2015-16		FY 2016-17
		Appropriation	Request	Base Request	FY 2015-16	Continuation
Total		\$3,012,245	\$0	\$3,084,646	\$530,036	\$400,306
FTE		26.4	-	26.4	2.0	2.0
Total of All Line Items	GF	\$1,128,730	\$0	\$1,153,754	\$0	\$0
	CF	\$1,177,987	\$0	\$1,223,452	\$530,036	\$400,306
	RF	\$168,132	\$0	\$170,044	\$0	\$0
	FF	\$537,396	\$0	\$537,396	\$0	\$0

Line Item Information	Fund	FY 2014-15		FY 2015-16		FY 2016-17
		Appropriation	Request	Base Request	FY 2015-16	Continuation
Total		\$314,541	\$0	\$314,541	\$4,890	\$4,890
	CF	\$215,026	\$0	\$215,026	\$4,890	\$4,890
01. Administration and Support - Vehicle Lease Payments	FF	\$38,196	\$0	\$38,196	\$0	\$0
	GF	\$620	\$0	\$620	\$0	\$0
	RF	\$60,699	\$0	\$60,699	\$0	\$0

Total	\$2,697,704	\$0	\$2,770,105	\$525,146	\$395,416	
CF	\$962,961	\$0	\$1,008,426	\$525,146	\$395,416	
FF	\$499,200	\$0	\$499,200	\$0	\$0	
07. Division of Environmental Health and Sustainability - Environmental Health Programs	FTE	26.4	-	26.4	2.0	2.0
	GF	\$1,128,110	\$0	\$1,153,134	\$0	\$0
	RF	\$107,433	\$0	\$109,345	\$0	\$0

Letternote Text Revision Required?	Yes	No	X	If Yes, describe the Letternote Text Revision:
Cash or Federal Fund Name and CORE Fund Number:				
Reappropriated Funds Source, by Department and Line Item Name				
Approval by OIT?	Yes	No	Not Required	X
Schedule 13s from Affected Departments:				
Other Information:				



COLORADO

Department of Public Health and
Environment

Priority: R-4
Food Safety Programs
FY 2015-16 Decision Item Request

Cost and FTE

- This is a cash funds request for \$530,036 and 2.0 FTE in FY 2015-16, \$400,306 and 2.0 FTE in FY 2016-17, and \$340,807 and 2.0 FTE in FY 2017-18 and forward to improve food safety.
- This request will be funded through three fee based cash funds, but does not create a need to increase fees.

Current Program

- The CDPHE food safety program is a state-wide food safety program that annually administers 250 wholesale food inspections, 225 wholesale food recalls, 458 dairy inspections and 35,000 retail food inspections.

Problem or Opportunity

- The dairy program has outdated and failing critical testing equipment.
- The statewide retail food program has 11 separate data systems, utilized by 35 agencies, that cannot share food safety information from the 35,000 inspections conducted annually across the state.
- Approximately 800,000 Coloradoans suffer from a food-borne illness each year. Colorado ranks 8th nationally in the number of foodborne illness outbreaks yet 90% of the firms manufacturing food in Colorado are not inspected.

Consequences of Problem

- Contamination/adulteration of foods lead to food-borne illness outbreaks such as the Listeria monocytogenes outbreak caused by cantaloupe products manufactured in Colorado that led to 33 deaths and 147 hospitalizations across 28 states.
- Without the requested resources, only 10% of food manufacturers will be inspected, retail food inspection information cannot be shared, and aging equipment will fail preventing the shipment of pasteurized milk products into commerce.

Proposed Solution

- By adding 2.0 FTE and increasing cash fund spending authority by \$530,036 in FY 2015-16, the Division will be able to:
 1. Purchase new milk testing equipment (expense over two years)
 2. Develop and implement an information exchange network for retail food safety information (ongoing expense); and,
 3. Hire two FTE to conduct inspection of high risk wholesale food manufacturing facilities (ongoing expense).
- Consumers, food manufacturers and food retailers will benefit by reducing incidences of food-borne illness by 50% or more (based on American Journal of Public Health food safety inspection research).



Department Priority: R-4
Request Detail: Food Safety Programs

Summary of Incremental Funding Change for FY 2015-16	Total Funds	Cash Fund
Food Safety Programs	\$530,036	\$530,036

Problem or Opportunity:

This is a cash funds request for \$530,036 and 2.0 FTE in FY 2015-16, \$400,306 and 2.0 FTE in FY 2016-17 and \$340,807 and 2.0 FTE in FY 2017-18 and forward to improve food safety.

Colorado has three opportunities to improve food safety using existing revenue, without the need for increased fees or legislative changes. First, the dairy protection program must replace outdated and failing testing equipment. Second, the retail food program can consolidate critical statewide food safety data into a web-based data warehouse. Lastly, the manufactured food program can improve the wholesale food inspection program to proactively prevent food-borne illness.

The dairy protection program has outdated and failing testing equipment that must be replaced to maintain the ability to perform critical process testing. The testing equipment has been maintained in use beyond its designed functional lifespan¹, and is failing or malfunctioning at an increasing frequency. If the equipment fails and required testing of the milk industry’s equipment cannot occur, then shipment of pasteurized milk products to consumers must be delayed until the test can be completed. This would impact food safety and the industry’s commercial viability.

Colorado’s retail food program has eleven separate data systems, utilized by 35 local public health agencies (LPHAs) that cannot yet share food safety information from the 35,000 inspections conducted across the state annually. This prevents the uniform implementation of the *Food Protection Act*, and eliminates the opportunity to efficiently share information and prevent food-borne illness. A statewide Lean data standardization project was initiated in February 2013, in collaboration with local public health agencies, to identify the most critical food protection data. As a result, each of the eleven data systems used in Colorado is now collecting standardized information on the fifteen areas most critical to preventing food-borne illness. This creates the opportunity to share critical information statewide in a uniform way using a standardized data warehouse and information exchange.

90% of the firms manufacturing food in Colorado are not currently subject to food safety inspections yet Colorado ranks 8th nationally in the number of food-borne illness outbreaks that occur each year,

¹ The functional lifespan of the equipment is 5-10 years. The newest set of equipment was purchased in 2006; other pieces of equipment are between 15-20 years old.

with 800,000 Coloradoans suffering from a preventable food-borne illness.² Contamination/adulteration of foods manufactured or processed in Colorado has led to food-borne illnesses such as the Listeria outbreak from cantaloupe grown in Colorado that led to 33 deaths and 147 hospitalizations across 28 states. During FY 2013, the Department initiated Lean process evaluation of the manufactured food program inspectional capabilities, eliminating waste and collecting operational data based on standardized processes. Evaluation of five years of operational data confirms that the Wholesale Food Manufacturing and Storage Protection Fund has fund balances available to sustain an inspection program that meets the requirements of the federal *Food Safety and Modernization Act* (FSMA) of 2011 and protects Colorado’s food without increasing fees. FSMA requires routine inspections of wholesale food manufacturing facilities to reduce incidences of food-borne illnesses, a requirement not currently met in Colorado, but supported by the current fee structure.

Proposed Solution:

The solution includes increasing cash fund spending authority across three funds that support these programs. No legislative change is necessary and no fee increase is required. This solution is a cash funds request for \$530,036 and 2.0 FTE in FY 2015-16, \$400,306 and 2.0 FTE in FY 2016-17 and \$340,807 and 2.0 FTE in FY 2017-18. Funding is on-going.

Food Safety Decision Item Spending Authority Increase Request By Fund				
	FY16	FY17	Forward-Going	Totals
Dairy Protection Cash Fund (C.R.S. 25-5.5-107) [Fund 23L]	\$ 24,562	\$ 9,499	\$ 0.00	\$ 34,061
Food Protection Cash Fund (C.R.S. 25-4-1608) [Fund 266]	\$ 250,000	\$ 150,000	\$ 100,000	\$ 500,000
Wholesale Food Manufacturing and Storage Protection Fund (C.R.S. 25-5-426) [Fund 16L]	\$ 255,474	\$ 240,807	\$ 240,807	\$ 737,088
Totals	\$ 530,306	\$ 400,306	\$ 340,807	\$ 1,271,149

Colorado consumer food safety will be improved through the delivery of services shown to reduce food-borne illnesses and to maintain safe food in the marketplace. The CDPHE food safety program is a state-wide food safety program that annually administers 250 wholesale food inspections (under contract with the FDA), hundreds of wholesale food recalls, 458 dairy inspections and 35,000 retail food inspections. These environmental inspections are monitored as inputs and outputs and measured quarterly by the division of Environmental Health and Sustainability (DEHS) under the Department’s Performance Plan in support of Major Policy Initiative #3 (*Efficiently manage environmental permitting, inspection, and monitoring programs to ensure public health protection, improve and protect Colorado’s environment, and promote a vibrant economy*). Each inspection also serves as a foundational element in the state’s Safe Food Winnable Battle. Without the requested resources, only 10% of food manufacturers will be inspected, retail food inspection information cannot be shared which diminishes the statewide program’s effectiveness, and aging equipment will fail preventing the shipment of pasteurized milk products and/or allowing unsafe products into the marketplace.

² Centers for Disease Control and Prevention – *Surveillance for Foodborne Disease Outbreaks* – National Outbreak Reporting System (NORS).

New Milk Testing Equipment: With this solution the department will be able to purchase new milk testing equipment. Workload and inputs in the milk program will remain static, with greater reliability of testing results and therefore improved assurance of safe milk products for Colorado consumers. Shipments of milk to consumers would not be delayed due to testing equipment failure. The Dairy Protection Cash Fund (C.R.S. 25-5.5-107) has the necessary balance to fund this expense through an increase in spending authority over two years without the need to increase fees.

Information Exchange Network: With this solution the department will be able to develop and implement a statewide information exchange network for retail food safety information (\$500,000 initial expense over three years, \$100,000 annual ongoing expense). Statewide Lean collaboration efforts between local public health agencies (LPHAs) and the department have identified standard data elements critical to protecting food safety. As a result, local agencies have initiated improvements to their data systems and their data collection methods to support the statewide collaborative. The implementation of a statewide information network will maintain standardization of these data elements across the state's eleven database variations and focus forward-thinking collaboration to improve LPHA efforts and the effectiveness of the statewide program. Solution specifics include the development, implementation, and maintenance of a web-based food safety data warehouse and supportive improvements to the eleven different data systems currently used statewide. Use of the available funds will capitalize on the collaborative momentum built through Lean efforts. Currently, LPHAs remit \$43 of each retail food license they collect to the State in accordance with (C.R.S. 25-4-1608(2)) so the department can implement uniform statewide standards of program conduct and performance. The Food Protection Cash Fund (C.R.S. 25-4-1608) has the necessary balance to fund this expense through an ongoing increase in spending authority without the need to increase fees.

Wholesale Food Inspections: With this solution the department will be able to hire two FTE to conduct inspection of high-risk wholesale food manufacturing facilities. The presence of an effective food inspection program assures Colorado's compliance with state and federal standards. American Journal of Public Health research demonstrates reductions in the incidences of food-borne illness of over 50% through the presence of an active and appropriately staffed inspection program. Workload and inputs in the manufactured food program will increase as a result of inspecting Colorado's food manufacturing facilities on a risk-based frequency. Outputs will assure compliance with federal requirements and improve food safety.

During the past decade, there has been a global shift to surveillance-based (i.e. inspection-based) risk analysis based on better scientific knowledge of food-borne illness and its causes, rather than reactive enforcement techniques focused on responding to outbreaks. The Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO) agree that the traditional system of reaction and recall cannot respond to existing and emerging challenges to food safety because they do not provide or stimulate a preventative approach. The Food Safety Modernization Act (FSMA), the most sweeping reform of food safety laws in more than 70 years, was signed into law on January 4, 2011. FSMA aims to ensure the U.S. food supply is safe by shifting the focus from responding to contamination to preventing it. This solution would provide the opportunity to enhance Colorado's food safety program with a manufactured food inspection program, and would align Colorado with global preventative best practices and national standards. The Wholesale Food Manufacturing and Storage Protection Fund has the necessary fund balance to sustain an inspection program that meets the requirements of FSMA and protects Colorado's food without increasing fees.

Anticipated Outcomes:

The anticipated outcomes associated with approval of this proposal are three-fold. First, the Department will be able to purchase needed milk testing equipment and complete required surveillance and testing at 458 dairy facilities to assure safe dairy products and viable dairy commerce. Equipment would be purchased for an approximate cost of \$34,061.00 and placed into field use immediately.

Second, the retail food program can consolidate critical statewide food safety data, support local collaboration, and improve data-driven decisions made to protect food safety. First year activities include development and implementation of a web-based data warehouse with standardized reporting metrics and web services support capabilities. Second year activities include expanded development of the web-based data warehouse to increase standardized reporting metrics and web services capabilities including on-going system upgrades. Third year activities include maintenance of the web-based data warehouse and on-going system upgrades.

Lastly, the manufactured food program can improve wholesale food inspections to proactively prevent food-borne illness. First year activities include hiring 2.0 FTE to conduct wholesale food inspections on a risk-based frequency. On-going activities focus the FTE on conducting risk-based inspections in conformance with state and national standards.

Outcomes in the milk program, retail food program, and wholesale food manufacturing program are currently measured by DEHS as part of the department’s performance plan. Successful use of the requested milk testing equipment will be demonstrated through the ability to conduct all of the inspections required to assure food safety and the viability of commerce. Successful implementation of the food safety data warehouse will be demonstrated through improvements to qualitative data (e.g. number of food-borne illness-related violations cited per inspection) in support of quantitative data (e.g. number of inspections conducted) that are current performance plan metrics. Successful implementation of the wholesale food inspection program will be demonstrated through completion of required inspections in accordance with state and national standards for risk-based inspection frequencies. The numbers of inspections completed are currently performance plan metrics and long-term success will be demonstrated through declining trends in the number of critical violations cited per inspection over time. Because the wholesale food inspection program does not currently exist, DEHS will add qualitative metrics to the Department’s Performance Plan as necessary to demonstrate food safety improvement trends.

Assumptions and Calculations:

This is a cash funds request for \$530,036 and 2.0 FTE in FY 2015-16, \$400,306 and 2.0 FTE in FY 2016-17 and \$340,807 and 2.0 FTE in FY 2017-18 and forward to improve food safety.

The following assumptions were made when calculating the costs associated with replacing the milk testing equipment:

Milk Testing Field Equipment				
Item	Year	Cost	Quantity	Total
Thermometer	FY2016	\$ 1,048.95	1	\$ 1,048.95
Lumenite - Milk Tester	FY2016	\$ 1,617.00	1	\$ 1,617.00
Lumenite Cords	FY2016	\$ 126.00	1	\$ 126.00
Lumenite Injector	FY2016	\$ 438.90	1	\$ 438.90
Lumenite Injector valves	FY2016	\$ 72.45	1	\$ 72.45
Precision Air Regulator	FY2016	\$ 324.98	1	\$ 324.98

Milk Testing Field Equipment				
Pressure gauges	FY2016	\$ 372.75	1	\$ 372.75
Air valves	FY2016	\$ 43.37	2	\$ 86.74
Immersion Circulator	FY2016	\$ 1,269.45	1	\$ 1,269.45
Dewars - stainless steel	FY2016	\$ 1,080.45	1	\$ 1,080.45
Stop watches	FY2016	\$ 20.95	1	\$ 20.95
Pliers	FY2016	\$ 13.62	1	\$ 13.62
Wire cutters	FY2016	\$ 11.50	1	\$ 11.50
Screw Driver	FY2016	\$ 7.33	1	\$ 7.33
Adjustable Wrench	FY2016	\$ 10.47	1	\$ 10.47
Tool Box	FY2016	\$ 13.64	1	\$ 13.64
Case	FY2016	\$ 413.55	1	\$ 413.55
Coolers	FY2016	\$ 83.95	4	\$ 335.80
Boroscope	FY2016	\$ 154.31	1	\$ 154.31
Parts Bin	FY2016	\$ 243.86	1	\$ 243.86
Dipper	FY2016	\$ 104.90	5	\$ 524.50
Subtotal per set				\$ 8,187.20
Sets of equipment required			3	
Total FY2016 Cost of Testing Equipment				\$ 24,562.00

Milk Testing Computer Equipment				
Item	Year	Cost	Quantity	Total
HP Revolve (Tablet) 810	FY2017	\$ 1,495.29	1	\$ 1,495.29
Docking Station	FY2017	\$ 85.00	1	\$ 85.00
Battery	FY2017	\$ 120.69	1	\$ 120.69
Pen	FY2017	\$ 39.69	1	\$ 39.69
Warranty Upgrade	FY2017	\$ 175.20	1	\$ 175.20
Windows 8 Pro	FY2017	\$ 216.22	1	\$ 216.22
MS Office 2013	FY2017	\$ 242.76	1	\$ 242.76
Subtotal per set				\$ 2,374.85
Sets of equipment required			4	
Total FY2017 Cost of Testing Computer Equipment				\$9,499.40

The following assumptions were made when calculating the costs associated with implementing the web-based data warehouse and statewide data standardization solution:

Project	Year	Agency/Company	Costs
Move LPHA Data into DHD	FY2016	San Juan Basin Health Dpt.	\$ 4,500.00
Move LPHA Data into DHD	FY2016	Las-Animas Huerfano Health Dpt.	\$ 2,600.00
Move LPHA Data into DHD	FY2016	Otero County Health Dpt.	\$ 1,700.00
Move LPHA Data into DHD	FY2016	Jefferson County Health Dpt.	\$ 25,000.00
Move LPHA Data into DHD	FY2016	Pueblo County Health Dpt.	\$ 11,000.00
Move LPHA Data into DHD	FY2016	Broomfield County Health Dpt.	\$ 2,700.00
Move LPHA Data into DHD	FY2016	Larimer County Health Dpt.	\$ 16,000.00
Data Warehouse Requirements Document	FY2016	Decade Software	\$ 15,000.00
Data Warehouse - Build Out	FY2016	Vendor TBD	\$ 75,000.00
Standardized Reports & System Upgrades	FY2016	Boulder, Delta, El Paso, Mesa, NCHD, TCHD, Weld, Jefferson, Larimer, Pueblo & Broomfield County Health Departments	\$ 60,500.00
Standardized Reports & System Upgrades	FY2016	DEHS - System for 20 LPHAs	\$ 36,000.00
FY2016 Data Standardization & Web-Based Warehouse Total Cost			\$ 250,000.00
Data Warehouse - Maintenance	FY2017	Vendor TBD	\$ 25,000.00
Data Warehouse Enhancements	FY2017	Vendor TBD	\$ 23,500.00
DHD User Maintenance	FY2017	DEHS - System for 27 LPHAs	\$ 52,400.00
Standardized Reports & System Upgrades	FY2017	Boulder, Delta, El Paso, Mesa, NCHD, TCHD, Weld, Jefferson, Larimer, Pueblo & Broomfield County Health Departments	\$ 34,100.00
Standardized Reports & System Upgrades	FY2017	DEHS - System for 20 LPHAs	\$ 15,000.00
Project	Year	Agency/Company	Costs
FY2017 Data Standardization & Web-Based Warehouse Total Cost			\$ 150,000.00
Data Warehouse - Maintenance	FY2018	Vendor TBD	\$ 25,000.00
Data Warehouse Enhancements	FY2018	Vendor TBD	\$ 22,600.00
DHD User Maintenance	FY2018	DEHS - System for 27 LPHAs	\$ 52,400.00
FY2018 Data Standardization & Web-Based Warehouse Total Cost			\$ 100,000.00

The following assumptions were made when calculating the FTE needed to actualize the wholesale food inspection program:

Colorado Wholesale/Mfg. Food Firms	1757
FSMA High Risk Inspections Required Annually ¹	737
FSMA Non-High Risk Inspections Required Annually	511
Total Required Annual Inspections (Risk Based)	1248
Firms Inspected Under FDA Contract	274
Remaining Inspections	974
Average Hours Per Inspection²	4.3
Total Annual Inspection Hours	4149
Annual Hours per Full Time Equivalent (FTE)	2080
Additional Inspector FTE Required to Conduct Annual	2.0
Total FTE Costs³	\$153,536

¹ Risk categories determined in conformance with Food Safety Modernization Act (FSMA), and the Manufactured Food Regulatory Program Standards (MFRPS).

² Average inspection time documented from Lean process evaluation completed using inspection data from 2008 through 2014.

³ Detailed breakdown of FTE costs included in the OSPB FTE calculation worksheet.

The assumptions for the computer equipment for the new wholesale food inspection FTE are based on the fact that inspectors in the division’s programs do not use standard PCs. The inspectors use tablets which allow the inspectors to record inspection results on-site during the inspection using the division’s web-based data base system, allow the inspectors and operators to sign the inspection report and allow the inspectors to email a copy of the report to the operators. The following assumptions were made when calculating the cost of the computer equipment:

Item	Cost
HP Revolve (Tablet) 810	\$1495.29
Docking Station	\$85.00
Battery	\$120.69
Pen	\$39.69
Warranty Upgrade	\$175.20
Windows 8 Pro Software (required by OIT)	\$216.22
MS Office 2013 Software (required by OIT)	\$242.76
Subtotal per set	\$2,374.85
Sets of equipment required for the wholesale food inspection and manufacturing program FTE	2
Total FY2017 Cost of Testing Computer	\$ 4,749.70

Equipment

The following assumptions were made when calculating vehicle charges and lodging and per diem for the new wholesale food inspection and manufacturing program FTE:

Item	Cost
Variable Vehicle Cost (mileage): 974 inspections/yr X 2 travel hours per inspection = 1,948 travel hours/yr 1,948 travel hours/yr X 50 miles/hr = 97,400 miles/yr	\$15,584.00
Vehicle Lease @ \$407.52/mo X 12 mo. = \$4,890.24	\$4,890.24
Total Vehicle Expenditures	\$20,474.24

The following assumptions were made when calculating lodging and per diem costs for the new wholesale food inspection and manufacturing program FTE:

Item	Cost
403 overnight trips X \$110.00 lodging/night	\$44,330.00
403 overnight trips X \$46.00 per diem/day	\$18,538.00
Total Lodging and Per Diem	\$62,868.00

The Dairy Protection Cash Fund (23L0) balance was \$52,242 at the end of FY 2013-14, and is projected to be \$71,597 at the end of FY 2014-15. With the anticipated expenditures of the decision item, the department does not anticipate needing a fee increase for the foreseeable future. See the attached schedule 9 for more detail.

The Food Protection Cash Fund (2660) balance was \$1,583,611 at the end of FY 2013-14, and is projected to be \$1,632,323 at the end of FY 2014-15. With the anticipated expenditures of the decision item, the department does not anticipate needing a fee increase of the State's portion until FY 2020-21. See the attached schedule 9 for more detail.

The Wholesale Food Manufacturing and Storage Protection Cash Fund (160L) balance was \$448,808 at the end of FY 2013-14, and is projected to be \$605,856 at the end of FY 2014-15. With the anticipated expenditures of the decision item, the department does not anticipate needing a fee increase until FY 2018-2019. See the schedule 9 for more detail.

This request does not include indirect cost recoveries. Those funds will be appropriated through the figure setting process. Indirect costs are shown on the schedule 9s for informational purposes.

Calculation Assumptions:

Operating Expenses -- Base operating expenses are included per FTE for \$500 per year. In addition, for regular FTE, annual telephone costs assume base charges of \$450 per year.

Standard Capital Purchases -- Each additional employee necessitates the purchase of a Personal Computer (\$900), Office Suite Software (\$330), and office furniture (\$3,473).

General Fund FTE -- New full-time General Fund positions are reflected in FY 2015-16 as 0.9166 FTE to account for the pay-date shift.

Expenditure Detail		FY 2015-16		FY 2016-17	
Personal Services:		FTE		FTE	
Environmental Protection Specialist II	Monthly Salary \$ 4,762	2.0	114,288	2.0	114,288
PERA			11,600		11,600
AED			5,029		5,486
SAED			4,857		5,429
Medicare			1,657		1,657
STD			251		251
Health-Life-Dental			15,854		15,854
Subtotal Position 1, ## FTE		2.0	\$ 153,536	2.0	\$ 154,565
Subtotal Personal Services		2.0	\$ 153,536	2.0	\$ 154,565
Operating Expenses					
Regular FTE Operating	500	2.0	1,000	2.0	1,000
Telephone Expenses	450	2.0	900	2.0	900
PC, One-Time	1,230		-		
Office Furniture, One-Time	3,473	2.0	6,946		
Tablet w/Software, One-Time	2,375	2.0	4,750		
Vehicle Expenditures, fixed		2.0	4,890	2.0	4,890
Vehicle Expenditures, variable		2.0	15,584.0	2.0	15,584.0
Lodging and Per diem		2.0	62,868	2.0	62,868
Contractual (database		2.0	5,000	2.0	1,000
Dairy Program Equipment			24,562		9,499
Information Exchange Network			250,000		150,000
Subtotal Operating Expenses			\$ 376,500		\$ 245,741
TOTAL REQUEST		2.0	\$ 530,036	2.0	\$ 400,306
<i>General Fund:</i>					
<i>Cash funds:</i>					
<i>Reappropriated Funds:</i>					
<i>Federal Funds:</i>					

Schedule 13


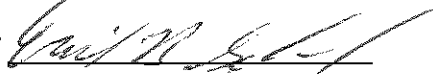
Funding Request for the FY 2015-16 Budget Cycle

Department of Public Health and Environment

PB Request Number R-05

Request Titles

R-05 Solid Waste Landfill Study

Dept. Approval By: 	<input checked="" type="checkbox"/>	Supplemental FY 2014-15
	<input type="checkbox"/>	Change Request FY 2015-16
	<input type="checkbox"/>	Base Reduction FY 2015-16
OSPB Approval By: 	<input type="checkbox"/>	Budget Amendment FY 2015-16

Line Item Information	Fund	FY 2014-15		FY 2015-16		FY 2016-17
		Appropriation	Request	Base Request	FY 2015-16	Continuation
Total		\$2,883,186	\$0	\$2,898,918	\$261,000	\$0
FTE		24.7	-	24.8	-	-
Total of All Line Items	GF	\$0	\$0	\$0	\$0	\$0
	CF	\$2,883,186	\$0	\$2,898,918	\$261,000	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

Line Item Information	Fund	FY 2014-15		FY 2015-16		FY 2016-17
		Appropriation	Request	Base Request	FY 2015-16	Continuation
Total		\$2,883,186	\$0	\$2,898,918	\$261,000	\$0
06. Hazardous Materials and Waste Management Division - Program Costs	CF	\$2,883,186	\$0	\$2,898,918	\$261,000	\$0
	FTE	24.7	-	24.8	-	-

Letternote Text Revision Required? Yes No <input checked="" type="checkbox"/>	If Yes, describe the Letternote Text Revision:
Cash or Federal Fund Name and CORE Fund Number:	
Reappropriated Funds Source, by Department and Line Item Name	
Approval by OIT? Yes No <input checked="" type="checkbox"/> Not Required	
Schedule 13s from Affected Departments:	
Other Information:	



COLORADO

Department of Public Health and Environment

Priority: R-5
Solid Waste Landfill Study
FY 2015-16 Decision Item Request

Cost and FTE

- The Solid Waste and Materials Management Program (Program) is seeking the authority to spend – \$261,000 for a contractor based study to develop a fully integrated recycling and waste management plan for Colorado.
- The study will be funded by the Solid Waste User Fee and will not require a fee increase, FTE or General Funds.

Current Program

- The Solid Waste Program permits, conducts inspections and enforcement as necessary, and provides compliance assistance, training and outreach for Colorado’s recycling and solid waste facilities, such as landfills.
- Colorado has sixty-four permitted landfills that service communities ranging in size from 43 to 1.5 million people.

Problem or Opportunity

- The Solid Waste Act declares that a statewide system of integrated solid waste management planning be developed with input from local governments and citizens (C.R.S. 30-20-100. 5).
- The current plan was developed in 1992, was a twenty year plan and has failed to keep pace with the changing waste and material management needs of Colorado.
- The Program has determined that the majority of small rural landfills are significantly out of compliance with the minimum solid waste and recycling requirements.
- Compliance failures include: ground water contamination, failure to provide daily cover which reduces odors, insects and rodents, illegal burning which contributes to air pollution and risk of fire.

Consequences of Problem

- Failure to develop an updated plan will result in: a slower permitting process; reduced staff time for community training and outreach and subsequent increased non-compliance and potential for environmental impacts; missed opportunity for facilities to realize savings and expand services, such as recycling.

Proposed Solution

- The Solid Waste Program is requesting \$261,000 in cash fund spending authority to fund a contractor-based study to assess Colorado’s recycling, materials management and waste disposal activities, capacity and needs.
- Information gained through the study can be used by communities to improve their waste management practices which can ensure a safe drinking water supply and reduce air pollution; reduce issues caused by rodents and insects, and reduce risk of fire and unpleasant odors.



COLORADO
Department of Public Health and
Environment

John W. Hickenlooper
Governor

Larry Wolk, MD MSPH
Executive Director

FY 2015-16 Funding Request | November 1, 2014

Department Priority: R-5
Request Detail: Solid Waste Landfill Study

Summary of Incremental Funding Change for FY 2015-16	Total Funds	Cash Fund
Solid Waste Landfill Study	\$261,000	\$261,000

Problem or Opportunity:

This request seeks \$261,000 in one-time cash fund spending authority to have an independent contractor conduct a study of options and opportunities to improve landfill management statewide. The Solid Waste User's Fund has sufficient fund balance to fund this request without needing a fee increase.

The Solid Waste Program permits, conducts inspections and enforcement as necessary, and provides compliance assistance, training and outreach for Colorado's recycling and solid waste facilities, such as landfills. The Program also collects, analyzes and presents conclusions and recommendations on Colorado's waste and recycling activities. One of the Program's key goals is the equitable and facility-appropriate application of the solid waste regulations, which is fundamental to ensuring waste management remains protective of human health and the environment.

Colorado has sixty-four permitted landfills that service communities ranging in size from 43 to 1.5 million people. The Solid Waste Program receives approximately five new facility applications, sixty major permit modifications, and twenty-five beneficial use recycling applications per year. The Program conducts 160 inspections, four outreach visits and six trainings per year.

The Solid Waste Act declares that a statewide system of integrated solid waste management planning be developed with input from local governments and citizens (C.R.S. § 30-20-100.5). This integrated plan is necessary to meet Colorado's waste and materials management needs and includes recommendations for how best to manage solid waste within the state.

The current twenty year plan was developed in 1992 and has failed to keep pace with the changing waste and material management needs of Colorado. A new integrated waste management plan is needed that addresses the current and future needs of waste and materials management in the state. Many of the landfills in under-resourced areas of the state are in violation of the Solid Waste Act and Regulations. The program completed a thorough assessment of the landfills through detailed inspections conducted over the

last two years and determined that the majority of small, rural landfills are significantly out of compliance with the minimum solid waste and recycling requirements. Compliance failures include such things as:

- Ground water contamination,
- Failure to provide daily cover which reduces odors, insects and rodents,
- Illegal burning contributing to air pollution and risk of fire.

Many of the facilities lack the resources to return to compliance. While the Department initially considered approaching these issues from an enforcement perspective, the Department believes that hiring a contractor to perform a study to report on opportunities to improve waste disposal and recycling/reuse activities would be more productive and beneficial for communities that are already struggling to comply. The study would include recommendations for an integrated, sustainable materials management system, implementation costs and savings for facilities if they implement recommendations, and liability management for participating communities. The information in the study could be used by communities to improve their waste management practices which would, in turn, protect the drinking water supply, reduce air pollution, minimize issues caused by rodents and insects, and reduce risk of fire and unpleasant odors. Following the recommendations in the report would be optional for communities, but the report would provide strategies and solutions that would allow communities to develop plans that would bring them into compliance and help to protect their citizens and environment.

The lack of an updated state-wide integrated waste management plan contributes to:

- Facilities continued violation of the Solid Waste Act and Regulations,
- Groundwater contamination,
- Air pollution,
- Rodent infestation,
- Increased potential for fire,
- Staff time spent re-inspecting facilities that are out of compliance,
- Lack of staff time to assist external customers to improve their waste disposal and materials management opportunities,
- Delays in review and approval of permit and permit modification requests,
- Limited staff time to respond to illegal dumps.

Proposed Solution:

If the requested \$261,000 is authorized, the Department will contract for an independent, third party study that will yield recommendations for improvements to the State's waste and materials management system. Colorado's citizens, businesses, counties and municipalities will benefit from improvements and innovations that will result from the recommendations of the study.

If communities implement plan recommendations, compliance with solid waste regulations will increase thus freeing staff time for other activities such as:

- Addressing facility permits and permit modification requests in a more timely manner,
- Providing training and technical assistance to facility owners and operators,
- Assisting communities in the implementation of their updated materials management plans.

The study is envisioned to go through a two step competitive bid process. The Program is currently preparing a request for information (RFI) to solidify the conceptual elements of the planned study and ensure that the scope includes enough detail to result in well supported conclusions and recommendations for the future of Colorado's waste disposal and materials management activities. From the information gathered through the RFI process, the Program plans to issue a competitive bid request for proposal to implement the study and develop the report which will include detailed implementable recommendations. The study will include a comprehensive evaluation of the current state of Colorado's waste disposal and materials management practices. The study will include a public stakeholder process and feedback/input from all regions of the state. As part of the study each landfill will be visited in person and/or telephone interviews will be conducted. The contractor will also reach out to county commissioners and communities that closed their landfills in the mid 1990s to better understand their current materials management strategies. The study will also identify and explore opportunities to expand recycling services and capitalize on the funding available through the Recycling Resources Economic Opportunity (RREO) grant fund. The recycling aspects of the study will be especially valuable for more remote areas of the state where recycling services have been limited. This broad-based, collaborative approach will facilitate the development of options for virtually all regions of the state and help capitalize on an integrated waste and materials management solution for Colorado's future. The study, recommendations and plan results will be shared with interested stakeholders to help them take advantage of the options best suited to their own and surrounding communities.

The lack of an integrated waste and materials management plan results in wasted program staff resources and time addressing issues instead of managing an internally consistent integrated approach with readily implementable solutions. Without the study, Department time and money will be spent pursuing enforcement actions instead of implementing positive, constructive solutions. Failure to have a fully integrated waste management plan:

- Deprives rural and urban communities of the opportunity to collaborate on resource utilization to save time, money and effort in their ongoing waste management and recycling activities.
- Wastes state resources through one-off solutions and a slower permitting process,
- Reduces staff time for community training and outreach and subsequent increased non-compliance and potential for environmental impacts.
- Results in missed opportunities for facilities to realize savings; protect public health and the environment; expand services, such as recycling; and collaborate with other facilities.
- Means that there is not a useful structure for communities to use when planning their waste and materials management activities.

Anticipated Outcomes:

If conducted, the study will have a number of positive results for communities and the State. Anticipated outcomes include:

- More materials are recycled and reused,
- Recycling jobs are created,
- Waste materials are disposed of in a manner that is protective of human health and the environment,

- The number of facilities operating in violation of the regulations decreases,
- Contaminated groundwater is restored to initial conditions.

Outcomes will be measured by evaluating the results and determining if the items above improved.

Assumptions and Calculations:

The Solid Waste Program is requesting \$261,000 in onetime cash funding to fund an independent study of solid waste facilities through the state. The requested amount was estimated based on feedback from the Solid Waste Program Manager in Wyoming and waste management consultants in Colorado. See Appendix A for a detailed list of projected costs

This request will be funded with the solid waste user's fund. There is sufficient fund balance for this request without needing a fee increase.

Appendix A Projected Study Costs.					
Primary Activity	Tasks	Description	Hours	hourly rate	total cost
Current State					
	Background data evaluation	Review, synthesize and evaluate existing CDPHE data for 64 open landfills, 40 closed landfills, 45 transfer station and 150 recycling facilities. Identify gaps, needs and facilities compliance capabilities and competency. Identify permitted air space per area and potential closure date.	100	150	\$ 15,000.00
	Needs and Gaps Aanalysis	Identify waste and recycling service area gaps and overlaps	100	150	\$ 15,000.00
	Information Collection	Contact all counties/cities and conduct interviews regarding costs to operate, comply, maintain, close and perform post-closure care monitoring. Assess current costs and capability to provide waste and recycling activities. Assess total cost of operating and maintaining the facility in a fully compliant manner.	250	150	\$ 37,500.00
	Develop current state model	Use currently available data from the background evaluation, needs and gaps analysis and owner/operator interviews and develop model and service area structure for existing waste and materials management system(s) including 64 open landfills, 60 closed 40 landfills, 45 transfer stations and 150 recycling facilities. Develop current state operational cost for current state and fully compliant facility.	150	150	\$ 22,500.00
Public Participation					
	Plan and schedule 10 public outreach meetings	Develop outreach logistics and materials including the current state of the practice model. (10 hours for each meeting)	100	150	\$ 15,000.00
	Travel to, from and participate in outreach meetings	Host, facilitate and collect information during outreach meetings (Assume 3 people per event, 3 hours per meeting, 5 hours travel)	240	150	\$ 36,000.00
	Equipment and Facility	\$3000 for each of 10 meetings		150	\$ 30,000.00
	Data evaluation	Synthesize and evaluate stakeholder data per area	150		\$ 22,500.00
Future State					
	Develop future state model	Evaluate collected data, service gaps, compliance and operating, monitoring, and closure costs along with future needs and options to develop a roadmap optimizing a collaboration of shared resources and equal or improved services that will be sustainable into the future. The future state will need to present the cost of current state compared with the cost of conversion (if selected) and the cost of future state including liability management.	300	150	\$ 45,000.00
	Draft and finalize report and recommendations	Develop a report that presents a roadmap for Colorado's future waste management and material recycling state. The report should discuss the costs of providing the various types and levels of service, along with compliance and liability management. Integrate with RREO economic end market sustainability study. This data and public feedback will be used to support and high-grade competing RREO grant requests and grant awards to further develop the gaps in Colorado's recycling infrastructure.	150	150	\$ 22,500.00
			Total		\$ 261,000.00
	Note: Cost based on \$150/hour rate				

Schedule 13

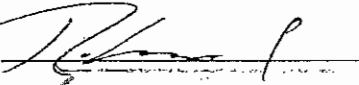
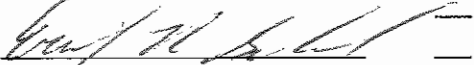
Funding Request for the FY 2015-16 Budget Cycle

Department of Public Health and Environment

PB Request Number R-06

Request Titles

R-06 CIIS Optimization and Sustainability

Dept. Approval By: 	<input checked="" type="checkbox"/>	Supplemental FY 2014-15
		Change Request FY 2015-16
OSPB Approval By: 	<input type="checkbox"/>	Base Reduction FY 2015-16
		Budget Amendment FY 2015-16

Line Item Information	Fund	FY 2014-15		FY 2015-16		FY 2016-17
		Appropriation	Request	Base Request	FY 2015-16	Continuation
	Total	\$51,132,530	\$0	\$51,132,530	\$379,021	\$242,737
	FTE	27.7	-	27.7	2.7	3.0
Total of All Line Items	GF	\$1,937,186	\$0	\$1,937,186	\$379,021	\$242,737
	CF	\$877,144	\$0	\$877,144	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$48,318,200	\$0	\$48,318,200	\$0	\$0

Line Item Information	Fund	FY 2014-15		FY 2015-16		FY 2016-17
		Appropriation	Request	Base Request	FY 2015-16	Continuation
	Total	\$3,276,814	\$0	\$3,276,814	\$362,301	\$239,887
	FF	\$2,447,500	\$0	\$2,447,500	\$0	\$0
08. Disease Control and Environmental Epidemiology Division - Immunization Personal Services	FTE	27.7	-	27.7	2.7	3.0
	GF	\$829,314	\$0	\$829,314	\$362,301	\$239,887

	Total	\$47,855,716	\$0	\$47,855,716	\$16,720	\$2,850
	CF	\$877,144	\$0	\$877,144	\$0	\$0
08. Disease Control and Environmental Epidemiology Division - Immunization Operating Expenses	FF	\$45,870,700	\$0	\$45,870,700	\$0	\$0
	GF	\$1,107,872	\$0	\$1,107,872	\$16,720	\$2,850

Letternote Text Revision Required? <table style="display: inline-table; vertical-align: middle;"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>X</td> <td><input checked="" type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	X	<input checked="" type="checkbox"/>	If Yes, describe the Letternote Text Revision:
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	X	<input checked="" type="checkbox"/>		
Cash or Federal Fund Name and CORE Fund Number:							
Reappropriated Funds Source, by Department and Line Item Name							
Approval by OIT?	<table style="display: inline-table; vertical-align: middle;"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>Not Required</td> <td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Required	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Required	<input type="checkbox"/>		
Schedule 13s from Affected Departments:							
Other Information:							



COLORADO

Department of Public Health and Environment

Priority: R-6
CIIS Optimization and Sustainability
FY 2015-16 Decision Item

Cost and FTE

- The Colorado Department of Public Health and Environment (CDPHE) requests \$379,021 in General Fund for FY 2015-16 to support the increased operating and infrastructure needs of the Colorado Immunization Information System (CIIS). \$158,400 of the requested funds in FY 2015-16 represents a one-time request for system enhancements. The on-going request of \$242,737 starting in FY 2016-17 will be needed for sustainability of the proposed solutions.

Current Program

- CIIS is a confidential, population-based, computerized system that collects and consolidates immunization data from multiple sources into a single record for Coloradans of all ages.
- CIIS is an important public health tool that can be utilized to increase and sustain high immunization coverage rates by providing support for clinical decisions, vaccine ordering/inventory management, disease surveillance, outbreak activities and reminder/recall notices.
- CIIS is used daily by 2,200+ providers, local public health agencies (LPHAs) and schools/childcare centers to assess the immunization status of their clients/students.
- CIIS captures data for more than 4,279,000 patients and 46,137,000 immunization services.

Problem or Opportunity

- CIIS's greatest need is to increase personnel and infrastructure support to augment inventory management capacity for providers and augment immunization billing capacity.
- Year to date, ~500 VFC providers have placed 2,400 orders for 512,500 doses totaling \$28 million.
- 69% of LPHAs indicated that their current billing processes are unsustainable with existing local infrastructure; therefore many are unable to serve all patients which results in decreased access for parents/patients seeking immunizations and decreased immunization coverage.

Consequences of Problem

- For CIIS to continue to support the 2,200 organizations+, the Program needs additional staff.
- Providers will experience increased wait times for vaccine ordering and inventory support.
- CIIS will be unable to provide infrastructure and technical assistance for centralized billing.

Proposed Solution

- CIIS is seeking \$379,021 in General Fund in FY 2015-16 to support its increased operating and infrastructure needs; including one-time funding of \$158,400 for registry enhancements.
- CIIS is seeking \$242,737 in ongoing funds starting in FY 2016-17 for maintenance and support of registry enhancements and to maintain 3.0 FTE; 1.0 FTE will provide billing technical assistance to LPHAs and 2.0 FTE will provide inventory management technical assistance to VFC providers.
- These efforts will: support LPHAs in delivering immunizations to patients in their jurisdiction regardless of insurance status; support LPHAs in centralized billing for adequate reimbursement of immunization services; and support LPHAs and VFC providers ordering and managing inventory in CIIS that will streamline these processes and make them more efficient and effective, thus allowing for more time to be dedicated to immunization service delivery.



Department Priority: R-6

Request Detail: Colorado Immunization Information System (CIIS) Optimization and Sustainability

Summary of Incremental Funding Change for FY 2015-16	Total Funds	General Fund
Colorado Immunization Information System (CIIS) Optimization and Sustainability	\$379,021	\$379,021

Problem or Opportunity:

The Colorado Department of Public Health and Environment (CDPHE) requests \$379,021 and 2.7 FTE in General Fund for FY 2015-16 and 3.0 FTE and \$242,737 in on-going General Fund beginning in FY 2016-17 to support the increased operating and infrastructure needs of the Colorado Immunization Information System (CIIS). These additional resources will be integral to the development, implementation and sustainability of the proposed solutions. \$158,400 of the funds represents a one-time request for system enhancements to the billing module within the CIIS.

CIIS is a confidential, population-based, computerized system that collects and disseminates consolidated immunization information for Coloradans of all ages. CIIS is an important public health tool that can be utilized to increase and sustain high immunization coverage rates by:

- Consolidating immunization records from multiple providers;
- Providing clinical decision support to minimize over- or under-immunization;
- Providing tools for vaccine ordering and inventory management;
- Providing tools to determine if a child has received all school-required immunizations;
- Supporting communicable disease surveillance, outbreak management and case investigation activities;
- Providing tools to generate reminder/recall notices for individuals who are coming due/over-due for immunizations; and
- Identifying missed opportunities for vaccination.

CIIS is used daily by more than 2,200 healthcare provider offices, local public health agencies (LPHAs), schools, childcare centers, health plans and social service entities across the state to assess the immunization status of their clients. Currently, CIIS captures data for more than 4,279,000 patients and 46,137,000 immunization services.

CIIS has broad support from a wide variety of stakeholders from public health, pediatrics, family medicine, child health advocacy, health plans, vaccine industry, school-based health, health informatics, education and research. Over the past year, two large-scale consensus-driven stakeholder processes have highlighted the need for additional resources in order for CIIS to meet the ever-growing needs and expectations of our partners.

In 2013, Senate Bill 222 (SB222) directed CDPHE to convene a Task Force to examine mechanisms to increase access to childhood vaccines. SB222 Task Force's charge was to: *Improve access to childhood vaccines by leveraging public/private partnerships to provide affordable, sustainable, and geographically diverse solutions that address vaccination barriers across Colorado.* Through several open and constructive meetings, consensus was achieved on the Guiding Principles and Recommendations for systems-based solutions to increasing access to vaccines. The SB222 Task Force highlighted the importance and critical infrastructure support that CIIS provides in their Guiding Principles behind each of the recommended Strategies: *CIIS is the primary, consolidated source for immunization data in the state. The Task Force recommends several strategies for increasing access to vaccines in Colorado, some of which would benefit from the implementation of the priorities identified by the concurrent CIIS Stakeholder Engagement process. CIIS can, and should, provide infrastructure support to successfully implement these strategies, where possible. While CIIS has been able to achieve great successes with the same staff and largely the same budget over the past 5 years, CIIS is at a crossroads. It is vital for additional funding and resources to be secured to support substantial improvement in system capacity and reduce the provider waitlist for Electronic Health Records (EHR) interoperability.*

The SB222 Task Force recommended three strategies that CDPHE should pursue in order to increase access to vaccines in Colorado. The first strategy recommends: *Establish infrastructure to support vaccination providers, particularly those that provide vaccination services at a relatively low volume and/or in underserved areas.* Within this strategy, Objective 1d specifically recommended that additional resources be infused into CIIS: *In order for CIIS to meet the needs and expectations of its user base and stakeholders, funding must be secured to support the development of additional billing and inventory management infrastructure, remove barriers for providers to submit data electronically, and support access to and utilization of immunization data.*

A second stakeholder process was initiated in late 2013 in response to growing requests from partners for CIIS to expand their suite of services. The CIIS Stakeholder Engagement process was designed to provide recommendations for expanding and enhancing CIIS over a proposed three to five year timeframe. Of the four recommendations, one recommendation requires CIIS to seek additional resources to meet the needs of stakeholders: *Priority #1 – Optimize CIIS Performance: improve system performance for all users, ensure CIIS data is as accurate and timely as possible, and increase provider participation.*

The demands placed on CIIS to provide more technical assistance and enhanced functionality by partners, stakeholders, the Centers for Disease Control and Prevention (CDC) and the more than 2,200 healthcare provider offices, LPHAs, school districts, childcare centers, health plans, pharmacies and social service clinics and organizations currently using CIIS have increased exponentially while funding for personnel, operations and registry enhancements have not. The reasons for the increase in the number of organizations joining CIIS are varied: hundreds of healthcare provider offices have joined CIIS due to the Meaningful Use (MU) incentive payments available from the Centers for Medicaid and Medicare Services (CMS) while other organizations such as pharmacies and health plans have joined through word of mouth or outreach/promotion performed by staff. CIIS has been successful in securing one-time, focused grants for specific projects but has not had an increase in ongoing operating and personnel dollars since 2008.

Based on current workload and stakeholder requests, CIIS's greatest need is to increase personnel and infrastructure support in two key areas:

- 1) **Ordering/Inventory Management Support:** Augment inventory management and vaccine ordering capacity for nearly 600 Vaccines for Children (VFC) providers and 54 LPHAs;
- 2) **LPHA Billing Support:** Augment immunization billing capacity for 54 LPHAs to include billing for Medicaid, Child Health Plan Plus (CHP+) and the 4 largest private insurance plans that account for 86% of insurance claims in Colorado.

Ordering/Inventory Management Support: The VFC program is a federally-funded program that provides vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) at no cost to children who might not otherwise be vaccinated because of inability to pay. The CDC buys vaccines at a discount and distributes them to awardees, such as CDPHE Immunization Section, who in turn distributes them at no charge to VFC providers. Annually, Colorado's VFC program distributes approximately 960,000 doses of vaccine to un- and under-insured, Medicaid-eligible and Alaskan Indian/Native American children totaling \$41.2 million. Currently, 612 public and private healthcare providers including LPHAs, rural health and community health clinics, pediatricians, family physician offices, etc. participate in the Colorado VFC Program. Additionally, the Colorado VFC Program manages the federally-funded Section 317 program that provides un- and under-insured adults with approximately 55,000 doses of ACIP-recommended vaccines through LPHAs totaling approximately \$1.6 million.

In November 2013, all VFC provider clinics that order vaccine (547 out of the 612) began transitioning to CIIS for inventory management and ordering of their VFC vaccine. As of August 2014, 497 VFC providers have placed 2,397 orders for 512,432 doses of vaccine totaling more than \$27.8 million. The utilization of CIIS for inventory management and vaccine ordering increases dose-level accountability of federally-purchased vaccine and assists VFC providers in maintaining an appropriate level of vaccine stock, ensuring that VFC-eligible patients receive the vaccines they need when they present for care. Indirectly, parents and patients have benefitted from greater dose-level accountability of VFC vaccine as it ensures accurate and proper vaccine ordering and inventory management, which in turn keeps costs down for the VFC provider so they can afford to continue to offer immunization services, further promoting vaccine access and vaccine safety.

Over 88% of the 547 VFC providers that order vaccine have placed at least one order through CIIS. Approximately 86% (414) of the VFC providers that have placed at least one vaccine order through CIIS have requested technical assistance on vaccine inventory/ reconciliation issues. Approximately 54% (223) of those VFC clinics that had vaccine inventory/ reconciliation issues account for 75% of the calls they made to the Help Line.

Since implementation of the new system in November of 2013, workload to support VFC providers has increased dramatically; however, the Immunization Section has not had funds to hire additional staff. Because the number of support requests quickly began to overwhelm staff, a Help Line was established in December 2013 to streamline and add structure to ongoing customer support and technical assistance to VFC providers. The Help Line has been staffed on a rotating basis by ten existing full-time Immunization Section staff with duties unrelated to vaccine ordering/inventory management customer support. See Appendix A for a breakdown of tasks by position. The Help Line support model is standardized, with each staff person being assigned certain Help Line duties on the same days each month. Help Line coverage appointments are available 8:30am-4:30pm. The breakdown of assignments is as follows:

Week 1: 2 staff on-call per day, 3 staff assigned as reconciliation specialists per day
Week 2: 2 staff on-call per day, 2 staff assigned as reconciliation specialists per day

Week 3: 2 staff on-call per day, 2 staff assigned as reconciliation specialists per day

Week 4: 1 staff on-call per day, 1 staff assigned as reconciliation specialist per day (the last week of the month is typically slower, thus the Program assigned fewer staff to be on-call)

Definition and Expectations of ON-CALL:

If a staff member is assigned to be on-call, they are responsible for answering the Help Line and checking any voice messages left on the Help Line that day. Except for three specific reconciliation scenarios, the on-call staff member is expected to handle all customer calls without having to transfer callers to the reconciliation specialists assigned that day.

Definition and Expectations of RECONCILIATION SPECIALIST:

Reconciliation is the process of balancing the provider's physical vaccine inventory with the virtual vaccine inventory documented in CIIS. If a staff member is assigned as a reconciliation specialist, they are responsible for providing in-depth and direct technical assistance to VFC providers experiencing any of the three specific reconciliation scenarios. Often, because of the severity of the issue, these technical assistance requests can carry on to the next day, or several days after the VFC provider originally calls the Help Line.

The current Help Line support model is unsustainable. The ten Immunization Section staff assigned to support vaccine ordering and inventory management issues have responded to nearly 2,000 calls from VFC providers since December 2013 while trying to maintain existing duties. This number is an underestimate as it only represents calls that have been logged; it does not include emails/calls sent directly to staff members outside of the formal Help Line infrastructure. Providing technical assistance and troubleshooting inventory/reconciliation issues is time-consuming and burdensome: some calls have lasted several hours; others take days or even weeks to resolve. Ongoing support calls have resulted in decreased efficiencies, overwhelmed staff and delays in other critical immunization projects. Below are examples of projects that have been delayed due to existing staff supporting the Help Line. The Program assumes these projects would have been completed on time had ten Immunization Section staff not been diverted to supporting the Help Line:

- Reporting revisions and developing new sections on *Colorado's VFC Policies and Procedures* to the CDC. Due May 2014 and delayed until August 2014.
- Developing and presenting new training on *conducting VFC Enrollment Visits*. Due June 2014 and delayed until August 2014.
- Developing and implementing the *VFC Communication Plan* on the 2015 new VFC Program Requirements. Due June 2014 and delayed to August 2014.
- Developing the *2013-14 Colorado School Immunization Survey Report*. Due April 2014 and delayed until September 2014.
- Making significant progress toward setting up a program similar to VFC that would allow the Department of Healthcare Policy and Financing (HCPF) to purchase vaccines for children with Child Health Plan Plus (CHP+) insurance off the federal contract used to purchase VFC vaccine. (This would allow HCPF to save between 30-35% of their vaccine costs by taking advantage of pricing CDPHE gets for VFC vaccines)
- Tracking and acknowledging Stage 2 Meaningful Use (MU) registrations of intent. Registrations come in daily, and CIIS is two months behind in tracking registrations and sending confirmation emails to clinics/hospitals. Tracking registrations and sending confirmation emails provides the clinics/hospitals with the documentation they need to successfully achieve Stage 2 MU and, subsequently, receive their incentive payments.

- Implementing the CIIS Resource Center for providers and schools has been delayed more than four months due to inability to create training materials, create content for the external-facing portal or pilot the new functionality.
- Conducting Storage and Handling pilot for VFC providers. Due in February 2014 and delayed until September 2014.
- Reconciling duplicate patients, duplicate immunizations and other data quality issues in CIIS have been delayed.
- Updating CIIS computer-based trainings and webinars has been delayed.
- Providing monthly CIIS trainings on general functionality and inventory management has been delayed.
- Canceling professional development training opportunities for several CIIS and VFC staff.

Immunization Section staff are also working with members of the community to develop vaccine inventory management training, including best practices and tools from local private providers who successfully manage high volumes of vaccine inventory on an ongoing basis. Existing funds will be used to support this effort.

Ongoing support for vaccine ordering and inventory management will continue as the VFC Program enrolls new providers on a consistent basis and/or new staff is hired by existing VFC providers. The current support model using existing staff with full-time duties unrelated to vaccine ordering/inventory management technical assistance is unsustainable. Dollars requested through this Decision Item will be used to provide support to VFC providers and VFC program staff through CIIS infrastructure enhancements that streamline inventory management and ordering processes.

LPHA Billing Support: Only a few LPHAs have been able to identify a sustainable local model for purchasing and billing for immunization services and most LPHAs lack the resources needed to individually maintain billing processes. In a 2013 survey, 69% of Colorado LPHAs indicated that their current billing processes are unsustainable with existing local infrastructure. The process of billing for services provided at public health clinics is quite onerous and lack of knowledge, staff time, technology, or financial resources have all been barriers for LPHAs. LPHAs have had to become experts in the full billing life-cycle, which involves much more than just billing for the service itself. LPHAs need to determine which insurance plans are most often used by clients in their area, become credentialed as healthcare providers, negotiate contracts for each insurance plan to serve as an in-network provider, learn the billing requirements for each insurance plan, learn all of the relevant codes used in billing, determine which vaccines need to be ordered, how they will be funded and stored separately from publicly-funded vaccines, and finally learn how to submit claims for each health plan and re-submit claims that were denied.

As a result, many of the LPHAs are unable to see patients with private insurance and instead must refer them to nearby providers that may or may not administer immunizations. This erodes the LPHA's ability to serve as safety net clinics for immunization services in their community, results in decreased access for parents and patients seeking immunizations and, ultimately, decreased immunization coverage.

69% of LPHAs have indicated that their current billing processes are unsustainable with existing local infrastructure. Dollars requested through this Decision Item will be used to provide billing support to LPHAs and CIIS infrastructure enhancements that support centralized billing.

Proposed Solution:

CIIS is seeking \$242,737 in ongoing General Fund to support 3.0 FTE and annual registry maintenance and support:

1. 2.0 Ordering/Inventory Management Coordinators who will provide technical assistance and customer support to providers who order and manage vaccine inventory in CIIS, with a specific emphasis on support for reconciling vaccine inventory;
2. 1.0 Billing Support Liaison who will work with LPHAs to provide technical assistance and customer support to LPHAs for centralized billing of immunization services;
3. Annual maintenance and support for new registry enhancements beginning in FY 2016-17.

See Appendix B for a detailed breakdown of costs.

CIIS is seeking \$158,400 in one-time funds for registry enhancements that will offer new functionality not currently available for LPHAs to centrally bill for immunization services.

These efforts will support:

- 1) VFC providers ordering and managing inventory in CIIS by providing technical assistance that will streamline these processes and make them more efficient and effective, thus allowing for more time to be spent on immunization service delivery;
- 2) LPHAs in delivering immunizations to patients in their jurisdiction, regardless of insurance status, and allow them to bill for adequate reimbursement for those services by providing centralized tools and technical assistance to capture data needed to generate billing claims.

LPHAs and healthcare providers will benefit directly from the proposed solutions as CIIS will be able to adequately provide customer support and/or the needed functionality to these groups. The ten Immunization Section staff providing vaccine ordering and inventory management support will also directly benefit, as there will be additional staff to cover the increased workload they are experiencing above and beyond their full-time workload. Indirectly parents and patients will benefit as the proposed solutions will:

- 1) Ensure accurate and proper vaccine ordering and inventory management, which promotes sustainability of adequate vaccine supply, increased access to vaccines and vaccine safety;
- 2) Removes barriers for LPHA billing and ensures sustainable and adequate reimbursements for LPHAs providing immunization services so that they can continue to provide immunizations to persons regardless of insurance source and serve as a safety net clinic in their communities for persons without a medical home.

This Decision Item directly supports several goals on CDPHE Strategic Map: Deliver Excellent Customer Service, Actively Participate as a Partner in the Community, Keep Up with the Speed of Business, Develop and Implement Strategies to Achieve Winnable Battles and the Executive Director/Chief Medical Officer's focus on using technology: CDPHE will advance, promote and effectively utilize health information technology as a foundation for improved public and environmental health.

This request also directly supports the mission of the Immunization Section to reduce vaccine-preventable diseases through the development and implementation of programs designed to increase and maintain vaccine coverage and assuring access to immunization services as well as the department's mission to protect and improve the health of Colorado's people and the quality of its environment.

Increased requests for new functionality in the registry that are of value to partners and/or will enhance/streamline existing processes, as well as increased demand for technical assistance and customer support will only continue. CIIS must secure additional resources in order to keep up with the demand of the user base and stakeholders. CIIS will be unable to adequately meet the increased demands for additional functionality and tools as well as the increased demands for technical assistance and customer service with existing resources.

If CIIS is expected to continue to support thousands of LPHAs and providers with the existing staff and budget, this will result in:

- VFC providers experiencing increased frustration and wait times to receive technical assistance from Immunization Section staff for vaccine ordering and inventory support;
- LPHAs will continue to struggle with local billing processes or abandon them altogether, which could result in decreased access to immunizations in their communities.
- Immunization Section staff providing vaccine ordering and inventory support will experience “burn-out”, decreased job satisfaction, and decreased productivity on existing projects which could potentially lead to staff seeking other employment.

Anticipated Outcomes:

Long-term outcomes, after planning, development, training and implementation, will be measured by:

Ordering/Inventory Management Support:

- 1) A reduction in the amount of time existing VFC providers spend ordering vaccine and managing their inventory in CIIS; and
 - a. Current = Anecdotally, VFC providers who are struggling to report spending up to two days reconciling inventory and placing a vaccine order.
 - b. Future = Less than 2 hours/reconciliation and order.
- 2) A reduction in the amount of time the Immunization Section staff spend providing direct technical assistance on vaccine ordering and inventory management to VFC providers.
 - a. Current = Extreme reconciliation and ordering scenarios take between 1 day and 2 weeks to rectify.
 - b. Future = Less than one day to rectify all reconciliation and ordering scenarios.

LPHA Billing Support:

- 1) Increase in the percentage of LPHA immunization claims generated through CIIS;
 - a. Current = 0
 - b. Future = 80%
- 2) Increase the percentage of immunization claims generated through CIIS that are reimbursed in a timely manner;
 - a. Current = 0
 - b. Future = 80%
- 3) A reduction in the number of hours LPHAs spend generating billing claims for reimbursement (after planning, development, training and implementation);
 - a. Current = Anecdotally, LPHAs that are inexperienced/struggling with billing spend approximately 4 hours/claim
 - b. Future = Less than 30 minutes/claim

One year after hiring staff, planning, development, training and implementation occurs, the Program will measure each outcome to determine if the future outcomes were met.

Assumptions and Calculations:

CDPHE requests 2.7 FTE and \$379,021 in FY 2015-16 in General Funds to support the increased operating and infrastructure needs of the CIIS. This funding will be integral to the development, implementation and sustainability of the proposed solutions. \$158,400 of the funds represents a one-time request for system enhancements to the billing module within the CIIS. See Appendix B for more detail on the system enhancement costs.

Ongoing Costs

The request includes 2.7 FTE and \$379,021 in FY 2015-16 and 3.0 FTE and \$242,737 in on-going costs in FY 2015-16.

The request includes \$203,901 and 2.7 FTE in FY 2015-16 and \$221,887 and 3.0 FTE in on-going personal services costs. CIIS assumes that all three FTE hired will be classified as a Health Professional III; indicating the positions will be fully operational, independent professionals. Starting salaries are assumed to be 10-% above the minimum base pay to allow for hiring professionals with prior experience.

The Program explored contracting these technical support activities out to the registry system vender. Assuming the vendor’s standard hourly rate of \$120 the cost of outsourcing was three times that of hiring FTE.

The request also includes \$18,000 for annual system maintenance costs beginning in FY 2016-17. Based on estimates provided by CIIS’s registry vendor, Envision, enhancements made to the billing module will increase CIIS’s annual maintenance and support costs by \$18,000.

The request also includes \$2,611 in FY 20115-16 and \$2,850 in FY 2016-17 for telephone and basic operating costs for the 3.0 FTE. These calculations are based on the common policy amounts for these items.

The FY 2015-16 costs are prorated for 11 months to reflect the General Fund Pay date shift.

One-time Costs

The request includes \$158,400 for system modifications. Enhancement costs to the billing module are based on cost estimates from Envision and are broken down into line items including, general configurations to billing module, pilot project for LPHAs to use CIIS to bill insurance plans, and set-up costs for CIIS to become a certified vendor to generate/submit claims. See Appendix B for more detail on the cost breakdown. The hourly rate will be \$120 based on Envision’s proposal and the vender will need approximately 1,320 hours to complete the modifications.

The request also includes \$14,109 for one-time costs associated with new computers and office furniture for the 3.0 FTE.

Cost Break-down for FY 2015-16

2.7FTE	\$203,901
CIIS Enhancements	\$158,400
Prorated operating costs	\$ 2,611
Computer and office furniture	\$ 14,109
TOTAL	\$379,021

Cost Break-down for on-going costs beginning in 2016-17

3.0FTE	\$221,887
Annual Maintenance and Support	\$ 18,000
Telephone and basic operating costs for 3.0 FTE	\$ 2,850
TOTAL	\$242,737

See Appendix B for a more detailed breakdown of costs.

Appendix A:

**Colorado Department of Public Health and Environment
Existing Immunization Section FTE Workload that Support CIIS Vaccine Inventory Helpdesk**

CIIS Optimization and Sustainability

Division: DCEED

Position Classification	Work task	Number of hours	FTE
CIIS Program Manager - GPVI	Plans, organizes, directs and evaluates all CIIS program activities	832	0.40
	Facilitates and oversees all interface and Health Information Exchange projects	416	0.20
	Creates and manages vendor contracts, federal grants and new solicitations	312	0.15
	Provides guidance and strategic direction to CDPHE on Meaningful Use initiatives	312	0.15
	Supervises 6 professional FTE	208	0.10
Total		2080	1.00

Position Classification	Work task	Number of hours	FTE
CIIS School Coordinator - HPIII	Promotes, recruits, enrolls and provides ongoing technical assistance for 2,218 public schools, 197 charter schools, 285 private schools and over 15,000 licensed childcare centers (day cares and preschools) using CIIS	832	0.40
	Develops and delivers CIIS school-based training curricula and Online Immunization Child Care Course	416	0.20
	Implements iSIIS Vision contact management system	416	0.20
	Performs annual regression testing process for CIIS upgrades	208	0.10
	Designs and maintains CIIS website on an ongoing basis	208	0.10
Total		2080	1.00

Position Classification	Work task	Number of hours	FTE
CIIS Training Coordinator - HPVI	Performs instructional design, including the development and maintenance of 3-5 online courses and 10 new instructional videos annually	520	0.25
	Develops and delivers web-based CIIS training, 36 webinars annually	520	0.25
	Develops and maintains training materials, including the creation of approximately 20 job aids annually	624	0.30
	Work leads 2 professional FTE	104	0.05
	Develops ongoing communications with CIIS users and stakeholders, including 12 monthly e-newsletters	312	0.15
Total		2080	1.00

Position Classification	Work task	Number of hours	FTE
CIIS Immunization/Geographic Recall Coordinator - HPIII	Provides ongoing technical assistance for approximately 1,600 healthcare providers using CIIS.	936	0.45
	Performs CIIS data quality activities, including resolution of duplicate patients, duplicate vaccinations and data quality reviews for approximately 1,600 healthcare providers.	520	0.25
	Promotes, recruits, and provides ongoing technical assistance for CIIS reminder/recall functionality to approximately 1,600 healthcare providers.	208	0.10
	Develops and delivers CIIS reminder/recall training to approximately 1,600 healthcare providers.	208	0.10
	Provides ongoing technical assistance for interface projects, including enrollment for newly-added clinics to existing electronic interfaces.	208	0.10
Total		2080	1.00

Position Classification	Work task	Number of hours	FTE
Vaccine Operations Program Manager - GPVI	Oversees the Vaccines for Children (VFC) Program and Data Unit including developing and assessing grant objectives and activities and developing and monitoring grant budget.	1248	0.50
	Develops strategic plan and policies to ensure compliance with Federal VFC Program policies and procedures.	416	0.20
	Promotes using data to evaluate, support and inform the work of the Immunization Section including analyzing data and developing materials to describe and explain immunization related issues.	416	0.20
	Supervises 5 professional FTE	208	0.10
Total		2288	1.00

Position Classification	Work task and/or Statutory Citation	Number of hours	FTE
Vaccine Manager - HPIV	Develops and manages the vaccine spend plan for all of Colorado's federally-funded (VFC and Section 317) vaccines totaling more than 1,000,000 doses worth \$42 million.	520	0.25
	Implements and enforces policies to ensure that publicly funded vaccines are administered only to eligible individuals and that vaccine is properly stored and managed.	1040	0.50
	Ensures access to publicly funded vaccine by managing a network of over 600 public and private providers to administer vaccine to eligible children throughout Colorado.	520	0.25
Total		2080	1.00

Position Classification	Work task and/or Statutory Citation	Number of hours	FTE
Public Health Nurse Consultant - PHN	Conducts site visits to enroll providers into the program and to assess their compliance with VFC Program requirements.	936	0.45
	Works with VFC providers to identify and resolve issues complying with VFC Program requirements.	728	0.35
	Tracks and monitors progress of VFC Compliance Site Visits conducted by team of 14 nurse reviewers. Over 300 providers receive VFC Compliance Site Visits each year.	416	0.20
Total		2080	1.00

Position Classification	Work task	Number of hours	FTE
Vaccine Ordering Analyst - GPI	Processes over 32,000 individual vaccine transactions each year.	1560	0.75
	Advises new and existing providers on VFC program requirements and recommendations.	312	0.15
	Coordinates VFC vaccine transfers between VFC providers.	208	0.10
Total		2080	1.00

Position Classification	Work task	Number of hours	FTE
Health Educator - HP111	Implements immunization education strategies and activities to promote vaccine best practices and improve knowledge of vaccines and vaccine preventable diseases among clinicians in the state.	832	0.40
	Implements immunization outreach strategies and activities to promote vaccine uptake and increase awareness of immunizations throughout the state.	832	0.40
	Oversees the development and maintenance of the Section's website.	416	0.20
Total		2080	1.00

Position Classification	Work task	Number of hours	FTE
Administrative Assistant - AAll	Provides general administrative support for the Immunization Section, including: logistics for internal/external meetings and trainings; manages multiple contact lists, forms, and surveys, fills orders for educational materials; monitors general immunization mailbox.	832	0.40
	Provides back-up support to CIIS User Helpdesk and Division phone line/front desk.	416	0.20
	Manages all CIIS implementation and VFC enrollment materials; communicates and monitors compliance with implementation and enrollment requirements, policies and procedures.	416	0.20
	Supports SB222 Taskforce and HB-1288 policy implementation.	416	0.20
Total		2080	1.00

Total FTE	10.00
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Appendix B: Project Cost

A) On-going Costs, 3.0 FTE

Description	Hours per Year	FTE	Initial year cost based on 11 months of FTE	On-going cost	Assumptions
I. Ordering/Inventory Management Coordinators (2 Health Professional III positions)					
Provides technical assistance and customer support to LPHAs and providers that order and manage vaccine inventory in CIIS	2,080	1.00			
Responds to LPHA and VFC provider calls/emails requesting technical assistance; including how to reconcile inventory	960	0.46			
Develops training documents, tutorials, computer-based trainings, webinars, etc. for LPHAs and VFC providers around vaccine ordering and inventory management; provides training to newly enrolled VFC providers	416	0.20			
Provides input on CIIS functionality development that impacts the Inventory and Vaccine Ordering modules	104	0.05			
Leads regression testing activities of all Vaccine Ordering functionality after each CIIS baseline upgrade	104	0.05			
Promotes and demonstrates inventory management and vaccine ordering best practices to LPHAs and providers	208	0.10			
Develops standards for internal staff on how to respond to vaccine ordering and inventory management issues	208	0.10			
Ordering/Inventory Management Coordinators Subtotal	2,000	2.0	\$135,933	\$147,924	Prorated for 11 months in the first year

II. Billing Support Liaison 1 Health Professional III					
Responds to LPHA and provider calls/emails requesting technical assistance	600	0.29			
Develops CIIS training documents, tutorials, computer-based trainings, webinars, etc. for LPHAs and providers.	400	0.19			
Develops communications specific to LPHAs and providers about new CIIS billing functionality	200	0.10			
Provides input on CIIS functionality development that impacts the billing module	100	0.05			
Serves as a liaison to external entity who performs third-party billing on behalf of LPHAs/providers	200	0.10			
Serves as project manager for billing module enhancements to include private insurers	400	0.19			
Runs administrative-level billing reports to provide to third-party biller for reimbursement	100	0.05			
Billing Support Liaison Subtotal	2,000	1.0	\$67,968	\$73,962	Prorated for 11 months in the first year
Total On-going Costs, Personal Services	4,000	3.0	\$203,901	\$221,887	

B) On-going Costs, Operating Expenses

Description			Year 1 Cost	on-going cost	assumptions
Annual maintenance and support for billing module			\$0	\$18,000	Maintenance and Support begins in Year 2 after enhancements are developed in Year 1
Operating costs for FTE			\$2,611	\$2,850	\$500 for basic Operating and \$450 for telephone prorated for 11 months in the first year.
On-going Costs Subtotal			206,512	242,737	

Calculation Assumptions:

Operating Expenses -- Base operating expenses are included per FTE for \$500 per year. In addition, for regular FTE, annual telephone costs assume base charges of \$450 per year.

Standard Capital Purchases -- Each additional employee necessitates the purchase of a Personal Computer (\$900), Office Suite Software (\$330), and office furniture (\$3,473).

General Fund FTE -- New full-time General Fund positions are reflected in FY 2015-16 as 0.9166 FTE to account for the pay-date shift.

Expenditure Detail		FY 2015-16		FY 2016-17	
<i>Personal Services:</i>		FTE		FTE	
	Monthly Salary				
Health Professional III, Orderin		0.9	49,838	1.0	54,408
PERA	4,534.0		5,059		5,522
AED			2,193		2,612
SAED			2,118		2,584
Medicare			723		789
STD			110		120
Health-Life-Dental			7,927		7,927
Subtotal Position 1, ## FTE		0.9	\$ 67,968	1.0	\$ 73,962
	Monthly Salary				
Health Professional III, billing :		1.8	99,675	2.0	108,816
PERA	4,534.0		10,117		11,045
AED			4,386		5,223
SAED			4,236		5,169
Medicare			1,445		1,578
STD			219		239
Health-Life-Dental			15,854		15,854
Subtotal Position 2, ## FTE		1.8	\$ 135,933	2.0	\$ 147,924
Subtotal Personal Services		2.7	\$ 203,901	3.0	\$ 221,887
<i>Operating Expenses</i>					
Regular FTE Operating	500	2.7	1,374	3.0	1,500
Telephone Expenses	450	2.7	1,237	3.0	1,350
PC, One-Time	1,230	3.0	3,690		
Office Furniture, One-Time	3,473	3.0	10,419		
Annual maintenance and			-		18,000
General configurations and	120	1,320.0	158,400	-	
Other			-		
Other			-		
Subtotal Operating Expenses			\$ 175,120		\$ 20,850
TOTAL REQUEST		2.7	\$ 379,021	3.0	\$ 242,737
<i>General Fund:</i>					
<i>Cash funds:</i>					
<i>Reappropriated Funds:</i>					
<i>Federal Funds:</i>					

Schedule 13

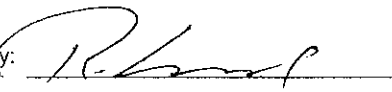

Funding Request for the FY 2015-16 Budget Cycle

Department of Public Health and Environment

PB Request Number R-07

Request Titles

R-07 Assisted Living Staffing

Dept. Approval By: 	<input type="checkbox"/>	Supplemental FY 2014-15
	<input checked="" type="checkbox"/>	Change Request FY 2015-16
	<input type="checkbox"/>	Base Reduction FY 2015-16
OSPB Approval By: 	<input type="checkbox"/>	Budget Amendment FY 2015-16

Line Item Information	Fund	FY 2014-15		FY 2015-16		FY 2016-17
		Appropriation	Request	Base Request	FY 2015-16	Continuation
	Total	\$1,701,656	\$0	\$1,757,993	\$249,407	\$236,792
	FTE	11.5	-	11.4	3.0	3.0
Total of All Line Items	GF	\$64,029	\$0	\$72,741	\$0	\$0
	CF	\$1,428,732	\$0	\$1,476,357	\$249,407	\$236,792
	RF	\$170,699	\$0	\$170,699	\$0	\$0
	FF	\$38,196	\$0	\$38,196	\$0	\$0

Line Item Information	Fund	FY 2014-15		FY 2015-16		FY 2016-17
		Appropriation	Request	Base Request	FY 2015-16	Continuation
	Total	\$314,541	\$0	\$314,541	\$7,152	\$7,152
	CF	\$215,026	\$0	\$215,026	\$7,152	\$7,152
01. Administration and Support -- Vehicle Lease Payments	FF	\$38,196	\$0	\$38,196	\$0	\$0
	GF	\$620	\$0	\$620	\$0	\$0
	RF	\$60,699	\$0	\$60,699	\$0	\$0

	Total	\$1,387,115	\$0	\$1,443,452	\$242,255	\$229,640
	CF	\$1,213,706	\$0	\$1,261,331	\$242,255	\$229,640
10. Health Facilities and Emergency Medical Services - Home and Community Survey	FTE	11.5	-	11.4	3.0	3.0
	GF	\$63,409	\$0	\$72,121	\$0	\$0
	RF	\$110,000	\$0	\$110,000	\$0	\$0

Letternote Text Revision Required? Yes <input type="checkbox"/> No <input type="checkbox"/> X <input checked="" type="checkbox"/>	If Yes, describe the Letternote Text Revision:
Cash or Federal Fund Name and CORE Fund Number:	
Reappropriated Funds Source, by Department and Line Item Name	
Approval by OIT? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required X <input checked="" type="checkbox"/>	
Schedule 13s from Affected Departments:	
Other Information:	



COLORADO

Department of Public Health and
Environment

Priority: R-7
Assisted Living Staffing
FY 2015-16 Decision Item Request

Cost and FTE

- This request is for \$249,407 and 3.0 FTE in FY 2015-16 and \$236,792 and 3.0 FTE in on-going Cash Fund (Assisted Living Residence Fund), spending authority to improve safety and quality of life for residents in assisted living facilities.
- Fees will need to be raised to cover the costs of the requested 3.0 FTE.

Current Program

- The Health Facilities Division is responsible for ensuring that assisted living facilities meet health and safety standards in caring for their residents.
- The Program oversees 586 assisted living facilities by performing inspections to ensure that residents are receiving appropriate care.
- Staff evaluates critical aspects of care such as: medication administration; cleanliness and safety of the environment; protective oversight/personal services; and compliance with food safety regulations.
- The Program inspects facilities using a risk-based model. The goal is to visit facilities with a history of strong health and safety practices every three years and facilities with deficient health and safety practices more frequently.

Problem or Opportunity

- The number of assisted living facilities has increased by approximately ten each year for the last nine years.
- With current staffing the Program will only be able to visit 220 of the 265 facilities scheduled for review this year.
- The Program is only able to revisit the 25 facilities with the most severe violations to verify that deficient practices have been addressed.

Consequences of Problem

- Failure to resolve health and safety problems in assisted living facilities can result in discomfort, illness and even death for residents.

Proposed Solution

- The Department is requesting \$249,407 and 3.0 FTE in FY 2015-16 and \$236,792 and 3.0 FTE in on-going cash fund spending authority to protect residents in assisted living facilities.
- With three additional staff, the Program will be able to visit all facilities every three years and will be able to visit high-risk facilities more frequently as indicated by the risk model.
- The Program will be able to revisit 133 facilities. This ensures that facilities with all but the most minor violations receive a follow-up visit to ensure that problems have been remedied.



COLORADO

Department of Public Health and Environment

FY 2015-16 Funding Request | November 1, 2014

John W. Hickenlooper
Governor

Larry Wolk, MD MSPH
Executive Director

Department Priority: R-7
Request Detail: Assisted Living Staffing

Summary of Incremental Funding Change for FY 2015-16	Total Funds	Cash Fund
Assisted Living Staffing	\$249,407	\$249,407

Problem or Opportunity:

This request seeks 3.0 FTE and \$249,407 in FY 2015-16 and 3.0 FTE and \$236,792 in on-going cash fund spending authority to better protect residents in Assisted Living Facilities.

The Health Facilities Division of the Department of Public Health and Environment is responsible for ensuring that assisted living facilities meet health and personal safety standards in caring for their residents. Assisted living residences provide a home-like atmosphere for residents. Typically each resident is capable of some self care (i.e. ambulating, eating, etc) and they each have their own apartment in the facility. The facility provides 24/7 staff support for dressing, bathing and medication administration. The facilities also provide meals and some activities for the residents. Each resident has services tailored to their individual needs. Most assisted living residences do not have registered nurses on staff and thus they are not able to respond to residents' needs that require skilled nursing care. However, many seniors wish to "age in place," meaning that they prefer to remain in the assisted living residence rather than transitioning to a nursing home as their medical needs increase, which leads to a higher risk for illness and/or injury. While state regulations allow for this, facilities need to be able to provide the level of care that the residents require, which necessitates that the facilities be surveyed/inspected to ensure that they are providing care that meets the residents' needs. Failure to provide appropriate care can result in negative health impacts up to and including death.

The Assisted Living Residence Program oversees 586 assisted living facilities by performing inspections to ensure that residents are receiving appropriate care. The industry is adding an average of ten additional facilities in Colorado each year. CDPHE staff evaluates critical aspects of care such as: medication administration; cleanliness and personal safety of the environment; protective oversight/personal services; and compliance with food safety regulations.

The Program's goal is to visit facilities with a history of strong health and personal safety practices every three years and facilities with deficient health and personal safety practices more frequently to protect

residents. The Program uses a combination of a tiered inspection (risk-based model) and extended survey cycle as described in statute.

C. R.S. 25-1.5-103 (1) (C) (2014)

The department shall extend the survey cycle or conduct a tiered inspection or survey of a health facility licensed for at least three years and against which no enforcement activity has been taken, no patterns of deficient practices exist, as documented in the inspection and survey reports issued by the department, and no substantiated complaint resulting in the discovery of significant deficiencies that may negatively affect the life, health, or safety of consumers of the health facility has been received within the three years prior to the date of the inspection.

Using the risk/extended survey model, the Program needs to visit approximately 265 facilities each year. Approximately 50% or 133 of those facilities will have a pattern of deficient practice that has a potential for harm to the health and personal safety of residents. Those deficient facilities should be revisited to ensure that the issue has been resolved. The Program also receives 180 to 200 complaints each year. Not all of these complaints are substantiated, nor do they all result in the discovery of significant deficiencies; however, all complaints need to be investigated to some degree.

While the statute does not state what the maximum time between inspections can be for well performing facilities, based on the requirements that extended surveys review three years of data, the Program has interpreted that to mean that each facility should be seen at least every three years to evaluate the survey history according to statute.

Inspection history data indicates that the average time for an inspection as well as to resolve a complaint is 23.73 hours. This includes:

- 1.43 hours of preparation;
- 7.8 hours onsite;
- 12.9 hours for analysis and report generation;
- 1.6 hours for travel.

With current staffing the Program will only be able to visit 220 of the 265 facilities scheduled for review this year. The 45 facilities that do not get surveyed will then be added back into the list for the next year's survey – and this will extend the length of time between surveys for other facilities. Some facilities may not be surveyed for four years.

Currently, the Program is only able to revisit the 25 facilities with the most severe violations to verify that inappropriate practices have been addressed. Therefore, an additional 108 revisits need to be added to the workload (133 facilities needing revisits – 25 currently in the workload = 108 additional). Without completing onsite revisits, the Program cannot ensure that all violations have been corrected. Instead, the Program relies on the documentation from the facility to indicate that corrections have been made. In some instances, subsequent surveys have found that what the Program thought had been corrected based on documentation from the facility had not been corrected in practice. For example, one facility had an

infestation of bed bugs, and the facility's attempts to use household insecticides had failed resulting in continued infestation. A second facility failed to ensure that additional staff had been assigned to monitor the whereabouts of residents with diagnoses of Alzheimer's disease, as stated in the plan of correction.

The Assisted Living Program has held a number of Lean events and has made improvements to their processes. These improvements include:

1. Post survey time - Since the Lean event the Deficiency List (list of all issues observed and documented during the survey) review process was revised to have one reviewer, rather than two, and a ten day deadline was implemented for surveyors to turn the Deficiency List in for review. An electronic review process was initiated between the supervisor and program manager, the results of which are more clear and concise to the surveyor and facilities when they receive the Deficiency List. The surveyors create the Deficiency Lists and reports from complaint surveys. The supervisor will review and edit the documents, and track to ensure timely completion of documentation. The Program manager becomes involved during enforcement proceedings or if conferences need to be held with the facility administrators.
2. Forms - The forms used during the survey process were reduced in number and many of them were placed into an optional forms folder as tools surveyors could use if they chose. Several other forms were consolidated into fill-able PDF's where redundant information that was on a form was automatically filled when the surveyor entered it into one of the other linked forms.
3. Survey results - A form was created to share potential deficiencies with facility administrators at the conclusion of the survey.
4. Tools - Tools to help surveyors apply regulations more efficiently include an electronic survey guidance interactive workbook. This workbook will allow the surveyor to click on particular categories which relate to a situation they are experiencing onsite and the tool will identify regulations that pertain to the situation and potential items the surveyor should pursue.

Even with these improvements to the survey process and the implementation of the risk-based and extended survey cycles, the Program needs additional staff to respond to the increased number of facilities and to follow-up on deficiencies from inspections.

This program is funded by a combination of cash funds and General Funds. The General Funds are used to help keep annual licensing fees low for the facilities, particularly since many facilities are very small with less than five beds. The cash fund has had excess cash reserves for several years. In FY 2012, the fees were decreased in order to reduce the cash balances. Based on the current fee structure, the division will need to increase fees in order to fund this request. See Appendix B for more detail on potential fee increases. This request will not necessitate an increase in the Medicaid funding received from the Department of Health Care Policy and Financing as facilities with high Medicaid utilization will not experience the per bed fee increase.

Proposed Solution:

- The Department is requesting 3.0 FTE and \$249,407 in FY 2015-16, and 3.0 and \$236,792 in on-going cash funds to protect the well-being of residents in assisted living facilities. With the addition of three staff, the Program will be able to visit all facilities every three years and will be able to visit high-risk facilities more frequently. The Program will also be able to revisit an additional 108 (for a total of 133) facilities each year which ensures that facilities with all but the most minor violations receive a follow-up visit to confirm that problems have been remedied.
- The number of assisted living facilities in Colorado has steadily increased, adding an average of ten facilities per year for the last nine years. As of 05/12/14 there are 225 Assisted Living Residences (private pay only), 335 Alternative Care Facilities (Medicaid and private pay), and 26 Residential Treatment Facilities (Mental Health) for a total of 586 facilities. There are currently 18,852 beds (which is 34% of the beds from all health care facilities in the State).

Year	ALR		ACF		RTF		Total	
	Facilities	Beds	Facilities	Beds	Facilities	Beds	Facilities	Beds
FY 2013 -14	225		335		26		586	18,852
FY 2012 -13	203	8,732	331	8,191	28	299	562	17,222
FY 2011-12	198	8,508	328	8,209	29	313	555	17,030
FY 2010-11	198	8,196	308	7,843	30	326	536	16,365

With the increase in funding and FTE, the Program will be able to manage the annual workload more effectively, which will ensure that each facility will be visited at a minimum of once every three years. The facilities with poor compliance history or substantiated complaints will be seen more frequently – up to annually for regular surveys, and possibly more often for additional complaint investigations. The benefits of increased survey frequency are twofold. First, the residents of the facilities (and their families) benefit because there is oversight to ensure that the facility is practicing in ways that protect the health and well being of the residents. Secondly, the administrators of the facilities benefit. The benefits for the facilities include additional technical assistance that is rendered onsite during surveys about rules, regulations and best practices. In addition, the administrators benefit because they are assured that all facilities are practicing on a level playing field and that no facilities are able to “cut corners” because they won’t be surveyed for extraordinary lengths of time.

If this request is not approved, the length of time between surveys of assisted living residences will continue to increase over time. The staff find concerning problems when conducting a survey.

1. The facility failed to protect residents by allowing a resident to cook in his/her apartment when the resident had a history of forgetfulness and would leave the stove on (with food), thus causing fire danger.
2. Another facility was cited for failure to protect residents from physical and emotional abuse from another resident.

The top three violations during the last year were related to administration or storage of medication. There were 195 violations identified in these categories. See Appendix C for more examples of survey findings. These examples are just a small representation of problems staff found during a survey that the facilities failed to recognize as deficient practice. With current resources, Program staff are unable to revisit the facilities to confirm that the issues were addressed. By surveying more frequently, the deficient practices are identified, and ultimately resolved, whereas when the facilities are not surveyed the facility may think they are doing everything correctly.

The Department has worked for several years to manage the Program through increased Lean activities and adjustments to the criteria used to determine when a facility should be surveyed. No other alternatives to increasing the FTE and funding were identified.

This request includes funding for two vehicles to allow the surveyors to travel (in state) to the facilities that need to be surveyed.

Anticipated Outcomes:

If authorized, this request would allow the Program to meet its goal that all facilities be seen at least once every three years and that high-risk and new facilities will be seen each year until the facility is able to meet the three year extended survey cycle criteria dictated in statute. Additionally, the added staffing will allow all facilities with a serious deficiency to have an on-site revisit to ensure compliance with the regulations. Using the additional staff, the Program will increase the number of facilities surveyed each year in order to maintain the extended survey cycle of every facility every three years. Furthermore, the number of active complaint investigations should stay stable in the short term, but ideally over the long term (5 – 7 years) the number of complaints should decrease as the day to day practices of the facilities improve.

The goal is to ultimately decrease the number of complaints received as a function of the number of facilities. Currently the Program receives approximately 180 complaints per year for 586 facilities or 0.31 complaints per facility. As the facilities are surveyed on a more frequent basis (and improve their practices based on the deficiencies cited) complaints should drop. The Program's goal would be 0.25 complaints per facility per year, by FY 2020-21.

Assumptions and Calculations:

This request is for \$249,407 and 3.0 FTE cash fund spending authority. The FTE will be hired at the Health Professional III level. The entrance salary for Health Professional III's (non-nurses) in the division is \$4,613 per month. While this is above the minimum for the pay range, all surveyors in the division are hired at this rate. The in-grade hiring rate allows the division to retain staff and avoid the costs of hiring and retraining new staff. This higher salary is needed to compensate staff because of the difficult jobs that they perform. The role of a surveyor is often challenging because the facilities generally do not want people coming in and investigating what they do on a day to day basis. In addition, the positions require almost constant travel overnight which takes the employee away from their families for extended periods of time.

This higher starting salary is less costly than the expense of hiring and training on a regular basis due to high turnover.

Appendix A includes a detailed list of cost calculations.

Below is a list of calculations used to determine the correct number of FTE to hire to meet the desired workload of the Program.

Scheduled surveys:

Currently, the Program has 6.5 FTE working on surveys. Other staff provide supervision, workflow management, office support, and complaint intake.

- Note that the Program is growing by an average of ten facilities per year (92 facilities increase over a nine year period). The Program will need to add an additional surveyor on a regular basis to meet growing program workload.
- Non-survey time for employees includes sick leave, annual leave, holidays, required meetings, and required training = 787 hours per surveyor. Survey time available = 1,293 per FTE.
- The average survey takes 23.73 hours. This 23.73 is the average across all survey types, sizes, regular, scheduled surveys, complaints and revisits.
- The current goal is to survey 265 facilities each year, with regular scheduled surveys. (23.73 hours X 265 facilities = 6,288 hours needed)

Complaints:

Another source of workload for the Program is complaints. The program receives an average of 180-200 complaints each year. Currently, based on a triage process and staff capacity, the program investigates approximately 120 complaints each year onsite. The remaining 60 to 80 complaints can be addressed without a site visit. Onsite complaint investigations take a total of 2,817 hours (23.73 hours X 120 facilities = 2,848 hours).

Revisits:

- Currently, the staff conducts revisits on all most serious deficiencies C level deficiencies and above (See Appendix C). The division would like to perform revisits on all B level deficiencies and above, but are currently unable to do so. Existing resources can conduct an average of 25 revisits per year. This only allows the Program to revisit facilities with the most severe violations. Based on FY 2013-14 (year to date data through April 30) the Program should identify approximately 334 B level deficiencies (251 / 3 completed quarters = 83.66 per quarter X 4 quarters for the full year = 334.)

This number of violations would require a total of 133 revisits per year (based on an average of 2.5 B level deficiencies cited per facility). (23.73 hours X 133 total revisits = 3,156 Hours)

- Total = 6,288 for 265 scheduled surveys, + 2,848 for 120 complaint investigations, + 3,156 for 133 Revisits = 12,292
- 12,292 needed survey hours / 1,293 survey hours per FTE = 9.5

- Currently, there are 6.5 survey staff so an additional 3.0 FTE is needed.
- Estimated fee increases are included in Appendix B. It should be noted that these fee increases are estimates only, and cover only the cost of this request. The fee increases shown do not address the potential insolvency of the cash fund.

This request does not include POTS or indirect cost recoveries. Those funds will be appropriated through other funding mechanisms.

Appendix A – Cost Calculations

		Budget Year		Future year	
Position Classification	Monthly Salary	FTE Amount	Annual Salary based on FTE	FTE Amount	Annual Salary based on FTE
Health Professional III	\$4,613	3.00	\$166,068	3.00	\$166,068
Base Salary Subtotal		3.00	\$166,068	3.00	\$166,068
PERA Costs	10.15%		\$16,856		\$16,856
Medicare Costs	1.45%		\$2,408		\$2,408
Total Personnel Costs			\$185,332		\$185,332
		Budget year		future year	
Operating Costs	Cost	Applicable FTE count	Total	Applicable FTE count	Total
Basic Operating Expenditures	\$500	3.0	\$1,500	3.0	\$1,500
Telephone	\$450	3.0	\$1,350	3.0	\$1,350
Computers	\$900	3.0	\$2,700	0.0	\$0
Software	\$330	3.0	\$990	0.0	\$0
Furniture	\$3,473	3.0	\$10,419	0.0	\$0
Travel costs	121.0	12	\$1,452	12	\$1,452
Vehicles	298.0	24	\$7,152	24	\$7,152
IT services			\$0		\$0
legal services	91.08		\$0		\$0
Operating expenditures - Official Function	0.0	0	\$0		\$0
Other operating expenditures			\$0		\$0
Subtotal other operating costs			\$8,604		\$8,604
Total Operating Costs			\$25,563		\$11,454
Costs Not Included		Budget year		Future year	
	Appl. Rate		Total		Total
Health/Life/Dental insurance prorated to applicable FTE	\$7,9271	3.00	\$23,782	3.00	\$23,782
Short-term Disability insurance	0.22%		\$365		\$365

PERA Amortization Equalization Disbursement and Supplemental Amortization Equalization Disbursement			\$14,365		\$15,859
Subtotal Additional Staff Costs			\$38,512		\$40,006
Indirect Costs - Cash or Reappropriated Programs	22.90%		\$55,618		\$52,805
Total Indirect Cost			\$55,618		\$52,805
Total Costs excluding indirects		budget year	\$249,407	future year	\$236,792
TOTAL			\$305,025		\$289,597

Appendix B –Estimated Fee increases

Fee Impact based on CURRENT FEES that are CHANGING					
Type of Fee	Current Fee Level	Potential Fee	Fee Change	Number of entities that will be affected	Incremental Fee impact (revenues)
Initial Fee	\$5,000.00	\$5,000.00	\$0.00	10	\$0.00
Bed fee regular	\$30.00	\$56.00	\$26.00	9,884	\$256,986.69
Bed Fee High Medicaid	\$15.00	\$15.00	\$0.00	8,966	\$0.00
Renewal Fee	\$150.00	\$200.00	\$50.00	576	\$28,800.00
Change of Ownership	\$5,000.00	\$5,000.00	\$0.00	45	\$0.00
Total					\$285,786.69

Appendix C – Survey findings

Scope and severity that ranges from A to E, for each deficiency written.

A - **Isolated** event with minimum **potential to** cause harm

B - **Pattern** of deficient practice

C - **Isolated or pattern** of deficient practice that **has** caused harm

D - **Pattern** of deficient practice that **has** caused harm or death

E - **Pattern** of deficient practice that **can** cause death to **more than one person**

Examples:

Level E deficiency: Survey- failure to provide protective oversight. Specifically, it was determined that a resident with a diagnosis of macular degeneration, forgetfulness and tremors, was admitted to the facility with a documented history of unsafe cooking practices and hoarding. Resident had repeated incidents in which his/her forgetfulness while cooking, resulted in the activation of smoke detectors in his/her room. The facility failed to respond to an occupational evaluation, which deemed the resident unsafe to cook without supervision, and the resident's unsafe cooking behaviors continued, placing this resident and other residents at risk. The life threatening situation was removed upon direction of the Department on 5/9/13, when the facility removed the electrical cord to the stove.

Level C deficiency: Revisit- failure to provide protective oversight to resident #5. Specifically, resident #5 self administered all of his/her medications. There were three documented incidents where resident #5 had forgotten to take his/her medications. As a result, emergency medical services were summoned to provide evaluation. Despite staff knowledge of the resident's decline in cognitive functioning and the resident's lack of ability to safely self-administer medications, the facility failed to reassess the resident and increase monitoring of the resident to ensure medications were being taken as ordered.

Level C deficiency: Survey- failure to comply with written physician orders for the administration of medication and treatment for one current and former resident. Specifically, the findings established the former resident suffered from pain and emotional distress from the lack of pain medications, which resulted in the former resident to seek assistance from two outside agencies.

Level B deficiency: Survey - failure to protect five residents residing in the secured environment from being emotionally and physically abused by another resident. Resident yelled and grabbed other residents approximately three months prior to the survey. The resident verbally berated residents and physically removed one resident from a room. On another occasion, the resident was standing over another resident, who s/he had pushed to the ground. The down resident sustained scratches and a skin tear, and police were notified. Resident yelled at another resident in an exercise group, which escalated to slapping. Staff confirmed during interviews that the resident had uncontrollable anger and aggressive behavior. An administrative staff member confirmed the resident posed a current risk to residents, however, there was no evidence found to indicate the facility had put a system in place to effectively intervene to protect other residents.

Level A deficiency: Survey- failure to protect the right of one resident to make decisions and choices regarding his/her care and treatment. Resident stated the facility was currently serving him/her a mechanical soft diet, s/he disliked the diet and had told staff, however, staff continued to serve him/her the mechanical soft diet. The resident was determined to be alert and oriented and capable of making his/her own decisions. The family member confirmed the facility was restricting the resident's food choices, and that the resident was capable of making his/her own decisions. The family member stated that the resident made his/her own food choices when they took him/her out to eat, with no concerning side effects.

Calculation Assumptions:

Operating Expenses -- Base operating expenses are included per FTE for \$500 per year. In addition, for regular FTE, annual telephone costs assume base charges of \$450 per year.

Standard Capital Purchases -- Each additional employee necessitates the purchase of a Personal Computer (\$900), Office Suite Software (\$330), and office furniture (\$3,473).

General Fund FTE -- New full-time General Fund positions are reflected in FY 2015-16 as 0.9166 FTE to account for the pay-date shift.

Expenditure Detail		FY 2015-16		FY 2016-17	
<i>Personal Services:</i>		FTE		FTE	
	Monthly Salary				
Health Professional III	\$ 4,613	3.0	166,068	3.0	166,068
PERA			16,856		16,856
AED			7,307		7,971
SAED			7,058		7,888
Medicare			2,408		2,408
STD			365		365
Health-Life-Dental			23,782		23,782
Subtotal Position 1, ## FTE		3.0	\$ 223,844	3.0	\$ 225,338
Subtotal Personal Services		3.0	\$ 223,844	3.0	\$ 225,338
<i>Operating Expenses</i>					
Regular FTE Operating	500	3.0	1,500	3.0	1,500
Telephone Expenses	450	3.0	1,350	3.0	1,350
PC, One-Time	1,230	3.0	3,690		
Office Furniture, One-Time	3,473	3.0	10,419		
Travel	121	12.0	1,452	12.0	1,452
Vehicle	298	24.0	7,152	24.0	7,152
Subtotal Operating Expenses			\$ 25,563		\$ 11,454
TOTAL REQUEST		3.0	\$ 249,407	3.0	\$ 236,792
<i>General Fund:</i>					
<i>Cash funds:</i>					
<i>Reappropriated Funds:</i>					
<i>Federal Funds:</i>					

Schedule 13

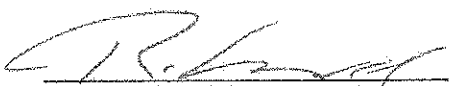
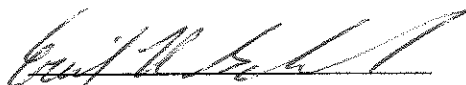
Funding Request for the FY 2015-16 Budget Cycle

Department of Public Health and Environment

PB Request Number R-08

Request Titles

R-08 Divisional Indirect Cost Recoveries

Dept. Approval By:		<input checked="" type="checkbox"/>	Supplemental FY 2014-15
		<input type="checkbox"/>	Change Request FY 2015-16
		<input type="checkbox"/>	Base Reduction FY 2015-16
OSPB Approval By:		<input type="checkbox"/>	Budget Amendment FY 2015-16

Line Item Information	Fund	FY 2014-15		FY 2015-16		FY 2016-17
		Appropriation	Request	Base Request	FY 2015-16	Continuation
	Total	\$274,662,555	\$0	\$270,703,776	\$15,126,539	\$15,126,539
	FTE	1,016.7	-	1,010.5	(0.0)	(0.0)
Total of All Line Items	GF	\$27,431,321	\$0	\$24,399,732	\$0	\$0
	CF	\$85,132,261	\$0	\$84,016,851	\$0	\$0
	RF	\$3,434,384	\$0	\$3,622,604	\$15,126,539	\$15,126,539
	FF	\$158,664,589	\$0	\$158,664,589	\$0	\$0

Line Item Information	Fund	FY 2014-15		FY 2015-16		FY 2016-17
		Appropriation	Request	Base Request	FY 2015-16	Continuation
	Total	\$4,830,340	\$0	\$5,460,185	\$38,352	\$38,352
	CF	\$3,317,146	\$0	\$3,516,146	(\$492,170)	(\$492,170)
	FF	\$0	\$0	\$0	(\$708,602)	(\$708,602)
01. Administration and Support - Health, Life, and Dental	GF	\$630,642	\$0	\$1,014,697	\$0	\$0
	RF	\$882,552	\$0	\$929,342	\$1,239,124	\$1,239,124

Line Item Information	FY 2014-15		FY 2015-16		FY 2016-17	
	Appropriation	Request	Base Request	FY 2015-16	Continuation	
	Total	\$105,081	\$0	\$115,379	(\$771)	(\$771)
	CF	\$70,720	\$0	\$71,684	(\$10,493)	(\$10,493)
01. Administration and Support - Short-term Disability	FF	\$0	\$0	\$0	(\$15,880)	(\$15,880)
	GF	\$16,126	\$0	\$21,677	\$0	\$0
	RF	\$18,235	\$0	\$22,018	\$25,602	\$25,602
	Total	\$1,968,820	\$0	\$2,384,487	(\$14,342)	(\$14,342)
	CF	\$1,325,199	\$0	\$1,481,662	(\$196,622)	(\$196,622)
01. Administration and Support - Amortization Equalization Disbursement	FF	\$0	\$0	\$0	(\$297,478)	(\$297,478)
	GF	\$301,919	\$0	\$448,010	\$0	\$0
	RF	\$341,702	\$0	\$454,815	\$479,758	\$479,758
	Total	\$1,845,769	\$0	\$2,303,198	(\$13,445)	(\$13,445)
	CF	\$1,242,374	\$0	\$1,431,151	(\$184,332)	(\$184,332)
01. Administration and Support - Supplemental Amortization Equalization Disbursement	FF	\$0	\$0	\$0	(\$278,886)	(\$278,886)
	GF	\$283,049	\$0	\$432,737	\$0	\$0
	RF	\$320,346	\$0	\$439,310	\$449,773	\$449,773
	Total	\$1,327,939	\$0	\$604,763	(\$10,256)	(\$10,256)
	CF	\$894,137	\$0	\$379,129	(\$132,665)	(\$132,665)
01. Administration and Support - Salary Survey	FF	\$0	\$0	\$0	(\$200,588)	(\$200,588)
	GF	\$203,751	\$0	\$111,743	\$0	\$0
	RF	\$230,051	\$0	\$113,891	\$322,997	\$322,997

Line Item Information	FY 2014-15		FY 2015-16		FY 2016-17	
	Appropriation	Request	Base Request	FY 2015-16	Continuation	
	Total	\$454,048	\$0	\$517,380	\$462	\$462
	CF	\$308,533	\$0	\$321,215	(\$45,778)	(\$45,778)
	FF	\$0	\$0	\$0	(\$67,640)	(\$67,640)
01. Administration and Support - Merit Pay	GF	\$64,405	\$0	\$100,403	\$0	\$0
	RF	\$81,110	\$0	\$95,762	\$113,880	\$113,880
	Total	\$3,316,302	\$0	\$3,368,964	(\$248,742)	(\$248,742)
	CF	\$1,957,915	\$0	\$2,010,577	(\$115,972)	(\$115,972)
	FF	\$1,352,500	\$0	\$1,352,500	(\$132,770)	(\$132,770)
02. Center for Health and Environmental Information - Personal Services	FTE	50.1	-	50.1	(2.4)	(2.4)
	RF	\$5,887	\$0	\$5,887	\$0	\$0
	Total	\$868,243	\$0	\$267,276	(\$882)	(\$882)
	CF	\$674,643	\$0	\$73,676	(\$882)	(\$882)
02. Center for Health and Environmental Information - Operating Expenses	FF	\$193,600	\$0	\$193,600	\$0	\$0
	Total	\$1,986,436	\$0	\$2,009,491	(\$156,778)	(\$156,778)
	CF	\$1,986,436	\$0	\$2,009,491	(\$156,778)	(\$156,778)
02. Center for Health and Environmental Information - Personal Services	FTE	25.9	-	25.9	(1.6)	(1.6)
	Total	\$172,110	\$0	\$172,110	(\$882)	(\$882)
	CF	\$172,110	\$0	\$172,110	(\$882)	(\$882)
02. Center for Health and Environmental Information - Operating Expenses						

Line Item Information	FY 2014-15		FY 2015-16		FY 2016-17	
	Appropriation	Request	Base Request	FY 2015-16	Continuation	
	Total	\$2,043,939	\$0	\$2,043,939	\$511,449	\$511,449
	CF	\$1,451,923	\$0	\$1,451,923	\$378,679	\$378,679
02. Center for Health and Environmental Information - Indirect Cost Assessment	FF	\$592,016	\$0	\$592,016	\$132,770	\$132,770
	Total	\$0	\$0	\$0	\$407,284	\$407,284
	FTE	-	-	-	4.0	4.0
02. Center for Health and Environmental Information - Program Costs	RF	\$0	\$0	\$0	\$407,284	\$407,284
	Total	\$504,971	\$0	\$512,656	\$590,795	\$590,795
	CF	\$504,971	\$0	\$512,656	\$0	\$0
	FTE	5.5	-	5.5	8.5	8.5
03. Laboratory Services - Director's Office	GF	\$0	\$0	\$0	\$381,892	\$381,892
	RF	\$0	\$0	\$0	\$208,903	\$208,903
	Total	\$4,715,072	\$0	\$4,778,234	(\$521,622)	(\$521,622)
	CF	\$2,448,322	\$0	\$2,494,431	(\$69,173)	(\$69,173)
	FF	\$1,320,300	\$0	\$1,320,300	(\$70,557)	(\$70,557)
03. Laboratory Services - Chemistry and Microbiology Personal Services	FTE	58.5	-	58.5	(8.5)	(8.5)
	GF	\$766,774	\$0	\$783,827	(\$381,892)	(\$381,892)
	RF	\$179,676	\$0	\$179,676	\$0	\$0
	Total	\$4,241,335	\$0	\$4,241,335	(\$69,173)	(\$69,173)
	CF	\$3,006,173	\$0	\$3,006,173	(\$69,173)	(\$69,173)
	FF	\$674,900	\$0	\$674,900	\$0	\$0
03. Laboratory Services - Chemistry and Microbiology Operating Expenses	GF	\$321,389	\$0	\$321,389	\$0	\$0
	RF	\$238,873	\$0	\$238,873	\$0	\$0

Line Item Information	FY 2014-15		FY 2015-16		FY 2016-17	
	Appropriation	Request	Base Request	FY 2015-16	Continuation	
	Total	\$2,183,861	\$0	\$2,183,861	\$362,123	\$362,123
	CF	\$1,711,675	\$0	\$1,711,675	\$274,176	\$274,176
03. Laboratory Services - Indirect Cost Assessment	FF	\$472,186	\$0	\$472,186	\$87,947	\$87,947
	Total	\$436,051	\$0	\$442,660	\$1,355,222	\$1,355,222
	CF	\$303,451	\$0	\$310,060	(\$303,451)	(\$303,451)
	FF	\$132,600	\$0	\$132,600	(\$132,600)	(\$132,600)
04. Air Pollution Control Division - Program Costs	FTE	4.5	-	4.5	10.9	10.9
	RF	\$0	\$0	\$0	\$1,791,273	\$1,791,273
	Total	\$4,072,606	\$0	\$4,072,606	\$2,072,320	\$2,072,320
	CF	\$3,364,327	\$0	\$3,364,327	\$1,334,300	\$1,334,300
04. Air Pollution Control Division - Indirect Cost Assessment	FF	\$708,279	\$0	\$708,279	\$738,020	\$738,020
	Total	\$3,122,851	\$0	\$3,199,699	(\$217,359)	(\$217,359)
	CF	\$2,043,151	\$0	\$2,119,999	(\$94,095)	(\$94,095)
04. Air Pollution Control Division - Personal Services	FF	\$1,079,700	\$0	\$1,079,700	(\$123,264)	(\$123,264)
	FTE	34.7	-	34.7	(3.0)	(3.0)
	Total	\$657,881	\$0	\$657,881	(\$158,309)	(\$158,309)
	CF	\$317,381	\$0	\$317,381	(\$68,532)	(\$68,532)
04. Air Pollution Control Division - Operating Expenses	FF	\$340,500	\$0	\$340,500	(\$89,777)	(\$89,777)

Line Item Information	FY 2014-15		FY 2015-16		FY 2016-17	
	Appropriation	Request	Base Request	FY 2015-16	Continuation	
	Total	\$2,571,995	\$0	\$2,641,159	(\$198,304)	(\$198,304)
	CF	\$2,401,095	\$0	\$2,470,259	(\$133,301)	(\$133,301)
04. Air Pollution Control Division - Personal Services	FF	\$170,900	\$0	\$170,900	(\$65,003)	(\$65,003)
	FTE	29.3	-	29.3	(2.9)	(2.9)
	Total	\$451,927	\$0	\$451,927	(\$144,431)	(\$144,431)
	CF	\$327,327	\$0	\$327,327	(\$97,087)	(\$97,087)
04. Air Pollution Control Division - Operating Expenses	FF	\$124,600	\$0	\$124,600	(\$47,344)	(\$47,344)
	Total	\$650,817	\$0	\$679,252	(\$40,657)	(\$40,657)
	CF	\$650,817	\$0	\$679,252	(\$40,657)	(\$40,657)
04. Air Pollution Control Division - Diesel Inspection / Maintenance Program	FTE	6.6	-	6.6	(0.3)	(0.3)
	Total	\$7,861,333	\$0	\$7,789,217	(\$337,094)	(\$337,094)
	CF	\$6,067,747	\$0	\$6,340,517	(\$235,237)	(\$235,237)
	FF	\$1,448,700	\$0	\$1,448,700	(\$101,857)	(\$101,857)
04. Air Pollution Control Division - Personal Services	FTE	97.3	-	92.3	(4.7)	(4.7)
	GF	\$344,886	\$0	\$0	\$0	\$0
	Total	\$622,837	\$0	\$522,647	(\$245,516)	(\$245,516)
	CF	\$399,547	\$0	\$399,547	(\$171,330)	(\$171,330)
04. Air Pollution Control Division - Operating Expenses	FF	\$123,100	\$0	\$123,100	(\$74,186)	(\$74,186)
	GF	\$100,190	\$0	\$0	\$0	\$0

Line Item Information	FY 2014-15		FY 2015-16		FY 2016-17	
	Appropriation	Request	Base Request	FY 2015-16	Continuation	
	Total	\$233,149	\$0	\$233,149	(\$13,552)	(\$13,552)
	CF	\$233,149	\$0	\$233,149	(\$13,552)	(\$13,552)
04. Air Pollution Control Division - Preservation of the Ozone Layer	FTE	2.0	-	2.0	-	-
	Total	\$9,166,692	\$0	\$9,377,967	(\$1,048,788)	(\$1,048,788)
	CF	\$3,694,241	\$0	\$3,819,461	(\$287,461)	(\$287,461)
	FF	\$3,325,900	\$0	\$3,325,900	(\$546,023)	(\$546,023)
05. Water Quality Control Division - Personal Services	FTE	104.6	-	104.6	(13.0)	(13.0)
	GF	\$2,108,553	\$0	\$2,194,608	(\$215,304)	(\$215,304)
	RF	\$37,998	\$0	\$37,998	\$0	\$0
	Total	\$1,694,854	\$0	\$1,694,854	(\$295,341)	(\$295,341)
	CF	\$117,471	\$0	\$117,471	(\$80,950)	(\$80,950)
	FF	\$802,500	\$0	\$802,500	(\$153,761)	(\$153,761)
05. Water Quality Control Division - Operating Expenses	GF	\$773,208	\$0	\$773,208	(\$60,630)	(\$60,630)
	RF	\$1,675	\$0	\$1,675	\$0	\$0
	Total	\$6,461,700	\$0	\$6,501,767	(\$434,866)	(\$434,866)
	CF	\$349,084	\$0	\$367,638	(\$24,477)	(\$24,477)
	FF	\$5,177,400	\$0	\$5,177,400	(\$325,964)	(\$325,964)
05. Water Quality Control Division - Personal Services	FTE	69.9	-	69.9	(5.5)	(5.5)
	GF	\$935,216	\$0	\$956,729	(\$84,425)	(\$84,425)

Line Item Information	FY 2014-15		FY 2015-16		FY 2016-17	
	Appropriation	Request	Base Request	FY 2015-16	Continuation	
	Total	\$1,463,024	\$0	\$1,463,024	(\$122,459)	(\$122,459)
	CF	\$1,750	\$0	\$1,750	(\$6,893)	(\$6,893)
05. Water Quality Control Division - Operating Expenses	FF	\$1,303,400	\$0	\$1,303,400	(\$91,792)	(\$91,792)
	GF	\$157,874	\$0	\$157,874	(\$23,774)	(\$23,774)
	Total	\$2,715,070	\$0	\$2,715,070	\$1,844,159	\$1,844,159
	CF	\$1,180,465	\$0	\$1,180,465	\$485,896	\$485,896
05. Water Quality Control Division - Indirect Cost Assessment	FF	\$1,534,605	\$0	\$1,534,605	\$1,358,263	\$1,358,263
	Total	\$0	\$0	\$0	\$1,901,454	\$1,901,454
	FTE	-	-	-	18.5	18.5
05. Water Quality Control Division - Program Costs	GF	\$0	\$0	\$0	\$384,135	\$384,135
	RF	\$0	\$0	\$0	\$1,517,319	\$1,517,319
	Total	\$303,753	\$0	\$307,596	\$2,196,190	\$2,196,190
	CF	\$264,353	\$0	\$268,196	(\$17,904)	(\$17,904)
06. Hazardous Materials and Waste Management Division - Program Costs	FTE	3.4	-	3.4	16.7	16.7
	RF	\$39,400	\$0	\$39,400	\$2,214,094	\$2,214,094
	Total	\$3,010,187	\$0	\$3,010,187	\$2,733,682	\$2,733,682
	CF	\$1,953,723	\$0	\$1,953,723	\$1,672,408	\$1,672,408
06. Hazardous Materials and Waste Management Division - Indirect Cost Assessment	FF	\$1,006,464	\$0	\$1,006,464	\$1,013,080	\$1,013,080
	RF	\$50,000	\$0	\$50,000	\$48,194	\$48,194

Line Item Information	FY 2014-15		FY 2015-16		FY 2016-17	
	Appropriation	Request	Base Request	FY 2015-16	Continuation	
	Total	\$4,610,332	\$0	\$4,610,332	(\$612,421)	(\$612,421)
	CF	\$2,204,432	\$0	\$2,204,432	(\$279,651)	(\$279,651)
06. Hazardous Materials and Waste Management Division - Personal Services	FF	\$2,405,900	\$0	\$2,405,900	(\$332,770)	(\$332,770)
	FTE	32.0	-	32.0	(6.1)	(6.1)
	Total	\$161,323	\$0	\$161,323	(\$24,774)	(\$24,774)
	CF	\$80,923	\$0	\$80,923	(\$343)	(\$343)
06. Hazardous Materials and Waste Management Division - Operating Expenses	FF	\$80,400	\$0	\$80,400	(\$24,431)	(\$24,431)
	Total	\$2,883,186	\$0	\$2,898,918	(\$462,439)	(\$462,439)
	CF	\$2,883,186	\$0	\$2,898,918	(\$462,439)	(\$462,439)
06. Hazardous Materials and Waste Management Division - Program Costs	FTE	24.7	-	24.8	(4.6)	(4.6)
	Total	\$5,601,927	\$0	\$5,601,927	(\$442,633)	(\$442,633)
	CF	\$1,523,327	\$0	\$1,523,327	(\$80,377)	(\$80,377)
06. Hazardous Materials and Waste Management Division - Personal Services	FF	\$4,078,600	\$0	\$4,078,600	(\$362,256)	(\$362,256)
	FTE	21.4	-	21.4	(0.6)	(0.6)
	Total	\$1,223,182	\$0	\$1,473,182	(\$19,121)	(\$19,121)
	CF	\$53,382	\$0	\$303,382	(\$4,337)	(\$4,337)
06. Hazardous Materials and Waste Management Division - Operating Expenses	FF	\$1,169,800	\$0	\$1,169,800	(\$14,784)	(\$14,784)

Line Item Information	FY 2014-15		FY 2015-16		FY 2016-17	
	Appropriation	Request	Base Request	FY 2015-16	Continuation	
	Total	\$219,805	\$0	\$224,971	(\$56,437)	(\$56,437)
	FF	\$27,600	\$0	\$27,600	(\$8,243)	(\$8,243)
06. Hazardous Materials and Waste Management Division - Uranium Mill Tailings Remedial Action Program	FTE	3.1	-	3.1	(0.6)	(0.6)
	RF	\$192,205	\$0	\$197,371	(\$48,194)	(\$48,194)
	Total	\$141,700	\$0	\$141,700	(\$21,897)	(\$21,897)
	FF	\$141,700	\$0	\$141,700	(\$21,897)	(\$21,897)
06. Hazardous Materials and Waste Management Division - Rocky Flats Program Costs	FTE	2.3	-	2.3	(0.2)	(0.2)
	Total	\$2,567,095	\$0	\$2,384,611	(\$475,215)	(\$475,215)
	CF	\$2,329,195	\$0	\$2,146,711	(\$426,292)	(\$426,292)
06. Hazardous Materials and Waste Management Division - Personal Services	FF	\$237,900	\$0	\$237,900	(\$48,923)	(\$48,923)
	FTE	24.6	-	24.2	(4.5)	(4.5)
	Total	\$267,719	\$0	\$265,539	(\$26,271)	(\$26,271)
	CF	\$100,219	\$0	\$98,039	(\$23,424)	(\$23,424)
06. Hazardous Materials and Waste Management Division - Operating Expenses	FF	\$167,500	\$0	\$167,500	(\$2,847)	(\$2,847)
	Total	\$3,442,216	\$0	\$2,941,356	(\$45,315)	(\$45,315)
	CF	\$2,942,216	\$0	\$2,941,356	(\$45,315)	(\$45,315)
06. Hazardous Materials and Waste Management Division - Waste Tire Administration, Enforcement, and Cleanup Program	FTE	5.1	-	5.1	(0.1)	(0.1)
	GF	\$500,000	\$0	\$0	\$0	\$0

Line Item Information	FY 2014-15		FY 2015-16		FY 2016-17	
	Appropriation	Request	Base Request	FY 2015-16	Continuation	
	Total	\$386,409	\$0	\$386,409	(\$4,318)	(\$4,318)
	CF	\$386,409	\$0	\$386,409	(\$4,318)	(\$4,318)
06. Hazardous Materials and Waste Management Division - Waste Tire Market Development	FTE	0.0	-	0.0	-	-
	Total	\$3,900,000	\$0	\$3,900,000	(\$5,348)	(\$5,348)
	CF	\$3,900,000	\$0	\$3,900,000	(\$5,348)	(\$5,348)
06. Hazardous Materials and Waste Management Division - Processors and End Users Reimbursement	FTE	0.0	-	0.0	-	-
	Total	\$2,697,704	\$0	\$2,770,105	(\$622,181)	(\$622,181)
	CF	\$962,961	\$0	\$1,008,426	(\$65,481)	(\$65,481)
	FF	\$499,200	\$0	\$499,200	(\$46,426)	(\$46,426)
07. Division of Environmental Health and Sustainability - Environmental Health Programs	FTE	26.4	-	26.4	(6.1)	(6.1)
	GF	\$1,128,110	\$0	\$1,153,134	(\$510,274)	(\$510,274)
	RF	\$107,433	\$0	\$109,345	\$0	\$0
	Total	\$919,836	\$0	\$919,935	(\$78,874)	(\$78,874)
	CF	\$266,836	\$0	\$266,935	(\$18,145)	(\$18,145)
07. Division of Environmental Health and Sustainability - Sustainability Programs	FF	\$653,000	\$0	\$653,000	(\$60,729)	(\$60,729)
	FTE	9.6	-	9.6	(1.0)	(1.0)
	Total	\$528,288	\$0	\$534,932	(\$29,155)	(\$29,155)
	CF	\$428,750	\$0	\$435,394	(\$29,155)	(\$29,155)
07. Division of Environmental Health and Sustainability - Animal Feeding Operations Program	FTE	4.0	-	4.0	(0.6)	(0.6)
	GF	\$99,538	\$0	\$99,538	\$0	\$0

Line Item Information	FY 2014-15		FY 2015-16		FY 2016-17	
	Appropriation	Request	Base Request	FY 2015-16	Continuation	
	Total	\$3,971,916	\$0	\$2,471,916	(\$163,368)	(\$163,368)
07. Division of Environmental Health and Sustainability - Recycling Resources Economic Opportunity Program	CF	\$3,971,916	\$0	\$2,471,916	(\$163,368)	(\$163,368)
	FTE	1.6	-	1.6	(0.2)	(0.2)
	Total	\$122,693	\$0	\$122,693	(\$8,343)	(\$8,343)
07. Division of Environmental Health and Sustainability - Oil And Gas Consultation Program	CF	\$122,693	\$0	\$122,693	(\$8,343)	(\$8,343)
	FTE	1.0	-	1.0	(0.1)	(0.1)
	Total	\$1,056,517	\$0	\$1,056,517	\$439,953	\$439,953
07. Division of Environmental Health and Sustainability - Indirect Cost Assessment	CF	\$643,354	\$0	\$643,354	\$323,840	\$323,840
	FF	\$413,163	\$0	\$413,163	\$116,113	\$116,113
	Total	\$0	\$0	\$0	\$901,921	\$901,921
	FTE	-	-	-	8.0	8.0
07. Division of Environmental Health and Sustainability - Program Costs	GF	\$0	\$0	\$0	\$510,274	\$510,274
	RF	\$0	\$0	\$0	\$391,647	\$391,647
	Total	\$1,284,837	\$0	\$1,323,061	\$1,659,557	\$1,659,557
	CF	\$6,538	\$0	\$6,538	\$0	\$0
	FF	\$160,039	\$0	\$160,039	(\$38,259)	(\$38,259)
08. Disease Control and Environmental Epidemiology Division - Program Costs	FTE	13.0	-	13.0	20.9	20.9
	GF	\$1,118,260	\$0	\$1,156,484	\$30,456	\$30,456
	RF	\$0	\$0	\$0	\$1,667,360	\$1,667,360

Line Item Information	FY 2014-15		FY 2015-16		FY 2016-17	
	Appropriation	Request	Base Request	FY 2015-16	Continuation	
	Total	\$3,276,814	\$0	\$3,276,814	(\$475,805)	(\$475,805)
	FF	\$2,447,500	\$0	\$2,447,500	(\$445,349)	(\$445,349)
08. Disease Control and Environmental Epidemiology Division - Immunization Personal Services	FTE	27.7	-	27.7	(5.1)	(5.1)
	GF	\$829,314	\$0	\$829,314	(\$30,456)	(\$30,456)
	Total	\$47,855,716	\$0	\$47,855,716	(\$20,498)	(\$20,498)
	CF	\$877,144	\$0	\$877,144	\$0	\$0
08. Disease Control and Environmental Epidemiology Division - Immunization Operating Expenses	FF	\$45,870,700	\$0	\$45,870,700	(\$20,498)	(\$20,498)
	GF	\$1,107,872	\$0	\$1,107,872	\$0	\$0
	Total	\$2,148,300	\$0	\$2,148,300	(\$262,460)	(\$262,460)
	FF	\$2,148,300	\$0	\$2,148,300	(\$262,460)	(\$262,460)
08. Disease Control and Environmental Epidemiology Division - Federal Grants	FTE	18.3	-	18.3	(3.6)	(3.6)
	Total	\$3,189,745	\$0	\$3,189,745	\$2,215,105	\$2,215,105
	CF	\$61,512	\$0	\$61,512	\$511	\$511
08. Disease Control and Environmental Epidemiology Division - Indirect Costs Assessment	FF	\$3,128,233	\$0	\$3,128,233	\$2,214,594	\$2,214,594
	Total	\$3,515,536	\$0	\$3,515,536	(\$295,848)	(\$295,848)
	CF	\$94,236	\$0	\$94,236	\$0	\$0
08. Disease Control and Environmental Epidemiology Division - Sexually Transmitted Infections, HIV and AIDS, Personal Srv.	FF	\$3,421,300	\$0	\$3,421,300	(\$295,848)	(\$295,848)
	FTE	44.7	-	44.7	(4.7)	(4.7)

Line Item Information	FY 2014-15		FY 2015-16		FY 2016-17	
	Appropriation	Request	Base Request	FY 2015-16	Continuation	
	Total	\$5,389,985	\$0	\$5,389,985	(\$24,077)	(\$24,077)
08. Disease Control and Environmental Epidemiology Division - Sexually Transmitted Infections, HIV and AIDS, Operating Exp	CF	\$1,786,585	\$0	\$1,786,585	(\$511)	(\$511)
	FF	\$3,603,400	\$0	\$3,603,400	(\$23,566)	(\$23,566)
	Total	\$988,518	\$0	\$988,518	(\$89,345)	(\$89,345)
	FF	\$966,500	\$0	\$966,500	(\$89,345)	(\$89,345)
08. Disease Control and Environmental Epidemiology Division - Ryan White Act, Personal Services	FTE	11.3	-	11.3	(1.1)	(1.1)
	GF	\$22,018	\$0	\$22,018	\$0	\$0
	Total	\$21,809,118	\$0	\$21,809,118	(\$10,282)	(\$10,282)
	CF	\$3,205,538	\$0	\$3,205,538	\$0	\$0
08. Disease Control and Environmental Epidemiology Division - Ryan White Act, Operating Expenses	FF	\$17,152,515	\$0	\$17,152,515	(\$10,282)	(\$10,282)
	GF	\$1,451,065	\$0	\$1,451,065	\$0	\$0
	Total	\$1,994,109	\$0	\$1,994,109	(\$187,066)	(\$187,066)
	FF	\$1,871,500	\$0	\$1,871,500	(\$187,066)	(\$187,066)
08. Disease Control and Environmental Epidemiology Division - Tuberculosis Control and Treatment, Personal Services	FTE	15.9	-	15.9	(2.8)	(2.8)
	GF	\$122,609	\$0	\$122,609	\$0	\$0
	Total	\$3,246,560	\$0	\$3,246,560	(\$17,223)	(\$17,223)
08. Disease Control and Environmental Epidemiology Division - Tuberculosis Control and Treatment, Operating Expenses	FF	\$2,057,799	\$0	\$2,057,799	(\$17,223)	(\$17,223)
	GF	\$1,188,761	\$0	\$1,188,761	\$0	\$0

Line Item Information	FY 2014-15		FY 2015-16		FY 2016-17	
	Appropriation	Request	Base Request	FY 2015-16	Continuation	
	Total	\$418,545	\$0	\$418,545	(\$7,756)	(\$7,756)
	CF	\$133,972	\$0	\$133,972	\$0	\$0
08. Disease Control and Environmental Epidemiology Division - Birth Defects Monitoring And Prevention Program Costs	FF	\$161,500	\$0	\$161,500	(\$7,756)	(\$7,756)
	FTE	4.7	-	4.7	(0.1)	(0.1)
	GF	\$123,073	\$0	\$123,073	\$0	\$0
	Total	\$1,452,300	\$0	\$1,452,300	(\$269,197)	(\$269,197)
08. Disease Control and Environmental Epidemiology Division - Environmental Epidemiology Federal Grants	FF	\$1,452,300	\$0	\$1,452,300	(\$269,197)	(\$269,197)
	FTE	11.8	-	11.8	(3.5)	(3.5)
	Total	\$120,233	\$0	\$130,409	\$2,728,672	\$2,728,672
	FTE	2.0	-	2.0	34.0	34.0
09. Prevention Services Division - Administration	GF	\$120,233	\$0	\$130,409	\$363,686	\$363,686
	RF	\$0	\$0	\$0	\$2,364,986	\$2,364,986
	Total	\$3,945,984	\$0	\$3,945,984	\$2,745,918	\$2,745,918
	CF	\$950,559	\$0	\$950,559	\$475,601	\$475,601
09. Prevention Services Division - Indirect Cost Assessment	FF	\$2,858,078	\$0	\$2,858,078	\$2,270,317	\$2,270,317
	RF	\$137,347	\$0	\$137,347	\$0	\$0
	Total	\$1,353,298	\$0	\$1,371,835	(\$169,198)	(\$169,198)
	FF	\$1,124,300	\$0	\$1,124,300	(\$135,491)	(\$135,491)
09. Prevention Services Division - Cancer Registry	FTE	11.6	-	11.6	(1.4)	(1.4)
	GF	\$228,998	\$0	\$247,535	(\$33,707)	(\$33,707)

Line Item Information	FY 2014-15		FY 2015-16		FY 2016-17	
	Appropriation	Request	Base Request	FY 2015-16	Continuation	
	Total	\$5,351,556	\$0	\$5,351,556	(\$514,512)	(\$514,512)
	CF	\$305,656	\$0	\$305,656	\$0	\$0.
09. Prevention Services Division - Chronic Disease and Cancer Prevention Grants	FF	\$5,045,900	\$0	\$5,045,900	(\$514,512)	(\$514,512)
	FTE	36.1	-	36.1	(5.7)	(5.7)
	Total	\$8,089,400	\$0	\$8,099,698	(\$272,329)	(\$272,329)
	CF	\$4,518,400	\$0	\$4,528,698	(\$134,879)	(\$134,879)
09. Prevention Services Division - Breast and Cervical Cancer Screening	FF	\$3,571,000	\$0	\$3,571,000	(\$137,450)	(\$137,450)
	FTE	10.2	-	10.2	(2.1)	(2.1)
	Total	\$690,325	\$0	\$700,469	(\$105,964)	(\$105,964)
	CF	\$690,325	\$0	\$700,469	(\$105,964)	(\$105,964)
09. Prevention Services Division - Cancer, Cardio, Chronic Pulmonary Disease Admin.	FTE	8.5	-	8.5	(1.8)	(1.8)
	Total	\$721,005	\$0	\$731,303	(\$146,268)	(\$146,268)
	CF	\$721,005	\$0	\$731,303	(\$146,268)	(\$146,268)
09. Prevention Services Division - Tobacco Education, Prevention, and Cessation - Admin.	FTE	9.1	-	9.1	(1.9)	(1.9)
	Total	\$4,256,480	\$0	\$1,288,680	(\$48,185)	(\$48,185)
	CF	\$200,000	\$0	\$200,000	(\$5,018)	(\$5,018)
09. Prevention Services Division - Oral Health Programs	FF	\$814,341	\$0	\$814,341	(\$20,434)	(\$20,434)
	FTE	6.3	-	5.3	(1.3)	(1.3)
	GF	\$3,242,139	\$0	\$274,339	(\$22,733)	(\$22,733)
	Total	\$951,342	\$0	\$951,342	(\$54,951)	(\$54,951)
	CF	\$302,842	\$0	\$302,842	(\$17,492)	(\$17,492)
09. Prevention Services Division - Primary Care Office	FF	\$648,500	\$0	\$648,500	(\$37,459)	(\$37,459)
	FTE	3.2	-	3.2	(0.7)	(0.7)

Line Item Information	FY 2014-15		FY 2015-16		FY 2016-17	
	Appropriation	Request	Base Request	FY 2015-16	Continuation	
	Total	\$1,715,898	\$0	\$1,715,898	(\$211,068)	(\$211,068)
	FF	\$1,309,400	\$0	\$1,309,400	(\$162,250)	(\$162,250)
09. Prevention Services Division - Family Planning Program Administration	FTE	12.0	-	12.0	(2.5)	(2.5)
	GF	\$406,498	\$0	\$406,498	(\$48,818)	(\$48,818)
	Total	\$184,300	\$0	\$184,300	(\$34,345)	(\$34,345)
	FF	\$184,300	\$0	\$184,300	(\$34,345)	(\$34,345)
09. Prevention Services Division - Family Planning Federal Grants	FTE	2.0	-	2.0	(0.4)	(0.4)
	Total	\$6,853,000	\$0	\$6,853,000	(\$457,991)	(\$457,991)
	FF	\$6,853,000	\$0	\$6,853,000	(\$457,991)	(\$457,991)
09. Prevention Services Division - Maternal and Child Health	FTE	15.0	-	15.0	(7.1)	(7.1)
	Total	\$1,162,327	\$0	\$1,162,327	(\$237,887)	(\$237,887)
	FF	\$456,100	\$0	\$456,100	(\$105,119)	(\$105,119)
09. Prevention Services Division - Health Care Program for Children with Special Needs	FTE	15.6	-	15.6	(3.2)	(3.2)
	GF	\$706,227	\$0	\$706,227	(\$132,768)	(\$132,768)
	Total	\$5,260,817	\$0	\$5,260,817	(\$59,800)	(\$59,800)
	FTE	2.9	-	2.9	(0.6)	(0.6)
09. Prevention Services Division - School-based Health Centers	GF	\$5,260,817	\$0	\$5,260,817	(\$59,800)	(\$59,800)
	Total	\$570,205	\$0	\$570,205	(\$31,517)	(\$31,517)
	FTE	3.0	-	3.0	(0.6)	(0.6)
09. Prevention Services Division - Child Fatality Prevention	GF	\$570,205	\$0	\$570,205	(\$31,517)	(\$31,517)
	Total	\$891,900	\$0	\$891,900	(\$154,550)	(\$154,550)
	FF	\$891,900	\$0	\$891,900	(\$154,550)	(\$154,550)
09. Prevention Services Division - Federal Grants	FTE	9.0	-	9.0	(1.9)	(1.9)

Line Item Information	FY 2014-15		FY 2015-16		FY 2016-17	
	Appropriation	Request	Base Request	FY 2015-16	Continuation	
	Total	\$465,820	\$0	\$486,035	(\$34,345)	(\$34,345)
	FTE	2.9	-	3.0	(0.4)	(0.4)
09. Prevention Services Division - Suicide Prevention	GF	\$465,820	\$0	\$486,035	(\$34,345)	(\$34,345)
	Total	\$1,819,900	\$0	\$1,819,900	(\$195,764)	(\$195,764)
	FF	\$1,819,900	\$0	\$1,819,900	(\$195,764)	(\$195,764)
09. Prevention Services Division - Injury Prevention	FTE	11.4	-	11.4	(2.4)	(2.4)
	Total	\$2,309,175	\$0	\$2,372,859	\$0	\$0
	CF	\$2,080,782	\$0	\$2,129,351	(\$1,278,305)	(\$1,278,305)
	FF	\$100,000	\$0	\$100,000	\$0	\$0
10. Health Facilities and Emergency Medical Services - Administration and Operations	FTE	24.8	-	24.8	-	-
	GF	\$128,393	\$0	\$143,508	\$0	\$0
	RF	\$0	\$0	\$0	\$1,278,305	\$1,278,305
	Total	\$3,329,453	\$0	\$3,329,453	\$1,409,209	\$1,409,209
	CF	\$1,656,012	\$0	\$1,656,012	\$1,409,209	\$1,409,209
10. Health Facilities and Emergency Medical Services - Indirect Cost Assessment	FF	\$1,103,547	\$0	\$1,103,547	\$0	\$0
	RF	\$569,894	\$0	\$569,894	\$0	\$0
	Total	\$16,336,589	\$0	\$16,336,589	(\$967,362)	(\$967,362)
11. Office of Emergency Preparedness and Response - Emergency Preparedness and Response Program	FF	\$14,733,200	\$0	\$14,733,200	(\$654,234)	(\$654,234)
	FTE	35.6	-	35.6	(9.5)	(9.5)
	GF	\$1,603,389	\$0	\$1,603,389	(\$313,128)	(\$313,128)
	Total	\$950,624	\$0	\$950,624	\$792,622	\$792,622
11. Office of Emergency Preparedness and Response - Indirect Cost Assessment	FF	\$950,624	\$0	\$950,624	\$792,622	\$792,622

Line Item Information	FY 2014-15		FY 2015-16		FY 2016-17
	Appropriation	Request	Base Request	FY 2015-16	Continuation
Total	\$0	\$0	\$0	\$967,362	\$967,362
FTE	-	-	-	9.5	9.5
11. Office of Emergency Preparedness and Response - Program Costs					
GF	\$0	\$0	\$0	\$313,128	\$313,128
RF	\$0	\$0	\$0	\$654,234	\$654,234

Letternote Text Revision Required?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	If Yes, describe the Letternote Text Revision:
Identify source as "This amount shall be from Divisional Indirect Cost Recoveries"			
Cash or Federal Fund Name and CORE Fund Number:			
Reappropriated Funds Source, by Department and Line Item Name:			
Approval by OIT?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Required: <input checked="" type="checkbox"/>
Schedule 13s from Affected Departments:			
Other Information:			





Cost and FTE

- This request is to change the way the Department manages divisional indirect cost recoveries.
- No additional General Fund or cash fund spending authority is being requested; however, an additional \$15,126,539 in Reappropriated Funding will be necessary to convert divisional overhead costs from a direct allocation model to an indirect cost model.
- Division Indirect related spending authority will move to an Administrative line item group within each Division (some currently exist others will need to be created).
- The Divisional Indirect Plan is being created in compliance with approved OSPB and JBC methodologies.

Current Program

- Related indirect charges pay for Divisional overhead costs such as administrative personnel, salaries, central financial and support services (accounting, purchasing, budgeting, and HR staff) lease space, utilities, IT, vehicle costs, etc.

Problem or Opportunity

- Currently each of CDPHE's eleven divisions manages indirect charges differently, and is not consistent with other state agencies as established by OSPB and JBC.
- The proposed approach will standardize the way in which all indirect charges are managed to ensure consistency, both internally as well as from a statewide prospective .
- This standardized approach will be more efficient and will be more acceptable to the Legislature as well as Federal grantors and auditors.

Consequences of Problem

- If the proposed approach is not approved, the Department will continue to have non-standard processes for managing indirect cost recoveries.
- Lack of standard processes results in potential errors, inconsistencies, and potential questions or findings from grantors and auditors.

Proposed Solution

- The proposed solution is to standardize the collection and management of all divisional indirect cost recoveries.
- This solution provides consistency and transparency for all Divisions in the Department.
- This solution complies with established and approved standards developed and applied on a statewide basis.
- A standardized, centralized approach will benefit division staff, central operations staff, grantors, and auditors.



Department Priority: R-8
Request Detail: Divisional Indirect Cost Recoveries

Summary of Incremental Funding Change for FY 2015-16	Total Funds	Reappropriated Funds
Divisional Indirect Cost Recoveries	\$15,126,539	\$15,126,539

Problem or Opportunity:

The purpose of this request is to change the way the Department manages divisional indirect cost recoveries. No additional General Fund or cash fund spending authority is being requested; however, an additional \$15,126,539 in Reappropriated Funding will be necessary to convert divisional overhead costs from an direct allocation model to an indirect cost model.

Although *department* indirect costs are currently managed in an approved and consistent manner, *divisional* indirect costs are not. Divisional overhead costs are currently charged directly to programs through a complex process that is unique to CDPHE. Additionally, Long Bill division line item groups are structured differently; some divisions charge their administrative costs out to program lines, while others have an administration appropriation that consolidates indirect costs in one central place. This request seeks to standardize the structure by which indirect costs are structured and administered.

If approved, this request would allow the Department to use one process for covering administrative overhead costs at the division level, and would be implemented in a manner consistent with the departmental indirect cost recovery plan. The department will benefit from standardized and consistent processes, will be able to provide better documentation to its federal granting entities, and would reflect improved implementation of State and federal cost accounting guidelines.

Proposed Solution:

Over the past few years, the Department has been working to standardize financial processes and procedures across all divisions. One area identified as needing an overhaul is the divisional indirect cost plan. Indirect costs are essentially administrative overhead costs such as administrative personnel, salaries, central financial and support services (accounting, purchasing, budgeting, and HR staff) lease space, utilities, IT, vehicle costs, etc. Historically, the Department has managed its total pool of indirect costs inconsistently.

In the State of Colorado, the standard and approved OSPB and JBC methodology for the management of administrative overhead or indirect costs is a two step process. First, all administrative overhead costs are consolidated in an Administrative line item or line item group in the Long Bill, and appropriated as Reappropriated Funds to be paid from a pooled collection of Indirect Cost Recoveries as indicated through an associated Long Bill letternote.

Because these administrative overhead costs benefit all programs, each program and its associated funding source(s) are identified and assessed their allocation of the total indirect cost pool. This is the second part of the process. All qualifying programs and associated funding sources are specifically identified for collection through an Indirect Cost Assessment line item in each division.

This methodology is approved by OSPB, JBC, and the federal government. It is currently employed by other state agencies and is currently used by CDPHE to manage its *departmental* indirect cost pool. As stated above, it is currently not used for managing the Department's *divisional* indirect cost pool. Divisional indirect costs are currently charged directly to programs through a cumbersome allocation process.

This request is designed to comply with the standard statewide indirect cost allocation methodology. All overhead/indirect costs for each division will be consolidated in an Administration and Support Long Bill line item or line item group associated with that division. This Administration Long Bill group currently exists in some divisions, and will need to be created in others. Where necessary, administrative overhead costs currently appropriated in programmatic line items will be relocated to the Administration line(s) with a commensurate adjustment to insure budget neutrality, e.g. programmatic lines will be decreased and the administration line will be increased by the same amount. To the extent that General Fund supports these administrative activities, General Fund will still be used, but will be shifted to the administration line.

Based on the total identified indirect cost pool for each division, the Department will develop and include individual divisional indirect rates in the federal indirect cost proposal document that is submitted each fall to the federal cognizant agency (Health and Human Services). As it does with the Departmental Indirect Cost Plan, upon approval by the Federal Department of Health and Human Services, the federal government will provide funding to the State to cover these overhead costs through the application of divisional indirect rates.

The Department is focusing on Lean practices including a focus on fiscal standardization. This request directly supports the department performance plan as it helps to standardize department processes. Moreover, the request will not increase costs to the Department. Costs that divisions once charged directly to grants and associated funding sources will now be paid through the aforementioned division indirect cost recovery allocation methodology using Reappropriated Funds in the Administration section of each division. (Note that Reappropriated Funds are the State's mechanism to account for expenses that have already occurred in another funding source. Using this method, the State avoids double counting those expenditures. In this case, the increase in Reappropriated Funds is associated with expenses that already exist in the Department's budget; therefore, there is an increase of Reappropriated Funds without a

commensurate increase in cash and Federal funds.) In addition, the letternotes associated with each administrative line item or line item group appropriation will identify the amount that the Department estimates receiving from each source, so the funding sources can be easily identified.

Anticipated Outcomes:

The Department will assess two separate indirect charges on each qualifying expenditure. The first will be the Departmental indirect rate which covers Departmental overhead costs such as central administrative, budget, purchasing, accounting and HR staff, lease, utilities, etc. The second charge will be the Division specific indirect rate that covers the overhead/administrative costs of that particular division. The Department will collect all the indirect cost recoveries into the same account in the financial system, but based on unique coding, will be able to identify the division's contribution by fund source. This way, the Department can ensure that each division is paying for only its related division administrative costs, and not the division level administrative costs of another division.

The proposed approach will standardize the way in which all indirect charges are managed to ensure consistency, both internally as well as from a statewide prospective. This standardized approach will be more efficient and will be more acceptable to the Legislature as well as Federal grantors and auditors. Moreover, workload efficiencies of the Department (particularly at the division level) will be increased as costs that are currently directly billed to funding sources can be managed in a more consistent and streamlined manner.

The alternative would be to do nothing and continue to cover division level administrative costs based on the varied practices of each division. This solution is problematic as each division performs the allocation differently. Inconsistent practices are difficult to explain to our federal funding agencies, as well as state level constituents that may deal with multiple divisions.

This request does not impact other departments, nor is a statutory change required.

Assumptions and Calculations:

To derive the division specific indirect amounts, each division identified the costs to be included in the indirect cost allocable pool. These costs vary from division to division. For example, some vehicles related to motor pool functions are included as an overhead/indirect cost, whereas vehicles outfitted for a specific programmatic function are not. Next, historical data was analyzed to see how those identified costs had been paid in previous years. Based on that data, the direct cash and federal spending authority was reduced in the division lines and included in the cash and federal portions of the Indirect Cost Assessment line item within each division, as well as in each division's Administration section as Reappropriated Funds.

Schedule 13

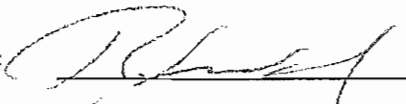
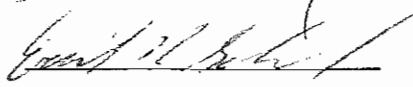
Funding Request for the FY 2015-16 Budget Cycle

Department of Public Health and Environment

PB Request Number R-09

Request Titles

R-9 EPR General Fund Stabilization

Dept. Approval By: 	<input type="checkbox"/>	Supplemental FY 2014-15
	<input checked="" type="checkbox"/>	Change Request FY 2015-16
	<input type="checkbox"/>	Base Reduction FY 2015-16
OSPB Approval By: 	<input type="checkbox"/>	Budget Amendment FY 2015-16

Line Item Information	Fund	FY 2014-15		FY 2015-16		FY 2016-17
		Appropriation	Request	Base Request	FY 2015-16	Continuation
	Total	\$16,336,589	\$0	\$16,336,589	\$0	\$0
	FTE	35.6	-	35.6	-	0.0
Total of All Line Items	GF	\$1,603,389	\$0	\$1,603,389	\$0	\$0
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$14,733,200	\$0	\$14,733,200	\$0	\$0

Line Item Information	Fund	FY 2014-15		FY 2015-16		FY 2016-17
		Appropriation	Request	Base Request	FY 2015-16	Continuation
	Total	\$16,336,589	\$0	\$16,336,589	\$0	\$0
	FF	\$14,733,200	\$0	\$14,733,200	\$0	\$0
11. Office of Emergency Preparedness and Response - Emergency Preparedness and Response Program	FTE	35.6	-	35.6	-	0.0
	GF	\$1,603,389	\$0	\$1,603,389	\$0	\$0

Letternote Text Revision Required?	Yes	No	<input checked="" type="checkbox"/>	If Yes, describe the Letternote Text Revision:
Cash or Federal Fund Name and CORE Fund Number:				
Reappropriated Funds Source, by Department and Line Item Name:				
Approval by OIT?	Yes	No	Not Required:	<input checked="" type="checkbox"/>
Schedule 13s from Affected Departments:				
Other Information: Removal of "M" Note from line item				



COLORADO

Department of Public Health and Environment

Priority: R-9
EPR General Fund stabilization
2015-16 Decision Item Request

Cost and FTE

- This is a \$0 request that seeks to stabilize the General Fund in the Emergency Preparedness and Response Division at FY 2014-15 levels. The Department is requesting to eliminate the M note on the Emergency Preparedness and Response Division's General Fund appropriation and make the current appropriation of \$1,603,389 permanent to maintain required emergency preparedness and response infrastructure and services at the Colorado Department of Public Health and Environment.

Current Program

- The Emergency Preparedness and Response Division implements a variety of activities to ensure that the State is prepared in case of natural or man-made disaster such as a biological agent, pandemic, flood, fire or a spill of hazardous materials.
- The Division works with local public health, medical communities and tribal governments to develop plans and training and ensure preparedness.
- These functions are mandated in state statute and Board of Health rule.

Problem or Opportunity

- The Program is appropriated \$1,603,389 in General Fund.
- These General Funds were initially authorized as part of a required ten percent match for federal emergency planning grants.
- There is currently an M note on the General Fund appropriation that requires the funds to decrease when federal grants decrease to be consistent with the 10% match requirement.
- As the federal funds decrease and the General Fund is reduced commensurately, the Division will not have sufficient funding to maintain state mandated preparedness and response activities.

Consequences of Problem

- Without the ability to maintain preparedness and response infrastructure and resources, the state public health and medical community could be unprepared for an emergency situation.
- Emergency responders could have inadequate training.
- Communications systems used by the public health and medical community could become deficient.
- Needed supplies such as antibiotics and other medications could be unavailable.

Proposed Solution

- This request is to remove the M note and make \$1,603,389 General Fund on the Emergency Preparedness and Response Division Long Bill line permanent.
- Stable, permanent General Fund will ensure that the Division can perform duties mandated in state statute and Board of Health rule.



COLORADO
 Department of Public Health and
 Environment

John W. Hickenlooper
 Governor

Larry Wolk, MD MSPH
 Executive Director

FY 2015-16 Funding Request | November 1, 2014

Department Priority: R-9
Request Detail: EPR General Fund Stabilization

Summary of Incremental Funding Change for FY 2015-16	Total Funds	General Fund
EPR General Fund Stabilization	\$0	\$0

Problem or Opportunity:

This is a \$0 request that seeks to stabilize the General Fund in the Emergency Preparedness and Response Division at FY 2014-15 levels. The Department is requesting to eliminate the M note on the Emergency Preparedness and Response Division’s General Fund appropriation and make the current appropriation of \$1,603,389 permanent. This would ensure that the Program has sufficient resources to maintain state required emergency preparedness and response infrastructure and services.

Data from the National Oceanic and Atmospheric Administration (NOAA) demonstrates billion dollar natural disaster events have increased from 2 in the year 2000 to a record high of 14 in the year 2011. Future forecast models predict this trend will continue on its current path of increasing due to climate change. The Climate Change in Colorado Report (2014), developed by the Western Water Assessment and the Colorado Water Conservation Board, states “Most climate projections indicate that heat waves, droughts and wildfires will increase in frequency and severity in Colorado by the mid-21st century due to the projected warming.”

The Emergency Preparedness and Response Division (EPRD) implements a variety of activities related to health and medical preparedness to ensure the State is prepared in cases of natural or manmade disaster, such as a pandemic, flood, fire, hazardous materials spills and bioterrorist attack. The EPRD works with local public health and medical communities, and both tribal governments in Colorado, to develop response plans and train personnel to increase preparedness capability for emergency incident response. The EPRD staffs the Emergency Support Function 8-Health and Medical position at the State Emergency Operations Center. The EPRD also manages the Colorado Department of Public Health and Environment’s Department Operations Center, coordinating response, planning, and logistics related to health and medical issues among the Department’s eleven divisions. Several of these health and medical emergency response functions are mandated in state statute and Board of Health rule.

The EPRD is currently appropriated \$1,603,389 in General Fund. These General Funds were initially authorized as part of a required ten percent match to receive federal emergency planning grants. There is currently an M note on the General Fund appropriation that requires General Fund appropriation decrease when federal funds decrease.

The 2014 federal award contained a 39% decrease in funding for the Hospital Preparedness Program. This loss of federal funding has already resulted in a reduction of 3.5 FTE. Additionally, loss of federal funds

has meant reductions in pass through funds to local partners. The Division will scale back on technical assistance and base funding for hospital, rural health clinics, community health centers, mental health centers, and long term care preparedness efforts. These preparedness efforts include, but are not limited to:

- personnel time to develop and maintain both internal and external plans,
- supplies and equipment as identified from emergency planning gap analysis,
- upkeep of systems equipment,
- training of personnel,
- exercise development and activation,
- capability reporting and evaluation.

The EPRD has a number of responsibilities established in state statute and Board of Health rule that it is obligated to perform, and is directly associated with the allocated General Fund. Federal funding is restricted from meeting many of these state mandated requirements as federal funds are mandated specifically for preparedness activities and restricted from the types of response activities the Program funds with its general fund. The Department is requesting to stabilize its current General Fund appropriation to ensure that state mandated preparedness and response activities will continue.

Given the current year 39% decrease in Federal Funds associated with the Hospital Preparedness Program, if the general fund match appropriation were not stabilized during the upcoming legislative session, the FY16 general fund matching requirement would decrease by \$213,645. This potential loss of state funding would cause further cuts into personnel and destabilization of systems needed to accomplish state mandates and response activities. These potential reductions could include:

- The loss of EMTrack, a statewide computer system that tracks patients involved in emergency incidents and was recently used for the Aurora shooting incident to reunify parents with their children
- Personnel reductions of up to an additional 3 FTE, affecting guidance and technical assistance to local emergency responders during response
- The loss of EMResource, a statewide computer system that provides situational awareness and information sharing between the public health and medical community with emergency responders
- Collaborative planning and partnerships through training and exercising will suffer. Colorado will lose the existing efficiency to identify areas of weakness and vulnerability, increasing the likelihood of Colorado repeating the same mistakes during future response and recovery activities
- Reductions with the 24/7 emergency and incident reporting line services, slowing coordination and response to hazardous materials spills statewide

If this general fund is not maintained, basic preparedness activities would be minimized, weakening public health and medical response across the state. With such public health dangers today such as newly surfaced Enterovirus D68, yearly Influenza, and natural disasters such as wildfires and floods, the proven effectiveness of a collaborative and coordinated response these funds are used for is an essential and practical preparedness effort that Colorado cannot lose.

Proposed Solution:

This request seeks to stabilize the Department's current Emergency Preparedness and Response Division General Fund through elimination of the M note on the Emergency Preparedness and Response Division's Long bill Line. Removal of the M note will ensure that the Program can maintain the existing General Fund appropriation. If approved, removal of the M note will ensure that statutorily required emergency preparedness and response activities have adequate resources and funding. Without the ability to maintain

preparedness and response infrastructure and resources, the state could be unprepared for an emergency situation such as the recent floods or fires.

Since 2009, the Department has had a 10% General Fund match for federal emergency preparedness grants. The State General Fund has been used to support state mandated activities that are not allowable under the federal grant award. As federal grant dollars decrease, the state needs sufficient resources and infrastructure to maintain these state mandated activities. Activities include:

- Conducting exercises to practice responding and identify and improve problems.
- Responding to, coordinating, and documenting emergency spills of hazardous materials.
- Staffing the Emergency Support Function 8, Health and Medical position at the State Emergency Operations Center during emergency incidents.
- Planning and delivery of the Strategic National Stockpile from the federal level to the local entities requesting needed pharmaceuticals and equipment for response.

See Appendix B for a complete list of responsibilities and functions.

If the State does not maintain adequate emergency preparedness resources and infrastructure related to health and medical response:

- Information for emergency contacts, such as medical providers, could be out of date thus leading to the inability to coordinate efforts or contact providers in an emergency situation.
- Emergency responders could have inadequate mass casualty and disaster response training that could lead to uncoordinated and delayed response in an emergency.
- Communications systems integral to providing situational awareness, resource identification, statewide medical guidance and information sharing, could fail resulting in supplies and personnel not being available in the needed locations.
- Needed supplies such as antibiotics and other medications could be unavailable, increasing the death toll of the incident.
- Increases in death due to hospitals and other medical systems capacity, or lack of, to absorb patient surge.

Anticipated Outcomes:

Removing the M note will guarantee the program the base General Fund appropriation it needs to maintain a minimum level of state mandated emergency preparedness and response infrastructure and services.

Stable General Fund support will ensure:

- Public health and medical partners (54 public health agencies, 132 hospitals, 1,099 long term care facilities, 1,114 outpatient healthcare organizations, two veterans administration facilities, one department of defense hospital, two Indian health service facilities) will continue to receive response training that incorporates an all hazards approach, plus involvement with first responders.
- CDPHE-EPRD can fulfill their responsibility of staffing the State Emergency Operations Center under the role of Emergency Support Function 8-Health and Medical during emergency incidents, supporting the response needs of public health and medical partners.
- The public health and medical community will continue to have communication systems (800mhtz, EMSsystems, CoHELP, CoShare, CoHAN) that provide the means for situational awareness of all involved during emergency incidents.

- CDPHE-EPRD will continue to maintain multiple public health and medical partner notification lists, conducting notification tests twice a year, ensuring contact information is up to date.
- Public health and medical partner plans will be updated annually, or as needed from identified gaps discovered during response that will build into at least one exercise per year.
- CDPHE-EPRD can meet regulatory requirements to respond to inquiries 24 hours a day, 7 days a week and establish a connection and coordination with a spill or release of hazardous substances, protecting the public health and safety of the citizens of Colorado. In 2013, there were 1,214 emergency spill line calls.

Assumptions and Calculations:

If approved, this request will stabilize the Emergency Preparedness and Response Division's General Fund appropriation at the current level. Appendix A and B provide detailed information regarding the Program's responsibilities and activities and the associated workload and FTE needed to maintain State mandated emergency preparedness and response resources and infrastructure. The Program has been performing these emergency preparedness responsibilities for several years. It is confident that maintaining the current appropriation of \$1,603,389 will be sufficient to maintain a minimum level of emergency preparedness infrastructure and response capabilities.

\$1,066,359 of the General Fund appropriation is for 13.3 General Fund FTE needed to fulfill the obligations of the Division. The remaining \$537,031 funds systems such as EMSsystem, Colorado Volunteer Mobilizer and 800 megahertz radios. (See Appendix A for more detail on FTE and systems.)

Appendix A: Office of Emergency Preparedness and Response Tasks and Systems description

Description	Assumption	Hours per year	Percentage of full time FTE	Job Classification	Annual Position Cost
I. Activation and Response					
State Emergency Operations Center (SEOC) Emergency Support Function (ESF) 8 staff, position 1	58 days x 12 hour shift	696	0	GPVI	33,954
State Emergency Operations Center (SEOC) Emergency Support Function (ESF) 8 staff, position 2	58 days x 12 hour shift	696	0	GPIII	24,747
State Emergency Operations Center (SEOC) Emergency Support Function (ESF) 8a (behavioral health), position	58 days x 12 hour shift	696	0	GPIII	23,309
Department Operations Center Liaison position	58 days x 12 hour shift	696	0	GPII	22,880
Coordination of department programs' response	58 days x 12 hour shift	696	0	GPVI	39,925
Department Operations Center management	58 days x 12 hour shift	696	0	GPIII	26,590
Strategic National Stockpile (SNS)	10 SNS critical function staff, plus alternates, plus 2 SEOC staff x 5 days total	1,440	1	GPIII	47,603
Information coordination, development, dissemination	58 days x 12 hour shift	696	0	GPIII	26,590
Volunteer management	29 days x 4 hours of work	116	0	GPIII	4,523
Fiscal management: tracking, procurement, documentation, reconciliation	58 days x 3 hrs	174	0	GPIII	6,853
II. Daily Operations					
Plans review: Strategic National Stockpile, public information, volunteer management, Emergency Operations Plan annexes, CDPHE internal, Continuity of Operations Plan	Full FTE need for Department and partner coordination, multiple annual plan assessments and revision	2,080	1	GPIII	63,132
Technical assistance: local public health, hospitals, rural/community health, private sector, behavioral health		1,872	1	GPIII	70,610
Volunteer system: management system, recruitment, training, credentialing, recognition, scheduling		1,560	1	GPIII	60,822
Governor's Expert Emergency Epidemic Response Committee liaison	4hr x 4 times per year	16	0	MNGMT	1,222
Governor's Expert Emergency Epidemic Response Committee administrative	4hr x 4 times per year	16	0	AAIII	504
Needs assessment: development, conducting, analysis		1,560	1	GPV	67,023
Department Operations Center: maintenance, system development/maintenance, use coordination, equipment purchasing/maintenance		208	0	GPVI	11,932
Tactical communications: procurement, maintenance, training		21	0	GPVI	1,193

Appendix A: Office of Emergency Preparedness and Response Tasks and Systems description

Description	Assumption	Hours per year	Percentage of full time FTE	Job Classification	Annual Position Cost
Notification tests: development, procurement, maintenance, training, assessing	quarterly testing x average 1 hr x 2 staff	8	0	GPIII	306
Mutual Aid Agreement Coordination		1,040	1	GPIII	40,194
Strategic National Stockpile: planning, training, exercising		624	1	GPIII	32,952
Strategic National Stockpile: planning, training, exercising	Full FTE need for SNS acceptance readiness, distribution planning, multijurisdictional and agency coordination	2,080	1	GPV	110,088
Inventory Management		1,040	1	GPIII	35,046
Exercises: development, scheduling, conducting, assessing		1,040	1	GPIII	33,174
Training: development, scheduling, conducting, assessing, system development and management		1,040	1	GPIII	33,174
Fiscal Management/Budgeting/Purchasing/Contracting	Full FTE needed for fiscal oversight, contract and administrative management	2,080	1	GPV	97,680
Public Information: message development/dissemination, training, production/dissemination, scheduling/coordination	Full FTE needed - PIO	2,080	1	GPIII	69,065
Colorado Emergency and Incident Reporting Line: management, scheduling, responding		208	0	GPVI	11,932
Colorado Emergency and Incident Reporting Line: data base documentation, data collection		1,872	1	Tech IV	59,530
Colorado Emergency and Incident Reporting Line: 24/7 duty officer	based on average time and calls received during duty (5) x 52 weeks	260	0	GPIII	9,807
FTE subtotal		27,307	13.3		1,066,359
SYSTEMS					
Colorado Volunteer Mobilizer	Public health and medical volunteer and disaster notification state database. Database performs automatic credential verification with Department of Regulatory Affairs or Emergency Medical Services section of CDPHE's Health Facilities Division. System conducts background checks on volunteers as they self-register on the web-based publicly accessible registration tool.				105,139

Appendix A: Office of Emergency Preparedness and Response Tasks and Systems description

Description	Assumption	Hours per year	Percentage of full time FTE	Job Classification	Annual Position Cost
EMSystems: (EMTrack/EMResource/eICS)	<p>“EMSystems” refers to the suite of three software components used across the State in over 200 hospital emergency rooms, 19 EMT helicopter services, 911 dispatch centers, local public health agencies and emergency management organizations for the purposes of hospital bed capacity reporting and ambulance diversion, patient tracking, resource queries, family reunification, syndromic surveillance, and management of EOC operations.</p> <p>Pricing is determined on a per capita basis. The EMSystems is considered an industry standard best practice and is in use across more than 70% of the nation.</p> <p>.EMResource: Provides real-time tracking of hospital divert status, bed counts for daily and emergency/disasters transports, hospital and agency event alerting and assistance requests, and real-time inventory query (such as CDC requests for Statewide medication/supply reports.)</p> <p>EMTrack: Provides patient tracking and family reunification.</p> <p>Healthcare Incident Command system module (eICS): Provides a platform for discipline and network wide Incident Command structure tools, personnel assignments, and reporting forms during exercises and disaster events.</p>				381,143
Everbridge	This is the platform system OPER uses for ensuring important information is distributed to all appropriate local, state and federal partners and health care providers. Statewide notification system used by CDPHE all partners across jurisdictions, disciplines.				50,748
Systems Subtotal					537,030
Total Request		27,307	13.3		1,603,389

Appendix B: Emergency Response and Preparedness, Responsibilities and Activities

Statutory and Regulatory Responsibilities:

I. Activation and Response

A. Statutory Citation: **CRS 24-33.5-702(1)(f)**¹

B. Rule: **Colorado Disaster Emergency Act**

C. Background

1. The Colorado Department of Public Health and Environment, as an executive level department, is charged with the responsibilities detailed in the Colorado Disaster Emergency Act, a statutory requirement. The Colorado Department of Public Health and Environment's role specifically is annexed to the State Emergency Operations Plan in Emergency Support Function 8 – Health and Medical.² As the lead response agency for Emergency Support Function 8, it is the Colorado Department of Public Health and Environment's responsibility to provide public and environmental health expertise.
 - a. CDPHE will staff the Emergency Support Function 8 - Health and Medical desk at the State Emergency Operations Center during activation for levels 1, 2 and 3, generally for 12-hour shifts. These employees come from the Office of Emergency Preparedness and Response.
 - b. The Emergency Support Function 8 staff receive, document and forward any requests for assistance to the appropriate program within the department.
2. Generally the state's role is to support local response and recovery efforts. Requests from the local level are funneled through county emergency management agencies to the state emergency operations center, which assigns the request to the appropriate emergency support function. All communications regarding said requests and about the incident at hand is routed through the Office of Emergency Preparedness and Response to the State Emergency Operations Center and documented in an electronic system, in accordance with the State Emergency Operations Plan.
3. The Office of Emergency Preparedness and Response manages emergency preparedness and response activities on behalf of all divisions within the Colorado Department of Public Health and Environment.
 - a. The Colorado Department of Public Health and Environment has 11 divisions³ that manage hundreds of programs. The Office of Emergency Preparedness and Response brings the department's expertise together for a coordinated, cross-disciplinary response.⁴ The Office of Emergency Preparedness and Response's coordination ensures that the response staff communicate with each other to provide a more effective and comprehensive approach to mitigating the problem areas.
 - b. The Colorado Department of Public Health and Environment provides supplemental assistance and technical support to the local agencies involved in an incident.

- c. The department is charged with developing and maintaining an Emergency Support Function 8 Annex to the State Emergency Operations Plan for health and medical response. Plans are updated annually.
- d. The Colorado Department of Public Health and Environment's expertise is significant to the State Emergency Operations Plan's **Incident Annex 1, Biologic Incident**.⁵ The Colorado Department of Public Health and Environment is responsible for coordinating any biological event response statewide and among regional jurisdictions. The tasks associated with this responsibility are detailed in the State Emergency Operations Plan Emergency Support Function 8 Annex, with the purpose of reducing mortality and morbidity and minimizing social disruption:
 - 1) Integrate public health and healthcare biological event planning with other general planning activities. Identify and coordinate public and private sector partners needed for effective planning and response statewide
 - 2) Maintain situational awareness by monitoring progression of the pandemic and assessing the public health/medical needs of Colorado. Provide data to federal, state, bordering states and local partners regarding current status in Colorado
 - 3) Activate the Colorado Department of Public Health and Environment's Department Operations Center to coordinate Emergency Support Function 8 – Health and Medical activities in response to progressing phases of the pandemic, as appropriate. Coordinate with the State Emergency Operations Center
 - 4) Develop, with concurrence of the Governor's Expert Emergency Epidemic Response Committee (GEEERC), a collaborative prioritization and utilization system of vaccine, antiviral medications and other scarce resources
 - 5) Receive, secure, manage, apportion, transport and distribute influenza vaccine and antiviral medications through Colorado's Strategic National Stockpile (SNS) program.
 - 6) Provide guidance, resources and technical assistance to local health departments, nursing services, tribal government, healthcare entities and other agencies and organizations on biological event planning, response and training and exercise efforts
 - 7) Coordinate with the public and private healthcare system to ensure a cohesive healthcare response network statewide to handle inpatient and outpatient care
 - 8) Coordinate epidemiologic activities statewide including data collection, surveillance, detection and management of suspect cases and contact tracing
 - 9) Provide guidance to healthcare providers, emergency medical services, health facilities, the Regional Emergency and Trauma Advisory Councils (RETAC) and hospitals regarding influenza-specific protocols such as decontamination of surfaces and transport vehicles,

- personal protective equipment, disease transmission and infection control procedures
- 10) Coordinate laboratory response specimen testing and confirmation capacity statewide
 - 11) Coordinate specimens sent to the CDC laboratory
 - 12) Coordinate mass fatalities management and response including guidance for retrieval, storage and disposition of bodies, death certificates and next of kin notification
 - 13) With the concurrence of the GEEERC, provide guidance for and coordinate implementation of non - pharmaceutical containment measures such as social distancing, quarantine, isolation, “snow days” and limiting or canceling public gatherings
 - 14) Coordinate and support resource requests, as appropriate, for equipment, supplies and volunteers with the Division of Emergency Management and CDC
 - 15) Coordinate and manage statewide all public health and medical volunteers needed to maintain effective pandemic response through the Colorado Public Health and Medical Volunteer System
 - 16) Coordinate timely, accurate and consistent messages to media, public and response partners about biological event planning, response and recovery. Activate a joint information system or center for public health and medical messages, as needed
 - 17) Identify spokespersons responsible for addressing biological event-related public information and media requests
 - 18) Institute recommendations from CDC for any additional surveillance activities that should be undertaken, given the specific circumstances. Maintain data management systems for tracking resources and information as well as surveillance activities
 - 19) Document and track all state public health response expenses in real time
- e. The areas of support specifically assigned to the Colorado Department of Public Health and Environment are:
- behavioral health crisis counseling (Emergency Support Function 8a)
 - disease surveillance and outbreak control measures
 - indoor and outdoor air quality monitoring
 - drinking water and waste water assessments and recommendations
 - food (except livestock) and dairy integrity evaluations
 - food safety guidelines
 - hazardous materials (including radiation materials) assessments and recommendations
 - waste management guidelines
 - hospital resources and medical supply (pharmaceuticals and biomedical equipment) monitoring
 - support of air and ground ambulance transportation needs
 - activation and deployment of the Strategic National Stockpile

The Office of Emergency Preparedness and Response has direct responsibility for several of these areas, most notably the Strategic National Stockpile. However, during emergency activation, the coordination of all the areas is managed by the Office of Emergency Preparedness and Response.

II. Daily Operations

- A. Daily operations as required by Board of Health Rule 1009-5
 1. Statutory Citation: **CCR 1009-5**⁶
 2. Rule: Colorado State Board of Health Rules and Regulations Pertaining to Preparations for a Bioterrorist Event, Pandemic Influenza, or an Outbreak by a Novel and Highly Fatal Infectious Agent or Biological Toxin
 3. Tasks Required: The support to other agencies includes:
 - a. Developing and updating emergency response plan guidelines and templates for Emergency Support Function 8 response at the local level.
 - b. Reviewing and providing technical assistance for plan development
 - c. Providing technical assistance for local emergency operations centers
 - d. Reviewing and providing technical assistance for exercises and after-action reports
 - e. Providing technical assistance for mass dispensing and vaccination activities, including developing, maintaining, activating and exercising. These include establishing regional transfer sites, warehousing and storage, documentation, infection control, “just-in-time” training for mass dispensing and vaccination sites, and volunteer management
 - f. Convening staff from the local levels to promote interagency cooperation and develop mutual aid agreements, based on the State’s nine all-hazards emergency management regions
 - g. Providing training consistent with the National Incident Management System to staff from local and state levels regarding plans, after-action reports, coalitions and mutual aid agreements, public information and technical communications
 - h. Promoting public health education and campaigns related to disaster prevention
 - i. Procuring and managing sufficient supplies of personal protective equipment and planning for distribution of the equipment and supplies. The equipment and supplies could include respirators and masks, gloves, protective clothing and other available technologies to prevent the spread of disease
 - j. Procuring and managing a minimum of five days of antibiotics sufficient to be used to prophylax (treat for prevention) employees.
 - k. Providing technical assistance for infection control within agencies and in the larger community
 - l. Providing and maintaining a centralized department operations center.
 - m. Developing a public health frequency and communications system based on 800 megahertz technology as a back-up to telephone and computer communication

- n. Assessing and managing the disposal of human remains, in coordination with hospitals and county coroners
- o. Developing and contracting for systems to:
 - 1) Assess, monitor, survey, document, compile and share information related to infectious disease
 - 2) Notify and activate Office of Emergency Preparedness and Response staff and other local subject-matter experts 24 hours a day, seven days a week, using multiple, redundant means of communication
 - 3) Request the Strategic National Stockpile and manage the proper dissemination of its contents to our local partners (Manage training for Colorado Department of Public Health and Environment staff and staff from other agencies required to train.
 - 4) Manage and share plans, exercises and other documentation among public health agencies across the state
 - 5) Maintain situational awareness among public health departments and hospitals
- 4. Tasks Required: CDPHE
 - a. Maintain an up-to-date notification list
 - b. Conduct notification tests at least twice per year
 - c. Prepare an internal agency response plan and a health and medical annex to the State Emergency Operations Plan and update annually
 - d. Conduct at least one annual exercise of the plan incorporating at least four of the areas below:
 - 1) Application of the National Incident Management System standards for potential assignment of all employees of the Colorado Department of Public Health and Environment to work on controlling an emergency epidemic
 - 2) Maintaining sufficient supplies and a process for the provision of personal protective equipment against bacterial and viral infections to employees who are assigned to work in areas where they may be exposed to ill and contagious persons or to infectious agents and waste. Personal protective equipment shall, at a minimum, be the equipment and supplies used to achieve standard precautions
 - 3) Procurement and storage of at least five days supply of doxycycline or other antibiotic, as determined by the Colorado Department of Public Health and Environment, to be used as prophylaxis for all employees. The plan shall include procurement of another antibiotic for a small number of employees who may be unable to take doxycycline
 - 4) Maintenance of an emergency, after-hours call-down list of persons who may be needed to organize and respond to an emergency epidemic, including persons with experience and training in communicable disease epidemiology and incident management
 - 5) Maintenance of an agency department operations center within the Colorado Department of Public Health and Environment for the purpose of (i) centralizing telephone, radio and other electronic

- communications; (ii) compiling surveillance data; (iii) maintaining a log of operations, decisions, resources, and orders necessary to control the epidemic; and (iv) apportioning pharmaceuticals
- 6) Creation of teams to assist local public health agencies to (i) monitor the situation in each hospital where the emergency epidemic is occurring; (ii) assess and manage infection control in the community outside of the hospital; and (iii) assess and manage, in coordination with hospitals and the county coroner, the disposal of human corpses in accordance with Emergency Support Function 8 – Health and Medical
 - 7) Assurance of the appropriate distribution and delivery of antibiotics, antiviral medications, vaccines or other medications needed in an emergency epidemic to locations determined by local public health agencies or local emergency management agencies
 - 8) Identification of at least two public spokespersons responsible for providing information to the citizens of the state about how to protect themselves, what actions are being taken to control the epidemic and when the epidemic is over
 - 9) Implementation of a back-up communications system, such as 800 megahertz radios or amateur radio emergency services, that can be used to communicate with the State Office of Emergency Management and local public health departments if and when telephone communications are disabled or not functioning
 - 10) Maintenance of a rapid notification system

B. Daily operations as required by Board of Health Rule 1014-7 and CRS 25-1-506

- a. Statutory Citations:
 - 1) **6 CCR 1014-7**⁷
 - 2) **6 CCR 1014-9**⁸
- b. Rules:
 - 1) State Board of Health Rules and Regulations Pertaining to Core Public Health Services
 - 2) State Board of Health Rules and Regulations Pertaining to Minimum Quality Standards for Public Health Services
- c. Background: The **Public Health Act of 2008** (Senate Bill 08-194⁹) required the Colorado Board of Health to adopt rules^{10 11} defining minimum standards and core public health services. One of the core services is emergency preparedness and response.
- d. Tasks Required: All Colorado public health agencies are mandated specifically to:
 1. Participate in all-hazards planning, training, exercises and response activities within the local jurisdiction
 2. Serve as or support the Emergency Support Function 8 – Health and Medical lead for the county, region or jurisdiction

3. Implement an emergency communication strategy to inform the community and to activate emergency response personnel in the event of a public health crisis
4. Coordinate with county emergency managers and other first responders
5. Promote community preparedness by communicating steps that can be taken before, during or after a disaster

C. Colorado Emergency and Incident Reporting Line¹²

1. Statutory Citation: **CRS 25-1.5-101(1)(p)**
2. Rule: Powers and Duties of the State Health Department
 - a. The department is required to respond to inquiries 24 hours a day, seven days a week, to “counteract, eliminate, or minimize the public health hazards of a hazardous substance incident.”
3. Background: The emergency and incident reporting line has its origins in the statute¹³ that defines the department’s powers and duties.
 - a. This service, often referred to as the “spill line,” is the first point of contact for many incidents. It is used on a daily basis to notify Colorado Department of Public Health and Environment program staff of emergency situations occurring around the state.
 - b. Since the Colorado Emergency and Incident Reporting Line was established, it has evolved into more than a telephone line to process spill and release information for multiple Colorado Department of Public Health and Environment divisions. It is an emergency notification hotline upon which many federal, state and local agencies and the public rely to maintain 24-hour contact with the Colorado Department of Public Health and Environment.
 - c. The Colorado Emergency and Incident Reporting Line plays a key role in establishing a liaison with federal, state and local environmental emergency planning and response agencies or functions throughout the state.
 - d. Reporting line staff coordinates with other agencies for the duration of the event during any emergency, whether natural disasters, terrorism events or other public and environmental health incidents.
4. Tasks Required:
 - a. The Colorado Department of Public Health and Environment is responsible for compiling and maintaining information necessary to answer any inquiry concerning the proper action to take.
 - b. The Colorado Department of Public Health and Environment is responsible for developing and maintaining information on response resources and notifying the proper federal, state and local entities when a spill or release occurs. The Office of Emergency Preparedness and Response maintains relationships with and 24-hour contact information of federal, state and local agencies that may have to be notified in the event of an emergency.

- c. The Office of Emergency Preparedness and Response has developed resource directories to facilitate the state and local response and ensure timely and effective notification of all applicable Colorado Department of Public Health and Environment divisions and local jurisdictions.
- d. The Office of Emergency Preparedness and Response disseminates the appropriate information to the proper regulatory divisions or programs within the Colorado Department of Public Health and Environment to deal properly with a spill or release of hazardous substances and to protect the public health and safety of the citizens of Colorado. The Colorado Department of Public Health and Environment response often includes other state agencies, federal agencies and local entities with which the Office of Emergency Preparedness and Response has cultivated affiliations.

¹ **CRS 24-33.5-702(1)(f)**, Colorado Disaster Emergency Act, excerpted here (full text, Appendix A)

(f) Authorize and provide for coordination of activities relating to disaster prevention, preparedness, response, and recovery by agencies and officers of this state and similar state-local, interstate, federal-state, and foreign activities in which the state and its political subdivisions may participate

² **State Emergency Operations Plan Annex** - Emergency Support Function 8 – Health and Medical, Appendix B

³ **Colorado Department of Public Health and Environment Divisions**

- Air Pollution Control Division
- Center for Health and Environmental Information and Statistics
- Disease Control and Environmental Epidemiology Division
- Environmental Health and Sustainability Division
- Hazards Materials and Waste Management Division
- Health Facilities and Emergency Medical Services Division
- Laboratory Services Division
- Prevention Services Division
- Water Quality Control Division
- Community Relations Division
- Operations Division

⁴ **6 CCR 1009-5**, State Board of Health Rules and Regulations Pertaining to Preparations for a Bioterrorist Event, Pandemic Influenza, or an Outbreak by a Novel and Highly Fatal Infectious Agent or Biological Toxin, Appendix C

⁵ **State Emergency Operations Plan Incident Annex I: Biological Incident**, Appendix D

⁶ **6 CCR 1009-5**, State Board of Health Rules and Regulations Pertaining to Preparations for a Bioterrorist Event, Pandemic Influenza, or an Outbreak by a Novel and Highly Fatal Infectious Agent or Biological Toxin, Appendix C

⁷ **6 CCR 1014-7** – State Board of Health Rules and Regulations Pertaining to Core Public Health Services, Appendix E

⁸ **6 CCR 1014-9** – State Board of Health Rules and Regulations Pertaining to Colorado Minimum Quality Standards for Public Health Services, Appendix F

⁹ **Senate Bill 2008-194**, The Public Health Act of 2008, Appendix G

¹⁰ **6 CCR 1014-7** – State Board of Health Rules and Regulations Pertaining to Core Public Health Services, Appendix E

¹¹ **6 CCR 1014-9** – State Board of Health Rules and Regulations Pertaining to Colorado Minimum Quality Standards for Public Health Services, Appendix F

¹² **Colorado Emergency and Incident Reporting Line 2013 Report** (full text, Appendix H)

The Colorado Emergency and Incident Reporting Line received approximately 1,214 telephone inquiries in 2013. About 72 percent of those notifications (870) called for a spill report to be generated, which was disseminated to the proper Colorado Department of Public Health and Environment environmental health divisions and other regulatory agencies for proper handling, guidance and follow-up. An additional 280 phone notifications occurred after normal business hours (nights, weekends and holidays).

¹³ **C.R.S 25-1.5-101** – Powers and Duties of the Department of Public Health and Environment, Excerpt, Appendix J (full text, Appendix K)