

Schedule 13

Department of Public Health and Environment

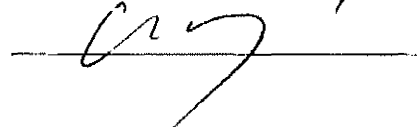
Funding Request for The FY 2020-21 Budget Cycle

Request Title

NP-01 Annual Fleet Vehicle Request

Dept. Approval By: 

Supplemental FY 2019-20

OSPB Approval By: 

Budget Amendment FY 2020-21

X

Change Request FY 2020-21

Summary Information	Fund	FY 2019-20		FY 2020-21		FY 2021-22
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$446,938	\$0	\$446,938	(\$80,350)	(\$80,350)
	FTE	0.0	0.0	0.0	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	\$0	\$0	\$6,842	\$0	\$0
	CF	\$317,327	\$0	\$317,327	(\$20,126)	(\$20,126)
	RF	\$89,387	\$0	\$82,545	(\$20,000)	(\$20,000)
	FF	\$40,224	\$0	\$40,224	(\$40,224)	(\$40,224)

Line Item Information	Fund	FY 2019-20		FY 2020-21		FY 2021-22
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$446,938	\$0	\$446,938	(\$80,350)	(\$80,350)
	FTE	0.0	0.0	0.0	0.0	0.0
01. Administration and Support, (A)	GF	\$0	\$0	\$6,842	\$0	\$0
Administration, (1)	CF	\$317,327	\$0	\$317,327	(\$20,126)	(\$20,126)
Administration - Vehicle Lease Payments	RF	\$89,387	\$0	\$82,545	(\$20,000)	(\$20,000)
	FF	\$40,224	\$0	\$40,224	(\$40,224)	(\$40,224)

Auxiliary Data

Requires Legislation? NO

Type of Request?

Department of Public Health and Environment Non-Prioritized Request

Interagency Approval or Related Schedule 13s:

Impacts DPA

Schedule 13

Department of Public Health and Environment

Funding Request for The FY 2020-21 Budget Cycle

Request Title

NP-02 OIT_FY21 Budget Request Package

Dept. Approval By: 

Supplemental FY 2019-20

OSPB Approval By: 

Budget Amendment FY 2020-21

X

Change Request FY 2020-21

Summary Information	Fund	FY 2019-20		FY 2020-21		FY 2021-22
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$10,259,569	\$0	\$9,220,558	\$6,380	\$41,809
	FTE	0.0	0.0	0.0	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	\$1,858,936	\$0	\$1,213,871	\$0	\$0
	CF	\$0	\$0	\$1,213,753	\$0	\$0
	RF	\$8,400,633	\$0	\$5,851,026	\$6,380	\$41,809
	FF	\$0	\$0	\$941,908	\$0	\$0

Line Item Information	Fund	FY 2019-20		FY 2020-21		FY 2021-22
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$10,259,569	\$0	\$9,220,558	\$6,380	\$41,809
	FTE	0.0	0.0	0.0	0.0	0.0
01. Administration and Support, (A) Administration, (1) Administration - Payments to OIT	GF	\$1,858,936	\$0	\$1,213,871	\$0	\$0
	CF	\$0	\$0	\$1,213,753	\$0	\$0
	RF	\$8,400,633	\$0	\$5,851,026	\$6,380	\$41,809
	FF	\$0	\$0	\$941,908	\$0	\$0

Auxiliary Data

Requires Legislation? NO

Type of Request?

Department of Public Health and Environment Non-Prioritized Request

Interagency Approval or Related Schedule 13s:

Requires OIT Approval

Schedule 13

Department of Public Health and Environment

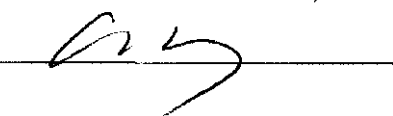
Funding Request for The FY 2020-21 Budget Cycle

Request Title

NP-03 Annual Legal Services True-up Budget Request

Dept. Approval By: 

Supplemental FY 2019-20

OSPB Approval By: 

Budget Amendment FY 2020-21

X

Change Request FY 2020-21

Summary Information	Fund	FY 2019-20		FY 2020-21		FY 2021-22
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$3,328,639	\$0	\$3,331,230	\$57,298	\$57,298
	FTE	0.0	0.0	0.0	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	\$93,267	\$0	\$343,515	\$0	\$0
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$3,235,372	\$0	\$2,987,715	\$57,298	\$57,298
	FF	\$0	\$0	\$0	\$0	\$0

Line Item Information	Fund	FY 2019-20		FY 2020-21		FY 2021-22
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$3,328,639	\$0	\$3,331,230	\$57,298	\$57,298
	FTE	0.0	0.0	0.0	0.0	0.0
01. Administration and Support, (A) Administration, (1) Administration - Legal Services	GF	\$93,267	\$0	\$343,515	\$0	\$0
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$3,235,372	\$0	\$2,987,715	\$57,298	\$57,298
	FF	\$0	\$0	\$0	\$0	\$0

Auxiliary Data

Requires Legislation? NO

Type of Request?

Department of Public Health and Environment Non-Prioritized Request

Interagency Approval or Related Schedule 13s:

Impacts Other Agency

Schedule 13

Department of Public Health and Environment

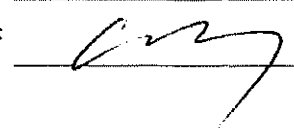
Funding Request for The FY 2020-21 Budget Cycle

Request Title

NP-04 Paid Family Leave

Dept. Approval By: 

Supplemental FY 2019-20

OSPB Approval By: 

Budget Amendment FY 2020-21

X

Change Request FY 2020-21

Summary Information	Fund	FY 2019-20		FY 2020-21		FY 2021-22
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$0	\$0	\$0	\$429,684	\$429,684
	FTE	0.0	0.0	0.0	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	\$0	\$0	\$0	\$70,006	\$70,006
	CF	\$0	\$0	\$0	\$144,125	\$144,125
	RF	\$0	\$0	\$0	\$44,893	\$44,893
	FF	\$0	\$0	\$0	\$170,660	\$170,660

Line Item Information	Fund	FY 2019-20		FY 2020-21		FY 2021-22
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$0	\$0	\$0	\$429,684	\$429,684
	FTE	0.0	0.0	0.0	0.0	0.0
01. Administration and Support, (A) Administration, (1) Administration - Paid Family Leave	GF	\$0	\$0	\$0	\$70,006	\$70,006
	CF	\$0	\$0	\$0	\$144,125	\$144,125
	RF	\$0	\$0	\$0	\$44,893	\$44,893
	FF	\$0	\$0	\$0	\$170,660	\$170,660

Auxiliary Data

Requires Legislation? NO

Type of Request?

Department of Public Health and Environment Non-Prioritized Request

Interagency Approval or Related Schedule 13s:

Impacts DPA

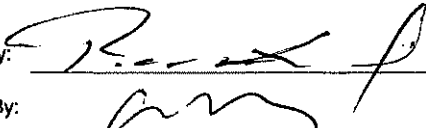
Schedule 13

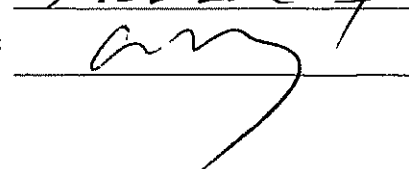
Department of Public Health and Environment

Funding Request for The FY 2020-21 Budget Cycle

Request Title

R-01 Oil and Gas Enforcement, Compliance, and Permitting Ini

Dept. Approval By:  _____ Supplemental FY 2019-20

OSPB Approval By:  _____ Budget Amendment FY 2020-21

_____ X _____

Change Request FY 2020-21

Summary Information	Fund	FY 2019-20		FY 2020-21		FY 2021-22
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$12,537,284	\$0	\$12,776,830	\$2,417,371	\$2,579,382
FTE		131.1	0.0	131.3	19.4	24.9
Total of All Line Items Impacted by Change Request	GF	\$163,820	\$0	\$168,279	\$0	\$0
	CF	\$9,678,109	\$0	\$9,914,196	\$2,417,371	\$2,579,382
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$2,694,355	\$0	\$2,694,355	\$0	\$0

Line Item Information	Fund	FY 2019-20		FY 2020-21		FY 2021-22
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$3,572,445	\$0	\$3,655,141	\$102,990	\$102,990
FTE		33.7	0.0	33.7	1.0	1.0
04. Air Pollution Control Division, (B) Technical Services, (1) Technical Services - Personal Services	GF	\$0	\$0	\$0	\$0	\$0
	CF	\$2,349,215	\$0	\$2,431,911	\$102,990	\$102,990
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$1,223,230	\$0	\$1,223,230	\$0	\$0

Total		\$8,629,476	\$0	\$8,795,732	\$1,825,706	\$2,368,258
FTE		97.4	0.0	97.6	18.4	23.9
04. Air Pollution Control Division, (D) Stationary Sources, (1) Stationary Sources - Personal Services	GF	\$152,514	\$0	\$166,379	\$0	\$0
	CF	\$7,054,751	\$0	\$7,207,142	\$1,825,706	\$2,368,258
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$1,422,211	\$0	\$1,422,211	\$0	\$0

Line Item Information	Fund	FY 2019-20	FY 2020-21		FY 2021-22	
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$335,363	\$0	\$325,957	\$488,675	\$108,144
	FTE	0.0	0.0	0.0	0.0	0.0
04. Air Pollution Control Division, (D) Stationary Sources, (1) Stationary Sources - Operating Expenses	GF	\$11,306	\$0	\$1,900	\$0	\$0
	CF	\$275,143	\$0	\$275,143	\$488,675	\$108,144
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$48,914	\$0	\$48,914	\$0	\$0

Auxiliary Data			
Requires Legislation?	YES		
Type of Request?	Department of Public Health and Environment Prioritized Request	Interagency Approval or Related Schedule 13s:	No Other Agency Impact



Department Priority: R-01
Request Detail: Oil and Gas Enforcement, Compliance, and Permitting Initiative

Summary of Incremental Funding Change for FY 2020-21			
	FY 2019-20	FY 2020-21	FY 2021-22
Total Funds			
FTE	0.0	19.4	24.9
General Fund			
Cash Funds		\$2,417,371	\$2,579,392
Reappropriated Funds			
Federal Funds			

Summary of Request:

The Colorado Department of Public Health and Environment (CDPHE) or the Department, requests \$2,417,371 cash funds and 19.4 FTE for FY 2020-21 and \$2,579,392 cash funds and 24.9 FTE for FY 2021-22 and beyond to protect and enhance air quality in Colorado. Additional staffing is needed to expand capacity for oil and gas compliance, enforcement, permitting, and ambient air quality monitoring at the Air Pollution Control Division (APCD). This funding request will strengthen the Division’s compliance and enforcement efforts, while also addressing permitting needs related to the pending (2019) U.S. EPA re-designation of the Denver Metro-North Front Range ozone non-attainment area to “serious”. This request represents a 26 percent increase over the FY 2019-20 appropriation in the Stationary Sources lines and a 3 percent increase over the FY 2019-20 Technical Services lines.

Current Program:

The Air Pollution Control Division (APCD) administers the federal Clean Air Act and the Colorado Pollution Prevention and Control Act. The APCD oversees the development and implementation of Colorado's air quality program. Major functions of the APCD include the permitting and compliance oversight of industrial facilities (including but not limited to the oil and gas industry), air quality planning and policy, ambient monitoring of air quality, modeling of air quality, reduction of emissions from vehicles, reducing impacts from asbestos, chlorofluorocarbons and lead, financial stewardship and oversight of its programs and small business assistance. In addition, the APCD collaborates with the Air Quality Control Commission, the Colorado Oil and Gas Conservation Commission, and the Colorado Board of Health to adopt rules and regulations to improve air quality and protect public health.

This request seeks additional resources for two areas within the APCD, Stationary Sources and Technical Services. The Stationary Sources line items contain programs that are responsible for controlling and reducing air pollutants from stationary sources such as power plants and industrial operations. The Stationary Sources lines are primarily cash funded through fees on regulated entities. Revenue shortfalls in recent fiscal years lead to the passage of HB 18-1400. Prior to the passage of the legislation, fees had not been increased since 2008.

The Title V Permitting Team, funded through the Stationary Sources lines, is responsible for issuing permits to control pollution emissions from Colorado's largest and most complex oil and gas, industrial, and commercial facilities. This team issues 209 Title V permits (as of September 2019) following the federal Environmental Protection Agency's (EPA) regulations and standards for the largest sources of air pollution under the Title V Program.

The Oil and Gas Team, also funded through the Stationary Sources lines, is responsible for permitting, inspections, and compliance oversight activities related to oil and gas emissions. The Team oversees approximately 10,800 oil and gas facilities and approximately 50,000 oil and gas related sources of emissions, such as individual well pads. Inspection and compliance monitoring activities include infrared (IR) camera inspections.

The Stationary Sources lines also fund the Enforcement Team. This team conducts compliance and enforcement activities related to oil and gas as well as for all other non-oil and gas industrial facilities in the state. The Enforcement Team also performs final approval reviews for oil and gas and non-oil and gas facilities throughout the state. Final approval reviews involve a second step to the permitting process in which companies need to certify compliance with all terms and conditions of their permit. Upon review and approval by the Enforcement Team, the operator is granted final authority to continue operation of the facility. Under statute and Regulation No. 3, sources are required to self-certify compliance with each condition of the Initial Approval permit before a Final Approval Permit (or Final Approval Letter) is issued. For each Initial Approval permit issued, a Division inspector must review the permit conditions to determine what information and documents are required to be submitted (e.g. self-certification form, opacity observations, stack testing, operating & maintenance plans). In some cases, the source has not submitted any or all of the required documentation, and in these circumstances, the inspector must contact the source and request the documentation. Once all of the information has been submitted and reviewed for adequacy and completeness, the inspector approves the Final Approval package and either sends the package to the proper permit team for permit processing or more frequently, issues a Final Approval Letter to the source which authorizes ongoing operation under the permit.

The APCD oil and gas programs are recognized as highly efficient and effective. The APCD Oil and Gas Team was one of the first programs in the nation to apply Lean principles to state government (circa 2008). Additionally, APCD is second to one other division at the Department in terms of the number of Lean projects implemented. The Colorado Department of Public Health and Environment (CDPHE) was recognized by the Governor's Office as one of the leading State agencies in terms of commitment to a Lean culture (2019 Division Director Academy).

The Technical Services Program measures air quality across Colorado to determine compliance with National Ambient Air Quality Standards, performs air quality modeling of industrial sources, performs regional modeling, and issues air quality forecasts and advisories. The Technical Services Program is funded through a combination of cash funds from both Stationary Sources and Mobile Sources, as well as with federal grant funds.

The Gaseous and Meteorological Monitoring Team is housed within the Technical Services Program, is responsible for remote air monitoring of gaseous pollutants (such as ozone and carbon monoxide), air toxics, visibility and meteorology at 28 sites across the state. The unit is responsible for the Colorado Air Monitoring Mobile Laboratory (CAMML) which is used for monitoring air emissions for oil and gas development activities.

Problem or Opportunity:

Population growth, industrial expansion, especially in the oil and gas industry, and more stringent EPA standards mean that Colorado has been unable to effectively reduce air pollution. As a result, it is anticipated that the EPA will re-designate the Denver Metro-North Front Range as a serious, rather than moderate, ozone nonattainment area late in 2019.

Governor Polis and CDPHE have identified emission reductions as a key Wildly Important Goal (WIG). Additionally, Governor Polis identified improvements to air quality as one of Colorado's key priorities.

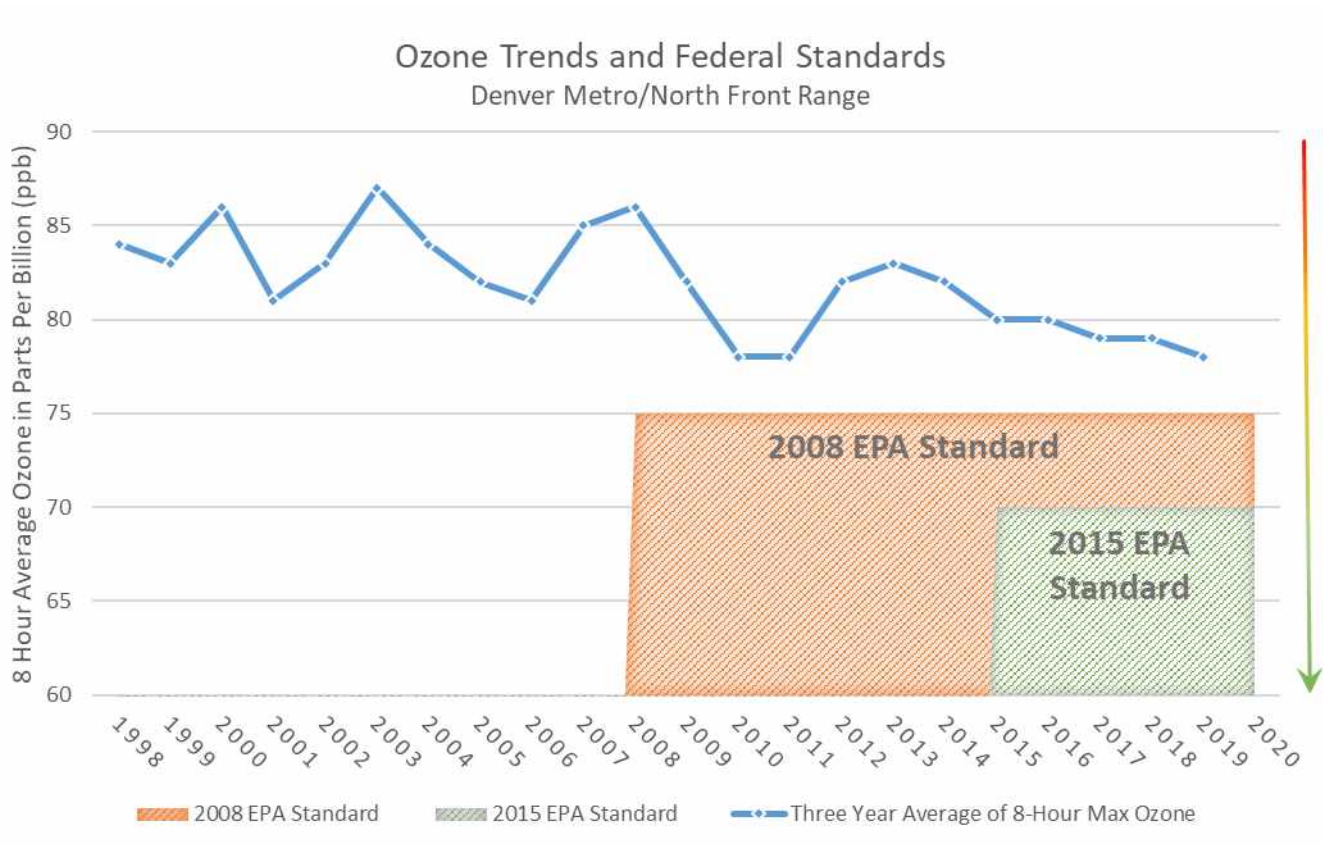
Non-Attainment Status

The United States Environmental Protection Agency (EPA) works with states and tribes to set National Ambient Air Quality Standards (NAAQS) for ground level ozone to protect human health and the environment. Once a standard is established, the EPA designates an area as meeting (attainment) or not meeting (non-attainment) that standard. There are also different attainment levels set for non-attainment areas ranging from (lowest to highest) marginal, moderate, serious, severe, to extreme. States with areas designated as non-attainment are required to implement more stringent regulations through a State Implementation Plan (SIP). The SIP must be approved by the EPA and establishes strategies and goals for the state to come into compliance. More stringent requirements on industry can result in increased costs for regulated entities and can constrain productivity. Additionally, if the state does not come into compliance with EPA standards, the state's delegation to implement the Clean Air Act can be revoked. Revocation will also result in increased cost and regulatory burden for regulated entities.

The Denver Metro-North Front Range is currently designated by the EPA as a moderate ozone nonattainment area. It is expected this area will be re-designated as a serious nonattainment area late in 2019. The impending re-designation to serious nonattainment will impose additional requirements on the APCD which

will necessitate additional resources. Re-designation will increase the APCD’s oil and gas permitting and inspection workloads because a more stringent nonattainment classification will require additional sources emitting pollution to obtain more rigorous permits and more frequent inspections.

If Colorado does not meet EPA standards, the nonattainment area could be re-designated from serious to severe. A designation of severe would drive even more stringent requirements and demands on APCD resources. Without immediate action, this second re-designation could happen as early as January 2022.



Source: Regional Air Quality Council
(<https://raqc.egnyte.com/dl/wI19b0oUix/OzonePlanningUpdate090619.pdf>)

Permitting

Title V-Major Source Permitting

Major sources of air pollutants (such as power plants, large manufacturing, and chemical processing and oil and gas facilities) are required, under federal law, to obtain and renew a Title V major sources permit every five years. The anticipated serious nonattainment re-designation would impact the number of facilities required to obtain a Title V-major source permit by lowering the threshold to qualify as a Title V major source. Under the current moderate nonattainment designation, the threshold for a Title V-major source permit is 100 tons per year (tpy) for volatile organic compounds (VOC) and nitrogen oxides (NOx). The anticipated re-designation to serious nonattainment would lower this threshold to 50 tpy tons per year. As a result, the APCD anticipates an increase of approximately 100 additional Title V permit actions.

Oil & Gas Minor Source Permitting

The anticipated nonattainment re-designation, and the more stringent standards, will increase the number of minor source permits that the APCD has to process. The APCD estimates industry growth and the new serious nonattainment designation will increase new minor source construction permitting actions from 3,603, in 2019, to 4,500 in 2020. These increases will occur in part due to ongoing natural growth of the industry in the state as well as operators seeking revision to existing permits to address the additional requirements associated with the anticipated change in the State's nonattainment status.

Oil and Gas Inspections

The APCD's oil and gas team conducts inspections and activities associated with improving compliance for regulated entities. The Full Compliance Evaluations (FCEs) conducted by this team are required by the EPA, while many of the other activities are conducted to assist Colorado with becoming compliant with the EPA's NAAQS.

Full Compliance Evaluation Inspections

Under the serious nonattainment status, the APCD will see an increase in the number of oil and gas facility FCEs required by the EPA. In FY 2019-20 the APCD is forecasted to conduct 373 FCEs, but under the serious nonattainment in FY 2020-21 this number is expected to increase to 497 FCEs per year, an increase of 124 FCEs. Along with the increase in mandatory inspections, the inspection type will change for many of these facilities. There will be an increase in Title V (FCE), a decrease in the number of Synthetic Minor 80% (SM80) FCEs (all of these will become Title V FCEs), and an increase in the number of True Minor FCEs. A synthetic minor source is one that has federally enforceable (i.e. permit) limits to ensure emissions are maintained below Title V applicability thresholds. An SM80 source is one whose emissions are 80% or greater of the Title V applicability threshold. SM80 sources are required to be inspected & monitored more closely to ensure emissions don't exceed Title V applicability thresholds. Conducting nearly 497 oil and gas facility FCEs per year will allow the APCD to meet EPA minimum requirements under the anticipated serious nonattainment re-designation; however, the APCD anticipates additional measures will be required to meet public demands and decrease emissions in order to come into compliance with the NAAQS.

Infrared Camera Inspections

The APCD inspection staff currently conduct approximately 2,000 infrared (IR) camera partial compliance evaluations (PCE), of Colorado oil and gas facilities annually using five IR cameras. The IR cameras enable inspectors to audit oil and gas operations quickly and efficiently. IR cameras can identify otherwise invisible leaks which often allow significant quantities of emissions to escape into the atmosphere. IR camera inspections allow inspectors to immediately initiate mitigation efforts with operators to repair leaks or allow inspectors to more easily issue enforcement actions.

Inspections-First 90 Days (New Oil and Gas Facilities)

Currently, oil and gas operators are allowed to operate without a permit for the first 90 days of production. Soon operators in Colorado will be required to obtain a temporary general permit prior to commencing drilling. This permit will remain in place through the date of first production and until a permanent operational permit is issued. Once the temporary general permit is issued, the APCD should begin conducting on-site inspections during the first 90 days when production and emissions are potentially highest. Currently, the APCD does not have funding or resources to allocate towards first 90 day inspections.

Oil and Gas Additional Compliance Monitoring Activities

The APCD's oil and gas team conducts additional compliance monitoring activities related to the oversight of oil and gas operations in the state. One of these key activities currently involves the oversight of third party stack testing of oil and gas facility emissions. In addition, the division is interested in developing the ability to directly conduct testing of facility emissions using portable testing equipment.

Stack Testing Oversight

The APCD currently oversees stack testing required to be completed by each company through conditions of their permits. The stack testing is completed by third party contractors for companies as required by the company's permits. The APCD staff observe the work being completed by the third party contractors. These observations include the review of test protocols, test reports and on-site observations of testing. These stack tests are a critical component of compliance oversight to ensure companies comply with permitted emissions limits. When APCD staff are on-site to observe stack tests there is a higher relative rate of non-compliance compared to tests not observed by staff. Currently the APCD is able to perform approximately 13 on-site observations a year.

Portable Stack Testing Program

Air pollution permits and air quality regulations require industrial facilities to comply with specific emissions limits. This verification process is completed by third party contractors hired by the facility operator to conduct stack testing as discussed above. The division currently maintains portable testing equipment which may be used to directly measure the types and concentrations of pollution emitted through a streamlined testing procedure using portable testing equipment. Given division and public concern that oil and gas emission sources may not be meeting emission performance requirements, the division would like to implement a new portable testing program in which division staff perform independent testing to verify tests completed by third party contractors hired by companies. Portable stack testing performed by APCD staff would not replace the requirement for third party contractors to conduct stack tests, it would simply provide an additional level of oversight to ensure facilities were complying with specific emission limits. Currently, the APCD has no funding to allocate resources to independently verify emissions using portable testing equipment.

Enforcement

Enforcement

The oil and gas industry makes up the majority of Colorado's non-compliance issues that result in formal enforcement. For example, oil and gas related enforcement cases were 70% of the cases resolved in State FY 2017-18 and were 66% of the cases resolved over a five year average. Non-compliance can take a variety of forms from excess emissions (beyond what is allowed through APCD permit) to improper operation and maintenance of emission control equipment to administrative issues (e.g., failure to submit proper paperwork regarding the placement of new pollution-emitting equipment).

Final Approval Compliance Reviews

Final Approval (FA) compliance reviews are the final stage of the permitting process when the APCD determines whether a source has been constructed and commenced operation in accordance with the terms of the construction permit. The FA inspector reviews permit conditions and collects all required documentation. Once the documents demonstrate compliance with the initial permit, the inspector approves the FA and sends

an approval authorizing operations under the permit. If the Final approval is not performed, it is possible that the facility may not be meeting health and safety requirements.

Ambient Air Monitoring

The APCD established two volatile organic compounds (VOCs) monitoring sites in Colorado in 2011, one in Platteville, and a second in Denver. Both sites collect long-term measurements of VOCs, methane and carbonyl compounds that could lead to increased ozone formation; the Platteville site collects this data on oil and gas development emissions, while the Denver site collects this data for urban emissions. The two sites have collected samples on over 460 days providing results for over 39,000 individual compound concentrations. The data collected provides a start to properly characterizing increased ozone formation, but the single monitoring site in Platteville is not representative of such a large oil and gas development area that is rapidly changing. Additionally, one site cannot capture the variations in oil and gas development emissions. The APCD does not currently have the resources to expand air monitoring to improve the characterization of increased ozone formation.

The 2015 Governor’s Oil and Gas Taskforce report led to approved funding for a mobile air quality monitoring unit and 1.0 FTE to be dispatched to locations in response to health complaints to monitor ambient air quality and to help determine potential sources. This mobile trailer, the CAMML, became operational in 2017 and has been used for 17 deployments totaling over 4,000 hours of data collection. Results have been provided to CDPHE epidemiologists for risk assessment analyses. While the CAMML has been a very useful tool for responding to public concerns on exposures to emissions from oil and gas operations, it cannot be rapidly moved to respond to immediate concerns. Additionally, the CAMML cannot quickly survey emissions from a number of different sources in an area as it is not designed to operate while in motion. As a result, the CAMML cannot be used to address all health complaints received or to address concerns on emissions from individual facilities.

Proposed Solution:

The APCD is requesting resources to enable the division to add staff and associated operating expenses in four areas: permitting, inspections-compliance oversight, enforcement, and ambient air monitoring response in order to improve air quality. The Department is requesting 19.4 FTE in 2020-21 which will annualize to 24.9 FTE in FY 2021-22. Based on the onboarding and training process for the positions requested, the Department has proposed staggering the hiring process, resulting in the request of 19.4 FTE in FY 2020-21, which annualizes to 24.9 FTE in FY 2021-22. Please see Appendix A and B for FTE workloads, salary, and associated costs for this request.

Permitting 9.9 FTE

The department is requesting an additional 9.9 FTE to assist with the increase in permitting activities associated with an anticipated surge in oil and gas permit applications due to the pending (2019-2020) “serious nonattainment” designation.

Title V-Major Source Permitting 6.0 FTE

As a result of the anticipated change in Colorado’s nonattainment status, the Department anticipates an additional 100 Title V permit applications. This estimated increase is based on the Program’s review of current permits and an assessment of how many facilities will be considered Title V major source facilities if the Title V major source permitting threshold is reduced from 100 to 50 TPY. The request includes 5.0 permit engineers and 1.0 new supervisor. The requested permit engineers are based on the assumption that one permit

engineer can manage approximately 20 title V permits. The 1.0 requested supervisor is based on the division goal of a ratio of 1 supervisor for every 5 to 6 staff.

Oil & Gas Minor Source Permitting 3.9 FTE

Also as a result of the anticipated change in Colorado's nonattainment status and natural growth of the industry, the Department projects changes in the minor source permitting workload. See Appendix B for more detail on the anticipated changes to the minor source permitting workload. This estimated increase is based on a review of the permitting workload trends over the last several years in addition to an estimate of the workload that will result from operators seeking to avoid Title V major source permitting requirements by accepting more stringent emission limits through the minor source oil and gas permitting teams.

The request includes 2.4 permit engineers, 0.5 QA workload and 1.0 new supervisor. The requested permit engineers are based on the projected workload shown in Appendix B. The 0.5 FTE for permit quality assurance specialist/workload is a new function to ensure quality and consistency of issued permits. The 1.0 requested supervisor is based on the division goal of a ratio of 1 supervisor to every 5 to 6 staff. See Appendix B for more detailed workload calculations.

Oil and Gas Inspections 10.2 FTE

The department is requesting an additional 10.2 FTE to assist with increased inspection activities as well as to enhance oversight of oil and gas activities. The increase in oil and gas FTE will be used to provide enhanced oversight of the oil and gas industry, conduct additional IR camera inspections, and complete "first 90 day inspections of new oil and gas facilities. Appendix B details the assumptions for the Inspection and Compliance FTE.

Full Compliance Evaluation Inspections 1.9 FTE

The request increases the number of staff conducting full compliance evaluations (FCE) by 1.9 FTE. It is estimated an additional 120 true minor FCEs will be conducted with the new FTE, while an additional 80 Title V major source FCEs will be conducted. There will be a decrease of approximately 76 SM80 FCEs conducted, but most of these resources will be shifted to process the increased workload for the Title V major source FCEs.

Infrared Camera Inspections 3.3 FTE

The requested 3.3 FTE will enable the APCD to increase IR Camera PCEs by 1,800 per year, bringing the new total to 3800 inspections per year.

Inspections-First 90 Days 1.1 FTE (New Oil and Gas Facilities)

The requested 1.1 FTE will enable the APCD to conduct an enhanced IR Camera inspection during the first 90 days of operation for oil and gas production facilities. The APCD assumes there will be 200 new oil and gas production facilities permitted each year. It is estimated that each 90 day inspection will take 6.0 hours to perform. The APCD currently has no FTE conducting these activities and requests 1.1 FTE to perform 200 new inspections during the first 90 days of operation for oil and gas production facilities. These inspections will assist the APCD with identifying and reducing emissions from new permittees and to meet air quality goals

Oil and Gas Additional Compliance Monitoring Activities 1.8 FTE

The stack testing oversight and the portable stack testing program provide enhanced abilities to the oil and gas inspections team, 1.8 of the 10.2 FTE being requested are for oil and gas additional compliance monitoring activities.

Stack Testing Oversight 1.0 FTE

The requested 1.0 FTE will provide on-site and off-site stack testing oversight by reviewing test protocols, test reports, and (only during on-site reviews) on-site observations of stack testing. These stack tests ensure companies comply with emission limits. The majority of sources tested are oil and gas industry sources of nitrogen oxides, a precursor of ozone formation. The APCD will be able to increase the number of stack testing oversight reviews from 110 estimated in FY 2019-20 to an estimated 250 for FY 2020-21. This will be an increase of 140 stack testing oversight reviews completed with the additional 1.0 FTE. This 1.0 FTE will enhance the APCD's ability to reduce excess emissions in order to come into compliance with the ozone NAAQS.

Portable Stack Testing Program 0.8 FTE

The requested 0.8 FTE will establish a permanent portable stack testing program to independently conduct stack testing. This position will complete direct testing of emissions from combustion sources in the field to measure and reduce emissions of nitrogen oxides. The position will conduct testing of industrial emissions and develop a testing program with results that may be used to pursue formal enforcement actions. Portable stack testing performed by APCD staff would not replace the requirement for third party contractors to conduct stack tests, it would simply provide an additional level of oversight to ensure facilities were complying with specific emission limits. An estimated 150 engine tests will be completed each year. By identifying and reducing emissions, this 0.8 FTE will assist Colorado with coming into compliance with the ozone NAAQS under the anticipated serious nonattainment designation as it would enable the APCD to more quickly identify and resolve non-compliance with established nitrogen oxides emission limits.

Inspection Quality Assurance Specialist 1.0 FTE

The request also includes 1.0 FTE for an inspection quality assurance specialist/worklead. This is a new function to ensure quality and consistency of inspection reports developed by staff. This new position will perform quality assurance activities to ensure inspection reports meet EPA standard requirements. This position will educate and train inspectors to provide a similar standard of quality across reports and equity to the regulated community.

Inspection Supervisor 1.0 FTE

The request also includes 1.0 Inspection Supervisor. This is based on the division goal of a ratio of 1 supervisor to every 5 to 6 staff.

Enforcement 3.8 FTE

The department is requesting an additional 3.8 FTE to assist with enforcement activities. These activities will assist the APCD with identifying and correcting non-compliance issues to assist with coming into compliance with the ozone NAAQS under the anticipated serious nonattainment designation. Appendix B details the assumptions for these FTE.

Enforcement 1.1 FTE

The requested 1.1 FTE will increase the number of formal enforcement referrals conducted each year. The APCD's increase in annual inspections will result in an increase of formal enforcement referrals. It is estimated the number of enforcement referral cases will increase from 150 per year to 206 per year.

Final Approvals 2.7 FTE

The requested 2.7 FTE will increase the number of final approvals the APCD can complete each year. The current 1.0 FTE processes 485 final approvals annually. The APCD estimates 1795 final approval evaluations will be required in FY 2020-21; this results in the need for an additional 1,309 compliance evaluations for final approvals beginning in 2020. It takes approximately 3 hours per FA assessment. The 2.7 additional FTE will enable the APCD to assess all additional 1,309 final approvals.

Ambient Air Monitoring 1.0 FTE

The requested 1.0 FTE will assess oil and gas impacts for ambient air quality monitoring. The FTE for monitoring will respond to strong public interest to expand the APCD's capacity to monitor and evaluate ambient oil and gas emissions data. This position will operate two additional VOC monitoring sites, process associated data, work with health experts to complete any risk assessment analyses, develop technical reports, and conduct special studies to assess emissions from the oil and gas sector. This position will also operate a new mobile van or assist with increased deployment of the CAMML to enhance research related to public concerns over potential health impacts from oil and gas operations.

Currently, there is only one dedicated VOC monitoring site in the oil and gas development area (Platteville, Colorado).

To collect adequate data, two additional VOC sites need to be added to the oil and gas development area in northeast Colorado. Two additional monitoring sites will allow the Department to better quantify air emissions that lead to ozone formation over a larger region. Each new site is estimated to require 267 hours per year to fully operate and report data. This includes performing the field sampling, maintenance, calibrations, data processing and report generation.

A new mobile air quality monitoring van may be obtained via settlement funds from the Colorado Oil and Gas Conservation Commission. It is estimated that the requested FTE would allow the new mobile van to be deployed in the field 50 days per year. Deployment of the van 50 days per year is assumed to result in investigation and survey of at least 200 oil and gas facilities. It is estimated that approximately 1,000 hours will also be needed for equipment maintenance and calibration, and data processing and reporting. Unlike the existing CAMML, the new van will have the ability to rapidly monitor the air while being driven. If the new mobile monitoring lab is not ultimately funded, the FTE will enhance and increase the frequency of deployment of the existing CAMML, investigate new air monitoring techniques for faster responses to public health concerns, and conduct additional special studies focused on emissions from specific oil and gas development activities that might result in potential health impacts.

Operating

The APCD is requesting three additional IR cameras to increase the number of IR camera inspections conducted each year from 2000 to 3800. The APCD believes the increase in IR Camera inspections will decrease emissions in order to come into compliance with the NAAQS and to protect the health of nearby

residents. Each Camera is projected to cost approximately \$110,000 plus annual maintenance of approximately \$4,000.

The Oil & Gas team will require an increase in operating expenses for staff travel, and vehicles/mileage. It is assumed an increase of 8.2 inspectors will require 2 new vehicles. This is based on the Division experience that one Vehicle is needed for every 4 inspectors. It is further assumed the new inspectors will travel and require per diem for approximately half of the 124 new Full Compliance Inspections. This will result in approximately 60 two day trips. These amounts are detailed in Appendix B.

If the Department does not receive the requested resources, the APCD cannot:

- meet the Governor’s Wildly Important Goals (WIGs) for emission reductions in the CDPHE Strategic Plan; and,
- increase compliance oversight to meet expectations of the Governor and citizens of Colorado;
- increase enforcement for non-compliant companies to decrease uncontrolled emissions;
- meet the increase in demand for permits under the pending serious nonattainment designation;
- expand ambient air quality monitoring in areas disproportionately impacted by oil and gas emissions;
- avoid potential lawsuits for failing to adequately oversee the oil and gas industry among other consequences.

Fee Increase

To fund this request, the Department requests the Joint Budget Committee Sponsor Legislation to increase statutory fee caps, pursuant to CRS 25-7-114.1 and CRS 25-7-114.7, and to target a 16% reserve for the Stationary Sources Fund using the projected FY 2021-22 expenses.

Anticipated Outcomes:

If this funding request is approved, the APCD will be able to accomplish the following objectives:

- Improve air quality in Colorado, particularly as it relates to decreased emissions from the oil and gas sector,
- Meet the Governor’s WIGs for emissions reductions,
- Timely respond to the increasing number of permits resulting from the anticipated nonattainment designation;
- Increase the number of inspections and enforcement actions taken by the APCD;
- Expand ambient monitoring capacity of oil and gas industry emissions.

Assumptions and Calculations:

Please see Appendix A and Appendix B for more detail on workload, FTE needs and associated costs for this request.

R-01 FY 2020-21 Oil and Gas Enforcement, Compliance, and Permitting Initiative - Appendix A

FTE Calculation Assumptions:
Operating Expenses -- Base operating expenses are included per FTE for \$500 per year. In addition, for regular FTE, annual telephone costs
Standard Capital Purchases -- Each additional employee necessitates the purchase of a Personal Computer (\$900), Office Suite Software (\$330),
General Fund FTE -- Beginning July 1, 2019, new employees will be paid on a bi-weekly pay schedule; therefore **new full-time General Fund**

Expenditure Detail	FY 2020-21		FY 2021-22	
Personal Services:				
Classification Title	Monthly Salary	FTE		FTE
ENGINEER-IN-TRAINING III	\$5,826	4.9	\$342,569	7.4
PERA			\$37,340	
AED			\$17,128	
SAED			\$17,128	
Medicare			\$4,967	
STD			\$582	
Health-Life-Dental			\$50,210	
Subtotal Position 1, ## FTE		4.9	\$469,924	7.4
Subtotal Position 1, ## FTE				
Classification Title	Monthly Salary	FTE		FTE
ENVIRON PROTECT SPEC II	\$5,483	6.8	\$447,413	8.2
PERA			\$48,768	
AED			\$22,371	
SAED			\$22,371	
Medicare			\$6,487	
STD			\$761	
Health-Life-Dental			\$70,293	
Subtotal Position 2, ## FTE		6.8	\$618,464	8.2
Subtotal Position 2, ## FTE				
Classification Title	Monthly Salary	FTE		FTE
ENVIRON PROTECT SPEC III	\$6,322	3.7	\$280,697	4.8
PERA			\$30,596	
AED			\$14,035	
SAED			\$14,035	
Medicare			\$4,070	
STD			\$477	
Health-Life-Dental			\$40,168	
Subtotal Position 3, ## FTE		3.7	\$384,078	4.8
Subtotal Position 3, ## FTE				
Classification Title	Monthly Salary	FTE		FTE
ENVIRON PROTECT SPEC IV	\$6,858	1.0	\$82,296	1.0
PERA			\$8,970	
AED			\$4,115	
SAED			\$4,115	
Medicare			\$1,193	
STD			\$140	
Health-Life-Dental			\$10,042	

Subtotal Position 4, ## FTE		1.0	\$110,871	1.0	\$110,871
Classification Title	Monthly Salary	FTE		FTE	
PROFESSIONAL ENGINEER I	\$6,322	0.4	\$30,346	0.5	\$37,932
PERA			\$3,308		\$4,135
AED			\$1,517		\$1,897
SAED			\$1,517		\$1,897
Medicare			\$440		\$550
STD			\$52		\$64
Health-Life-Dental			\$10,042		\$10,042
Subtotal Position 5, ## FTE		0.4	\$47,222	0.5	\$56,517
Classification Title	Monthly Salary	FTE		FTE	
PROFESSIONAL ENGINEER II	\$7,442	1.6	\$142,886	2.0	\$178,608
PERA			\$15,575		\$19,468
AED			\$7,144		\$8,930
SAED			\$7,144		\$8,930
Medicare			\$2,072		\$2,590
STD			\$243		\$304
Health-Life-Dental			\$20,084		\$20,084
Subtotal Position 6, ## FTE		1.6	\$195,148	2.0	\$238,914
Classification Title	Monthly Salary	FTE		FTE	
PHY SCI RES/SCIENTIST III	\$6,322	1.0	\$75,864	1.0	\$75,864
PERA			\$8,269		\$8,269
AED			\$3,793		\$3,793
SAED			\$3,793		\$3,793
Medicare			\$1,100		\$1,100
STD			\$129		\$129
Health-Life-Dental			\$10,042		\$10,042
Subtotal Position 7, ## FTE		1.0	\$102,990	1.0	\$102,990
Subtotal Personal Services		19.4	\$1,928,696	24.9	\$2,471,248
Operating Expenses:					
		FTE		FTE	
Regular FTE Operating Expenses	\$500	19.4	\$9,700	24.9	\$12,450
Telephone Expenses	\$450	19.4	\$8,730	24.9	\$11,205
PC, One-Time	\$1,230	19.4	\$23,862	5.5	\$6,765
Office Furniture, One-Time	\$3,473	19.4	\$67,376	5.5	\$19,102
Travel			\$ 14,520.00		\$14,520
Vehicles (QTY 2)			\$ 3,200.00		\$9,600
Mileage			\$ 3,120.00		\$3,120
Rapid Response Van					
Mileage			\$ 2,460.00		\$4,920

Rapid Response Van Operating		\$ 36.00		\$72
Rapid Response Van Equipment		\$ 14,000.00		\$14,000
IR Cameras (QTY 3)		\$ 329,281.00		\$12,390
IR Camera Maintenance		\$ 12,390.00		\$12,390
Subtotal Operating Expenses		\$488,675		\$108,144
TOTAL REQUEST	19.4	\$2,417,371	24.9	\$2,579,392
<i>General Fund:</i>				
<i>Cash funds:</i>		\$2,417,371		\$2,579,392
<i>Reappropriated Funds:</i>				
<i>Federal Funds:</i>				
<i>Indirect (20.5%)</i>		\$495,561		\$528,775

Oil and Gas Minor Permit Application Workload Projections									
	2019				2020				
Type of Permit Application	Hours per Application	Annual Applications	Hours Required	Required FTE	Annual Applications	Hours Required	Current FTE	FTE Required	FTE Requested
General Permit Applications	1.5	1906	2858	2.4	2115	3173		2.7	
Complex Synthetic Minor Sources	8.75	407	3564	3.0	476	4165		3.5	
<i>Complex Synthetic Minor Sources - Serious Non-Attainment</i>	<i>8.75</i>	<i>0</i>	<i>0</i>	<i>0.0</i>	<i>96</i>	<i>840</i>		<i>0.7</i>	
Synthetic Minor Sources	7.5	815	6109	5.2	953	7148		6.0	
<i>Synthetic Minor Sources - Serious Non-Attainment</i>	<i>7.5</i>	<i>0</i>	<i>0</i>	<i>0.0</i>	<i>192</i>	<i>1440</i>		<i>1.2</i>	
Minor Sources	4	136	543	0.5	159	636		0.5	
<i>Minor Sources - Serious Non-Attainment</i>	<i>4</i>	<i>0</i>	<i>0</i>	<i>0.0</i>	<i>32</i>	<i>128</i>		<i>0.1</i>	
Exempt Sources	0.5	339	170	0.1	397	199		0.2	
<i>Exempt Sources - Serious Non-Attainment</i>	<i>0.5</i>	<i>0</i>	<i>0</i>	<i>0.0</i>	<i>80</i>	<i>40</i>		<i>0.0</i>	
Total		3603	13244	11.2	4,500	17,768	12.6	15.0	2.4

1.0 FTE devotes 2080 hours towards the following:

1186 Process Permit Applications	65%	1186.12	79.2
457 Program Development	25%	456.2	
91 Professional Development/Training	5%	91.24	
91 Administrative	5%	91.24	
255 Annual Leave		255.2	
2080 Total			

Oil & Gas Inspections and Compliance Oversight Workload Projections									
		FY 2019-20 Capacity			FY 2020-21 Capacity				
	Hours per Inspection	Annual Inspections	Hours Required	Required FTE	Annual Inspections	Hours Required	Required FTE	Current FTE	Requested FTE
Title V Major Source Full Compliance Evaluations	26	85	2210	2.0	85	2210	2.0	2.0	0.0
<i>Title V Major Source Full Compliance Evaluations - Serious Non-Attainment</i>	26	0	0	0.0	80	2080	1.9	0.0	1.9
Synthetic Minor 80 Percent Full Compliance Evaluations	17.5	137	2397.5	2.2	137	2397.5	2.2	2.2	0.0
<i>Synthetic Minor 80 Percent Full Compliance Evaluations - Serious Non-Attainment</i>	17.5	0	0	0.0	-76	-1330	-1.2	0.0	-1.2
True Minor Full Compliance Evaluations	11.5	151	1736.5	1.6	151	1736.5	1.6	1.6	0.0
<i>True Minor Full Compliance Evaluations - Serious Non-Attainment</i>	11.5	0	0	0.0	120	1380	1.3	0.0	1.3
Infrared Camera Partial Compliance Evaluations	2	2000	4000	3.7	3800	7600	6.9	3.7	3.3
Inspections- First 90 Days (New Oil and Gas Facilities)	6	0	0	0.0	200	1200	1.1	0.0	1.1
Stack Testing Oversight (on-site)	15	13	195	0.2	63	945	0.9	0.2	0.7
Stack Testing Oversight (off-site)	4	97	388	0.4	187	748	0.7	0.4	0.3
Portable Stack Testing Program	6	0	0	0.0	150	900	0.8	0.0	0.8
Subtotals		2483	10927	10.0	4897	19867	18.20	10.0	8.20

1.0 FTE devotes 2080 hours towards the following:

		1824.8
1095 Conducts Inspections	60%	1094.88
274 Program Development & Support	15%	273.72
183 Enforcement Support Activities	10%	182.48
182 Professional Development/Training	10%	182.48
91 Investigate Complaints	5%	91.24
255 Annual Leave		255.2
2080 Total Hours		

Enforcement Workload Projections									
		FY 2019-20 Workload			FY 2020-21 Workload				
	Hours per Enforcement	Annual Enforcements	Hours Required	Required FTE	Annual Enforcements	Hours Required	Required FTE	Current FTE	Requested FTE
Enforcements	22	150	3300	3.0	206	4532	4.1	3.0	1.1

1.0 FTE devotes 2080 hours towards the following:

1095 Enforcements	60%	1095
365 Self-Disclosures/Open Records	20%	365
183 Track Cases	10%	182.5
91 Training/Share Info	5%	91.25
91 Implementation	5%	91.25
255 Annual Leave		255.2
2080 Total		

Final Approval Workload Projections									
		FY 2019-20 Workload			FY 2020-21 Workload				
	Hours per Final Approval	Annual Final Approvals	Hours Required	Required FTE	Annual Final Approvals	Hours Required	Required FTE	Current FTE	Requested FTE
Final Approvals	3	485	1455	1.0	1795	5385	3.7	1.0	2.7

1.0 FTE devotes 2080 hours towards the following:

1460 Final Approvals Compliance	80%	1459.84
183 Assistance	10%	182.48
182 Training/Share Info	10%	182.48
255 Annual Leave		255.2
2080 Total		

Operating Expenses

Annual Per Diem Costs					
	Average Trips	Units per Trip	Total Units	Average Cost per Unit	Total Cost
Per Diem (first and last day)	60	2	120	\$ 55	\$6,600
Hotel	60	1	60	\$ 132	\$7,920
Mileage	60	200	12,000	\$ 0.26	\$3,120
Total					\$17,640
Assumptions based on current APCD inspector travel. The 8.2 new inspectors will conduct approximately 124 new Full Compliance Evaluations, with 48 percent (60) requiring a two day trip.					

Annual Vehicle Costs (Non-Mileage)				
	Quantity	Months Utilized	Monthly Costs	Total Cost
SUVs FY 2020-21	2	4	\$ 400	\$ 3,200.00
SUVs FY 2021-22	2	12	\$ 400	\$ 9,600.00
Mobile Van FY 2020-21 Fleet Maintenance	1	6	\$ 6	\$ 36.00
Mobile Van FY 2020-22 Fleet Maintenance	1	12	\$ 6	\$ 72.00
Assumptions based on one vehicle required per 4 inspectors with 8.2 new inspectors proposed. Vehicle monthly costs are based on current monthly fleet costs for CDPHE.				

Rapid Response Mobile Van Mileage					
	Average Trips	Miles per Trip	Annual Miles	Average Cost per Unit	Total Cost
Mobile Van Mileage FY 2020-21	50	60	3000	\$0.82	\$2,460.00
Mobile Van Mileage FY 2021-22	50	120	6000	\$0.82	\$4,920.00
Assumptions based on equipment currently used in the APCD air monitoring network and for the CAMML.					

Rapid Response Mobile Van	
Calibration Gases	\$11,000
Consumables	\$1,000
Replacement Parts	\$2,000
Equipment Costs	\$14,000
Assumptions based on equipment currently used in the APCD air monitoring network and for the CAMML.	

	FTE Requested (on-going)	Position Classification	Start Month	Prorated FTE for FY 2020-21
Title V Major Source Permitters	5.0	EIT III	December 2020	2.9
Title V Major Source Supervisor	1.0	PE II	September 2020	0.8
Subtotal Title V Major Source FTE	6.0			3.7
Oil and Gas Minor Source Permitters	2.4	EIT III	September 2020	2.0
Oil and Gas Minor Source Supervisor	1.0	PE II	September 2020	0.8
Oil and Gas Minor Source Q/A Workload	0.5	PE I	September 2020	0.4
Subtotal Oil and Gas Minor Source FTE	3.9			3.2
Subtotal permitting FTE	9.9			6.9
Oil and Gas Inspectors	8.2	EPS II	September 2020	6.8
Oil and Gas Inspector Supervisor	1.0	EPS IV	July 2020	1.0
Oil and Gas Inspector Q/A Work Lead	1.0	EPS III	September 2020	0.8
Subtotal Oil and Gas Inspector FTE	10.2			8.6
Enforcement Advisor	1.1	EPS III	December 2020	0.7
Final Approval Reviewers	2.7	EPS III	September 2020	2.2
Subtotal Enforcement	3.8			2.9
Ambient Air Monitoring	1.0	PSRS III	July 2020	1.0
Subtotal Ambient Air Monitoring FTE	1.0			1.0
Total FTE FY 2021-22	24.9			19.4

Schedule 13

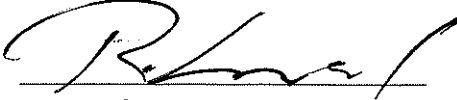
Department of Public Health and Environment

Funding Request for The FY 2020-21 Budget Cycle

Request Title

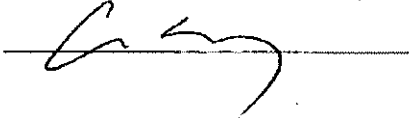
R-02 Immunization Outreach

Dept. Approval By: _____



Supplemental FY 2019-20

OSP Approval By: _____



Budget Amendment FY 2020-21

X

Change Request FY 2020-21

Summary Information	Fund	FY 2019-20		FY 2020-21		FY 2021-22
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$51,857,837	\$0	\$51,857,837	\$2,500,000	\$1,500,000
	FTE	0.0	0.0	0.0	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	\$1,345,171	\$0	\$1,345,171	\$2,500,000	\$1,500,000
	CF	\$2,462,666	\$0	\$2,462,666	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$48,050,000	\$0	\$48,050,000	\$0	\$0

Line Item Information	Fund	FY 2019-20		FY 2020-21		FY 2021-22
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$51,857,837	\$0	\$51,857,837	\$2,500,000	\$1,500,000
	FTE	0.0	0.0	0.0	0.0	0.0
08. Disease Control and Environmental Epidemiology Division, (A) Administration, General Disease Control and Surveillance, (1) Administration, General Disease Control and Surveillance - Immunization Operating Expenses	GF	\$1,345,171	\$0	\$1,345,171	\$2,500,000	\$1,500,000
	CF	\$2,462,666	\$0	\$2,462,666	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$48,050,000	\$0	\$48,050,000	\$0	\$0

Auxiliary Data	
Requires Legislation?	NO
Type of Request?	Department of Public Health and Environment Prioritized Request
Interagency Approval or Related Schedule 13s:	No Other Agency Impact



Department Priority: R-02
Request Detail: Immunization Outreach

Summary of Incremental Funding Change for FY 2020-21			
	FY 2019-20	FY 2020-21	FY 2021-22
Total Funds		\$2,500,000	\$1,500,000
FTE		0	
General Fund		\$2,500,000	\$1,500,000
Cash Funds			
Reappropriated Funds			
Federal Funds			

Summary of Request:

The Colorado Department of Public Health and Environment (CDPHE or the Department) requests \$2,500,000 in General Funds for FY 2020-21 and \$1,500,000 in FY 2021-22 and beyond for the Disease Control and Environmental Epidemiology Division. CDPHE is seeking this funding to implement an evidence-based, multi-pronged, statewide approach to increase immunization rates in counties with low kindergarten measles, mumps, and rubella (MMR) vaccination coverage and to improve local response capacity. The request is critical to the Governor’s goal of increasing the percent of kindergartners protected against measles, mumps, and rubella from 87.4% to 95% by June 30, 2023. The approach will include a combination of targeted interventions including:

- a statewide media campaign, and
- a grant program for local public health agencies (LPHA) to implement interventions such as mobile health clinics, community/school-based vaccination clinics, reminder/recall notifications, efforts to improve data accuracy, and incentives for participation.

The United States is currently experiencing a nationwide measles outbreak. As of October 3, 2019, 1,250 cases of measles have been confirmed in 31 states, including one case in Colorado.¹ For the 2018-19 school year, Colorado’s kindergarten MMR coverage rate is 87.4%,² well below the 92 - 94% community immunity threshold³ needed for protection against measles. The Colorado 2018-19 kindergarten MMR coverage rate is the lowest in the nation and reflects a 1.3% decrease from the 2017-18 school year where Colorado also ranked the last state in the nation.

¹ CDC. Measles Cases and Outbreaks. <https://www.cdc.gov/measles/cases-outbreaks.html>. Accessed October 26, 2019.

² Colorado School and Child Care Immunization Data 2018-2019 Information for Partners <https://www.cohealthdata.dphe.state.co.us/Data/Details/899902>

³ Orenstein W., Seib, K. Mounting a Good Offense against Measles. N Engl J Med 2014; 371:1661-1663 <https://www.nejm.org/doi/10.1056/NEJMp1408696>

Current Program:

The Immunization Branch works to reduce vaccine-preventable disease (VPD) statewide by promoting education, implementing policies that support vaccination, optimizing vaccine resources, and assuring access to vaccines to positively influence the uptake of immunizations across the lifespan. The Immunization Branch also maintains the Colorado Immunization Information System (CIIS), the state's immunization registry, and administers the federal Vaccines for Children (VFC) and Section 317 programs, overseeing the stewardship and accountability of all publicly-purchased vaccine distributed in Colorado.

Governor's Bold Four Year Priority: Health - Saving Coloradans Money on Healthcare

For the past several years, CDPHE has developed specific goals around increasing vaccination rates, decreasing exemption rates and ensuring complete data in the Colorado Immunization Information System (CIIS). Recently, Governor Polis identified an increase in immunizations rates as one of four "wildly important goals" for CDPHE for enhanced focus. Specifically, the Department has the following goal:

- Increase the percent of kindergartners protected against measles, mumps, and rubella from 87.4% to 90% (1,669 more children) by June 30, 2020 increasing to 95% by June 30, 2023.

Further, Governor Polis issued Executive Order B 2019 006 - Immediate Support for Programs and Policies to Increase State Immunization Rates on June 13, 2019 that, among other activities, directs CDPHE to:

- Work with communities with low immunization rates to determine root causes, identify local strategies, and provide educational information about vaccines; and
- Further study the views of parents, and develop and annually implement a public education and outreach campaign to address vaccine hesitancy and access issues, subject to available funds.

Outreach and education

The Immunization Branch has engaged in steady public outreach about immunizations for many years. Outreach has focused both on specific vaccines and on different populations, depending on the time of year. In 2018, the program supported outreach around childhood, adult, back-to-school, and influenza vaccinations through radio, television and digital media advertising in English and Spanish.

The Department also developed a health survey called Health eMoms, a longitudinal study of 2,400 Colorado women that invites them to share their opinions and experiences electronically on a variety of health and social topics during the first few years of their babies' lives. The study asked mothers about childhood vaccinations, including their intentions to vaccinate, their specific reasons for delaying vaccines, and who they consider the most trustworthy sources of vaccine information. In August 2019, data from the first year of data collection was published.⁴ Of the

⁴ Health eMoms Survey Data: <https://www.colorado.gov/pacific/cdphe/health-emoms-survey-data>

2,400 mothers who gave birth in 2018 and were invited to join Health eMoms, 1,098 (46%) enrolled and completed the first survey. Initial data show that 20.4% of mothers are somewhat or very hesitant about vaccinating their infant. This is lower than the estimates from the initial market analysis, which showed that about one-third of parents are hesitant and did not intend to vaccinate their child as recommended. Additionally, 22% of moms strongly or somewhat agreed that children get more shots than are good for them.

In early 2019, the Department used one-time grant funds to collaborate with an external vendor to develop targeted messaging and campaign materials using Colorado-specific market research to better understand the concerns of vaccine-hesitant parents and to optimally target outreach efforts. Based on an initial market analysis of 692 Colorado parents, one third indicated they had some degree of vaccine hesitancy and did not intend to vaccinate their children on a routine schedule. The statewide media campaign included in this request will aim to focus messaging toward those parents.

Access

The Immunization Branch provides some funding to LPHAs to serve as a safety net for their communities by providing immunizations, conducting outreach campaigns, and working with providers, schools/child care facilities and other partners to ensure adequate access based on community needs. In some instances, the LPHA is the only immunization provider in the county. County-level data is provided to LPHAs biannually. The counties are encouraged to identify pockets of low immunization rates and participate in evidence-based activities to address those areas, although some LPHAs report that the state does not adequately support immunization efforts in Colorado.

The Immunization Branch also partners with the Department of Health Care Policy and Financing (HCPF) to recruit and support additional Medicaid providers to participate in the VFC program, widening the network of access across the state. The Department is working on a current project with HCPF that identified 156 out of 2006 Medicaid providers (7.7%) billed for well child checks but did not also bill for immunizations during 2017 and 2018. The Department and HCPF are meeting with quality managers from the seven Medicaid Regional Accountable Entities to present data for each region and determine next steps.

Colorado Immunization Information System (CIIS)

CIIS is a confidential, population-based, secure, computerized system that collects and consolidates individual-level vaccine and exemption data for Coloradans of all ages from a variety of sources. CIIS is a powerful tool that supports population health surveillance, planning, outbreak response, and helps guide public health action with the goals of improving vaccination rates and reducing vaccine-preventable disease. CIIS is an opt-out registry, and individuals can exclude their information from the system at any time.

Vaccines for Children (VFC) and Section 317

The federal VFC program was created in response to low immunization coverage and the 1989-1991 measles outbreak in the United States. It ensures access to vaccines for children who are uninsured, those covered by Medicaid, those who have insurance that does not cover vaccines, and children who are American Indian/Alaskan Native. The CDC estimates that vaccination of children

born between 1994 and 2013 (children born since the implementation of the VFC program) will prevent 419 million illnesses, 26.8 million hospitalizations, help avoid 936,000 deaths and save over \$406 billion in direct costs and nearly \$1.9 trillion in total societal costs.⁵ Each year CDPHE oversees the distribution of more than 990,000 doses of vaccines valued at over \$52 million to public and private providers to vaccinate children who might not otherwise be vaccinated because of inability to pay. The Section 317 vaccine funds are used to immunize uninsured adults, and to provide vaccine for VPD outbreaks to prevent further spread of disease.

Problem or Opportunity:

Vaccines are considered one of the greatest public health achievements of the 20th century⁶ and have played a very important role in keeping Americans healthy. Diseases that used to be common in the United States and around the world, such as polio, measles, pertussis (whooping cough), influenza, rotavirus and Haemophilus influenzae type b (Hib), can now be prevented by vaccination. Not only do vaccines work to keep people healthy, they are also a cost effective approach to healthcare. A recent analysis showed that routine childhood immunization in the US prevented □42,000 early deaths and 20 million cases of disease, with a net savings of nearly \$14 billion in direct costs and nearly \$69 billion in total societal costs, respectively.⁷ Another study showed the cost of childhood vaccinations are far offset by medical cost savings from avoided disease with an annual net savings of \$267 per person per year.⁸ Conversely, there are real costs to families when dealing with a vaccine-preventable diseases. In 2017, 9,424 Colorado children were treated for vaccine-preventable disease through hospitalization or emergency department (ED) visits and one died. Hospital and ED charges to treat vaccine-preventable disease in Colorado children totaled more than \$55 million.⁹

While the United States has made significant progress toward eliminating vaccine-preventable diseases among children, vaccine hesitancy – the reluctance or refusal to vaccinate despite the availability of vaccines – threatens to reverse progress made in tackling vaccine-preventable diseases. The World Health Organization listed ‘vaccine hesitancy’ as one of the 10 greatest threats to global health in 2019.¹⁰

Nationally, vaccine hesitancy has resulted in outbreaks and decreasing or stagnant vaccine coverage. 2019 was a record year for measles cases in the US. As of October 3, 2019, 1,250 individual cases in 31 states were reported, with the majority among unvaccinated people. This is the largest number of cases of measles reported in the U.S. since 1992 and since measles was declared eliminated in 2000.¹¹ Diseases such as measles can spread rapidly, therefore adequate

⁵ VFC Infographic: Protecting America’s Children Every Day. Updated 2018 analysis using methods from “Benefits from Immunization during the Vaccines for Children Program Era – United States, 1994-2013.” <https://www.cdc.gov/vaccines/programs/vfc/protecting-children.html>

⁶ Achievements in Public Health, 1900-1999 Impact of Vaccines Universally Recommended for Children -- United States, 1990-1998. MMWR. April 02, 1999 / 48(12):243-248.

⁷ Zhou F et al. Economic Evaluation of the Routine Childhood Immunization Program in the United States, 2009. Pediatrics April 2014, 133 (4) 577-585; DOI: <https://doi.org/10.1542/peds.2013-0698>

⁸ Maciosek MV, Coffield AB, Flottemesch TJ, Edwards NM, Solberg LI. Greater use of preventive services in U.S. health care could save lives at little or no cost. Health Aff (Millwood). 2010;29(9):1656-1660

⁹ Cataldi, et al. *The Vaccine-Preventable Diseases Report*. Volume XV, Number 1. Children’s Hospital Colorado. February 2019. <https://www.childreimmunization.org/uploads/VPD-2019-vol1-2.1.19-final.pdf>

¹⁰ Ten threats to global health in 2019. World Health Organization. <https://www.who.int/emergencies/ten-threats-to-global-health-in-2019>.

¹¹ CDC. Measles Cases and Outbreaks. <https://www.cdc.gov/measles/cases-outbreaks.html>. Accessed October 26, 2019.

immunization coverage in schools helps to protect the health of students, staff, and others in the community, including people who cannot be vaccinated for medical reasons or because they are too young to have received all recommended vaccines.

A 2019 study¹² shows the United States still remains at risk for large measles epidemics due to two main factors that are believed to contribute to the resurgence of measles cases: reintroduction of the virus at individual localities through travel from countries experiencing outbreaks and low vaccination rates fueled by non-medical exemptions (NME). Relative measles outbreak risk for counties in the United States was quantified as a function of the intensity of measles outbreaks in each county, global air travel patterns, local NME rates, and county population size for 2011 through 2018. An additional predictive evaluation using 2019 measles case data to date was conducted to highlight the set of counties at greatest risk of measles outbreaks. Based on this study, Denver County was ranked #16 in the nation at risk for a measles outbreak.

Vaccination hesitancy is not always the cause of low vaccination rates, but rather, low rates can be an issue of access. In a 2019 market analysis survey of 692 Colorado parents, the Department asked follow-up questions to better understand other barriers to vaccination, outside of hesitancy. The ability to pay for vaccines was listed as the most common barrier for both hesitant parents who planned to vaccinate their child(ren) on schedule (23%), those that did not intend to vaccinate their child(ren) on schedule (24%) as well as 44% of all parents with a household income < \$50,000 and 19% of parents with a household income < \$100,000. While inability to pay was the most common barrier, it did not appear to influence vaccination behavior. Among hesitant parents who indicated they did not intend to vaccinate their child(ren) on schedule, two barriers rose to the top that were different from barriers identified by hesitant parents who planned to vaccinate their child(ren) on schedule: 1) 19% indicated they had trouble getting their child to a check-up and 2) 9% indicated they live more than 30 minutes away from a place to receive vaccinations.

In the 2017 National Immunization Survey of children 19 - 35 months, the Centers for Disease Control and Prevention identified several factors that might partially explain the lower coverage among children living in rural areas including: unfamiliarity with the VFC program and how to access it, transportation, child care, and convenience of clinic hours, lack of geographic proximity to vaccination providers, including those who participate in the VFC program, and a shortage of healthcare providers, especially pediatricians.¹³ A combination of these issues are likely a factor in some of Colorado's rural counties, and potentially some urban, and underscores the need for targeted interventions based on local needs.

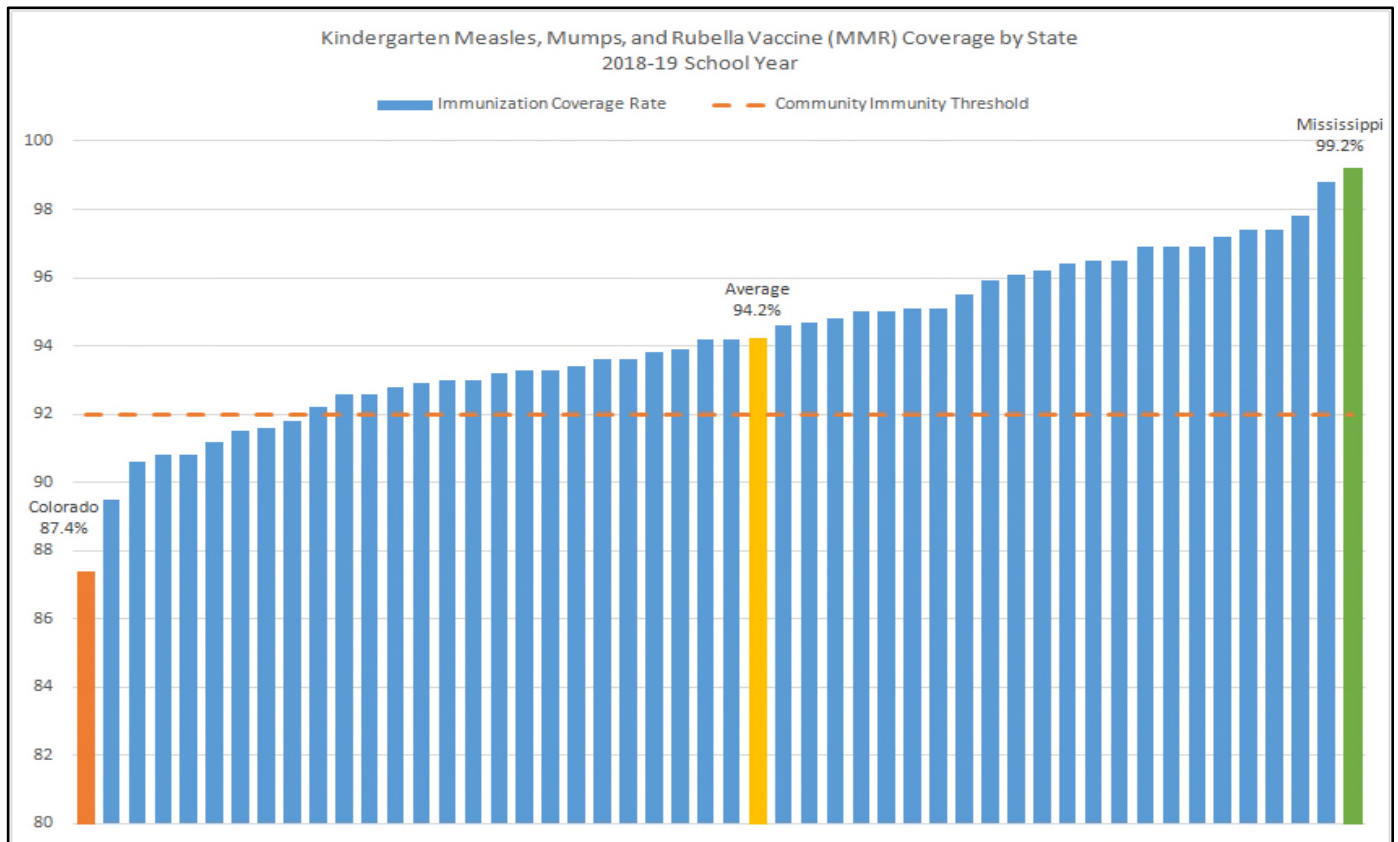
Between access issues and vaccine hesitancy, Colorado continues to rank at the bottom of immunization coverage rates in the United States. For the 2018-19 school year, Colorado's kindergarten coverage rate remains last in the nation for MMR at 87.4%¹⁴, well below the 92 -

¹² Sarkara S, Zlojutro A, Khan K, Gardner L. Measles resurgence in the USA: how international travel compounds vaccine resistance. *Lancet Infect Dis* 2019; published online May 9. [https://doi.org/10.1016/S1473-3099\(19\)30231-2](https://doi.org/10.1016/S1473-3099(19)30231-2)

¹³ Hill HA, Elam-Evans LD, Yankey D, Singleton JA, Kang Y. Vaccination Coverage Among Children Aged 19–35 Months — United States, 2017. *MMWR Morb Mortal Wkly Rep* 2018;67:1123–1128. DOI: <http://dx.doi.org/10.15585/mmwr.mm6740a4>

¹⁴ Seither R, Loretan C, Driver K, Mellerson JL, Knighton CL, Black CL. Vaccination Coverage with Selected Vaccines and Exemption Rates Among Children in Kindergarten — United States, 2018–19 School Year. *MMWR Morb Mortal Wkly Rep* 2019;68:905–912. DOI: <http://dx.doi.org/10.15585/mmwr.mm6841e1>

94%¹⁵ community immunity threshold needed for protection against measles. This kindergarten coverage rate reflects a 1.3% decrease from the 2017-18 school year where Colorado also ranked the last state. Over 3,000 (4.9%) kindergartners claimed an exemption in the 2018-19 school year, with nearly 92% of exemptions claimed for personal beliefs.



Due to Colorado’s low kindergarten MMR vaccination rate, one third of vaccine hesitant Colorado parents that indicated they do not plan to vaccinate their children, and the potential vaccine access issues in rural areas, Colorado is at risk for a measles outbreak. In response, the Department proposes to implement a statewide media campaign, and a grant program for local public health agencies to implement evidence-based strategies such as mobile health clinics, community/school-based vaccination clinics, reminder/recall notifications, and incentives. Priority will be given to counties with low MMR kindergarten vaccination coverage.

Proposed Solution:

CDPHE requests \$2,500,000 in General Fund for FY 2020-21 and \$1,500,000 in FY 2021-22 and beyond within the Disease Control and Environmental Epidemiology Division Immunization Operating Expenses line to implement an evidence-based, multi-pronged, statewide approach to

¹⁵ Orenstein W., Seib, K. Mounting a Good Offense against Measles. N Engl J Med 2014; 371:1661-1663
<https://www.nejm.org/doi/10.1056/NEJMp1408696>

increase immunization rates in counties with low kindergarten MMR vaccination coverage and to improve local response capacity. The approach will seek to target interventions that address vaccine hesitancy and access barriers through a combination of:

- a statewide media campaign, and
- a grant program for local public health agencies (LPHA) to implement interventions such as mobile health clinics, community/school-based vaccination clinics, reminder/recall notifications, efforts to improving data accuracy, and incentives for participation.

Due to the complex nature of vaccination policy and uptake, addressing low vaccination rates requires a multifaceted approach. The Community Preventive Services Task Force (CPSTF), based on strong evidence, recommends using a combination of community-based interventions to increase vaccination rates in targeted populations.¹⁶ A coordinated approach that combines interventions that enhance access to services, increase community demand, or support providers can increase vaccination rates in a community. For example, combining community-wide education with client incentives can be particularly effective for promoting vaccinations in targeted populations, such as children under 2 or school-age children. Community-based interventions such as reminder and recall systems and incentives have been shown to improve immunization rates. Expanding settings offering vaccination, including schools or child care centers, and reduced client out-of-pocket costs are also effective. Efforts may also include additional interventions directed at vaccination providers (e.g. public health detailing campaigns or one-on-one coaching).

The Immunization Branch will utilize information collected from vaccine-hesitant parents as well as vaccine access information and coordinate with LPHAs to target interventions to the needs of the local community. Information obtained about parent concerns and identified barriers will help CDPHE craft messages promoting the benefits of immunization, support health care providers and LPHAs in having better conversations with parents about vaccination, and promote appropriate tools, credible data sources (e.g. school and child care immunization database, a microsite that counters vaccine misinformation with interactive disease outbreak map, find a VFC provider tool, etc.) and interventions to make it easier to access vaccines, so parents can make informed decisions.

The majority of parents vaccinate their children, however, many parents who vaccinate according to the recommended schedule still consider themselves vaccine hesitant. According to the internet market research survey, 65% of parents were hesitant about vaccines and approximately half of those parents do not intend to vaccinate their children on a routine schedule. The media campaign will focus on these parents, 80% of whom indicated they had no, little, or some knowledge about vaccines, to provide information and resources in a non-judgmental way to promote positive vaccination behavior change. For the approximately half of those parents who do intend to vaccinate their children on a routine schedule, the campaign will reinforce their decision.

The Department's media approach could include a combination of targeted placements/buys for:

- Out of home placements (e.g. billboards, transit, grocery stores)
- Sponsorship at local sporting event,

¹⁶ USPSTF. The Community Guide. Vaccination Programs: Community-Based Interventions Implemented in Combination. <https://www.thecommunityguide.org/findings/vaccination-programs-community-based-interventions-implemented-combination>. Accessed May 2019.

- Social media,
- Digital (e.g. display, native, radio and video streaming websites),
- Keyword searches on the internet,
- Television, and
- Radio.

However, targeted digital placements would comprise the largest portion of the campaign. Digital targeting allows the ability to be very granular in order to reach very specific and geographically located audiences. Targeted digital channels come with a lower price tag and also a lower cost of an online ad per 1,000 impressions and reach. This would result in a larger allocation of funds to digital channels in order to have a meaningful share of voice and frequency among the targeted audience.

All campaign placements will lead to a fact-based website that provides parents with information about vaccine safety, including market-tested content about the benefits and risks of vaccination that resonate with many vaccine-hesitant parents. As research shows that parents consider health care providers to be the most trustworthy and influential resource on vaccines regardless of parent's degree of hesitancy, this fact-based website will include a frequently-asked questions section with answers provided by diverse Colorado healthcare providers who are also parents.

The media campaign will build off the same messaging the Department has already provided to health care providers and LPHAs via a provider toolkit so the messages parents hear publicly are the same messages they hear from their health care provider or LPHA. Aligning these messages across audiences will give health care providers and LPHAs a common platform from which to speak to patients about vaccination.

The Department will evaluate the success of the media campaign through traditional media metrics such as ad engagement, impressions, gross rating points (TV and radio), click-through rate (ratio of users who click on a specific link to the number of total users who view a page, email or advertisement), costs per click (internet advertising model used to drive traffic to websites, in which an advertiser pays a publisher when the ad is clicked), video completion rate, cost per impression (cost incurred for each potential customer who viewed the advertisement), site traffic (e.g. # of website visitors, time on site, etc.) and other various anecdotal measurements collected during campaign implementation.

Additionally, because barriers outside of hesitancy, such as those identified from the 2019 market analysis survey, can occur in both urban and rural areas, the Department will also couple the media campaign with other evidence-based interventions in counties with low MMR vaccination coverage. The Department will implement a grant program for local public health agencies to fund interventions such as mobile health clinics, community/school-based vaccination clinics, reminder/recall notifications, improving data accuracy and incentives. The idea behind funding interventions such as community/school-located vaccination clinics is that it can enable rapid vaccination of a large number of students while minimizing disruption of their school activities and potentially reducing missed work hours by parents. Conversely, mobile health clinics are an innovative model of healthcare delivery that could help alleviate health disparities in counties where lack of convenient access to immunization contributes to their low immunization rates.

The Department will implement the grant program to focus on areas where the most gains can be achieved and will work with LPHAs to determine when, how, and where these interventions will be implemented based on locally identified needs and barriers. Depending on the LPHA, the Department may need to provide more support if the LPHA has never implemented the proposed intervention. For example, the Department will run reminder/recall reports in CIIS on behalf of the LPHAs to identify kindergarten-aged children residing in their counties who: (1) have no MMR vaccinations, 2) are coming due for their second dose of MMR, or (3) are overdue for their second dose of MMR. These reminder/recall reports will then be used to generate messages to notify parents that their child is due/overdue for MMR. The Department will work with the LPHAs and/or their local school district to tailor appropriate messaging to parents that their child may need one or more doses of MMR vaccine, including information about the mobile health clinic or community/school-located vaccination clinic, how they can consent/decline the vaccinations and other relevant information. In addition to the messages, incentives such as raffles and drawings for gift cards will also be offered to motivate parents to obtain the recommended vaccinations for their children.

If this request is not approved, the Department will not have funding to implement the statewide media campaign and interventions in counties with low kindergarten MMR vaccination coverage. This will significantly hinder CDPHE's ability to meet the Governor's goal of increasing kindergarten MMR immunization coverage to 95% by June 2023. Without the requested funding, vaccination rates could continue to decline and, particularly in the Denver metro area where there is high population density, low immunization rates, and close proximity to an international airport, will result in increased risk of a measles outbreak.

Anticipated Outcomes:

To CDPHE's knowledge, there are currently no other statewide media campaigns designed specifically for vaccine-hesitant parents and, as a result, the Department is basing its potential reach on similar public health campaigns. The Department has a successful history with media campaigns and can point to recent examples of campaigns driving behavior change or awareness to anticipate potential reach. For example, since 2013, the Department has been running an advertising campaign to promote the Colorado Quitline, a telephone service to help people quit smoking. Website traffic increases exponentially when the Program runs advertising. Without ads, the website receives approximately 4,000 unique website users to the Quitline website. When ads are running, 20,000 - 24,000 unique web users visit the site each month. This can translate into nearly 400-1,000 people each month who actually enroll in the Quitline to help them quit using tobacco. Also, in order to improve awareness and knowledge of pregnancy-related depression among pregnant and postpartum women and their support systems, the Department ran a small pilot campaign for three months online in select Colorado counties. During the three-month campaign, the Department received more than 26,000 clicks to the website. While the campaign was running, the Colorado page of Postpartum.net received more than 15,000 visits and was the number one most visited state page on the website. By comparison, during the same time period the previous year, that page received just 2,070 visits and was the 15th most visited state page on that website.

Based on a 2017 literature review, current literature supports that mobile health clinics are successful in reaching vulnerable populations, by delivering services directly at the curbside in

communities of need and flexibly adapting their services based on the changing needs of the target community. Furthermore, evidence suggests that mobile health clinics produce significant cost savings and represent a cost-effective care delivery model that improves health outcomes in underserved groups. This service delivery model does have limitations that need to be considered such as maintaining adequate refrigeration of vaccines, reliable internet access for electronic health records, and culturally competent staffing.¹⁷ Services typically provided in a mobile health clinic include preventive health screenings, immunizations, primary care, urgent care and chronic disease management.

In terms of interventions such as school-located vaccination clinics, incentives and reminder/recall there is significant published evidence of their effectiveness and their reach. The Community Preventive Services Task Force (CPSTF) recommends community-based interventions implemented in combination to increase vaccinations in targeted populations, on the basis of strong evidence of effectiveness in increasing vaccination rates.¹⁸ The conclusion of strong evidence was based on findings from 18 studies that evaluated coordinated interventions to:

- Increase community demand
- Enhance access to vaccination services, and
- Reduce missed opportunities by vaccination providers

In 13 of the 18 studies, the community-based effort combined one or more interventions to increase community demand for vaccinations (e.g. reminder and recall, community-wide education, and incentives) with one or more interventions to enhance access to vaccination services (e.g. school-located clinics). All of the included studies provided a common measure of change and showed a median increase in vaccination rates of 14% (range: 7% to 24%). Fourteen studies implemented an effective combination of one or more interventions to increase community demand with one or more interventions to enhance access to vaccination services and showed a median increase in vaccination rates of 16% (range: 12% to 26%). Reminder and recall systems using a system like the Colorado Immunization Information System were used in most of the evaluated programs (15 studies). All of these studies focus on raising immunization rates in children and/or adults and were conducted in urban or suburban areas; there is a notable gap about whether these interventions raise immunization rates in rural settings and the Department will seek to contribute to the knowledge base on this point. Additionally, evidence demonstrated effectiveness of these interventions in low socio-economic status groups (10 studies), and for African American and Latino populations in urban settings (8 studies).

The CPSTF also recommends client or family incentive rewards, used alone or in combination with additional interventions, based on sufficient evidence of effectiveness in increasing vaccination rates in children and adults.¹⁹ A review of 7 studies showed vaccination rates increased by a median of 8% (4% to 16%).

¹⁷ Yu SWY et al. The scope and impact of mobile health clinics in the United States: a literature review. *Int J Equity Health*. 2017; 16: 178.

¹⁸ Community Preventive Services Task Force. Increasing Appropriate Vaccination: Community-Based Interventions Implemented in Combination. October 2014. <https://www.thecommunityguide.org/sites/default/files/assets/Vaccination-Community-Based-in-Combination.pdf>

¹⁹ Community Preventive Services Task Force. Increasing Appropriate Vaccination: Client or Family Incentive Rewards. May 2015. <https://www.thecommunityguide.org/sites/default/files/assets/Vaccination-Incentive-Rewards.pdf>

Lastly, the CPSTF recommends client reminder and recall interventions based on strong evidence of effectiveness in improving vaccination rates: (1) in children, adolescents and adults; (2) in a range of settings and populations; (3) when applied at different levels of scale—from individual practice settings to entire communities; (4) across a range of intervention characteristics (e.g., reminder or recall, content, theoretical basis and method of delivery); and (5) whether used alone or with additional components.²⁰ A review of 29 studies showed vaccination rates increased by a median of 11% (range 4 to 17%).

Assumptions and Calculations:

Existing Immunization Program staff will be used to manage the media campaign and work with an external vendor on all media buys, promotion of resources and tools, as well as messaging for health care providers. Approximately \$1,000,000 will be used for the statewide media campaign. This includes hiring a vendor to purchase television and radio spots, out-of-home placements (e.g. outdoor boards, mobile billboards, guerrilla marketing at local events, etc.), social media, digital media, and keyword searches as well as management of media buys and the fact-based website, including the interactive outbreak map and misinformation tracker, promotion of resources and tools for parents, and messaging materials for healthcare providers and LPHAs. The selection and dissemination of media will depend on real-time costs for television and radio, availability of matched or donated television and radio spots, local cost of billboards and event advertising, and development and management of digital media activity. The specific media tactics that will be deployed will be determined in collaboration with the vendor to ensure that strategies meet the campaign objectives in the most efficient way possible based on the available budget.

The Department will use existing staff resources to implement the \$1,500,000 LPHA grant program with a priority on counties with low rates of kindergarten MMR vaccination or high unvaccinated rates, and therefore the highest risk for a measles outbreak, to implement interventions. These interventions could include: mobile health clinics, community/school-located vaccination clinics, (with a focus on schools with the lowest vaccination rates), improving data accuracy, reminder-recall notifications, and incentives.

The number of LPHAs that could be funded or for what interventions is unknown. To give an idea of what could be funded, the Department has estimated potential costs based on anecdotal information. The Department assumes:

- Community/school-based clinics: The average salary of a public health nurse is approximately \$50 per/hr, and the average salary of clerical staff is \$25/hr. On average, larger immunization clinics require an average of 7 nurses, and 5 clerical staff. Required clinic preparation and work time was estimated at 24 hours per clinic for an LPHA with experience conducting a community-based clinic would be about \$11,400 in staff time. A less experienced LPHA would likely require more staff time.
- The cost of purchasing MMR vaccine is \$75.04 per dose. The actual number of vaccinations that would need to be purchased will vary depending on the number of vaccines needed to raise a given county to a 90% vaccination rate.
- Incentives: The cost of suggested incentives such as drawings for gift cards provided at the community/school-located immunization clinics will be about \$500 per clinic.

²⁰ Community Preventive Services Task Force. Increasing Appropriate Vaccination: Client Reminder and Recall Systems. May 2015. <https://www.thecommunityguide.org/sites/default/files/assets/Vaccination-Client-Reminders.pdf>

- Reminder/recall notifications: To support working with the Department to conduct the reminder/recall and send out tailored messages to parents with children missing one or more doses of MMR vaccine, it has been estimated that LPHAs will need about 40 hours of staff time for 1 nurse (\$50/hr) and one clerical staff (\$25/hr) or about \$3,000 to prepare and plan for conducting each reminder/recall.
- Improving data accuracy: Based on anecdotal information from a rural LPHA, LPHAs can spend approximately 300 hours annually working with schools, reviewing paper records, following up with families and entering data into CIIS. This work is usually spread across multiple nurses (\$50/hr) and clerical staff (\$25/hr). Assuming 1 nurse ($\frac{1}{3}$ of hours total hours) and 2 clerical staff ($\frac{2}{3}$ of total hours) work on data accuracy, it could cost a rural LPHA around \$15,000. This amount would be larger for urban LPHAs.
- Mobile Health Clinic: Anecdotal information from one rural LPHA with a mobile health clinic indicates the cost to purchase and equip a van was over \$700,000 (funded through a combination of nonprofit and private dollars) and is around \$200,000 to maintain and staff annually. This van has been in operation for a year and served over 2,800 residents of the county with bilingual services such as mental health counseling, nutrition assistance, vaccinations, and other health screenings.

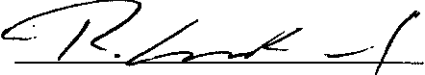
Schedule 13


Department of Public Health and Environment

Funding Request for The FY 2020-21 Budget Cycle

Request Title

R-03 Sustaining Essential Administrative Services

Dept. Approval By:  _____ **Supplemental FY 2019-20**

OSPB Approval By:  _____ **Budget Amendment FY 2020-21**

_____ **X** _____ **Change Request FY 2020-21**

Summary Information	Fund	FY 2019-20		FY 2020-21		FY 2021-22
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$11,412,889	\$0	\$12,134,466	\$559,864	\$559,864
FTE		83.3	0.0	83.5	4.3	4.3
Total of All Line Items Impacted by Change Request	GF	\$1,386,241	\$0	\$1,916,252	\$0	\$0
	CF	\$0	\$0	\$9,947	\$0	\$0
	RF	\$8,573,828	\$0	\$9,696,721	\$559,864	\$559,864
	FF	\$452,820	\$0	\$511,536	\$0	\$0

Line Item Information	Fund	FY 2019-20		FY 2020-21		FY 2021-22
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$8,344,706	\$0	\$9,065,039	\$286,286	\$286,286
FTE		78.5	0.0	78.7	2.5	2.5
01. Administration and Support, (A)	GF	\$1,252,404	\$0	\$1,590,424	\$0	\$0
Administration, (1)	CF	\$0	\$0	\$9,947	\$0	\$0
Administration - Personal Services	RF	\$6,766,774	\$0	\$7,080,424	\$286,286	\$286,286
	FF	\$325,528	\$0	\$384,244	\$0	\$0

Total		\$2,505,849	\$0	\$2,504,908	\$85,600	\$85,600
FTE		0.0	0.0	0.0	0.0	0.0
01. Administration and Support, (A)	GF	\$1,131	\$0	\$191,918	\$0	\$0
Administration, (1)	CF	\$0	\$0	\$0	\$0	\$0
Administration - Operating Expenses	RF	\$2,504,718	\$0	\$2,312,990	\$85,600	\$85,600
	FF	\$0	\$0	\$0	\$0	\$0

Line Item Information	Fund	FY 2019-20		FY 2020-21		FY 2021-22
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$562,334	\$0	\$564,509	\$187,978	\$187,978
	FTE	4.8	0.0	4.8	1.8	1.8
01. Administration and Support, (B) Office of Health Equity, (1) Office of Health Equity - Program Costs	GF	\$132,706	\$0	\$133,910	\$0	\$0
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$302,336	\$0	\$303,307	\$187,978	\$187,978
	FF	\$127,292	\$0	\$127,292	\$0	\$0

Auxiliary Data	
Requires Legislation?	NO
Type of Request?	Department of Public Health and Environment Prioritized Request
	Interagency Approval or Related Schedule 13s:
	No Other Agency Impact



Department Priority: R-03
Request Detail: Sustaining Essential Administrative Services

Summary of Incremental Funding Change for FY 2020-21			
	FY 2019-20	FY 2020-21	FY 2021-22
Total Funds		\$559,864	
FTE		4.3	
General Fund		\$0	
Cash Funds		\$0	
Reappropriated Funds		\$559,864	
Federal Funds		\$0	

Summary of Request:

The Colorado Department of Public Health and Environment (CDPHE or the Department) requests \$559,864 reappropriated funds spending authority from indirect cost recoveries, and 4.3 FTE for FY 2020-21 ongoing within multiple line items as outlined in the following table.

Line Item	FTE	Reappropriated Funds	Total Funds
(1) Administration and Support, (A) Administration, Personal Services	2.5	\$286,286	\$286,286
(1) Administration and Support, (A) Administration, Operating Expenses	0.0	\$85,600	\$85,600
(1) Administration and Support, (B) Office of Health Equity, Program Costs	1.8	\$187,978	\$187,978
Total	4.3	\$559,864	\$559,864

This funding is being requested to reallocate Department’s federal block grant funding to better align its efforts to address updated strategic priorities. This request represents increases of 3.44% in the Administration and Support, Administration, Personal Services line item; 3.42% in the Administration and Support, Administration, Operating Expenses line item; and 33.43% in the Administration and Support, Office of Health Equity, Program Costs line item.

Current Program:

The Department currently funds several essential cross-departmental, administrative programs and services through federal grant awards including the Center for Disease Control’s (CDC) Preventive Health and Health Services (PHHS) Block Grant. These programs include performance management for the Department and divisions, workforce development through worksite wellness, coordination of interns and student opportunities, a centralized learning management system (LMS) that all staff use, health equity support for staff and leaders, and administrative support and guidance necessary for the Board of Health. The following table, Essential Administrative Services Currently Grant Funded, provides a breakdown by division, sub-division, line item, function, FTE, and funding amount:

Essential Administrative Services Currently Grant Funded					
Division	Sub-Division	Line Item	Function (service)	FTE	Total Funded by Federal Grant
(1) Administration and Support	(A) Administration	Personal Services	Regulatory Services within the Board of Health	0.5	\$92,800
(1) Administration and Support	(A) Administration	Personal Services	Total Worker Health and Student Opportunities	1.0	\$96,532
(1) Administration and Support	(A) Administration	Personal Services	Performance Management	0.8	\$78,654
(1) Administration and Support	(A) Administration	Personal Services	CO-Train - Central Learning Management System	0.2	\$18,300
(1) Administration and Support, (A) Administration, Personal Services Sub-Total				2.5	\$286,286
(1) Administration and Support	(A) Administration	Operating Expenses	Total Worker Health and Student Opportunities	0.0	\$9,100
(1) Administration and Support	(A) Administration	Operating Expenses	CO-Train - Central Learning Management System	0.0	\$76,500
(1) Administration and Support, (A) Administration, Operating Expenses Sub-Total				0.0	\$85,600
(1) Administration and Support	(B) Office of Health Equity	Program Costs	Improving Health Equity	1.8	\$187,978
(1) Administration and Support, (B) Office of Health Equity, Program Costs Sub-Total				1.8	\$187,978
Total				4.3	\$559,864

Regulatory Services within the Board of Health

Within the Board of Health, the Regulatory Management Officer (RMO) works to improve the structure and delivery of the department’s regulatory services. The RMO provides a suite of strategic management services to:

- Design regulatory solutions that improve the regulated community’s (licensees, operators, providers, applicants, and local government) and their customers’ experience;
- Improve employee engagement and employee retention by building staff capacity to manage, partner, support and enforce the regulatory model used, reduce conflict and tie efforts to improved public and environmental health outcomes;
- Reduce the risk of implementation delays as well as partial or ineffective implementation of regulatory changes through the incorporation of change management strategies in the

stakeholder engagement, planning and implementation activities and enterprise change management, see [here](#) and [here](#);

- Enable synergies across department and executive branch strategic priorities and funding streams, and;
- Right-fit stakeholder engagement and board procedures to align with the resources available, satisfy the Administrative Procedure Act and maximize public participation.

The RMO's primary customers are Department leadership, Department program staff and the type-1 and type-2 boards housed in the Department; however, the RMO services also benefit those implementing the regulation, their customers and stakeholders.

Total Worker Health and Student Opportunities

Total Worker Health programs are a recommended best practice for protecting employees and improving employee health and wellbeing. Programs that follow and utilize evidence based and evidence informed approaches have been shown to reduce direct costs to organizations through reduced medical expenditures, decreased worker's compensation injury related expenses, and lost time due to illness, injury, or lower productivity. Early exposure and practical educational experiences are a critical avenue for development and recruitment of a qualified public health and environmental health workforce. Outreach to students who are early in their career development will help set them on a path that can lead to a career in public health or environmental health. These programs will support development and recruitment of qualified public health and environmental health workers from across Colorado and support coordination of employee safety, injury prevention, health promotion, chronic disease prevention and mental health promotion in order to maintain a highly engaged and optimally functioning workforce.

Performance Management

The State Measurement for Accountable, Responsive, and Transparent Government (SMART) Act and Public Health Accreditation Board (PHAB) require performance management as it is a best practice to run an organization. The Department has been making efforts to meet the intent of the SMART Act and PHAB standards since they were enacted, dedicating resources to enable a robust performance management system that transparently shows alignment between strategic plan, progress on outcome and leading measures, and provides leadership and staff with the performance information they need to focus improvement efforts. This performance management system ensures that best practices are followed in running the organization and supports the efforts to transparently show progress on goals and measures and increase accountability within the Department.

In order to create a robust performance management system that is used Department-wide, all divisions and offices have 100% of their data visualized from the individual performance goals up to program and branch data that aligns to the division and department goals and measures. Support from Tableau and a Performance Management and Data Specialist, has put the Department on track to have a robust performance management system across all the divisions within the next few years.

External partners and customers are served by this program and can utilize performance measures and data visualizations to ensure accountability and provide transparency to the work

of the Department where appropriate. Internal staff and leaders also are customers of the performance management system in order to track the program's ability to meet and exceed customer needs and achieve outcomes. Performance management is not only a best practice for organizations, but is required by the SMART Act and the national Public Health Accreditation Board standards (specifically Domain 9 of the Standards and Measures).

CO-Train - Central Learning Management System

Department required training (at the request of DPA and OIT), and PHAB (Public Health Accreditation Board) Accreditation states that with Domain 8, the Department is required to "ensure a competent workforce through the assessment of staff competencies, the provision of individual training and professional development, and the provision of a supporting work environment." Measure 8.2.3 A indicates that the Department must maintain and track professional and career development for all staff. A Learning Management System (LMS) provides training around competencies, individual professional development, and continued development for supervisors and senior leaders.

Workforce Development continues to be a key strategy for CDPHE as a focus for employee engagement remains a top priority. According to a recent Gallup survey, "companies with highly engaged workforces outperform their peers by 147% in earnings per share," (Gallup, 2019) and as CDPHE is a government agency and functions as a non-profit, this translates into more accomplished with fewer resources. In order to continue to provide opportunities for career and professional growth, CDPHE must maintain a central LMS designed to provide, track, and maintain department training tools and resources.

Improving Health Equity

Evidence shows that language barriers impact customer's experience and the Department's ability to effectively engage with Limited English Proficiency (LEP) individuals. Customers with LEP can have a difficult time understanding what is being requested of them, and how to express their needs. It is impossible to achieve successful outcomes with LEP customers without being able to communicate effectively with them. How we as public health and environmental health professionals respond to the communication needs of customers with LEP also has a significant impact on their satisfaction. Effective use of interpreter and translation services contribute to higher customer satisfaction ratings and better overall health and environmental outcomes. Providing interpretation and translation services to people with LEP also helps bridge the cultural divide between customers and professional staff. The translation process ensures that what a professional says is delivered not only with technical accuracy, but also with culturally specific phrasing.

The Language Services Specialist provides technical assistance and training to state staff members and local non-profits who engage regularly with communities where English is not the predominant language. The Language Services Specialist help programs understand the importance of providing program materials and conducting meetings that allows non English speakers to participate fully in processes where decisions are made that impact them. This is achieved through the provision of trainings as well as referrals for translation and interpretation services.

As a state public health department, CDPHE seeks to provide solutions to health and environmental challenges faced by all people in Colorado. But the Department believes it has an obligation to apply an equity lens to its work, i.e. provide additional resources and more thoughtfully engage vulnerable populations. Members of vulnerable communities must be at the decision-making table. Only by effectively engaging the most historically disadvantaged communities in Colorado can CDPHE staff begin to make a positive difference in these communities. Having a staff member who specializes in and has expertise in engaging marginalized communities is imperative in strengthening CDPHE's ability to be effective in its work and achieving its mission.

The Community Engagement Specialist provides training and technical assistance to CDPHE staff as well as other local agencies on engaging traditionally marginalized and vulnerable communities. These are often communities of color and/or of lower socioeconomic status. The Community Engagement Specialist provides customers with best practices on authentic engagement as well as plays the role of thought partner in helping programs formulate strategies to particularly challenging engagement scenarios.

Equity means that everyone in Colorado, regardless of who they are, has the ability to thrive. State agencies must make critical decisions about housing, transportation, education, public safety, etc. to ensure all Coloradans can live healthy lives; without a concerted effort to coordinate across state agencies in the name of equity, state agency employees will have limited influence on preventing social inequities. CDPHE has nearly a decade of experience in applying an equity lens to department work, but a FTE dedicated to diffusing policies and best practices across state agencies helps ensure measurable change occurs over the long-term.

Duties for this role include designing long-term strategies for addressing complex social factors that create inequities; organizing convenings for cross-agency networking and capacity-building, such as the Equity Forum; serving on advisory committees for other state agencies; developing policy and practices to operationalize equity in state government; maintaining working knowledge on best practices for cross-agency efforts in state governments outside of Colorado; and delivering training and consultation to sister state agencies on equity and the ramifications of policy or practice decisions on historically marginalized communities. In addition, this position coordinates the Colorado Equity Alliance – a collaborative effort comprised of representatives from 16 state agencies and 11 community based organizations with the vision that every Colorado has equitable access and opportunity to live, work, play and learn that honor who they are and where they come from.

Presently, these essential, department wide, administrative services have significant impacts on the department as evidenced by the following list of outcomes for the five areas:

- Improved experiences within the regulated community
- Enabled synergies across the Department and within executive branch strategies
- Improved employee engagement and employee retention
- Increased development of supervisors and leaders within the Department
- Coordinated, communicated, and implemented evidence-based and evidence-informed interventions to promote worker health, safety, prevent injury and illness, and to promote effective management of disease and injury when they do occur

- Provided training and technical assistance to CDPHE staff and other local agencies on engaging traditionally marginalized and vulnerable communities.
- Provided technical assistance to State staff members who regularly engage with communities where English is not the predominant language.

Additionally, these programs and functions serve the Department's leadership and employees, external stakeholders and customers, local public health agencies, and the citizens of Colorado as they all support programs across the Department.

Problem or Opportunity:

For 2019 and beyond, both the Governor's Office and the Department have updated their priorities and goals in the Department's 2020-2023 Strategic Plan. As the Department values the necessary functions listed in the table above, sustainable funding is sought to ensure these essential services are able to continue into the future to support all programs across the Department. The Department has used a portion of its block grant funding to provide these services for many years, but has plans to use the block grant funding more strategically in the future to address the State's highest public health needs. The Preventive Health and Health Services Block Grant is one of the Department's few flexible funding sources, in which the Department has the ability to allocate towards the State's strategic priorities. From a public health outcome and a quality improvement perspective, this allows the block grant funds to have the greatest impact and also allows the Department the opportunity to request sustainable funding for the essential administrative programs and services that the block grants previously covered. As such, the Department requests to refinance these essential, department wide, administrative functions funded with Federal block grant dollars to reappropriated funds in order to focus the block grant funds on strategic priorities such as improving air quality, healthy eating and active living, improving immunization rates, or reducing suicide. Since the funding being requested is for department wide activities such as performance management, workforce development and language services, funding these activities through indirect cost recoveries is most equitable and appropriate.

Proposed Solution:

The Department requests \$559,864 reappropriated funds spending authority from indirect cost recoveries, and 4.3 FTE for FY 2020-21 ongoing within multiple line items to reallocate some of the Department's federal block grant funding so they can be used to support the updated strategic priorities. This solution provides the Department with the best option to implement programs that focus on emerging needs and revised strategic goals that may change year to year. Unlike many of the Department's categorical funding streams, the Preventive Health and Health Services Block Grant is unique in that it allows states to be flexible year to year and shift funds towards emerging needs and identified strategic priorities. If the proposed sustainability solution is not approved, the Department would need to continue funding essential, department wide administrative services and programs with unsustainable block grant funding. This would in turn decrease the funding available to support Governor or Department priorities as the block grant funds would be supporting administrative services as has been the case for several years. In addition, using the Federal block grant funds for essential, department wide, administrative services has risks as this flexible Federal funding source is not the most stable mechanism for funding important department wide infrastructure and administrative core functions such as those

described in this request. Funding strategic priorities, innovative ideas and emerging needs with block grant funds is encouraged by the funder (Centers for Disease Control and Prevention) and has been determined by Department leadership to be the best solution as it aligns with current federal grant requirements. Furthermore, the Department believes funding these department wide activities through indirect cost recoveries is the most equitable and appropriate approach.

The proposed solution and approach is currently being implemented by the Rhode Island Department of Health. Rhode Island was quick to respond with a multitude of benefits their state has realized in the 3 years since strategically aligning their block grant dollars with top priorities and emerging public health needs. Colorado anticipates many of the same efficiencies and benefits of this strategic approach and will use change management practices to build awareness and communicate impact to Department staff. The benefits expressed include:

- **Increased project value due to lower volume.** Limiting the volume of projects has enabled Rhode Island to increase the value of projects as they are now larger, more innovative projects that are more impactful and deliberate.
- **Competitive project pool and appropriate redirection of funds.** Redirecting resources from grandfathered projects and general expenses has created a more competitive pool of proposals for the Department to choose from and has pushed programs that relied on Block funding to re-assess their previous strategies and change the mission of the program/project.
- **Sustainability planning.** Requiring programs and teams who submit funding requests to consider sustainability as part of their request has helped the Rhode Island Department of Health begin to build and reinforce a culture of program sustainability. In the past 3 years, Rhode Island has successfully launched and subsequently transitioned two programs off Preventive Block Grant funding and onto other sources and they have attracted significant funding support by leveraging the investment that the Block makes, and have incorporated a feasibility study into new project proposals. This strategy encourages programs to think about sustainability and collaboration at the onset rather than as funding sunsets; because of this, Rhode Island believes this approach will benefit the Department's programs beyond just their Preventive Block Grant project work as it institutionalizes strategic planning in program's funding requests.
- **Agility for funding innovative and emerging needs.** By limiting the number of programs and projects that the Preventive Block Grant commits to support year to year, Rhode Island has resources to stand up new and innovative projects that will help the Department grow its capacity and provides a more flexible pool of resources that can be made readily available should a crisis arise. Since programs are not relying year to year on the Block Grant to support FTEs and operational expenses, Rhode Island has the ability to shift these expenses with limited negative budget ripples, which makes the block grant more agile and able to respond to potential emergency needs.
- **Reduction of reporting burden.** Limiting the number of small, low impact projects has also reduced the overall reporting burden on both the programs and the team managing the Block Grant in Rhode Island. Prior "mini-grant" approaches required significant reporting that was not commensurate to the investment being made into the programs, and drastically inflated the time investment the Block Grant Coordinator needed to invest

to respond to requirements of the grant without adding the same level of value to the Department. Streamlining projects has allowed the Block Grant Coordinator to significantly reduce the overall time committed to reporting on small, low impact projects and increased the time available to focus on supporting impactful projects.

Anticipated Outcomes:

Realigning resources will allow CDPHE to focus on the Department's updated strategic priorities and the Governor's Office's statewide goals. CDPHE has historically funded 12+ programs/projects with Preventive Health and Health Services Block Grant funding. The proposed realignment would reduce the number of projects funded. As a result, the Department anticipates funding fewer, but more strategic projects at a higher amount for greater impact. This reallocation will also allow the Department to continue to fund extremely valuable and necessary core, department wide administrative services. Services include the following: performance management for the department and divisions, workforce development through total worker health and coordination of interns and student opportunities, a centralized learning management system (LMS) that all staff use, improving health equity support for staff and leaders, and administrative support and guidance necessary for the regulatory services within the Board of Health. All the while, it allows the Department to redirect federal funds in order to focus the block grant on strategic priorities such as improving air quality, healthy eating and active living, improving immunization rates, or reducing suicide. The redirection of Preventive Health and Health Services Block Grant funds are anticipated to benefit the Department in the following ways:

- Allows the Department to secure stable funding to ensure extremely valuable and necessary core, department wide administrative services are continued
- Enables progress on and response to emerging issues
- facilitates advancement of Governor and Departmental Strategic Priorities
- Supports innovation and nimbleness
- Allows the Department to be bold with valuable, flexible funding source
- Increases efficiency and proper allocation of funding sources
- Increases sustainability planning and accountability
- Increases quality, value and focus of projects
- Reduces the volume of projects allowing greater funding for each project
- Reduces grant administration and management burden (fiscal, application phase, data entry phase, reporting phase)
- Improves impact of projects (potential for greater health outcomes, higher return on investment, move the needle).

As part of the Preventive Health and Health Services Block Grant application and reporting requirements, all projects must also align to a Healthy People 2020 Objective and have SMART goals defined and measured. Project contacts report twice per year on the outcomes of impact objectives/activities and data evaluation and collection efforts take place every two years, which report on four standardized evaluation measures developed by CDC. In addition, the new strategic approach will require project contacts to determine sustainability of their programs beyond the current year and anticipated outcomes and results must be defined for consideration.

Assumptions and Calculations:

Dollar amounts for this request are taken directly from the current grant. Please see attached documentation in Appendix A. Additionally, \$37,500 has been added to the operating expenses request for CO Train, which represents half of the biannual request for \$75,000 as seen in Appendix B.

Appendix A – Preventative Health Block Grant Applications

2019-2020 Preventive Health and Health Services (PHHS) Block Grant Application Template

The Centers for Disease Control and Prevention (CDC) requires states to report specific information related to the Preventive Health and Health Services Block Grant. As a result, all applicants must use the following format for submitting their proposals. **Please use 11 point Times Roman font and refrain from using acronyms, bold lettering, bullets and any indented information or paragraphs.**

- 1) **Program/Project Title** – Provide a short title/name for the proposed program/project.

CDPHE Total Worker Health and Student Opportunities for Current and Future Public Health and Environmental Health Workforce

- 2) **Was this project funded with Block Grant dollars in the previous funding cycle?** (Yes / No) If Yes, please describe the *top three results* of this project in the previous funding cycle. (If project is new, skip to question 3)

Yes. This is a continuation of the scope of this prior work maintaining focus on CDPHE role as a model for Total Worker Health and site for student practice based learning opportunities for development of the public health and environmental health workforce.

- A. CDPHE achieved certification as a certified Health Business Leader through Health Links Colorado at the Colorado School of Public Health. CDPHE was recognized among the top 5 Total Worker Health programs by Health Links Colorado and the Governor’s Council for Active and Healthy Lifestyles among more than 300 certified Colorado businesses.
- B. CDPHE also achieved Health Links Colorado highest recognition rating of Family Friendly +++ for programs, policies, benefits and resources.
- C. The Student Opportunities Program supported more than 49 practical experiences in public health and environmental health from more than 20 academic institutions across Colorado and the United States.

- 3) **Program/Project Strategy** - Describe the primary components of your approach (consider this to be the narrative - it does not have to be extensive, maximum one to two paragraphs). **NOTE: This narrative will be part of the Board of Health Memo if funding for your project is proposed.**

This proposal supports maintenance of the Student Opportunities Program and certified Total Worker Health (NIOSH) program at CDPHE .

CDPHE Wellness, Safety, and Student Coordinator will:

- A. Coordinate ongoing evaluation, assessment, communication of wellness, safety, and emergency preparedness training, programs, policies, benefits and resources at CDPHE.
- B. Maintain CDPHE Total Worker Health certification through Health Links Colorado.
- C. Maintain CDPHE employee participation in onsite and online weight management programs through awareness and promotional campaigns.
- D. Maintain and facilitate the CDPHE Wellness and Safety committees.
- E. Maintain and facilitate practice based learning opportunities at CDPHE.
- F. Maintain and enhance communication of practice based learning opportunities at CDPHE with academic institutions and stakeholders across Colorado.
- G. Continue to provide technical assistance as Liaison Officer for the Governor’s Council for Active and Healthy Lifestyles to fulfill the mission of the council and promote the Governor’s role as Colorado’s Wellness Champion.

- 4) **Department Strategic Plan** - Identify the targeted area(s) within the department’s [Strategic Plan](#) that your project will address (example – goal 4: promote health equity and environmental justice).

Goal 1: Implement the plans supporting the health and environment priorities.
Goal 3: Improve CDPHE's employee engagement.
Goal 4: Promote health equity and environmental justice.

- 5) **Program/Project Goals and Outcomes** – Please identify the *top 3 anticipated results* for this program/project. Please quantify the expected results.

These efforts will result in a measurable increase in the number of CDPHE employees participating in occupational safety, emergency preparedness, health and wellbeing programs, and enhance workplace satisfaction and increase employee engagement.

- 1. Employee participation
 - a. Increase the number of CDPHE employees participating in safety, wellness and emergency preparedness programming.
 - b. Increase the number of CDPHE staff trained and/or supporting safety, wellness, and emergency preparedness programming.
- 2. Employee engagement
 - a. Maintain the number of onsite wellness and safety opportunities provided to CDPHE employees.
 - b. Increase employee satisfaction of programs and opportunities provided.



- 3. Student participation
 - a. Maintain 40 students participants in practice based learning at CDPHE.
 - b. Provide training opportunities for 35 CDPHE staff preceptors in public health related practice based learning.

6) **Program Effectiveness** - Describe the processes that are planned or are already in place to evaluate the effectiveness and success of the program’s outcomes and goals.

CDPHE developed and maintains a dashboard for tracking opportunities and participation in wellness and safety programming. Satisfaction surveys and coordinated evaluation of occupational safety, health, and wellbeing programs and outcomes are tracked and available data is tracked and reported.

Student applications, program descriptions, and student participation are currently tracked through online systems. The student coordinator will continue to work with CDPHE stakeholders, academic institutions and preceptors to enhance training, track participation, and satisfaction with training and development.

7) **Primary Strategic Partnerships** - Identify internal and external strategic partners that your program/project collaborates with:

Internal Partners	External Partners
Health Promotion and Chronic Disease Prevention Branch	Alzheimer’s Association
Violence, Injury Prevention and Mental Health Promotion Branch	American Heart Association
Children, Youth and Families Branch	American Diabetes Association
State Tobacco Education and Prevention Partnership (in Prevention Services Division)	Center for Work Health and Environment, Colorado School of Public Health (Health Links Colorado)
Division of Environmental Health and Sustainability	Department of Personnel Administration
Air Pollution Control Division	Colorado State Employee Assistance Program
Environmental Epidemiology and Occupational Health Section	Colorado Governor’s Office, SBDC, Governor’s Council for Active and Healthy Lifestyles



Disease Control and Environmental Epidemiology	Transportation Solutions
Human Resources	Kaiser Permanente
Wellness and Safety Committees	UnitedHealthcare
Office of Emergency Preparedness and Response	Colorado academic institutions
Emergency Response Coordinators	

8) **Identification of FTE - Please complete the following table**

Employee Name, Title*	% Block Grant Funds	Block Grant Funding (\$)	% Paid for by State, Federal or Local Funds <u>that directly tie to the PHHS Block Grant funds</u> and project purpose— please list specific sources (does not have to equal 100%)
Example - Joe Smith, Admin. Asst.	25%	\$22,750	20% State, 55% Federal
Daniel McKenna, Wellness, Student, and Safety Coordinator	100%	\$96,496 .15	
Total FTE to be funded with 2019-2020 PHHS Block Grant Funding	1.0		

**Please note that Employee's Names and Titles are required for CDC's informational purposes.*

9) **National Health Objective(s)** - Identify the key **Healthy People 2020** Health Objective(s) your program/project is attempting to address. Include the specific title(s) and HP 2020 objective number(s). The objectives can be found at this link: http://www.cdc.gov/nchs/healthy_people/hp2020.htm

9a - Identified Primary HP 2020 National Health Objective (**required, list one**):

HO NWS-7 Worksite Nutrition and Weight Management Classes and Counseling

9b - Identified Secondary HP 2020 National Health Objective(s) (**requested but not required**):



HO PHI-1 Competencies for Public Health Professionals

- 10) State Health Objective(s)** – Include the specific state health objective(s) that relates to the proposed national health objective. Information from the department’s [Strategic Plan](#) or other sources can be included. Impact objectives and annual activities (item 17 in this application) should fit into the SHO objective timeframe.

Obesity - Reverse the upward obesity trend by aligning and intensifying efforts to develop a culture of health and creating conditions for Coloradans to achieve healthy weight across the lifespan.

Tobacco - Reduce the burden of tobacco use in Colorado by reducing the number of Coloradans who initiate and use tobacco products.

Behavioral health - Prevent substance abuse and promote strategies that advance population health.

Please identify applicable **baseline data and its source** (if you had a project last year, refer to baseline data that may have been created for last year’s application).

The 2016 CDPHE Worksite Wellness survey indicated 76 percent of CDPHE employees had engaged in wellness activities offered through the department.

With respect to the statewide picture, which worksite-based wellness programs intend to shift, data from the Behavioral Risk Factor Surveillance System indicates:

- 22.6 percent of adult Coloradans are obese.
- 14.7 percent of adult Coloradans currently smoke.

Coloradans reporting poor mental health:

- 17.4 percent of adults report ever having depression
- 18.9 percent of adults report binge drinking
- 6.7 percent of adults report heavy alcohol consumption

CDPHE staff serving as preceptors prior to the start of the project: 12

Data Source: Colorado Department of Public Health and Environment and the Colorado School of Public Health

- 11) State Health Problem** – Describe the overall health problem (health burden) this application is proposing to address (max 1-2 brief paragraphs)

Based on the Colorado Behavioral Risk Factor Surveillance System (BRFSS), 22.6% of Colorado adults were obese in 2017. The proportion of Colorado adults who are obese more than doubled during



a 15-year period, from 10.3 percent in 1996 to 21.4 percent in 2010. From 2011 to 2015, the adult obesity prevalence did not change significantly (20.7 and 20.2% percent, respectively). Worksite wellness can be a successful strategy to support obesity prevention, one of Colorado’s Winnable Battles. Employees spend as much as half their waking hours in the workplace, making it a key environment for supporting healthy lifestyles among employed adults. The Community Preventive Services Task Force recommends worksite programs intended to improve diet and/or physical activity behaviors based on strong evidence of their effectiveness for reducing weight among employees.

Additionally, the public health workforce in Colorado is in transition as seasoned public health professionals retire, creating a need for educated and experienced public health professionals at CDPHE and at local public health agencies. Specifically at CDPHE, according to the 2017-2018 Workforce Report published by the Department of Personnel and Administration, about 30% of the workforce at CDPHE is eligible for retirement in the next 5 years. This significant turnover combined with a very competitive job market will be both a challenge and opportunity for staff hiring at CDPHE as they will be seeking diverse and qualified candidates who are prepared and interested in pursuing careers in environmental and public health. Competency based practical experiences are an important strategy to support the development of the next generation of public health and environmental health workers.

- 12) **Target Population** – Identify and describe the target population to be served. Please list a specific # for the target population identified or if program/project covers all citizens, list **All Coloradans**. If you cannot identify a specific number served and the project does not address all citizens, please explain.

Target Population Identified (Total #)	All Coloradans
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Also, please place an **X** next to those that apply below:

Race/Ethnicity		Age/Life Stage		Gender	
	African American or Black		Under 1 Year (Infant)		Female
	American Indian/Alaskan Native		1-3 Years (Infant)		Male
	Asian		4-11 Years (Children)		Both
	Hispanic		12-19 Years (Adolescents)	Geography	
	Native Hawaiian/Pac Islander		20-24 Years (Adults)		Rural Areas
	White		25-34 Years (Adults)		Urban Areas
	Other		35-49 (Adults)	x	Both



x	All		50-64 (Older Adults)	Primary Low Income	
			65 or Older (Older Adults)		Yes
		x	All Ages	x	No

- 13) **Disparate Population** – Identify and describe the disparate population to be served. **Please list a specific # for the disparate population identified.** If you identify a disparate population that is to be covered by this program/project but cannot identify the specific # served, please explain.

Disparate Population Identified (Total #)	<enter #>
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Also, please place an **X** next to those that apply below:

Race/Ethnicity		Age/Life Stage		Gender	
	African American or Black		Under 1 Year (Infant)		Female
	American Indian/Alaskan Native		1-3 Years (Infant)		Male
	Asian		4-11 Years (Children)	x	Both
	Hispanic		12-19 Years (Adolescents)	Geography	
	Native Hawaiian/Pac Islander		20-24 Years (Adults)		Rural Areas
	White		25-34 Years (Adults)		Urban Areas
	Other		35-49 (Adults)	x	Both
x	All		50-64 (Older Adults)	Primary Low Income	
			65 or Older (Older Adults)		Yes
		x	All Ages	x	No

- 14) **Evidence Based Guidelines/Best Practices** - From the list below, identify which Evidence Based Guidelines and/or Best Practices that your proposed program/project is currently using. If you are using one that is not identified, please list in the “other” field.

Evidence Based Guidelines – United States



<input checked="" type="checkbox"/>	CDC Recommends: The Prevention Guidelines System (Centers for Disease Control and Prevention)
<input checked="" type="checkbox"/>	Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
<input checked="" type="checkbox"/>	Guide to Community Preventive Services (Task Force on Community Preventive Services)
<input checked="" type="checkbox"/>	MMWR Recommendations and Reports (Centers for Disease Control and Prevention)
	National Guideline Clearinghouse (Agency for Healthcare Research and Quality)

Best Practices - Experience Based

	Best Practice Initiative (U.S. Department of Health and Human Services)
<input checked="" type="checkbox"/>	Model Practices Database (National Association of County and City Health Officials)
<input checked="" type="checkbox"/>	Promising Practices Network (RAND Corporation)
	None
	Other (please explain):

15) **Block Grant Role** – Select the *primary* role that the PHHS Block Grant funds will play in helping to accomplish the program/project objectives. Choices are as follows:

	<u>Rapid Response</u> – Rapid response to an unexpected health threat, emergency situation
	<u>Incubator</u> – Providing seed money for initial support of a new program
	<u>Supplemental Funding</u> – Supplement funding of activities for under funded programs
<input checked="" type="checkbox"/>	<u>No other funds</u> – Only source of funding available

16) **Percent of PHHS Block Grant funds** – Identify from the following list the level of PHHS Block Grant funds being used with other program/agency resources to address this health problem (**please place an X next to your selection**).

<input checked="" type="checkbox"/>	100% - Total source of funding
	75%-99% - Primary source of funding



	50%-74% - Significant source of funding
	11%-49% - Partial source of funding
	Less than 10% - Minimal source of funding

17) Impact Objectives and Annual Activities

All Annual Activities and Impact Objectives must be drafted using “SMART” (Specific, Measurable, Achievable, Realistic and Time framed) objectives. Please contact Leslie Akin at 303.692.3006 if you need assistance with SMART Objectives. Suggested Web links to SMART Objectives appear below.

<http://www.cdc.gov/nccdphp/dnpa/physical/handbook/pdf/handbook.pdf>
http://www.cdc.gov/dhdSP/programs/nhdsp_program/evaluation_guides/docs/smart_objectives.pdf

If funded last year, please refer to your work plan from last year to see if the previously prepared SMART objective(s) still apply or could be modified for current/future year activities.

Identify below **1 to 2 Impact Objectives** (these are for 1 or more years to fit within the State Health Objective timeframe). Also, please include *at least 1, but no more than 3 Annual Activities* that tie to each of the identified Impact Objectives.

Impact Objective #1 (required):

Example: Between October 2019 and September 2020, the Oral Health Unit will increase the percentage of children enrolled in Medicaid who have received at least one sealant from 19.9 to 20.4.

Between 10/1/2019 and 9/30/2020, increase the number of CDPHE employees who have participated in evidence-based best practice wellness programs from 76% (baseline) to 80%

IO #1 - Annual Activity #1 (required):

Example: Between October 2019 and September 2020, the Oral Health Unit will increase the number of eligible (>50 percent free and reduced lunch) schools with sealant programs reporting to the state from 24.7 to 26.0 percent.

Between 10/1/2019 and 9/30/2020, CDPHE Wellness, Safety and Student coordinator will update Health Links Colorado’s Healthy Business Certification to maintain recognition of the Department’s efforts as a model Total Worker Health program including occupational safety, emergency preparedness, health and well-being.

IO #1 - Annual Activity #2 (not required):



<enter text here>

IO #1 - Annual Activity #3 (not required):

<enter text here>

Impact Objective #2 (requested but not required):

Between 10/1/2019 and 9/30/2020, maintain the number of practical experiences for students that offer basic public health concepts including: communication, cultural competency, public health ethics and professionalism, financial planning and management skills, leadership and systems thinking at 40 opportunities.

IO #2 - Annual Activity #1 (requested but not required):

<enter text here>Between 10/1/2018 and 9/30/2019, CDPHE will maintain the number of trained preceptors at 35.

IO #2 - Annual Activity #2 (not required):

<enter text here>

IO #2 - Annual Objective #3 (not required):

<enter text here>

18) Requested 2019-2020 PHHS Block Grant Amount

Amount Requested for 2019-20	\$105632
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19) Local Support – List the amount of PHHS Block Grant funds that will be distributed or will directly benefit local communities and/or local health agencies.

Local Support Amount	\$0
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- 20) **Budget – Please complete the following budget information**
Please note – all money contracted or granted to outside entities will require additional reporting.

Total Personal Services	\$96532
Operating (Please identify associated operating costs)	\$9100
Travel (Please identify associated in-state and out-of-state travel costs)	\$0
Contractual (Please identify potential contractual agreements)	\$
Other (Please identify other related costs)	\$

- 21) **State General Funds/Cash Funds** – If applicable, list any State General Funds and/or State Cash Funds that are used to support this program/project.

Source of Funding	Funding Amount: 2018-2019	Funding Amount: 2017-2018	Funding Amount: 2016-2017
PHHS Block Grant Requested Amt/Actual Award	\$102556	104655	\$90000
State General Funds	\$	\$	\$
State Cash/ Reappropriated Funds	\$	\$	\$

If State General funds and/or State Cash/Reappropriated funds are used to support this program/project, please provide a copy of the applicable State Long bill lines where these figures are identified. This information will be used to document the “supplanting of federal funds” issue as well as prepare CDPHE for future PHHS Block Grant Compliance Reviews.

- 22) **Federal Funds/Match Issues** –
 Will these PHHS Block Grant funds be used to match any other Federal funds?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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- 23) **Leveraged Funds** –
 Will these PHHS Block Grant funds be used to leverage any other source of funds?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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If Yes, please explain.

<enter text here>

24) **Sustainability Plan** – Should PHHS Block Grant funds be significantly reduced or eliminated, how could you anticipate funding this project?

	Federal Funds
	State Funds
	Local Funds
	Other Funds
x	There are no other funding sources available

Please explain:

There are no state funds currently identified to support these programs.
--

25) **Please indicate if your project falls into any of the below categories (Mark all that may apply with an X).**

Context: CDC developed 4 evaluation measures in 2017 to help show the value of the PHHS Block Grant. Information is gathered once per year on the below measures and is submitted by the Preventive Block Grant Coordinator (Leslie Akin). For additional information on these measures, please review the [PHHS Block Grant Evaluation Fact Sheet](#) or contact Leslie Akin at leslie.akin@state.co.us.

Note: Marking the boxes below is a way to gather preliminary information. Additional project information will be gathered during the time of reporting.

	Information Systems Capacity Improved (1.1 Number of state, territorial, tribal, and local health departments whose capacity to collect or enhance data that provide information of public health importance was improved or maintained through the use of PHHS Block Grant funds)
x	Quality Improved (1.2 Number of state, territorial, tribal, and local health departments in which the efficiency or effectiveness of operations, programs, or services was improved through the use of PHHS Block Grant funds)
	Emerging Public Health Needs Addressed (2.1 Number of emerging public health needs that were addressed through the use of PHHS Block Grant funds)



x	Evidence-Based Public Health Interventions Implemented (3.1 Number of evidence-based public health interventions implemented through the use of PHHS Block Grant funds)
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Thank you for taking the time to complete this application!
Should you have any questions, please contact Leslie Akin at 303.692.3006 or leslie.akin@state.co.us.

Reminder – Deadline for Electronic Submission to Leslie Akin is Thursday, February 28, 2019.



2019-2020 Preventive Health and Health Services (PHHS) Block Grant Application Template

The Centers for Disease Control and Prevention (CDC) requires states to report specific information related to the Preventive Health and Health Services Block Grant. As a result, all applicants must use the following format for submitting their proposals. **Please use 11 point Times Roman font and refrain from using acronyms, bold lettering, bullets and any indented information or paragraphs.**

- 1) **Program/Project Title** – Provide a short title/name for the proposed program/project.

Training and Workforce Development

- 2) **Was this project funded with Block Grant dollars in the previous funding cycle?** (Yes / No) If Yes, please describe the *top three results* of this project in the previous funding cycle. (If project is new, skip to question 3)

Yes – Training increased, employee participation increased, employee engagement increased.

- 3) **Program/Project Strategy** - Describe the primary components of your approach (consider this to be the narrative - it does not have to be extensive, maximum one to two paragraphs). **NOTE: This narrative will be part of the Board of Health Memo if funding for your project is proposed.**

This proposal supports continuation and enhancement of the workforce development and career development of CDPHE staff through the maintenance and enhancement of a central, department, Learning Management System.

- 4) **Department Strategic Plan** - Identify the targeted area(s) within the department's [Strategic Plan](#) that your project will address (example – goal 4: promote health equity and environmental justice).

Promote and increase employee engagement through sustained and engaging workforce development programs.

--

5) **Program/Project Goals and Outcomes** – Please identify the *top 3 anticipated results* for this program/project. Please quantify the expected results.

<p>Between 10/2019 and 09/2020, CDPHE HR staff will increase the number of professional training opportunities available and completed for CDPHE staff via CO.Train from 50 to 100.</p> <p>Between 10/2019 and 09/2020, CDPHE HR staff measure department compliance training from all regulated training sources into CO.Train as the single Learning Management System for the department.</p> <p>Between 10/2019 and 09/2020, CDPHE HR staff will create a process to identify and train additional department staff in course management through CO.Train as the department’s central Learning Management System.</p>

6) **Program Effectiveness** - Describe the processes that are planned or are already in place to evaluate the effectiveness and success of the program’s outcomes and goals.

<p>Program effectiveness will be monitored and measured through the course evaluations in CO.Train as well as the overall employee engagement scores from questions pertaining to workforce development.</p>
--

7) **Primary Strategic Partnerships** - Identify internal and external strategic partners that your program/project collaborates with:

Internal Partners	External Partners
Audrey Valdez	PHF
Joi Simpson	KMI
Kristen Campos	

8) **Identification of FTE** - Please complete the following table

Employee Name, Title*	% Block Grant Funds	Block Grant Funding	% Paid for by State, Federal or Local Funds <u>that directly tie to the PHHS Block Grant funds and project</u>



		(\$)	purpose— please list specific sources (does not have to equal 100%)
Example - Joe Smith, Admin. Asst.	25%	\$22,750	20% State, 55% Federal
Kristen Campos	20%	\$18,300	80% Federal
Total FTE to be funded with 2019-2020 PHHS Block Grant Funding	.20 FTE	\$18,300	

**Please note that Employee's Names and Titles are required for CDC's informational purposes.*

- 9) **National Health Objective(s)** - Identify the key **Healthy People 2020** Health Objective(s) your program/project is attempting to address. Include the specific title(s) and HP 2020 objective number(s). The objectives can be found at this link: http://www.cdc.gov/nchs/healthy_people/hp2020.htm

9a - Identified Primary HP 2020 National Health Objective (**required, list one**):

Create social and physical environments that promote good health for all.

9b - Identified Secondary HP 2020 National Health Objective(s) (**requested but not required**):

- 10) **State Health Objective(s)** – Include the specific state health objective(s) that relates to the proposed national health objective. Information from the department's [Strategic Plan](#) or other sources can be included. Impact objectives and annual activities (item 17 in this application) should fit into the SHO objective timeframe.

CDPHE is focusing on elevating employee wellness through employee engagement and workforce development by utilizing CO.Train as the department's Learning Management System.

Please identify applicable **baseline data and its source** (if you had a project last year, refer to baseline data that may have been created for last year's application).

For fiscal year 2018-2019, our baseline increase was in training offerings and rose from 35-75.

- 11) **State Health Problem** – Describe the overall health problem (health burden) this application is proposing



to address (max 1-2 brief paragraphs)

Employee wellness is directly linked to employee engagement which is directly correlated to workforce development. To assist in autonomy and mastery of competencies and skills, CDPHE is focused on elevating the workforce development platforms to significantly boost employee engagement and morale.

- 12) **Target Population** – Identify and describe the target population to be served. Please list a specific # for the target population identified or if program/project covers all citizens, list **All Coloradans**. If you cannot identify a specific number served and the project does not address all citizens, please explain.

Target Population Identified (Total #)	1400
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Also, please place an **X** next to those that apply below:

Race/Ethnicity		Age/Life Stage		Gender	
	African American or Black		Under 1 Year (Infant)		Female
	American Indian/Alaskan Native		1-3 Years (Infant)		Male
	Asian		4-11 Years (Children)	X	Both
	Hispanic		12-19 Years (Adolescents)	Geography	
	Native Hawaiian/Pac Islander		20-24 Years (Adults)		Rural Areas
	White		25-34 Years (Adults)		Urban Areas
	Other		35-49 (Adults)	X	Both
X	All		50-64 (Older Adults)	Primary Low Income	
			65 or Older (Older Adults)		Yes
		X	All Ages		No



- 13) **Disparate Population** – Identify and describe the disparate population to be served. **Please list a specific # for the disparate population identified.** If you identify a disparate population that is to be covered by this program/project but cannot identify the specific # served, please explain.

Disparate Population Identified (Total #)	<1400
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Also, please place an **X** next to those that apply below:

Race/Ethnicity		Age/Life Stage		Gender	
	African American or Black		Under 1 Year (Infant)		Female
	American Indian/Alaskan Native		1-3 Years (Infant)		Male
	Asian		4-11 Years (Children)	X	Both
	Hispanic		12-19 Years (Adolescents)	Geography	
	Native Hawaiian/Pac Islander		20-24 Years (Adults)		Rural Areas
	White		25-34 Years (Adults)		Urban Areas
	Other		35-49 (Adults)	X	Both
X	All		50-64 (Older Adults)	Primary Low Income	
			65 or Older (Older Adults)		Yes
		X	All Ages		No

- 14) **Evidence Based Guidelines/Best Practices** - From the list below, identify which Evidence Based Guidelines and/or Best Practices that your proposed program/project is currently using. If you are using one that is not identified, please list in the “other” field.

Evidence Based Guidelines – United States

	CDC Recommends: The Prevention Guidelines System (Centers for Disease Control and Prevention)
	Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)



	Guide to Community Preventive Services (Task Force on Community Preventive Services)
	MMWR Recommendations and Reports (Centers for Disease Control and Prevention)
	National Guideline Clearinghouse (Agency for Healthcare Research and Quality)

Best Practices - Experience Based

	Best Practice Initiative (U.S. Department of Health and Human Services)
	Model Practices Database (National Association of County and City Health Officials)
	Promising Practices Network (RAND Corporation)
	None
X	Other (please explain): State of Colorado Competency Model and Adult Learning Theories

15) **Block Grant Role** – Select the *primary* role that the PHHS Block Grant funds will play in helping to accomplish the program/project objectives. Choices are as follows:

	Rapid Response – Rapid response to an unexpected health threat, emergency situation
	Incubator – Providing seed money for initial support of a new program
	Supplemental Funding – Supplement funding of activities for under funded programs
X	No other funds – Only source of funding available

16) **Percent of PHHS Block Grant funds** – Identify from the following list the level of PHHS Block Grant funds being used with other program/agency resources to address this health problem (**please place an X next to your selection**).

	100% - Total source of funding
X	75%-99% - Primary source of funding
	50%-74% - Significant source of funding
	11%-49% - Partial source of funding
	Less than 10% - Minimal source of funding



17) **Impact Objectives and Annual Activities**

All Annual Activities and Impact Objectives must be drafted using “SMART” (Specific, Measurable, Achievable, Realistic and Time framed) objectives. Please contact Leslie Akin at 303.692.3006 if you need assistance with SMART Objectives. Suggested Web links to SMART Objectives appear below.

<http://www.cdc.gov/nccdphp/dnpa/physical/handbook/pdf/handbook.pdf>
http://www.cdc.gov/dhdSP/programs/nhdsp_program/evaluation_guides/docs/smart_objectives.pdf

If funded last year, please refer to your work plan from last year to see if the previously prepared SMART objective(s) still apply or could be modified for current/future year activities.

Identify below **1 to 2 Impact Objectives** (these are for 1 or more years to fit within the State Health Objective timeframe). Also, please include *at least 1, but no more than 3 Annual Activities* that tie to each of the identified Impact Objectives.

Impact Objective #1 (required):

Example: Between October 2019 and September 2020, the Oral Health Unit will increase the percentage of children enrolled in Medicaid who have received at least one sealant from 19.9 to 20.4.

Between 10/2019 and 09/2020, CDPHE HR staff will increase the number of professional training opportunities available and completed for CDPHE staff via CO.Train from 50 to 100.

IO #1 - Annual Activity #1 (required):

Example: Between October 2019 and September 2020, the Oral Health Unit will increase the number of eligible (>50 percent free and reduced lunch) schools with sealant programs reporting to the state from 24.7 to 26.0 percent.

Between 10/2019 and 09/2020, CDPHE HR staff will increase, track, and monitor the number of professional training opportunities for the department staff.

IO #1 - Annual Activity #2 (not required):

Between 10/2019 and 09/2020, CDPHE HR staff measure department compliance training from all regulated training sources into CO.Train as the single Learning Management System for the department.

IO #1 - Annul Activity #3 (not required):



Between 10/2019 and 09/2020, CDPHE HR staff will create a process to identify and train additional department staff in course management through CO.Train as the department’s central Learning Management System.

Impact Objective #2 (requested but not required):

Between 10/2019 and 09/2020, CDPHE HR staff will offer 75 or more professional development opportunities for CDPHE staff.

IO #2 - Annual Activity #1 (requested but not required):

<enter text here>

IO #2 - Annual Activity #2 (not required):

<enter text here>

IO #2 - Annual Objective #3 (not required):

<enter text here>

18) Requested 2019-2020 PHHS Block Grant Amount

Amount Requested for 2019-20	\$57,300
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19) Local Support – List the amount of PHHS Block Grant funds that will be distributed or will directly benefit local communities and/or local health agencies.

Local Support Amount	\$0
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**20) Budget – Please complete the following budget information
Please note – all money contracted or granted to outside entities will require additional reporting.**

Total Personal Services	\$18,300
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Operating (Please identify associated operating costs)	\$36,000.00
Travel (Please identify associated in-state and out-of-state travel costs)	\$3,000
Contractual (Please identify potential contractual agreements)	
Other (Please identify other related costs)	

21) **State General Funds/Cash Funds** – If applicable, list any State General Funds and/or State Cash Funds that are used to support this program/project.

Source of Funding	Funding Amount: 2018-2019	Funding Amount: 2017-2018	Funding Amount: 2016-2017
PHHS Block Grant Requested Amt/Actual Award	\$90,000	\$	\$
State General Funds	\$	\$	\$
State Cash/ Reappropriated Funds	\$	\$	\$

If State General funds and/or State Cash/Reappropriated funds are used to support this program/project, please provide a copy of the applicable State Long bill lines where these figures are identified. This information will be used to document the “supplanting of federal funds” issue as well as prepare CDPHE for future PHHS Block Grant Compliance Reviews.

22) **Federal Funds/Match Issues** – Will these PHHS Block Grant funds be used to match any other Federal funds?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	X	No
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23) **Leveraged Funds** – Will these PHHS Block Grant funds be used to leverage any other source of funds?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	X	No
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If Yes, please explain.

<enter text here>

24) **Sustainability Plan** – Should PHHS Block Grant funds be significantly reduced or eliminated, how could



you anticipate funding this project?

	Federal Funds
	State Funds
	Local Funds
X	Other Funds
	There are no other funding sources available

Please explain:

25) Please indicate if your project falls into any of the below categories (Mark all that may apply with an X).

Context: CDC developed 4 evaluation measures in 2017 to help show the value of the PHHS Block Grant. Information is gathered once per year on the below measures and is submitted by the Preventive Block Grant Coordinator (Leslie Akin). For additional information on these measures, please review the [PHHS Block Grant Evaluation Fact Sheet](#) or contact Leslie Akin at leslie.akin@state.co.us.

Note: Marking the boxes below is a way to gather preliminary information. Additional project information will be gathered during the time of reporting.

	Information Systems Capacity Improved (1.1 Number of state, territorial, tribal, and local health departments whose capacity to collect or enhance data that provide information of public health importance was improved or maintained through the use of PHHS Block Grant funds)
	Quality Improved (1.2 Number of state, territorial, tribal, and local health departments in which the efficiency or effectiveness of operations, programs, or services was improved through the use of PHHS Block Grant funds)
	Emerging Public Health Needs Addressed (2.1 Number of emerging public health needs that were addressed through the use of PHHS Block Grant funds)
	Evidence-Based Public Health Interventions Implemented (3.1 Number of evidence-based public health interventions implemented through the use of PHHS Block Grant funds)

Thank you for taking the time to complete this application!
Should you have any questions, please contact Leslie Akin at 303.692.3006 or leslie.akin@state.co.us.

Reminder – Deadline for Electronic Submission to Leslie Akin is Thursday, February 28, 2019.



4300 Cherry Creek Drive S, Denver, CO 80246-1530 P 303-692-2000 www.colorado.gov/cdphe
Jared Polis, Governor | Karin McGowan, Interim Executive Director



2019-2020 Preventive Health and Health Services (PHHS) Block Grant Application Template

The Centers for Disease Control and Prevention (CDC) requires states to report specific information related to the Preventive Health and Health Services Block Grant. As a result, all applicants must use the following format for submitting their proposals. **Please use 11 point Times Roman font and refrain from using acronyms, bold lettering, bullets and any indented information or paragraphs.**

- 1) **Program/Project Title** – Provide a short title/name for the proposed program/project.

Board Of Health Support for Public Health Improvement

- 2) **Was this project funded with Block Grant dollars in the previous funding cycle?** (Yes / No) If Yes, please describe the *top three results* of this project in the previous funding cycle. (If project is new, skip to question 3)

Yes.

1. Development and training staff to develop rules from performance management and relationship management frameworks. This includes the development and delivery of a Relationship Management module as well as improvements to the rulemaking documents and resources to support staff in developing rules that are effective, advance the Department’s strategic priorities, the minimum necessary to achieve the statutory objective, and dovetail into the legislative processes seamlessly.
2. The 2018 rule reviews led to significant rewrites and updates occurred for the Vital Statistics, Newborn Screening, and Alcohol and Other Drugs rule sets.
3. The Board of Health process improvements have made the Department more nimble and effective in engaging stakeholders as evidenced in the Milk and Dairy Products rulemaking which updates the incorporation by reference to the most recent FDA standards, and citing rather than incorporating the federal ACIP standards which omits the need to open the immunization rule annually.

- 3) **Program/Project Strategy** - Describe the primary components of your approach (consider this to be the narrative - it does not have to be extensive, maximum one to two paragraphs). **NOTE: This narrative will be part of the Board of Health Memo if funding for your project is proposed.**

This project embeds continuous quality improvement across public and environmental health programs by incorporating quality improvements and quality improvement processes into rulemaking and state regulations (rules). These activities help the Department, other state agencies, and local and community partners align efforts, meet strategic plan priorities, and connect efforts to outcomes. These activities increase staff's capacity to dialogue effectively with a diverse range of stakeholders, target the needs of customers, minimize conflict, develop rules that advance the strategic plan and incorporate performance management into our public and environmental health activities.

Rulemaking and rules improve by: incorporating new technologies, supporting evidence-based practices, eliminating unnecessary or obsolete requirements, shifting requirements to align resources with priorities, ensuring citizens have an opportunity to be heard and contribute to the development of rule language, promulgating rules that are SMART (specific, measurable, accountable, responsive, transparent), linking Department efforts horizontally and vertically within and beyond the Colorado Department of Public Health and Environment organization, and providing staff the tools to communicate complex analyses and the consequences of a rule clearly.

- 4) **Department Strategic Plan** - Identify the targeted area(s) within the department's [Strategic Plan](#) that your project will address (example – goal 4: promote health equity and environmental justice).

Goal 1: Implement the plans supporting the health and environment priorities.
Goal 2: Increase CDPHE's efficiency, effectiveness, and elegance.
Goal 3: Improved employee engagement.
Goal 4: Promote health equity and environmental justice.
Goal 5: Prepare and respond to emerging issues.
Satisfy our statutory obligations.

- 5) **Program/Project Goals and Outcomes** – Please identify the *top 3 anticipated results* for this program/project. Please quantify the expected results.

1. It is anticipated that the Department will propose rulemaking to implement rule review results. It is anticipated that 10 requests for rulemaking will occur for the purpose of updating and improving the quality of the current rules.

2. Rule reviews will continue. It is anticipated that 15 reviews will be slated. The number of reviews will be finalized in fall 2019 as the number of reviews is dependent upon the amount of legislation that requires rulemaking. Rule reviews will be scheduled to support cross-division and cross-department review, ensure new managers are aware of their rules and department rulemaking practices, and provide for a timely reassessment of new rules to ensure they are working as intended.

3. The Board of Health will receive presentations and opportunities to advance the Department's strategic priorities, continuous quality improvement, stakeholder engagement efforts. This includes learning about on-going and emerging Department activities as well as how the Board of Health processes dovetail into the legislative and other executive branch processes.



- 6) **Program Effectiveness** - Describe the processes that are planned or are already in place to evaluate the effectiveness and success of the program’s outcomes and goals.

State statute 24-4-103.3 CRS and Department Policy 13.3, require regular review of the rules. The position funded by this grant will provide technical assistance to staff to ensure the work is completed, track the results of the rule review, and track when rulemaking requests implement rule review results. Annual reports are generated to document the progress and results. The report can be evaluated to ensure consistency across the rule reviewers and the Department anticipates that trends can be extrapolated. For example, it is expected that rules that are frequently revised or were revised recently may not need changes, and that older rules may need to be revised or repealed. Similarly, it is expected that some rule reviews will identify a leaner approach but a financial investment or legislative change is needed before the rule can be changed.

Often the results are implemented by proposing revisions or repeals to the Board of Health. This may occur concurrently with the review or it may be set for a future date after the Department has engaged stakeholders. The time frame for opening the rule is dependent upon the complexity of the regulation, the diversity of the stakeholders, the number of stakeholders and the stakeholder process designed by the policy analyst or rule author. As rules are opened, the public, stakeholders, the Department and the Board will have the opportunity to evaluate the quality of the review and determine whether it improved the process or outcomes for Colorado and the public health community.

In addition, because the policy analysts performing the review are often the rule authors, it is expected that the performance measures included in the review will inform any future rulemaking. This position works across the Department’s public and environmental health programs. With that engagement, this position is able to work across the regulatory and non-regulatory systems to advance department-wide efforts such as health equity and environmental justice; alignment with strategic priorities; alignment with the legislative and budget processes; and, employee engagement opportunities.

- 7) **Primary Strategic Partnerships** - Identify internal and external strategic partners that your program/project collaborates with:

Internal Partners	External Partners
Department leadership	Board of Health
Department program managers and rule authors	Local Public Health
Department grant program staff	Community partners receiving public health funds
Department budget staff	Colorado Department of Human Services and the State Board of Human Services
	Colorado Department of Health Care Policy and Financing and the Medical Services Board

- 8) **Identification of FTE** - Please complete the following table



Employee Name, Title*	% Block Grant Funds	Block Grant Funding (\$)	% Paid for by State, Federal or Local Funds <u>that directly tie to the PHHS Block Grant funds</u> and project purpose— please list specific sources (does not have to equal 100%)
Example - Joe Smith, Admin. Asst.	25%	\$22,750	20% State, 55% Federal
Deborah Nelson, Board Administrator	50%	\$92,800	100% Federal
Total FTE to be funded with 2019-2020 PHHS Block Grant Funding	50%	\$92,800	100% Federal

**Please note that Employee's Names and Titles are required for CDC's informational purposes.*

9) **National Health Objective(s)** - Identify the key **Healthy People 2020** Health Objective(s) your program/project is attempting to address. Include the specific title(s) and HP 2020 objective number(s). The objectives can be found at this link: http://www.cdc.gov/nchs/healthy_people/hp2020.htm

9a - Identified Primary HP 2020 National Health Objective (**required, list one**):

PHI-16.2: Increase the proportion of State public health agencies that have implemented an agency-wide quality improvement process.

9b - Identified Secondary HP 2020 National Health Objective(s) (**requested but not required**):

10) **State Health Objective(s)** – Include the specific state health objective(s) that relates to the proposed national health objective. Information from the department's [Strategic Plan](#) or other sources can be included. Impact objectives and annual activities (item 17 in this application) should fit into the SHO objective timeframe.

It is anticipated that between 10/2019 and 09/2020, the Board of Health Administrator will request the Board of Health entertain rulemaking to implement 10 rule review results that concern a range of public health activities such as disease control, emergency medical services, and environmental health and sustainability.

Please identify applicable **baseline data and its source** (if you had a project last year, refer to baseline data that may have been created for last year's application).



In 2014 the Board of Health had 94 rules (Colorado Code of Regulations rule volumes). Rule Reviews began under Policy 13.3 in January 2014. The rate of review is determined to ensure that all reviews will occur within 5-7 years while ensuring staff can also propose rulemaking to act on rule review results and timely implement new legislative mandates. **Data Source:** Colorado Board of Health Administrator.

11) State Health Problem – Describe the overall health problem (health burden) this application is proposing to address (max 1-2 brief paragraphs)

There are three health burdens that are being addressed: 1) eliminating requirements or procedural steps that are unnecessary, duplicative or lack nexus with the desired outcome (thereby freeing resources to achieve the desired outcome), 2) building capacity in Department staff, partners, and the Board of Health to incorporate lean, continuous quality improvement, strategic planning, performance management and health equity and environmental justice into their daily activities, and 3) building staff capacity to engage stakeholders well. This effort applies equally to the entire population of Colorado as State Board of Health rules and regulations impact communities across the entire State.

12) Target Population – Identify and describe the target population to be served. Please list a specific # for the target population identified or if program/project covers all citizens, list **All Coloradans**. If you cannot identify a specific number served and the project does not address all citizens, please explain.

Target Population Identified (Total #)	All Coloradans
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Also, please place an **X** next to those that apply below:

Race/Ethnicity		Age/Life Stage		Gender	
	African American or Black		Under 1 Year (Infant)		Female
	American Indian/Alaskan Native		1-3 Years (Infant)		Male
	Asian		4-11 Years (Children)	X	Both
	Hispanic		12-19 Years (Adolescents)	Geography	
	Native Hawaiian/Pac Islander		20-24 Years (Adults)		Rural Areas
	White		25-34 Years (Adults)		Urban Areas
	Other		35-49 (Adults)	X	Both



X	All		50-64 (Older Adults)	Primary Low Income	
			65 or Older (Older Adults)		Yes
		X	All Ages		No

13) **Disparate Population** – Identify and describe the disparate population to be served. **Please list a specific # for the disparate population identified.** If you identify a disparate population that is to be covered by this program/project but cannot identify the specific # served, please explain.

Disparate Population Identified (Total #)	700,000
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Also, please place an **X** next to those that apply below:

Race/Ethnicity		Age/Life Stage		Gender	
	African American or Black		Under 1 Year (Infant)		Female
	American Indian/Alaskan Native		1-3 Years (Infant)		Male
	Asian		4-11 Years (Children)	X	Both
	Hispanic		12-19 Years (Adolescents)	Geography	
	Native Hawaiian/Pac Islander		20-24 Years (Adults)		Rural Areas
	White		25-34 Years (Adults)		Urban Areas
	Other		35-49 (Adults)	X	Both
X	All		50-64 (Older Adults)	Primary Low Income	
			65 or Older (Older Adults)		Yes
		X	All Ages		No



- 14) **Evidence Based Guidelines/Best Practices** - From the list below, identify which Evidence Based Guidelines and/or Best Practices that your proposed program/project is currently using. If you are using one that is not identified, please list in the “other” field.

Evidence Based Guidelines – United States

X	CDC Recommends: The Prevention Guidelines System (Centers for Disease Control and Prevention)
X	Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
X	Guide to Community Preventive Services (Task Force on Community Preventive Services)
X	MMWR Recommendations and Reports (Centers for Disease Control and Prevention)
X	National Guideline Clearinghouse (Agency for Healthcare Research and Quality)

Best Practices - Experience Based

	Best Practice Initiative (U.S. Department of Health and Human Services)
X	Model Practices Database (National Association of County and City Health Officials)
	Promising Practices Network (RAND Corporation)
	None
X	Other (please explain): Public Health National Center for Innovations

- 15) **Block Grant Role** – Select the *primary* role that the PHHS Block Grant funds will play in helping to accomplish the program/project objectives. Choices are as follows:

	<u>Rapid Response</u> – Rapid response to an unexpected health threat, emergency situation
	<u>Incubator</u> – Providing seed money for initial support of a new program
	<u>Supplemental Funding</u> – Supplement funding of activities for under funded programs
X	<u>No other funds</u> – Only source of funding available

- 16) **Percent of PHHS Block Grant funds** – Identify from the following list the level of PHHS Block Grant funds being used with other program/agency resources to address this health problem (**please place an X next to your selection**).



X	100% - Total source of funding
	75%-99% - Primary source of funding
	50%-74% - Significant source of funding
	11%-49% - Partial source of funding
	Less than 10% - Minimal source of funding

17) Impact Objectives and Annual Activities

All Annual Activities and Impact Objectives must be drafted using “SMART” (Specific, Measurable, Achievable, Realistic and Time framed) objectives. Please contact Leslie Akin at 303.692.3006 if you need assistance with SMART Objectives. Suggested Web links to SMART Objectives appear below.

<http://www.cdc.gov/nccdphp/dnpa/physical/handbook/pdf/handbook.pdf>
http://www.cdc.gov/dhdSP/programs/nhdsp_program/evaluation_guides/docs/smart_objectives.pdf

If funded last year, please refer to your work plan from last year to see if the previously prepared SMART objective(s) still apply or could be modified for current/future year activities.

Identify below **1 to 2 Impact Objectives** (these are for 1 or more years to fit within the State Health Objective timeframe). Also, please include *at least 1, but no more than 3 Annual Activities* that tie to each of the identified Impact Objectives.

Impact Objective #1 (required):

Example: Between October 2019 and September 2020, the Oral Health Unit will increase the percentage of children enrolled in Medicaid who have received at least one sealant from 19.9 to 20.4.

Between October 2019 and September 2020, the Board of Health will entertain rulemaking to implement 10 rule review results that concern a range of public health activities such as disease control, emergency medical services, and environmental health and sustainability.

IO #1 - Annual Activity #1 (required):

Example: Between October 2019 and September 2020, the Oral Health Unit will increase the number of eligible (>50 percent free and reduced lunch) schools with sealant programs reporting to the state from 24.7 to 26.0 percent.

Between October 2019 and September 2020, the Board of Health will entertain rulemaking to implement 10 rule review results that concern a range of public health activities such as disease control, emergency medical services, and environmental health and sustainability.



IO #1 - Annual Activity #2 (not required):

<enter text here>

IO #1 - Annual Activity #3 (not required):

<enter text here>

Impact Objective #2 (requested but not required):

Between October 2019 and September 2020, Board of Health Administrator will review 15 out of 90 Board of Health regulations concerning a range of public health activities such as prevention services, emergency medical services, and environmental health and sustainability, to ensure all state regulations are current, effective, efficient and necessary.

IO #2 - Annual Activity #1 (requested but not required):

Between October 2019 and September 2020, Board of Health Administrator will review 15 out of 90 Board of Health regulations concerning a range of public health activities such as prevention services, emergency medical services, and environmental health and sustainability, to ensure all state regulations are current, effective, efficient and necessary.

IO #2 - Annual Activity #2 (not required):

<enter text here>

IO #2 - Annual Objective #3 (not required):

<enter text here>

18) Requested 2019-2020 PHHS Block Grant Amount

Amount Requested for 2019-20	\$92,800
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19) Local Support – List the amount of PHHS Block Grant funds that will be distributed or will directly benefit local communities and/or local health agencies.



Local Support Amount	\$0.00
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20) Budget – Please complete the following budget information
Please note – all money contracted or granted to outside entities will require additional reporting.

Total Personal Services	\$92,800
Operating (Please identify associated operating costs)	\$
Travel (Please identify associated in-state and out-of-state travel costs)	\$
Contractual (Please identify potential contractual agreements)	\$
Other (Please identify other related costs)	\$

21) State General Funds/Cash Funds – If applicable, list any State General Funds and/or State Cash Funds that are used to support this program/project.

Source of Funding	Funding Amount: 2018-2019	Funding Amount: 2017-2018	Funding Amount: 2016-2017
PHHS Block Grant Requested Amt/Actual Award	\$90,800	\$85,000	\$75,000
State General Funds	\$0	\$0	\$0
State Cash/ Reappropriated Funds	\$0	\$0	\$0

If State General funds and/or State Cash/Reappropriated funds are used to support this program/project, please provide a copy of the applicable State Long bill lines where these figures are identified. This information will be used to document the “supplanting of federal funds” issue as well as prepare CDPHE for future PHHS Block Grant Compliance Reviews.

22) Federal Funds/Match Issues –
 Will these PHHS Block Grant funds be used to match any other Federal funds?

	Yes	X	No
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23) Leveraged Funds –
 Will these PHHS Block Grant funds be used to leverage any other source of funds?



	Yes	X	No
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If Yes, please explain.

<enter text here>

24) Sustainability Plan – Should PHHS Block Grant funds be significantly reduced or eliminated, how could you anticipate funding this project?

	Federal Funds
	State Funds
	Local Funds
	Other Funds
X	There are no other funding sources available

Please explain:

The Board of Health Administrator’s ability to design agency-wide and statewide solutions to improve Department stakeholder engagement, department and program processes, and rulemaking processes will be significantly reduced if block grant funds are reduced.

25) Please indicate if your project falls into any of the below categories (Mark all that may apply with an X).

Context: CDC developed 4 evaluation measures in 2017 to help show the value of the PHHS Block Grant. Information is gathered once per year on the below measures and is submitted by the Preventive Block Grant Coordinator (Leslie Akin). For additional information on these measures, please review the [PHHS Block Grant Evaluation Fact Sheet](#) or contact Leslie Akin at leslie.akin@state.co.us.

Note: Marking the boxes below is a way to gather preliminary information. Additional project information will be gathered during the time of reporting.

X	Information Systems Capacity Improved (1.1 Number of state, territorial, tribal, and local health departments whose capacity to collect or enhance data that provide information of public health importance was improved or maintained through the use of PHHS Block Grant funds)
X	Quality Improved (1.2 Number of state, territorial, tribal, and local health departments in which the efficiency or effectiveness of operations, programs, or services was improved through the use of PHHS Block Grant funds)



X	Emerging Public Health Needs Addressed (2.1 Number of emerging public health needs that were addressed through the use of PHHS Block Grant funds)
X	Evidence-Based Public Health Interventions Implemented (3.1 Number of evidence-based public health interventions implemented through the use of PHHS Block Grant funds)

Thank you for taking the time to complete this application!
Should you have any questions, please contact Leslie Akin at 303.692.3006 or leslie.akin@state.co.us.

Reminder – Deadline for Electronic Submission to Leslie Akin is Thursday, February 28, 2019.



2019-2020 Preventive Health and Health Services (PHHS) Block Grant Application Template

The Centers for Disease Control and Prevention (CDC) requires states to report specific information related to the Preventive Health and Health Services Block Grant. As a result, all applicants must use the following format for submitting their proposals. **Please use 11 point Times Roman font and refrain from using acronyms, bold lettering, bullets and any indented information or paragraphs.**

- 1) **Program/Project Title** – Provide a short title/name for the proposed program/project.

CDPHE Performance Management

- 2) **Was this project funded with Block Grant dollars in the previous funding cycle?** (Yes / No) If Yes, please describe the *top three results* of this project in the previous funding cycle. (If project is new, skip to question 3)

Yes, we were funded in FY 18-19 and saw the following successes:

- 1) increase the number of divisions and offices that have Tableau dashboards built based on their performance measures (100% of divisions/offices now have at least one dashboard built),
- 2) the Tableau Users Group continues to meet monthly to share best practices across the department and has grown to over 40 members, and
- 3) a successful Public Health in the Rockies presentation was created that includes sharing best practices from CDPHE and also included panel members that spoke about their experiences with performance measures, dashboards, and ways to have productive discussions about their performance data.

- 3) **Program/Project Strategy** - Describe the primary components of your approach (consider this to be the narrative - it does not have to be extensive, maximum one to two paragraphs). **NOTE: This narrative will be part of the Board of Health Memo if funding for your project is proposed.**

Throughout the process of accreditation, areas of improvement were identified by the Accreditation Team and the Public Health Accreditation Board (PHAB) site visitors. One of the areas of opportunity is around CDPHE's performance improvement and performance management system. Investing in a performance management system/software was a priority for CDPHE and Tableau was selected as the

software to use for performance management (in particular with creating visualizations and dashboards). Funds are being requested to support the Performance Management and Data Visualization Specialist as well as the annual licensure fees with Tableau. Supporting the Performance Management and Data Visualization Specialist allows the department to continue to create dashboards and data visualizations for the department, local public health agencies, and the public to use. This allows for continued improvement in our performance management system, which although has made significant progress continues to lack depth in all divisions as well as lacks alignment to department goals and measures that are a top priority for the new leadership at CDPHE.

- 4) **Department Strategic Plan** - Identify the targeted area(s) within the department's [Strategic Plan](#) that your project will address (example – goal 4: promote health equity and environmental justice).

Strategic Plan goals 1-4 are directly related to or impacted by our performance management system. The dashboards created and used in the performance management system provide data and information on the progress of the plan and the outcome and lead measures associated with the plan. In addition, this directly helps address an accreditation gap that specifically relates to an activity in Goal 2: Improve efficiency, effectiveness and elegance (3 Es). This is related to Goal 5 in that data visualizations are used to help detect and respond to emerging issues.

- 5) **Program/Project Goals and Outcomes** – Please identify the *top 3 anticipated results* for this program/project. Please quantify the expected results.

1. The Office of Strategy and Performance will ensure that the department and division strategic plans are created, aligned, measured, and tracked in a systematic way across the department. An interactive dashboard will be created that will allow for transparency in the plans and will be available for all staff by March 2020.
2. The Office of Strategy and Performance will provide training and support to all division and office leaders to ensure they are supported in efforts related to strategic planning and measuring their performance. These trainings and the support will be provided until all divisions/offices have plans being implemented.
3. The department will continue the monthly Performance Reporting Forums and all divisions will implement monthly forums that occur at the division level by December 31, 2019.

- 6) **Program Effectiveness** - Describe the processes that are planned or are already in place to evaluate the effectiveness and success of the program's outcomes and goals.

The Performance Management and Data Visualization Specialist will track the number of divisions that



have a completed strategic plan that is tracked and visualized with a Tableau dashboard that is posted on the CDPHE intranet. The Office of Strategy and Performance (OSP) Director and Performance Management and Data Visualization Specialist, in collaboration with the Chief Strategy Officer, will evaluate progress on the department and division’s performance management system against the goals stated in this application on a monthly basis and make course corrections if needed based on the progress seen each month.

7) **Primary Strategic Partnerships** - Identify internal and external strategic partners that your program/project collaborates with:

Internal Partners	External Partners
All Divisions/Offices within CDPHE	Local public health agencies
	Colorado Association of Local Public Health Officials (CALPHO)
	Any stakeholders viewing the online dashboards to track performance at CDPHE

8) **Identification of FTE - Please complete the following table**

Employee Name, Title*	% Block Grant Funds	Block Grant Funding (\$)	% Paid for by State, Federal or Local Funds <u>that directly tie to the PHHS Block Grant funds</u> and project purpose— please list specific sources (does not have to equal 100%)
Loren Speer, Performance Management and Data Visualization Specialist	75%	\$78,654	25% General Funds
Total FTE to be funded with 2019-2020 PHHS Block Grant Funding	0.75	\$78,654	



**Please note that Employee's Names and Titles are required for CDC's informational purposes.*

- 9) **National Health Objective(s)** - Identify the key **Healthy People 2020** Health Objective(s) your program/project is attempting to address. Include the specific title(s) and HP 2020 objective number(s). The objectives can be found at this link: http://www.cdc.gov/nchs/healthy_people/hp2020.htm

9a - Identified Primary HP 2020 National Health Objective (**required, list one**):

PHI-16 Increase the proportion of Tribal, State, and local public health agencies that have implemented an agency-wide quality improvement process

9b - Identified Secondary HP 2020 National Health Objective(s) (**requested but not required**):

PHI-16.2 - Increase the proportion of State public health agencies that have implemented an agency-wide quality improvement process

- 10) **State Health Objective(s)** – Include the specific state health objective(s) that relates to the proposed national health objective. Information from the department's [Strategic Plan](#) or other sources can be included. Impact objectives and annual activities (item 17 in this application) should fit into the SHO objective timeframe.

Between 10/1/2019 and 09/30/2020, the Colorado Department of Public Health and Environment (CDPHE) will create a robust, streamlined and connected performance management system that is used across all divisions and offices to show and track progress on the department and division strategic plans.

Between 10/1/2019 and 09/30/2020, the CDPHE Office of Strategy and Performance will provide training, consultation and technical support to all divisions and offices to ensure they are able to successfully complete strategic plans, create measures, utilize a performance dashboard, and have meaningful conversations in monthly forums within each division/office.

Please identify applicable **baseline data and its source** (if you had a project last year, refer to baseline data that may have been created for last year's application).

Baseline: The performance management system did not meet the public health standards in 2016 and as of March 2017, 60% of the initial dashboards for divisions and offices had been created. Technical assistance was provided to two local public health agencies in 2016.

(Source: PHAB Site Visit Report and data collected by the Office of Planning, Partnerships and



Improvement)

11) State Health Problem – Describe the overall health problem (health burden) this application is proposing to address (max 1-2 brief paragraphs)

Health Burden:
 The Colorado Department of Public Health and Environment embarked on a three year process that resulted in achieving public health accreditation as a state public health agency. Many Colorado local public health agencies are also working on accreditation. The purpose and expected benefits of accreditation are: increased credibility and accountability; continuous quality improvement; increased efficiency and effectiveness; possible funding advantages; and visibility. Accreditation demonstrates the capacity of the public health department to deliver the three core functions and the ten essential services of public health. Public health accreditation will benefit the entire population of the state of Colorado, including disparate populations.

Currently only 6 local public health department in Colorado are accredited through the Public Health Accreditation Board (PHAB) which represents about 62% of the population in the state (9% of the 53 local public health agencies). Another five agencies are in the process of accreditation and at varying stages of readiness in terms of performance improvement and performance management. As more LPHAs in Colorado are interested in learning about and working towards meeting the national standards, this has increased the requests for support and technical assistance coming to the Office of Strategy and Performance at CDPHE, but there has been a lack of resources and staff to adequately address the needs, in particular with performance management.

12) Target Population – Identify and describe the target population to be served. Please list a specific # for the target population identified or if program/project covers all citizens, list **All Coloradans**. If you cannot identify a specific number served and the project does not address all citizens, please explain.

Target Population Identified (Total #)	All Coloradans
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Also, please place an **X** next to those that apply below:

Race/Ethnicity		Age/Life Stage		Gender	
<input type="checkbox"/>	African American or Black	<input type="checkbox"/>	Under 1 Year (Infant)	<input type="checkbox"/>	Female
<input type="checkbox"/>	American Indian/Alaskan Native	<input type="checkbox"/>	1-3 Years (Infant)	<input type="checkbox"/>	Male
<input type="checkbox"/>	Asian	<input type="checkbox"/>	4-11 Years (Children)	X	Both
<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	12-19 Years (Adolescents)	Geography	



	Native Hawaiian/Pac Islander		20-24 Years (Adults)		Rural Areas
	White		25-34 Years (Adults)		Urban Areas
	Other		35-49 (Adults)	X	Both
X	All		50-64 (Older Adults)	Primary Low Income	
			65 or Older (Older Adults)		Yes
		X	All Ages	X	No

13) **Disparate Population** – Identify and describe the disparate population to be served. **Please list a specific # for the disparate population identified.** If you identify a disparate population that is to be covered by this program/project but cannot identify the specific # served, please explain.

Disparate Population Identified (Total #)	N/A
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Also, please place an **X** next to those that apply below:

Race/Ethnicity		Age/Life Stage		Gender	
	African American or Black		Under 1 Year (Infant)		Female
	American Indian/Alaskan Native		1-3 Years (Infant)		Male
	Asian		4-11 Years (Children)	X	Both
	Hispanic		12-19 Years (Adolescents)	Geography	
	Native Hawaiian/Pac Islander		20-24 Years (Adults)		Rural Areas
	White		25-34 Years (Adults)		Urban Areas
	Other		35-49 (Adults)	X	Both
X	All		50-64 (Older Adults)	Primary Low Income	
			65 or Older (Older Adults)		Yes
		X	All Ages	X	No

14) **Evidence Based Guidelines/Best Practices** - From the list below, identify which Evidence Based



Guidelines and/or Best Practices that your proposed program/project is currently using. If you are using one that is not identified, please list in the “other” field.

Evidence Based Guidelines – United States

	CDC Recommends: The Prevention Guidelines System (Centers for Disease Control and Prevention)
	Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
	Guide to Community Preventive Services (Task Force on Community Preventive Services)
	MMWR Recommendations and Reports (Centers for Disease Control and Prevention)
	National Guideline Clearinghouse (Agency for Healthcare Research and Quality)

Best Practices - Experience Based

	Best Practice Initiative (U.S. Department of Health and Human Services)
	Model Practices Database (National Association of County and City Health Officials)
	Promising Practices Network (RAND Corporation)
	None
X	Other (please explain): Public Health Accreditation Board Standards

15) **Block Grant Role** – Select the *primary* role that the PHHS Block Grant funds will play in helping to accomplish the program/project objectives. Choices are as follows:

	<u>Rapid Response</u> – Rapid response to an unexpected health threat, emergency situation
	<u>Incubator</u> – Providing seed money for initial support of a new program
X	<u>Supplemental Funding</u> – Supplement funding of activities for under funded programs
	<u>No other funds</u> – Only source of funding available

16) **Percent of PHHS Block Grant funds** – Identify from the following list the level of PHHS Block Grant funds being used with other program/agency resources to address this health problem (**please place an X next to your selection**).



	100% - Total source of funding
X	75%-99% - Primary source of funding
	50%-74% - Significant source of funding
	11%-49% - Partial source of funding
	Less than 10% - Minimal source of funding

17) Impact Objectives and Annual Activities

All Annual Activities and Impact Objectives must be drafted using “SMART” (Specific, Measurable, Achievable, Realistic and Time framed) objectives. Please contact Leslie Akin at 303.692.3006 if you need assistance with SMART Objectives. Suggested Web links to SMART Objectives appear below.

<http://www.cdc.gov/nccdphp/dnpa/physical/handbook/pdf/handbook.pdf>
http://www.cdc.gov/dhdSP/programs/nhdsp_program/evaluation_guides/docs/smart_objectives.pdf

If funded last year, please refer to your work plan from last year to see if the previously prepared SMART objective(s) still apply or could be modified for current/future year activities.

Identify below **1 to 2 Impact Objectives** (these are for 1 or more years to fit within the State Health Objective timeframe). Also, please include *at least 1, but no more than 3 Annual Activities* that tie to each of the identified Impact Objectives.

Impact Objective #1 (required):

Example: Between October 2019 and September 2020, the Oral Health Unit will increase the percentage of children enrolled in Medicaid who have received at least one sealant from 19.9 to 20.4.

Between 10/1/2019 and 09/30/2020, 100% of the CDPHE divisions will have strategic plans created that align to the department strategic plan.

IO #1 - Annual Activity #1 (required):

Example: Between October 2019 and September 2020, the Oral Health Unit will increase the number of eligible (>50 percent free and reduced lunch) schools with sealant programs reporting to the state from 24.7 to 26.0 percent.

Between 10/1/2019 and 09/30/2020, CDPHE’s Performance Management and Data Visualization Specialist will have created 100% of the division and office strategic plan dashboards that will be aligned to the department’s strategic plan and measures.



IO #1 - Annual Activity #2 (not required):

<enter text here>

IO #1 - Annual Activity #3 (not required):

<enter text here>

Impact Objective #2 (requested but not required):

<enter text here>

IO #2 - Annual Activity #1 (requested but not required):

<enter text here>

IO #2 - Annual Activity #2 (not required):

<enter text here>

IO #2 - Annual Objective #3 (not required):

<enter text here>

18) Requested 2019-2020 PHHS Block Grant Amount

Amount Requested for 2019-20	\$ 78,654
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19) Local Support – List the amount of PHHS Block Grant funds that will be distributed or will directly benefit local communities and/or local health agencies.

Local Support Amount	\$0
-----------------------------	-----

20) Budget – Please complete the following budget information



Please note – all money contracted or granted to outside entities will require additional reporting.

Total Personal Services	\$ 78,654
Operating (Please identify associated operating costs)	\$
Travel (Please identify associated in-state and out-of-state travel costs)	\$
Contractual (Please identify potential contractual agreements)	\$
Other (Please identify other related costs)	\$

21) **State General Funds/Cash Funds** – If applicable, list any State General Funds and/or State Cash Funds that are used to support this program/project.

Source of Funding	Funding Amount: 2018-2019	Funding Amount: 2017-2018	Funding Amount: 2016-2017
PHHS Block Grant Requested Amt/Actual Award	\$31,503	\$17,125	\$0
State General Funds	\$	\$	\$
State Cash/ Reappropriated Funds	\$	\$	\$

If State General funds and/or State Cash/Reappropriated funds are used to support this program/project, please provide a copy of the applicable State Long bill lines where these figures are identified. This information will be used to document the “supplanting of federal funds” issue as well as prepare CDPHE for future PHHS Block Grant Compliance Reviews.

22) **Federal Funds/Match Issues** –

Will these PHHS Block Grant funds be used to match any other Federal funds?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	X	No
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23) **Leveraged Funds** –

Will these PHHS Block Grant funds be used to leverage any other source of funds?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	X	No
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If Yes, please explain.



<enter text here>

24) **Sustainability Plan** – Should PHHS Block Grant funds be significantly reduced or eliminated, how could you anticipate funding this project?

	Federal Funds
	State Funds
	Local Funds
	Other Funds
X	There are no other funding sources available

Please explain:

Without this funding we would ask to have this position funded by indirect or would have to ask divisions to provide funding for the dashboards and visualizations that are created to fund this position.

25) **Please indicate if your project falls into any of the below categories (Mark all that may apply with an X).**

Context: CDC developed 4 evaluation measures in 2017 to help show the value of the PHHS Block Grant. Information is gathered once per year on the below measures and is submitted by the Preventive Block Grant Coordinator (Leslie Akin). For additional information on these measures, please review the [PHHS Block Grant Evaluation Fact Sheet](#) or contact Leslie Akin at leslie.akin@state.co.us.

Note: Marking the boxes below is a way to gather preliminary information. Additional project information will be gathered during the time of reporting.

X	Information Systems Capacity Improved (1.1 Number of state, territorial, tribal, and local health departments whose capacity to collect or enhance data that provide information of public health importance was improved or maintained through the use of PHHS Block Grant funds)
X	Quality Improved (1.2 Number of state, territorial, tribal, and local health departments in which the efficiency or effectiveness of operations, programs, or services was improved through the use of PHHS Block Grant funds)
	Emerging Public Health Needs Addressed (2.1 Number of emerging public health needs that were addressed through the use of PHHS Block Grant funds)



Evidence-Based Public Health Interventions Implemented (3.1 Number of evidence-based public health interventions implemented through the use of PHHS Block Grant funds)
--

Thank you for taking the time to complete this application!
Should you have any questions, please contact Leslie Akin at 303.692.3006 or leslie.akin@state.co.us.

Reminder – Deadline for Electronic Submission to Leslie Akin is Thursday, February 28, 2019.



2019-2020 Preventive Health and Health Services (PHHS) Block Grant Application Template

The Centers for Disease Control and Prevention (CDC) requires states to report specific information related to the Preventive Health and Health Services Block Grant. As a result, all applicants must use the following format for submitting their proposals. **Please use 11 point Times Roman font and refrain from using acronyms, bold lettering, bullets and any indented information or paragraphs.**

- 1) **Program/Project Title** – Provide a short title/name for the proposed program/project.

Improving Health Equity at the Colorado Department of Public Health and Environment

- 2) **Was this project funded with Block Grant dollars in the previous funding cycle?** (Yes / No) If Yes, please describe the *top three results* of this project in the previous funding cycle. (If project is new, skip to question 3)

Yes this project was previously funded with block grant dollars. The top three results achieved are the following:

1. Creation and delivery of high level health equity and environmental justice trainings
2. Creation of an Equity Alliance consisting of representation from a variety of governmental sectors as well as community organizations
3. Delivered over 20 peer-to-peer learning opportunities at the Colorado Department of Public Health and Environment.

- 3) **Program/Project Strategy** - Describe the primary components of your approach (consider this to be the narrative - it does not have to be extensive, maximum one to two paragraphs). **NOTE: This narrative will be part of the Board of Health Memo if funding for your project is proposed.**

The Office of Health Equity seeks to improve the health of all Coloradans by taking a Health in All Policies approach and partnering with all sectors of government to embed health and equity considerations into their decision-making processes. The office works with both internal and external community partners to effectively use data to tell the story about the social determinants of health which are the major drivers of our ability to live a healthy life. The Office of Health Equity seeks

partnership opportunities where ever possible to work with communities to ensure their meaningful participation in decisions that impact them. Additionally, the office develops and delivers trainings on environmental justice issues as well as the social determinants of health to further the knowledge of our partners about what creates health and how to share power with community.

- 4) **Department Strategic Plan** - Identify the targeted area(s) within the department’s [Strategic Plan](#) that your project will address (example – goal 4: promote health equity and environmental justice).

This project will focus on goal 4: promote health equity and environmental justice.

- 5) **Program/Project Goals and Outcomes** – Please identify the *top 3 anticipated results* for this program/project. Please quantify the expected results.

1. Codifying equity into all decision-making processes at CDPHE and other state departments including: hiring decisions, budget development, community engagement and strategic planning
2. Development of equity focused workshops to deliver to other state departments
3. Creation of training to help communities better understand state decision-making processes.

- 6) **Program Effectiveness** - Describe the processes that are planned or are already in place to evaluate the effectiveness and success of the program’s outcomes and goals.

The short term goals of training development and delivery work will be action/activity oriented. Therefore the evaluation process will consist of monitoring the activities associated with the project. Including:

- Creation additional trainings/workshop dedicated to advancing health equity and environmental justice
- Number of policies associated with equity and justice implemented or changed at other state agencies
- Identification of champions for equity at other state agencies

- 7) **Primary Strategic Partnerships** - Identify internal and external strategic partners that your program/project collaborates with:

Internal Partners	External Partners
-------------------	-------------------



CDPHE Divisions	Colorado Association of Local Public Health Officials
Health Equity and Environmental Justice Collaborative	Community nonprofit organizations
Health Equity Commission	Other state departments including (transportation, education, and natural resources)
CDPHE Office of Human Resources	

8) **Identification of FTE - Please complete the following table**

Employee Name, Title*	% Block Grant Funds	Block Grant Funding (\$)	% Paid for by State, Federal or Local Funds <u>that directly tie to the PHHS Block Grant funds</u> and project purpose— please list specific sources (does not have to equal 100%)
Example - Joe Smith, Admin. Asst.	25%	\$22,750	20% State, 55% Federal
Web Brown	30%	\$49,510	40 GF, 30% RF A35
Sarah Hernandez	50%	\$57,087	50% RF A35
Cristabel Rojo	50%	\$35,739	50% RF A35
Vaishnavi Hariprasad	50%	\$45,641	50% GF
Total FTE to be funded with 2019-2020 PHHS Block Grant Funding	1.8	\$187,978	

**Please note that Employee's Names and Titles are required for CDC's informational purposes.*

9) **National Health Objective(s)** - Identify the key **Healthy People 2020** Health Objective(s) your program/project is attempting to address. Include the specific title(s) and HP 2020 objective number(s). The objectives can be found at this link: http://www.cdc.gov/nchs/healthy_people/hp2020.htm

9a - Identified Primary HP 2020 National Health Objective (**required, list one**):

SDOH-3 Proportion of persons living in poverty

9b - Identified Secondary HP 2020 National Health Objective(s) (**requested but not required**):

10) **State Health Objective(s)** – Include the specific state health objective(s) that relates to the proposed national health objective. Information from the department's [Strategic Plan](#) or other sources can be



included. Impact objectives and annual activities (item 17 in this application) should fit into the SHO objective timeframe.

1. Between July 1, 2019 and June 30, 2020 provide coaching to CDPHE divisions to utilize the Office of Health Equity Checking Assumptions documents into decision making processes.
2. Between July 1, 2018 and June 30, 2019 identify and train coaches in at least 2 CDPHE divisions to serve as division expert consultants around HE/EJ issues

Please identify applicable **baseline data and its source** (if you had a project last year, refer to baseline data that may have been created for last year’s application).

This has been a year of relationship building and developmental activities for the Office of Health Equity. OHE has developed a comprehensive work plan for the office with a focus on health in all policies, community engagement, and HE/EJ training for CDPHE staff. The staff also developed a number of tools to help CDPHE staff think through how to incorporate equity and justice into their work. OHE held its first annual Equity Forum in April 2018 with plans for the second forum in July 2019. The Office of Health Equity also completed and disseminated an equity profile (data report) in August of 2018.

11) State Health Problem – Describe the overall health problem (health burden) this application is proposing to address (max 1-2 brief paragraphs)

Depending upon where Coloradans live, learn, work, play and pray, they experience different opportunities for safety, education, recreation, employment and health. Growing evidence shows that unequal distribution of wealth and power across race, class, and gender produces these differences in living conditions that create health inequities. In fact, genetics and medical care only partially contribute to a person’s health. In order to be healthy people need peace, shelter, education, food, income and social justice. Therefore, achieving health equity and environmental justice for all Coloradans requires a multi-sectoral approach that includes, and goes beyond access to health care. Colorado must address health disparities and environmental injustices as part of a broad spectrum of investments in housing, transportation, education, economic opportunity and criminal justice.

12) Target Population – Identify and describe the target population to be served. Please list a specific # for the target population identified or if program/project covers all citizens, list **All Coloradans**. If you cannot identify a specific number served and the project does not address all citizens, please explain.

Target Population Identified (Total #)	All Coloradans
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Also, please place an **X** next to those that apply below:

Race/Ethnicity		Age/Life Stage		Gender	
	African American or Black		Under 1 Year (Infant)		Female
	American Indian/Alaskan Native		1-3 Years (Infant)		Male
	Asian		4-11 Years (Children)	X	Both
	Hispanic		12-19 Years (Adolescents)	Geography	
	Native Hawaiian/Pac Islander		20-24 Years (Adults)		Rural Areas
	White		25-34 Years (Adults)		Urban Areas
	Other		35-49 (Adults)	X	Both
X	All		50-64 (Older Adults)	Primary Low Income	
			65 or Older (Older Adults)	X	Yes
		X	All Ages		No

- 13) **Disparate Population** – Identify and describe the disparate population to be served. **Please list a specific # for the disparate population identified.** If you identify a disparate population that is to be covered by this program/project but cannot identify the specific # served, please explain.

Disparate Population Identified (Total #)	<enter #>
--	-----------

Also, please place an **X** next to those that apply below:

Race/Ethnicity		Age/Life Stage		Gender	
	African American or Black		Under 1 Year (Infant)		Female
	American Indian/Alaskan Native		1-3 Years (Infant)		Male



	Asian		4-11 Years (Children)		Both
	Hispanic		12-19 Years (Adolescents)	Geography	
	Native Hawaiian/Pac Islander		20-24 Years (Adults)		Rural Areas
	White		25-34 Years (Adults)		Urban Areas
	Other		35-49 (Adults)	X	Both
X	All		50-64 (Older Adults)	Primary Low Income	
			65 or Older (Older Adults)	X	Yes
		X	All Ages		No

- 14) **Evidence Based Guidelines/Best Practices** - From the list below, identify which Evidence Based Guidelines and/or Best Practices that your proposed program/project is currently using. If you are using one that is not identified, please list in the “other” field.

Evidence Based Guidelines – United States

	CDC Recommends: The Prevention Guidelines System (Centers for Disease Control and Prevention)
	Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
	Guide to Community Preventive Services (Task Force on Community Preventive Services)
	MMWR Recommendations and Reports (Centers for Disease Control and Prevention)
	National Guideline Clearinghouse (Agency for Healthcare Research and Quality)

Best Practices - Experience Based

	Best Practice Initiative (U.S. Department of Health and Human Services)
	Model Practices Database (National Association of County and City Health Officials)
	Promising Practices Network (RAND Corporation)
	None
X	Other (please explain): Taking Action to Improve the Lives of All Coloradans: Recommendations for the



	Office of Health Equity (2015, CDPHE). Also, the Colorado Equity Profile (completed in August 2018)
--	---

15) **Block Grant Role** – Select the *primary* role that the PHHS Block Grant funds will play in helping to accomplish the program/project objectives. Choices are as follows:

	Rapid Response – Rapid response to an unexpected health threat, emergency situation
	Incubator – Providing seed money for initial support of a new program
X	Supplemental Funding – Supplement funding of activities for under funded programs
	No other funds – Only source of funding available

16) **Percent of PHHS Block Grant funds** – Identify from the following list the level of PHHS Block Grant funds being used with other program/agency resources to address this health problem (**please place an X next to your selection**).

	100% - Total source of funding
	75%-99% - Primary source of funding
X	50%-74% - Significant source of funding
	11%-49% - Partial source of funding
	Less than 10% - Minimal source of funding

17) **Impact Objectives and Annual Activities**

All Annual Activities and Impact Objectives must be drafted using “SMART” (Specific, Measurable, Achievable, Realistic and Time framed) objectives. Please contact Leslie Akin at 303.692.3006 if you need assistance with SMART Objectives. Suggested Web links to SMART Objectives appear below.

<http://www.cdc.gov/nccdphp/dnpa/physical/handbook/pdf/handbook.pdf>
http://www.cdc.gov/dhdSP/programs/nhdsp_program/evaluation_guides/docs/smart_objectives.pdf

If funded last year, please refer to your work plan from last year to see if the previously prepared SMART objective(s) still apply or could be modified for current/future year activities.

Identify below **1 to 2 Impact Objectives** (these are for 1 or more years to fit within the State Health Objective timeframe). Also, please include *at least 1, but no more than 3 Annual Activities* that tie to



each of the identified Impact Objectives.

Impact Objective #1 (required):

Example: Between October 2019 and September 2020, the Oral Health Unit will increase the percentage of children enrolled in Medicaid who have received at least one sealant from 19.9 to 20.4.

By September 30, 2020 provide health equity workshops to at least 5 other state departments

IO #1 - Annual Activity #1 (required):

Example: Between October 2019 and September 2020, the Oral Health Unit will increase the number of eligible (>50 percent free and reduced lunch) schools with sealant programs reporting to the state from 24.7 to 26.0 percent.

Conduct informational interviews with division directors and executive leadership at other state agencies to gauge interest in partnering with OHE

IO #1 - Annual Activity #2 (not required):

IO #1 - Annual Activity #3 (not required):

<enter text here>

Impact Objective #2 (requested but not required):

By Sept 30, 2020 develop and deliver health equity and environmental justice trainings/workshops specific to the needs of at least 3 individual CDPHE divisions.

IO #2 - Annual Activity #1 (requested but not required):

Contract with external consultant to discuss and plan for training development

IO #2 - Annual Activity #2 (not required):

Delivery of trainings to CDPHE staff

IO #2 - Annual Objective #3 (not required):



<enter text here>

18) Requested 2019-2020 PHHS Block Grant Amount

Amount Requested for 2019-20	\$187,978
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19) Local Support – List the amount of PHHS Block Grant funds that will be distributed or will directly benefit local communities and/or local health agencies.

Local Support Amount	\$0
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20) Budget – Please complete the following budget information
Please note – all money contracted or granted to outside entities will require additional reporting.

Total Personal Services	\$187,978
Operating (Please identify associated operating costs)	\$
Travel (Please identify associated in-state and out-of-state travel costs)	\$
Contractual (Please identify potential contractual agreements)	\$
Other (Please identify other related costs)	\$

21) State General Funds/Cash Funds – If applicable, list any State General Funds and/or State Cash Funds that are used to support this program/project.

Source of Funding	Funding Amount: 2018-2019	Funding Amount: 2017-2018	Funding Amount: 2016-2017
PHHS Block Grant Requested Amt/Actual Award	\$176,028	\$175,000	\$200,000
State General Funds	\$	\$	\$
State Cash/ Reappropriated Funds	\$	\$	\$

If State General funds and/or State Cash/Reappropriated funds are used to support this program/project, please provide a copy of the applicable State Long bill lines where these figures are identified. This information will be used to document the “supplanting of federal funds” issue as well as



prepare CDPHE for future PHHS Block Grant Compliance Reviews.

22) Federal Funds/Match Issues –

Will these PHHS Block Grant funds be used to match any other Federal funds?

	Yes	X	No
--	-----	---	----

23) Leveraged Funds –

Will these PHHS Block Grant funds be used to leverage any other source of funds?

	Yes	X	No
--	-----	---	----

If Yes, please explain.

<enter text here>

24) Sustainability Plan – Should PHHS Block Grant funds be significantly reduced or eliminated, how could you anticipate funding this project?

	Federal Funds
	State Funds
	Local Funds
X	Other Funds (Foundations)
	There are no other funding sources available

Please explain:

There is a possibility that local and national Foundations may have interest in funding equity related work at a state level.

25) Please indicate if your project falls into any of the below categories (Mark all that may apply with an X).

Context: CDC developed 4 evaluation measures in 2017 to help show the value of the PHHS Block Grant. Information is gathered once per year on the below measures and is submitted by the Preventive Block Grant Coordinator (Leslie Akin). For additional information on these measures, please review the [PHHS Block Grant Evaluation Fact Sheet](#) or contact Leslie Akin at leslie.akin@state.co.us.

Note: Marking the boxes below is a way to gather preliminary information. Additional project



information will be gathered during the time of reporting.

	Information Systems Capacity Improved (1.1 Number of state, territorial, tribal, and local health departments whose capacity to collect or enhance data that provide information of public health importance was improved or maintained through the use of PHHS Block Grant funds)
X	Quality Improved (1.2 Number of state, territorial, tribal, and local health departments in which the efficiency or effectiveness of operations, programs, or services was improved through the use of PHHS Block Grant funds)
	Emerging Public Health Needs Addressed (2.1 Number of emerging public health needs that were addressed through the use of PHHS Block Grant funds)
	Evidence-Based Public Health Interventions Implemented (3.1 Number of evidence-based public health interventions implemented through the use of PHHS Block Grant funds)

Thank you for taking the time to complete this application!
Should you have any questions, please contact Leslie Akin at 303.692.3006 or leslie.akin@state.co.us.

Reminder – Deadline for Electronic Submission to Leslie Akin is Thursday, February 28, 2019.



Appendix B – CO Train Subscription Renewal

CDPHE Office of Emergency and Response Purchase Request

Directions:

1. Complete all appropriate information to request a purchased good or services. All purchased services require a scope of work and possible additional information as Listed below.
2. Submit the completed request form with Manager and/or Supervisor signature to cdphe_eprfiscal@state.co.us for processing.
3. Pursuant to State Fiscal Rules, you may be held personally liable for any costs incurred for any purchase made without the necessary prior approvals.

Date Requested: _____ Date Needed by: _____

Requestor: _____

Requested Vendor: _____ Vendor Phone Number/Email: _____

List item(s) or service(s) to be purchased and include justification, dates of function(s) or; any other information that supervisors or fiscal staff may need to process request. See below for suggested attachments.

QUANTITY	UNIT	DESCRIPTION	STOCK #	UNIT COST	TOTAL

	TOTAL AMOUNT
--	---------------------

Justification:

Required Approval:

I hereby certify that this purchased request is reasonable and necessary for official State business, is in support of the programmatic mission and the appropriate funds are available.

Requestor: _____

Date: _____

Supervisor: _____

Date: _____

Fiscal: _____

Date: _____

For Fiscal Use Only:

P-Card/P-Card Holder: _____

ITSR Form

ITSR # _____

(note where applicable) Attachments needed

Official Function

Official Function # _____

Straight Pay(needs to be set up in CORE)

W-9(Only if not in CORE)

Contract/Purchase Order back-up (only if applicable)

Scope of Work or Quote (Item or Equipment)

Tracker Number: _____

Special Instructions or Additional Comments:

FUND	APPROPRIATION UNIT	UNIT	ACTIVITY	PROGRAM	OBJECT CODE	COMMODITY CODE	AMOUNT

Other*: Justification, Insurance, Hotel Agreement, Hiring Freeze Exemption Form – for purchases or services over \$5,000.

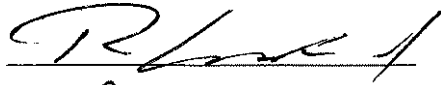
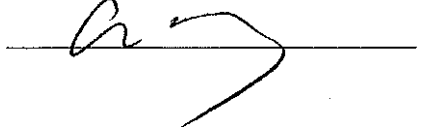
Schedule 13

Department of Public Health and Environment

Funding Request for The FY 2020-21 Budget Cycle

Request Title

R-04 Technical Reductions to Spending Authority

Dept. Approval By: 	_____	Supplemental FY 2019-20
OSPB Approval By: 	_____	Budget Amendment FY 2020-21
	X	Change Request FY 2020-21

Summary Information	Fund	FY 2019-20		FY 2020-21		FY 2021-22
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$58,923,902	\$0	\$58,956,905	(\$6,301,844)	(\$6,301,844)
	FTE	54.8	0.0	54.7	(1.0)	(1.0)
Total of All Line Items Impacted by Change Request	GF	\$461,475	\$0	\$580,770	\$0	\$0
	CF	\$49,154,129	\$0	\$49,087,837	(\$5,299,346)	(\$5,299,346)
	RF	\$4,104,197	\$0	\$4,104,197	(\$1,002,498)	(\$1,002,498)
	FF	\$5,204,101	\$0	\$5,204,101	\$0	\$0

Line Item Information	Fund	FY 2019-20		FY 2020-21		FY 2021-22
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$4,371,729	\$0	\$4,371,729	(\$466,772)	(\$466,772)
	FTE	0.0	0.0	0.0	0.0	0.0
01. Administration and Support, (B) Office of Health Equity, (1) Office of Health Equity - Health Disparities Grants	GF	\$0	\$0	\$0	\$0	\$0
	CF	\$1,553,258	\$0	\$1,553,258	(\$200,000)	(\$200,000)
	RF	\$2,818,471	\$0	\$2,818,471	(\$266,772)	(\$266,772)
	FF	\$0	\$0	\$0	\$0	\$0

	Total	\$1,619,575	\$0	\$1,634,863	(\$54,000)	(\$54,000)
	FTE	14.6	0.0	14.6	0.0	0.0
02. Center for Health and Environmental Information, (D) Health Data Programs and Information, (1) Health Data Programs and Information - Birth Defects Monitoring and Prevention Program	GF	\$123,073	\$0	\$124,573	\$0	\$0
	CF	\$312,221	\$0	\$326,009	(\$54,000)	(\$54,000)
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$1,184,281	\$0	\$1,184,281	\$0	\$0

Line Item Information	Fund	FY 2019-20		FY 2020-21		FY 2021-22
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$2,306,589	\$0	\$2,311,114	(\$700,000)	(\$700,000)
06. Hazardous Materials and Waste Management Division, (A) Administration, (1) Administration - Program Costs	FTE	19.0	0.0	19.0	(1.0)	(1.0)
	GF	\$0	\$0	\$0	\$0	\$0
	CF	\$1,532,888	\$0	\$1,537,413	(\$700,000)	(\$700,000)
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$773,701	\$0	\$773,701	\$0	\$0
	Total	\$2,362,500	\$0	\$2,250,000	(\$450,000)	(\$450,000)
06. Hazardous Materials and Waste Management Division, (F) Waste Tire Program, (1) Waste Tire Program - Waste Tire Administration, and Cleanup Program Enforcement	FTE	5.0	0.0	5.0	0.0	0.0
	GF	\$0	\$0	\$0	\$0	\$0
	CF	\$2,362,500	\$0	\$2,250,000	(\$450,000)	(\$450,000)
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0
	Total	\$842,254	\$0	\$842,254	(\$15,000)	(\$15,000)
07. Division of Environmental Health and Sustainability, (A) Division of Environmental Health and Sustainability, (1) Division of Environmental Health and Sustainability - Sustainability Programs	FTE	8.6	0.0	8.6	0.0	0.0
	GF	\$0	\$0	\$0	\$0	\$0
	CF	\$250,035	\$0	\$250,035	(\$15,000)	(\$15,000)
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$592,219	\$0	\$592,219	\$0	\$0
	Total	\$388,402	\$0	\$506,197	(\$50,000)	(\$50,000)
07. Division of Environmental Health and Sustainability, (A) Division of Environmental Health and Sustainability, (1) Division of Environmental Health and Sustainability - Household Medication Take-back Program	FTE	0.4	0.0	0.3	0.0	0.0
	GF	\$338,402	\$0	\$456,197	\$0	\$0
	CF	\$50,000	\$0	\$50,000	(\$50,000)	(\$50,000)
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

Line Item Information	Fund	FY 2019-20		FY 2020-21		FY 2021-22
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$3,261,624	\$0	\$3,261,624	(\$266,772)	(\$266,772)
09. Prevention Services Division, (B) Chronic Disease Prevention Programs, (1) Chronic Disease Prevention Programs - Transfer to the Health Disparities Grant Program Fund	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$0	\$0	\$0	\$0	\$0
	CF	\$3,261,624	\$0	\$3,261,624	(\$266,772)	(\$266,772)
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0
	Total	\$6,908,793	\$0	\$6,916,688	(\$236,864)	(\$236,864)
09. Prevention Services Division, (B) Chronic Disease Prevention Programs, (1) Chronic Disease Prevention Programs - Breast and Cervical Cancer Screening	FTE	7.2	0.0	7.2	0.0	0.0
	GF	\$0	\$0	\$0	\$0	\$0
	CF	\$4,254,893	\$0	\$4,262,788	(\$236,864)	(\$236,864)
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$2,653,900	\$0	\$2,653,900	\$0	\$0
	Total	\$14,567,078	\$0	\$14,567,078	(\$2,067,078)	(\$2,067,078)
09. Prevention Services Division, (B) Chronic Disease Prevention Programs, (1) Chronic Disease Prevention Programs - Cancer, Cardiovascular, and Chronic Pulmonary Disease Grants	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$0	\$0	\$0	\$0	\$0
	CF	\$14,567,078	\$0	\$14,567,078	(\$2,067,078)	(\$2,067,078)
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0
	Total	\$22,295,358	\$0	\$22,295,358	(\$1,995,358)	(\$1,995,358)
09. Prevention Services Division, (B) Chronic Disease Prevention Programs, (1) Chronic Disease Prevention Programs - Tobacco Education, Prevention, and Cessation Program Grants	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$0	\$0	\$0	\$0	\$0
	CF	\$21,009,632	\$0	\$21,009,632	(\$1,259,632)	(\$1,259,632)
	RF	\$1,285,726	\$0	\$1,285,726	(\$735,726)	(\$735,726)
	FF	\$0	\$0	\$0	\$0	\$0

Auxiliary Data

Requires Legislation? NO

Type of Request?

Department of Public Health and Environment Prioritized Request

Interagency Approval or Related Schedule 13s:

No Other Agency Impact



Department Priority: R-04
Request Detail: Technical Reductions Spending Authority

Summary of Incremental Funding Change for FY 2020-21			
	FY 2019-20	FY 2020-21	FY 2021-22
Total Funds		(\$6,301,844)	(\$6,301,844)
FTE		(1.0)	(1.0)
General Fund			
Cash Funds		(\$5,299,346)	(\$5,299,346)
Reappropriated Funds		(\$1,002,498)	(\$1,002,498)
Federal Funds			

Summary of Request:

The Department requests a reduction of \$5,299,346 of cash fund spending authority, a reduction of \$1,002,498 of reappropriated fund spending authority, and a reduction of 1.0 FTE from various line items in FY 2020-21 and beyond to better align the budget to historic expenditures and reduce budgetary reversions as reported in previous fiscal years.

This request represents approximately a 5 percent decrease in cash funds and approximately a 2 percent decrease in reappropriated funds from the Departments FY 2020-21 appropriations. The Department believes these reductions can be made without adversely impacting services.

Current Program:

See Appendix A for a description of each program.

Problem or Opportunity:

The Department has had significant cash and reappropriated fund reversions for the past four state fiscal years. The Department seeks to reduce cash and reappropriated fund spending authority for FY 2020-21 and beyond to better align appropriations to projected expenditures, while still allowing the Department to implement the goals of its many programs.

Proposed Solution:

The Department proposes to reduce excess cash and reappropriated fund spending authority from the following programs:

- Health Disparities Grant Program,
- Birth Defects Monitoring and Prevention Program,
- Hazardous Materials and Waste Management Division Administration Program,
- Waste Tire Administration, Cleanup and Enforcement Program,
- Sustainability Program,
- Household Medication Take-back Program,
- Breast and Cervical Cancer Screening Program,
- Cancer, Cardiovascular Disease, and Chronic Pulmonary Disease Program,
- Tobacco Education, Prevention and Cessation Program,
- Genetic Counseling Program.

See Appendix B for detail on the expenditures, reversions and proposed reductions

The Department believes that these reductions will have minimal impact to programmatic operation and services.

Anticipated Outcomes:

The Department anticipates these budget reductions will reduce the amount of cash fund and reappropriated fund reversions reported during the annual budget cycle and rectify an ongoing imbalance between actual spending and statutory appropriations.

Recipients and stakeholders of the Amendment 35 revenues may oppose these budgetary reductions, viewing them instead as a cut to provided services. However, if Amendment 35 revenues are received as outlined in the March 2019 Economic Forecast, the Department will have insufficient revenues to support the full appropriation, resulting in a continued under-utilization of program appropriations.

Assumptions and Calculations:

The Department reviewed the last 4 years of program spending for the; Health Disparities Grant Program, Birth Defects Monitoring and Prevention Program, Hazardous Materials and Waste Management Division Administration Program, Waste Tire Administration, Cleanup and Enforcement Program, Sustainability Program, Household Medication Take-back Program, Breast and Cervical Cancer Screening Program, Cancer, Cardiovascular Disease, and Chronic Pulmonary Disease Program, Tobacco Education, Prevention

and Cessation Program, and the Genetic Counseling Program and identified a history of significant budgetary reversions at year end. See Appendix B for detail on expenditures, reversions, and proposed reductions.

Appendix A: Program Descriptions and Reduction Rationale

Health Disparities Grant Program

Program Description:

The Office of Health Equity supports activities aimed at eliminating health disparities in Colorado's communities of color, populations in rural areas and groups of individuals whose health outcomes vary from other groups of citizens. The office supports the Minority Health Equity Commission, and oversees the tax-funded Amendment 35 Health Equity Grant Program.

Reason for Reduction:

The reappropriated fund reduction is based on the projected decline of Amendment 35 revenues transferred from the Prevention Services Division. The reduction of cash fund spending authority is based on a lack of qualified respondents to various Grant Funding Proposals issued by the office.

Birth Defects Monitoring and Prevention Program

Program Description:

The Birth Defects Monitoring and Prevention appropriation provides funding to ensure that children with birth defects are identified and served. The Program links data reported from multiple sources, including hospitals, laboratories, specialty clinics, doctors, and birth certificates. The Program collects information on birth defects, premature births, and low birth weight, which are the leading causes of infant mortality in Colorado. Birth defects monitoring and evaluation is essential to understanding the occurrence and cause of birth defects, identifying any unusual clusters of anomalies, planning for community services and supports, and evaluating the effectiveness of prevention programs. Children are also identified for referral to local community services that can assist with the prevention of secondary disabilities.

Reason for Reduction:

The program has historically received sufficient General Fund and Federal Fund support which has reduced the demands on the Cash Fund appropriation, resulting in annual reversions of spending authority.

Hazardous Materials and Waste Management Administration Program costs

Program Description:

This program provides division-wide administrative and management support services for the Hazardous materials and Waste management Division.

Reason for Reduction:

Programmatic efficiencies have reduced the need for a seasonal temp for records management, resulting in annual reversions of spending authority.

Waste Tire Administration, Cleanup, and Enforcement Program

Program Description:

The purpose of this program is to provide funding and technical assistance for the cleanup of illegal waste tire sites and community clean-up events for the collection of waste tires.

Reason for Reduction:

The request for waste tire site cleanup in FY 2020-21 and beyond is expected to decline.

Sustainability Programs

Program Description:

The goals of these programs are to reduce waste and pollution in the environment by conserving natural resources in State Government operations and recognizing businesses that go above and beyond environmental requirements. Individual programs include the Environmental Leadership program which recognizes businesses that go above and

beyond environmental regulations, SARA Chemical Reporting Program which tracks the use and storage of hazardous chemicals in the state, Greening Government Program, which works to increase the conservation of energy and water and save the state money on utilities, and Supplemental Environmental Projects Program that work to use penalty dollars from environmental enforcement actions to improve environmental and public health conditions in communities that were adversely impacted by violations.

Reason for Reduction:

The reversions in the Sustainability Program are due to insufficient revenue. The division does not anticipate revenues exceeding their current amounts.

Household Medication Take-Back Program

Program Description:

This program supports the development, implementation and on-going expenditures of the Department's efforts to established collection sites for unused household medications and to dispose of them in a manner that is environmentally safe.

Reason for Reduction:

Utilization of the Cash Fund appropriation for the Household Medication Take-Back Program is reliant on the receipt of revenue from gifts, grants, and donations. A lack of these revenues has resulted in annual reversions from the appropriation.

Transfer to the Health Disparities Grant Program Fund

Program Description:

This line transfers Amendment 35 tobacco tax funding to the Health Disparities Program which provides grants to projects aimed at eliminating racial, gender and ethnic disparities that occur across sections of Colorado through the provision of healthcare services.

Reason for Reduction:

The request to reduce this appropriation is based on the current projected decline of revenues from the Amendment 35, Statewide Tobacco Tax.

Breast & Cervical Cancer Screening Program

Program Description:

This program provides breast and cervical cancer screenings and diagnostic services for low income women. Funding is from the Amendment 35 tobacco tax.

Reason for Reduction:

The request to reduce this appropriation is based on the current projected decline of revenues from the Amendment 35, Statewide Tobacco Tax.

Cancer, Cardiovascular Disease and Chronic Pulmonary Disease Program

Program Description:

This program awards grants that aid the State's efforts in the early detection and prevention of cancer, cardiovascular, and chronic pulmonary diseases. Funding comes from Amendment 35 tobacco tax revenues.

Reason for Reduction:

The request to reduce this appropriation is based on the current projected decline of revenues from the Amendment 35, Statewide Tobacco Tax.

Tobacco Education, Prevention, and Cessation Program

Program Description:

The goals of the Tobacco Education, Prevention, and Cessation program are to prevent the initiation of tobacco use among young people, reduce exposure to second hand smoke especially among children, and to promote quitting among young people and adults. This section receives funding from the Amendment 35 tobacco tax.

Reason for Reduction:

The request to reduce this appropriation is based on the current projected decline of revenues from the Amendment 35, Statewide Tobacco Tax.

Genetics Counseling Program

Program Description:

Three to five percent of newborns have a clinically significant health problem evident at birth or a congenital disease that is detectable by screening blood tests taken from newborns in the first few days of life. If these rare diseases are not detected early in life, they can result in death or serious disability. The genetic screening follow-up process assures connection to follow-up medical care and treatment services for families with identified risk of genetic conditions, as well as access to confirmatory testing. This service is provided by contracted genetics professionals in the state of Colorado. These funds support provider contracts, provide funding to carry out and oversee the follow-up activities, and support quality improvement efforts such as community education and refinement of clinical interpretive logic.

Reason for Reduction:

The reduction is based on current programmatic need, and existing contract requirements. However, as the contracted costs for genetic counseling follow-up services may increase as new conditions are added for follow-up, there is concern that demand and utilization of this appropriation may increase.

Appendix B: Historic Reversions

Line Items		Historic Reversions								Proposed Reduction		
		FY 2014-15		FY 2015-16		FY 2016-17		FY 2017-18		FY 2020-21		
		CF	RAF	CF	RAF	CF	RAF	CF	RAF	CF	RAF	FTE
(1) Administration and Support Division, (B) Office of Health Equity, Health Disparities Grants (Amendment 35)	Final Budget	3,935,731		4,196,710		490,657	3,116,928	629,913	3,081,121			
	Expenditures	3,093,637		3,651,239		203,930	2,756,871	5,431	3,081,121			
	Reversion	842,094	-	545,471	-	286,727	360,057	624,482	-			
	Proposed Reduction									(200,000)	(266,772)	
(2) Center for Health and Environmental Data, (D) Health Data Programs and Tracking, Birth Defects Monitoring and Prevention Program	Final Budget	134,272		169,722		153,700		153,700				
	Expenditures	93,425		139,206		111,142		31,858				
	Reversion	40,847	-	30,516	-	42,558	-	121,842	-			
	Proposed Reduction									(54,000)		
(6) Hazardous Materials and Waste Management Division, (A) Administration, Program Costs	Final Budget	289,353		1,635,216		1,544,675		1,544,675				
	Expenditures	186,337		451,777		251,267		382,098				
	Reversion	103,016	-	1,183,439	-	1,293,408	-	1,162,577	-			
	Proposed Reduction									(700,000)	(1.0)	
(6) Hazardous Materials and Waste Management Division, (F) Waste tire Administration, Clean-up and Enforcement, Program Costs	Final Budget	2,947,216		2,896,041		2,324,661		2,324,661				
	Expenditures	989,992		778,921		1,818,225		1,644,212				
	Reversion	1,957,224	-	2,117,120	-	506,436	-	680,449	-			
	Proposed Reduction									(450,000)		
(7) Division of Environmental Health and Sustainability, Sustainability Programs	Final Budget	267,935		262,843		248,790		248,790				
	Expenditures	198,737		200,425		225,615		194,137				
	Reversion	69,198	-	62,418	-	23,175	-	54,653	-			
	Proposed Reduction									(15,000)		

Line Items		Historic Reversions								Proposed Reduction		
		FY 2014-15		FY 2015-16		FY 2016-17		FY 2017-18		FY 2020-21		
		CF	RAF	CF	RAF	CF	RAF	CF	RAF	CF	RAF	FTE
(7) Division of Environmental Health and Sustainability, Household Medication Take-Back Program	Final Budget	50,000		50,000		50,000		50,000				
	Expenditures	35,788		-		-		8,000				
	Reversion	14,212	-	50,000	-	50,000	-	42,000	-			
	Proposed Reduction									(50,000)		
(9) Prevention Services Division, (B) Chronic Disease Prevention, Transfer To The Health Disparities Grant Program Fund (Amendment 35)	Final Budget	3,388,800		3,470,127		3,460,720		3,522,720				
	Expenditures	-		3,470,127		3,435,553		3,304,737				
	Reversion	3,388,800	-	-	-	25,167	-	217,983	-			
	Proposed Reduction									(266,772)		
(9) Prevention Services Division, (B) Chronic Disease Prevention, Breast And Cervical Cancer Screening (Amendment 35)	Final Budget	4,533,400		4,455,795		4,479,414		4,603,021				
	Expenditures	2,296,670		3,317,499		4,445,437		4,343,537				
	Reversion	2,236,730	-	1,138,296	-	33,977	-	259,484	-			
	Proposed Reduction									(236,864)		
(9) Prevention Services Division, (B) Chronic Disease Prevention, Cancer, Cardiovascular Disease, and Chronic Pulmonary Disease, Program Grants (Amendment 35)	Final Budget	13,574,043		14,313,422		22,150,816		19,849,456				
	Expenditures	9,239,828		12,040,672		17,063,275		17,836,098				
	Reversion	4,334,215	-	2,272,750	-	5,087,541	-	2,013,358	-			
	Proposed Reduction									(2,067,078)		
(9) Prevention Services Division, (B) Chronic Disease Prevention, Tobacco Education, Prevention, and Cessation Grants (Amendment 35)	Final Budget	23,103,718	1,300,746	21,287,171	1,285,726	22,605,660	1,285,726	23,549,907	1,285,726			
	Expenditures	20,401,944	122,128	18,833,054	287,942	21,104,865	163,448	21,315,381	666,631			
	Reversion	2,701,774	1,178,618	2,454,117	997,784	1,500,795	1,122,278	2,234,526	619,095			
	Proposed Reduction									(1,259,632)	(735,726)	
Grand Total Final Budgets		49,009,317	1,300,746	49,578,163	1,285,726	54,935,642	4,402,654	53,903,392	4,366,847			
Grand Total Expenditures		35,347,629	122,128	41,903,573	287,942	46,615,469	2,920,319	47,227,141	3,747,752			
Grand Total Reversions		13,661,688	1,178,618	7,674,590	997,784	8,320,173	1,482,335	6,676,251	619,095			
Total Proposed Reductions										(5,299,346)	(1,002,498)	(1.0)
										(6,301,844)		

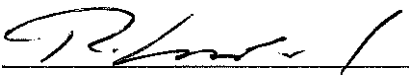
Schedule 13


Department of Public Health and Environment

Funding Request for The FY 2020-21 Budget Cycle

Request Title

R-05 Laboratory Facility Maintenance

Dept. Approval By:  _____ **Supplemental FY 2019-20**

OSPB Approval By:  _____ **Budget Amendment FY 2020-21**

_____ **X** _____ **Change Request FY 2020-21**

Summary Information	Fund	FY 2019-20		FY 2020-21		FY 2021-22
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$303,764	\$0	\$403,952	\$301,593	\$301,593
	FTE	0.0	0.0	0.0	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	\$0	\$0	\$23,252	\$0	\$0
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$303,764	\$0	\$380,700	\$301,593	\$301,593
	FF	\$0	\$0	\$0	\$0	\$0

Line Item Information	Fund	FY 2019-20		FY 2020-21		FY 2021-22
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$303,764	\$0	\$403,952	\$301,593	\$301,593
	FTE	0.0	0.0	0.0	0.0	0.0
01. Administration and Support, (A) Administration, (1) Administration - Building Maintenance and Repair	GF	\$0	\$0	\$23,252	\$0	\$0
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$303,764	\$0	\$380,700	\$301,593	\$301,593
	FF	\$0	\$0	\$0	\$0	\$0

Auxiliary Data			
Requires Legislation?	NO		
Type of Request?	Department of Public Health and Environment Prioritized Request	Interagency Approval or Related Schedule 13s:	No Other Agency Impact



Department Priority: R-05
Request Detail: Laboratory Facility Maintenance

Summary of Incremental Funding Change for FY 2020-21			
	FY 2019-20	FY 2020-21	FY 2021-22
Total Funds		\$301,593	\$301,593
FTE			
General Fund			
Cash Funds			
Reappropriated Funds		\$301,593	\$301,593
Federal Funds			

Summary of Request:

The Colorado Department of Public Health and Environment (CDPHE or the Department) requests \$301,593 in FY 2020-21 and FY 2021-22, and \$43,229 in FY 2022-23 and ongoing to complete repairs required to keep the State Laboratory Building and equipment running properly. This funding request consists of reappropriated funds through indirect cost recoveries within the Administration and Support Division, representing an increase of 85.52% in the Division’s Building Maintenance and Repair line item.

Current Program:

In 1996, the Department took possession of a military training facility at 8100 Lowry Blvd. from the U.S. Air Force located at what is now the Lowry campus in Denver. CDPHE refurbished the building, converting it into the current State Laboratory. The State Laboratory Building, now 23-years-old, requires additional maintenance and repair to ensure that the facility meets federal and state laboratory requirements. Since acquiring the building nearly two decades ago, the Department has had spending authority for general maintenance and repair of the 87,000 square foot building. Initially this appropriation was \$271,858. The amount was increased to \$303,764 in FY 2016-17 as the result of a decision item. This request for FY 2020-21 responds to a recent audit of the mechanical systems and structures of the Laboratory Services Building by RMH Group. The needs and costs identified in the audit are necessary to maintain the building that houses critical public health testing functions for the state. The building and facility audit reviewed current age and useful life expectancy of the interior and exterior building systems including the following components:

- Architectural- Foundation, exterior, roof, windows, floor, doors, parking lot and site;
- Mechanical- Cooling, ventilation, plumbing, electrical, and life safety systems.

The people of Colorado depend upon the State Laboratory to ensure the accuracy of tests for tuberculosis and other infectious diseases, genetic newborn disorders, all breath alcohol tests given in the state, drinking water, radiation exposure, and many other tests performed to protect public health. Poor building maintenance, including temperatures above or below optimal levels, can compromise equipment used to ensure the validity and accuracy of these tests. Equipment and facility failure would put the public at risk for serious illness and disease.

As part of the federal laboratory regulations, on an annual basis, the Department must report on the operation and maintenance of the building and land to the US Department of Health and Human Services. Additionally, the State Laboratory Building must be maintained to the highest levels of operation, physical integrity, and cleanliness to continue to receive the State's select agent certification through the US Department of Homeland Security.

The Department has completed repairs and maintenance to the State Laboratory building, equipment, and systems using the spending authority available in the Building Maintenance line item. The operating and maintenance budget was increased by \$31,905 through a FY 2016-17 decision item requesting additional funding for repairs throughout the facility and additional funding for ongoing maintenance items. Implementing findings in the most recent building audit will exceed the spending authority in the building maintenance line due to the following factors:

- general maintenance and repair needs increase as the building ages;
- General maintenance and repair costs have significantly increased.
 - For example, the Department projects janitorial costs in FY 2019-20 of \$106,436. This represents approximately 35% of the total current Building Maintenance and Repair budget of \$303,764.

With the requested funding, the Department will maintain the State Laboratory at a level required by federal, State, and industry standards. The State Laboratory will continue performing analyses necessary to protect public health and the environment. Additionally, adequate funding allows routine maintenance to be performed, avoiding downtime and costly emergency repairs. In the case of screening for conditions in newborns, avoiding even a few hours of downtime can make the difference between life and death for an infant.

Problem or Opportunity:

In March 2019, the Department contracted with RMH Group for an audit required by State Buildings to identify the condition of the building and necessary repairs. This audit was paid for out of the Personal Services line because the Building Maintenance and Repair line did not have adequate funding. The report details numerous repairs required to keep the Lab Building and equipment running properly. Due to the age of the building and the mechanical systems, increased levels of wear are currently being experienced. The Department cannot complete many of these repairs without an increase in spending authority. This request is based on findings from the audit report such as: Many items within the architectural, mechanical, and electrical systems are nearing the end of their useful life and the major mechanical systems and equipment are in need of on-going general maintenance and repairs.

With existing funding, the Department cannot perform necessary, preventive maintenance services for efficient operation and extension of the useful life of systems. Many of the Lab's testing procedures rely on consistent testing conditions; systems must maintain proper temperature control for accurate testing results. Fluctuations in the building's temperature compromise test results, which adversely affects the Laboratory staff's ability to ensure accurate performance of medical and environmental tests. A delay in maintaining the facility could lead to a failure of proper processing of tests for diseases and genetic disorders.

Addressing emerging issues related to failing systems on an emergency basis can cause a shutdown of those systems, which can affect multiple labs. The following are some examples of occurrences that take staff away from their usual job duties and lead to delays:

- Troubleshooting and identifying the issue
- Working with vendors to identify the issue and determining the temporary solution
- Ordering parts or components to complete repairs
- Installation of the parts or components and then testing to ensure that they work properly

The facilities manager frequently works up to 10-12 hours per workday. In many instances, the facilities manager has to manually override controls, monitor the operation of the systems over the course of the day, and make necessary adjustments until he has completely resolved the issue. Additionally, the facilities manager receives calls in the middle of the night, often several nights a week, to reset the faulty Nuisance Burglar Alarm. Recently, the vendor replaced a sensor to address the issue; however, the facilities manager continues to receive false alarms and has been unable to identify and correct the issues. Additional funding to address current issues will allow the Laboratory to run more efficiently and should therefore reduce the increased burden on the facilities manager.

In addition to the necessary repairs outlined in the audit, the Department has identified a need for increased funding for ongoing maintenance. HVAC and water chemical treatment supplies, janitorial costs, and testing and certification costs have all increased over the past three years. The Department has determined that an additional \$43,229 is needed to cover these increases beginning in 2022-23.

Proposed Solution:

The Department requests \$301,593 in FY 2020-21 and FY 2021-22, and \$43,229 in FY 2022-23 and ongoing in reappropriated funds through indirect cost recoveries. Of this request, \$258,364 is necessary to complete repairs required to keep the State Laboratory Building and equipment running properly as demonstrated by audit findings. An additional \$43,229 is necessary to address increases in costs for ongoing maintenance such as janitorial services, HVAC and Water Chemical treatment and supplies, testing and certification, and

discretionary services. With the approval of additional funds to support the maintenance needs, the Department expects minimized downtime of mechanical systems, a safe facility for lab staff to perform analysis, and an assurance of timely test results, all while maintaining increased efficiency of lab processes.

The Department believes that the solutions identified in the facility audit completed in March of 2019, will not only address deficiencies, but will allow the State Laboratory to take a more proactive approach to the future health of the facility and its infrastructure. The funding for repairs is being requested over the course of two years to allow sufficient time for all projects to be completed without causing disruption to ongoing work within the State Laboratory.

Anticipated Outcomes:

The Department anticipates greater efficiencies in the mechanical systems, energy consumption, and increased safety for all personnel working at the State Laboratory Building. Additionally, with increased spending authority, the Department can expect testing processes to continue with no interruptions caused by building deficiencies.

Assumptions and Calculations:

Appendix A includes the audit findings from RMH Group.

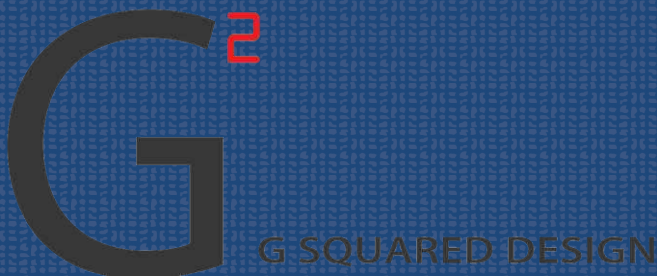
Appendix B includes a breakdown of the costs associated with implementing repairs recommended by the recent audit, as well as a separate tab showing trends for increasing costs for the out year requests.

Appendix C is an example of the need for the “discretionary service line shown on the on-going maintenance costs tab in appendix B.

Appendix A – RMH Group Audit Findings

CDPHE STATE HEALTH BUILDING DEFICIENCIES FOUND SUMMARY REPORT

8100 Lowry Blvd Denver, CO 80230



Mar 29, 2019

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2.0.1 Foundation

2.0.1 Systems Evaluated

- Concrete Foundation Walls

2.0.2 System Evaluation Summary

The foundation of the building appeared to be in good condition based on visual inspection. There are minor differential settlement that are creating issues with the interior floor finish. This is further defined in the flooring section of this report. Cracked walls were not observed, indicating that the foundation walls are not being subjected to the settlement issues. The slab and site flatwork are the only components being adversely affected.

2.0.3 Cracked Walls

No deficiencies were observed

2.0.4 Foundation Settlement

The flatwork on the site and the floor finishes near the perimeter of the interior of the building are showing clear signs of differential settlement. The staff has taken steps to mitigate the issues by grinding the sidewalk as necessary. The interior issues should be addressed, as they affect the maintainability of the floor finishes in the vicinity. Refer to the floor and site summaries for more detailed analysis of those issues.

2.0.5 Foundation Deterioration

No deficiencies were observed

2.0.6 Design Load

No deficiencies were observed

2.0.7 Surface Condition

No deficiencies were observed.

2.0.8 Maintainability

Proper drainage of rainwater away from the building should be established and maintained in order to prevent future issues with the building foundation. Plantings that directly contact the building either above or below ground should be avoided and controlled.

2.0.9 Drainage/Infiltration

Proper drainage of rainwater away from the building should be established and maintained.

2.0.10 Deficiency Construction Cost Opinions: Foundation

The construction cost opinion values on the following sheets were developed using 2019 Means data. The spreadsheets include a replacement or repair cost for each deficiency that was found during our site survey.

The values shown are a rough-order-magnitude cost only and are assumed to be within 25% of actual cost.

The values shown indicate today's costs. Reader shall assume an approximate 3% inflation for each subsequent year.

2.0.11 Deficiency Index Form: Foundation

Photograph No.	Description	ROM Cost Opinion
N/A	N/A	-

2.1.0 Parking Lot and Site

2.1.1 Systems Evaluated

- Flatwork
- Signage
- Vegetation
- Drainage

2.1.2 System Evaluation Summary

The upkeep of the site's plantings and vegetation is effective. Additional ground covering is required in multiple areas to prevent the deterioration of the grade and site's plantings. Some additional tree maintenance is recommended in order to facilitate the longevity of the exterior building systems. The concrete flatwork on many portions of the site is being affected by ground and/or vegetative movement. Most of the ground and/or vegetative movement along the walkways have been remedied via grinding. One valve box cover no longer seats due to the sinking of the pad it is cast into.

2.1.3 Physical Condition

The concrete flatwork throughout the site is damaged and cracking. The areas of most concern are the points of entry to the building and areas of high vehicle traffic. The asphalt surface is also cracked throughout the site, severely in some locations.

2.1.4 Drainage

The majority of the site appears to be graded well for effective drainage. There are a few locations along the perimeter of the building that are missing the gravel drainage, or have exposed drainage fabric. These should be remedied to prevent further deterioration of the slab and grade.

2.1.6 Vegetation

Some additional maintenance of the trees is recommended in order to eliminate or heavily limit contact with the building. Vegetation growing against the building, out of cracks near the building's foundation, and directly adjacent to sidewalks should be removed and/or controlled in the future.

2.1.7 Maintainability

The site is accessible for general maintenance. The issues with soil movement will continue to create maintenance issues moving forward.

2.1.8 Deficiency Construction Cost Opinions: Parking Lot and Site

The construction cost opinion values on the following sheets were developed using 2019 Means data. The spreadsheets include a replacement or repair cost for each deficiency that was found during our site survey.

The values shown are a rough-order-magnitude cost only and are assumed to be within 25% of actual cost.

The values shown indicate today's costs. Reader shall assume an approximate 3% inflation for each subsequent year.

2.1.9 Deficiency Index Form: Parking Lot and Site

Photograph No.	Description	ROM Cost Opinion
01.01	Concrete flatwork or curb & gutter cracking, chipping, and crumble.	\$1647.00 (\$15.25 per sf)
01.02		
01.03		
01.04		
01.05		
01.06		
01.11		
01.12		
01.26		
01.27		
01.28		
01.29		
01.30		
01.31		
01.32		
01.33		
01.39		

01.07 01.09 01.13 01.14 01.17 01.18 01.19 01.22 01.45	Concrete flatwork or curb and gutter heave or sink	\$1,154
01.08 01.10 01.35 01.36 01.40 01.42 01.47	Asphalt potholes, heave, and fatigue cracking.	\$1,350.00 per 1000 sf (cost includes roto milling and 2-3" overlay)
01.15 01.16 01.21 01.23 01.24 01.25 01.43	Drainage deficiencies	\$5,180 sf (\$18.50 per sf approximately 280 sf)
01.16 01.20 01.34 01.38	Ground covering deficiencies	\$8.20 per sf

01.41		
01.43		
01.44		
01.46		

01.01



01.02



01.03



01.04



01.05



01.06



01.07



01.08



01.09



01.10



01.11



01.12



01.13



01.14



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2.2.0 Ceiling System

2.2.1 Systems Evaluated

- Drop-in Acoustic Ceiling Tiles
- Gypsum Board Ceilings
- Exposed Structure with Acoustical spray

2.2.2 System Evaluation Summary

The ceiling systems throughout the building have evidence of water damage.

2.2.3 Physical Condition

Ceiling tiles throughout the building need to be replaced due to water damage. The grid in some locations also needs repair/adjustment. Some areas of hard lid ceiling also have peeled paint and gypsum board damage due to water infiltration. Water has also damaged the sound dampening spray foam in open office areas.

2.2.4 Suitability

No deficiencies were observed.

2.2.5 Accessibility

No deficiencies were observed.

2.2.6 Appearance

Water damage on all ceiling systems is affecting the appearance of most spaces within the building. The appearance in many of the spaces is currently suffering due to the water damage.

2.2.7 Maintainability

No deficiencies were observed.

2.2.8 Acoustical Quality

No deficiencies were observed.

2.2.9 Deficiency Construction Cost Opinions: Ceiling Systems

The construction cost opinion values on the following sheets were developed using 2019 Means data. The spreadsheets include a replacement or repair cost for each deficiency that was found during our site survey.

The values shown are a rough-order-magnitude cost only and are assumed to be within 25% of actual cost.

The values shown indicate today's costs. Reader shall assume an approximate 3% inflation for each subsequent year.

2.2.10 Deficiency Index Form: Ceiling Systems

Photograph No.	Description	ROM Cost Opinion
02.06	Ceiling tile damage and damage due to roof leakage (indicative of entire building). Estimate is based on 2.5% of acoustical ceiling areas needed repair / replacement work.	\$2,406.00 (based on \$3.85/sf for acoustical ceiling tile repair and replacement)
02.07		
02.08		
02.09		
02.10		
02.11		
02.14		
02.15		
02.16		
02.17		
02.18		
02.21		
02.22		
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02.32		
02.33		
02.35		
02.36		

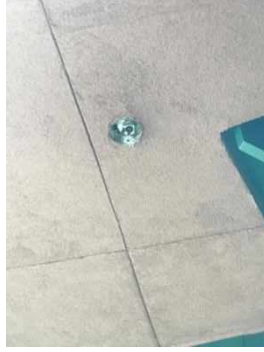
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02.38		
02.39		
02.40		
02.41		
02.42		
02.43		
02.44		
02.45		
02.46		
02.47		
02.48		
02.50		
02.51		
02.02	Missing sprinkler escutcheon	\$250.00
02.06		
02.07		
02.26	Gypsum ceiling damage. (Estimate is based on 100 sf of repair / replacement work. Minor gyp repair at locations primary patch and paint)	\$1,500.00 (\$15/sf)
02.19	Sound dampening discoloration	\$7,500.00 (\$25/sf)
02.20	(Estimate is based on 300 sf of acoustical spray areas needing repair / replacement work.)	
02.27		
02.34		
02.01	Loose ceiling mounted trim, grilles, grids, etc	\$500
02.03		
02.04		

02.05		
02.29		
02.49	Missing Grille	\$125.00
02.28	Paint damage	\$500.00 (\$5/sf)

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02.02



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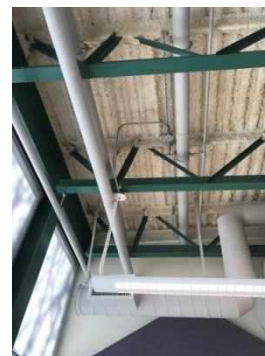
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2.3.0 Columns and Exterior Walls

2.3.1 Systems Evaluated

- Exterior Steel Columns and Beams
- Exterior Brick Walls
- Exterior Stone Veneer Walls
- Exterior Stucco Walls

2.3.2 System Evaluation Summary

The exterior wall and column materials are in generally good condition. The primary need for maintenance is on the building trim, sealant, and paint. The stucco finish does show evidence of cracking and damage, which will likely contribute to issues of water infiltration. Our opinion is that the number of control and expansion joints is not adequate to maintain the surface of the stucco finish.

2.3.3 Physical Condition

With the exception of the stucco and a few specific locations the exterior finish materials appear to be in generally good condition. There is staining, cracking and damage on some portions of the stucco. Some evidence of water damage exists near the bottom of stucco fields. The stucco finish appears to be missing control joints in some areas, especially on spine mass at the roof. The area above the loading dock door is damaged due to efflorescence. The building trim has become detached in multiple spots around the building.

2.3.4 Waterproofing

The waterproofing components of the wall systems appear to be functionally adequate.

2.3.5 Caulking

The caulking in a few locations around the building is showing evidence of breakdown. Repair, replacement, and cleaning of sealant material in those locations is required.

2.3.6 Cleaning/Pointing

Some staining of the stone veneer is evident, cleaning would be recommended. The brick walls show evidence of some mortar breakdown. Some re-pointing and preventative maintenance is required. General cleaning of the exterior surfaces is required. Insect nests, vegetation, and debris buildup is evidence and could cause further deterioration of the finishes and sealants.

2.3.7 Insulation

There is no evidence that the overall insulation of the building is inadequate. Some areas for concern would be the insulation behind damaged exterior finishes or interior areas subject to water damage. Insulation condition should be noted when completing repairs due to water infiltration

2.3.8 Maintainability

Access to the exterior finishes is adequate for maintenance. Control and expansion joints at large stucco fields should be provided to prevent cracking and further erosion in the future.

2.3.9 Painting

The exterior column bases and some exposed steel structure is beginning to oxidize. The oxidation needs to be removed and the bases repainted. Minor painting touch up on exterior features in general is suggested.

2.3.10 Deficiency Construction Cost Opinions: Columns and Exterior Walls

The construction cost opinion values on the following sheets were developed using 2019 Means cost data. The spreadsheets include a replacement or repair cost for each deficiency that was found during our site survey.

The values shown are a rough-order-magnitude cost only and are assumed to be within 25% of actual cost.

The values shown indicate today's costs. Reader shall assume an approximate 3% inflation for each subsequent year.

2.3.11 Deficiency Index Form: Columns and Exterior Walls

Photograph No.	Description	ROM Cost Opinion
03.01	Building trim detachment	\$875.00
03.12		
03.20		
03.25		
03.28		
03.33		
03.34		

03.35		
03.37		
03.05	Paint and/or sealant failure	\$3,425.00
03.06		
03.07		
03.08		
03.09		
03.13		
03.15		
03.16		
03.18		
03.19		
03.21		
03.23		
03.36		
03.38		
03.02	Stone veneer damage	\$500
03.02	Stone veneer or masonry overpaint or staining	\$325.00
03.03		
03.32		
03.04	Oxidation of lettering	\$3500
03.17	Brick and mortar damage	\$1,2500.00 (\$250 per location)
03.22		
03.29		
03.30		
03.31		

03.10	Insect nest	\$125.00
03.11	Building trim or fascia damage	\$1,100.00
03.24		
03.26		
03.27		
03.14	Stucco cracking	\$6,500.00

03.01



03.02



03.03



03.04



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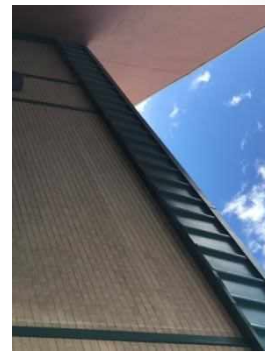
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2.4.0 Safety System Findings

2.4.1 Systems Evaluated

1. Means of Egress
2. Fire Protection
3. Fire Detection and Alarm
4. Emergency Lighting
5. Smoke Curtain / Fire Dampers

2.4.2 System Evaluation Summary

The safety system in the building consists of emergency lighting, fire alarm and detection, wet sprinkler fire protection system, and zone isolation using fire/smoke dampers and curtains. The building has a 6 inch fire entry and is provided with a back flow preventer. Most of the office areas are provided with upright sprinkler heads. The areas/rooms with ceiling are provided with pendant sprinkler heads.

The underside of roof structure and supporting steel is fire proofed with fire resistive material. Some places the fire proofing is damaged and should be repaired.

Office zones are separated via smoke curtain in the return air openings (paths) and smoke/fire dampers in the supply duct. The operation of the smoke curtain and fire/smoke dampers was not witnessed and are not functional. Per maintenance personnel the safety systems are periodically inspected by the local authority having jurisdiction.

The fire detection and alarm system and emergency lighting system is in place and appears to be well maintained. The issues encountered appear to be minor and no major issues or code violations were discovered. The systems are of good quality and appear to be upgraded with newer technology and quality equipment. If the systems continue to be maintained they should have a good service life.

2.4.3 Means of Egress

The means of egress were observed during the building audit. A complete code analysis of the building has not been completed as a part of this project.

The majority of egress required elements were compliant throughout the building. There were a few missing egress signs as well as a few pieces of door hardware that do not function correctly or improperly installed.

2.4.4 Fire Protection

Building is provided with a wet sprinkler system. However, certain room uses have changed and sprinkler protection should be re-evaluated for proper application.

2.4.5 Fire Detection and Alarm

The fire detection and alarm system is in place and appears to be well maintained.

2.4.6 Emergency Lighting

Emergency lights appear to be newer and in good working condition.

Nightlights with battery packs appear to be maintained and in good condition.

The warehouse has minimal exit signage and does not meet current code. Additional exit signs should be installed in future upgrades.

The mechanical and electrical rooms do not have exit signs. Exit signs are required in all utility rooms that contain more than one door. To meet code, these exit signs need to be installed in future upgrades.

2.4.7 Smoke Curtains / Fire Dampers

Smoke zones are isolated via smoke curtains. Both of the operable smoke curtains are not operable and need to be replaced.

2.4.8 Electrical Distribution System

Panelboard and electrical service do not contain arc flash labels on the exterior doors. This is a code/safety requirement to ensure maintenance personnel know what level of PPE is required when performing work on any of the electrical distribution equipment.

2.4.9 Safety System Deficiency Construction Cost Opinions

The construction cost opinion values on the following sheets were developed using 2019 Means data and Engineer's historical cost data. The spreadsheets include a replacement or repair cost for each deficiency that was found during the site survey.

The values shown are a rough-order-magnitude cost only and are assumed to be within 25% of actual cost. This is due to the fact that, prices will most likely fluctuate if individual tasks are constructed alone versus grouping work together into a single larger project, and prices will also most likely fluctuate if bidding contractors are busy versus slow.

The values shown indicate 2019 costs and include anticipated overhead and profit. Reader shall assume an approximate 3% inflation for each subsequent year.

2.4.10 Deficiency Index Form: Safety System

Photograph No.	Description	ROM Cost Opinion
2.1.1	Fire Barrier / Smoke Curtains do not function. Replace with fire rated glass.	\$40,000.00 per location
2.1.2	Fire caulk missing	\$25 per penetration
2.1.3	Door stop on fire rated door	\$175 per door
2.1.4	Auto door bottom on fire rated door missing	\$175 per door
2.1.5	Panelboards do not have Arc Flash labels	\$12,000 for Arc Flash labels and study

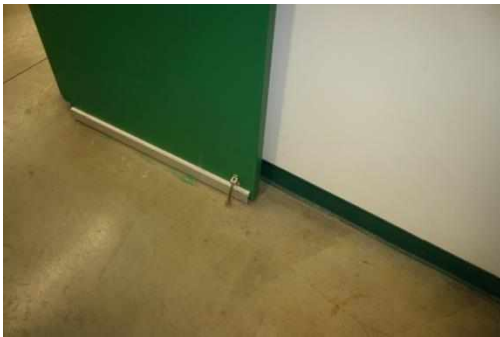
2.1.1



2.1.2



2.1.3



2.1.4



2.1.5



2.5.0 Door System

2.5.1 Systems Evaluated

- Exterior Doors, Frames, and Hardware
- Interior Doors, Frames, and Hardware
- Overhead Coiling Door

2.5.2 System Evaluation Summary

The doors, frames, and hardware through the facility are in fair condition. There are a number of doors with damaged leafs, damaged frames, and malfunctioning/damaged hardware.

2.5.3 Door Leaf

The door leafs on the roof have some damage and oxidation. They are in need of hardware repair/replacement and paint touch-up. Many of the doors leafs inside the building have visible damage and require alignment adjustment.

2.5.4 Frame

There are door frames throughout the facility require paint touch-up and adjustment. Some interior door locations are missing the bumpers in the jamb.

2.5.5 Hardware

There are examples of hardware in need of repair/replacement throughout the facility.

2.5.6 Closers

The majority of the closers in the facility are functional. There are a couple examples where components are missing or showing signs of wear. There is one closer which is completely disconnected from the frame.

2.5.7 Security

No deficiencies were observed.

2.5.8 Panic Devices

The panic hardware is in generally good condition.

2.5.9 Fire Rating

Doors near the electrical room that appeared to be passing through fire rated walls were unmarked as fire rated doors. The openings should be investigated to determine the rating requirement, if any, for the doors. Additional hardware may be required as well if it is determined that there in a rating requirement.

2.5.10 Keying

No deficiencies were observed. .

2.5.11 Maintainability

The hardware, and potentially the doors and frames in heavier use areas should be upgraded in order to facilitate the longevity of the components and fewer repair requirements moving forward. The door finishes needs to be reapplied or replaced to allow finish to be maintained

2.5.12 Deficiency Construction Cost Opinions: Doors

The construction cost opinion values on the following sheets were developed using 2019 Means data. The spreadsheets include a replacement or repair cost for each deficiency that was found during our site survey.

The values shown are a rough-order-magnitude cost only and are assumed to be within 25% of actual cost.

The values shown indicate today's costs. Reader shall assume an approximate 3% inflation for each subsequent year.

2.5.13 Deficiency Index Form: Doors

Photograph No.	Description	ROM Cost Opinion
05.01	Door panel veneer damaged	\$6,375(\$425 each Cost is based on custom glazed finish to match existing)
05.02		
05.07		
05.08		
05.09		
05.10		
05.11		
05.12		
05.16		
05.17		
05.18		
05.19		

05.20		
05.21		
05.24		
05.03	Squeaking Hinges	\$175 Each door leaf
05.04	Missing lock pin for sliding door	\$475.00
05.05	UV film on door shows heavy wear/scratching	\$356.93
05.27		
05.06	Door frame damaged	\$325.00
05.13	Paint damage	\$525.00
05.15		
05.14	Fire door will not close do to improper rubber base installation	\$125.00.
05.22	Door panel oxidation and missing paint	\$1250.00
05.28		
05.29		
05.23	Door closer missing frame connection	\$350.00
05.25	Door lever hardware sags (Replace)	\$1125.00
05.26		

05.01



05.02



05.03



05.04



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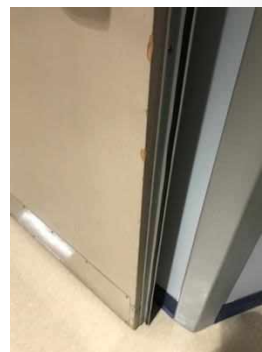
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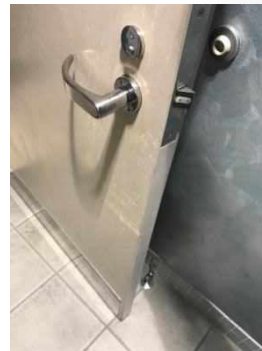
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2.6.0 Floor System

2.6.1 Systems Evaluated

- Concrete Floors
- Resilient Tile Floors
- Carpet Floors
- Access Floor System
- Epoxy Floor System

2.6.2 System Evaluation Summary

Floor repairs are required throughout the facility. Wear from general use, chemical contact, and slab settlement have contributed to the deterioration of the floor systems.

2.6.3 Structural Condition

The majority of the floor system is sound structurally. Differential settlement in some areas is causing cracking to the floor finishes, observed where resilient floor tile is the floor finish. Some cracking is occurring in the exposed concrete floor areas as well.

2.6.4 Maintainability

Resilient tile flooring is becoming difficult to clean and maintain at locations where differential settlement is disturbing the slab. The flooring in the labs is subject to chemicals that appear to be affecting the floor finish. Finally, the condition of the access floor tiles is such that maintenance and cleaning is hindered.

2.6.5 Floor Finish

The floor finish is in good condition except those areas of very heavy usage and chemical exposure. Areas such as some of the offices are worn to the point that replacement is recommended.

2.6.6 Vibration

No deficiencies were observed

2.6.7 Fire Rating

N/A

2.6.8 Design Load

Differential settlement is causing cracking to the concrete slab.

2.6.9 Acoustical Quality

No deficiencies were observed

2.6.10 Stairs & Stairwells

No deficiencies were observed

2.6.11 Deficiency Construction Cost Opinions: Floor Systems

The construction cost opinion values on the following sheets were developed using 2019 Means data. The spreadsheets include a replacement or repair cost for each deficiency that was found during our site survey.

The values shown are a rough-order-magnitude cost only and are assumed to be within 25% of actual cost.

The values shown indicate today's costs. Reader shall assume an approximate 3% inflation for each subsequent year.

2.6.12 Deficiency Index Form: Floor Systems

Photograph No.	Description	ROM Cost Opinion
06.02	Floor imperfection/ridge causing damage to floor tiles. Replace stained and damaged tiles.	\$11,500 (\$9.75/sf to remove and replace VCT floor tiles. \$6.50 to prep damaged concrete floor areas)
06.03		
06.04		
06.05		
06.06		
06.07		
06.08		
06.09		
06.16		
06.17		
06.20		
06.21		
06.01	Grout damage	\$125.00 (\$20/sf to remove and replace)
06.13	Carpet discoloration and heavy wear	(\$12.50/sf to remove and

06.24		replace carpet tiles include furniture moving)
06.14	Raised floor tile damaged	\$1,200.00 (\$25.00 /sf)
06.15		
06.25	Stained concrete slab on grade corrosion	\$850 (\$0.85 /sf)
06.26		
06.27	Concrete slab on grade heave or damage	\$2,500.00
06.28		
06.29		
06.30		
06.31		
06.32		

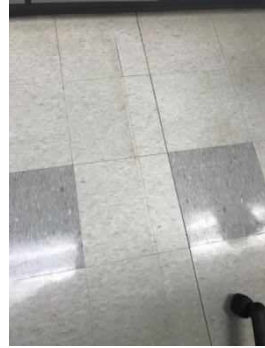
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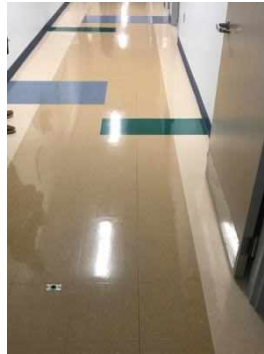
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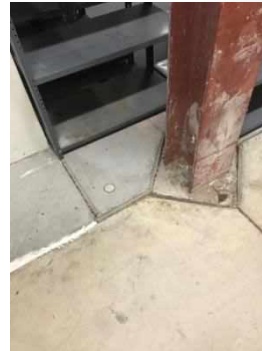
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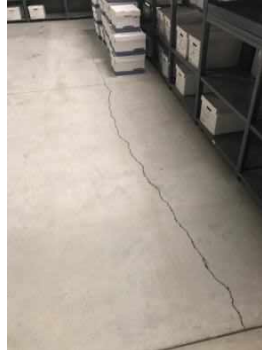
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2.8.0 Interior Walls and Partitions

2.8.1 Systems Evaluated

- Demountable Partition System
- Metal Stud Rigid Walls

2.8.2 System Evaluation Summary

The walls throughout the facility are in fair condition. Regular wear, water damage, and chemical exposure have all contributed to their deterioration.

2.8.3 Strength & Stability

The walls were observed to be adequate in terms of strength and stability.

2.8.4 Appearance

There are locations throughout the facility with peeling paint and wallcovering damage due most likely to moisture content in the air as well as paint quality. There are also areas where regular impact with the wall has contributed to paint and wallboard damage.

2.8.5 Physical Condition

The walls are in generally good physical condition. Areas such as the shop contain examples of impact damage to the walls. Water damage is also noticeable in a few locations. Paint is clearly peeled in many locations. Casework laminate is peeling off in some of the lab and back-of-house locations.

2.8.6 Acoustical Quality

No functional deficiencies were observed.

2.8.7 Adaptability

The lab spaces and their adjoining office spaces appear to offer sufficient adaptability for the user. Some spaces near the receiving office are less successful than other spaces within the facility. Wall openings, workspace layouts, and lighting conditions are less conducive to a productive environment than their originally designed counterparts. The building as a whole offers significant opportunity for expanded usage and adaptability of usage.

2.8.8 Maintainability

Most of the walls are standard painted walls that appear to be easily maintained. The finishes on some of the walls in the office areas appear to be a difficult finish to match and repair.

2.8.9 Specialties

No deficiencies were observed.

2.8.10 Deficiency Construction Cost Opinions: Interior Walls and Partitions

The construction cost opinion values on the following sheets were developed using 2019 Means data. The spreadsheets include a replacement or repair cost for each deficiency that was found during our site survey.

The values shown are a rough-order-magnitude cost only and are assumed to be within 25% of actual cost.

The values shown indicate today's costs. Reader shall assume an approximate 3% inflation for each subsequent year.

2.8.11 Deficiency Index Form: Interior Walls and Partitions

Photograph No.	Description	ROM Cost Opinion
08.06	Wall finish damage/missing	\$8,850.00
08.14		
08.17		
08.19		
08.20		
08.22		
08.25		
08.27		
08.29		
08.32		
08.35		
08.37		
08.38		
08.40		
08.52		
08.54		

08.55		
08.56		
08.57		
08.59		
08.60		
08.62		
08.66		
08.67		
08.69		
08.70		
08.74		
08.78		
08.86		
08.87		
08.94		
08.97		
08.103		
08.104		
08.02	Drywall damage	\$6,725.00
08.03		
08.05		
08.12		
08.15		
08.41		
08.44		
08.49		
08.65		

08.68		
08.72		
08.75		
08.76		
08.77		
08.81		
08.82		
08.84		
08.88		
08.90		
08.92		
08.95		
08.99		
08.61	Detached base	\$425.00
08.83		
08.89		
08.96		
08.101		
08.102		
08.13	Countertop finish damage	\$1,250 Minimum charge for set up
08.26		
08.48		
08.50		
08.30	Casework damage	\$2,875
08.33		
08.45		
08.46		

08.47		
08.04	Rubber base missing	\$525.00
08.18		
08.23		
08.28		
08.70		
08.91		
08.98		
08.100		
08.09	Sealant/Caulking damaged or missing	\$250.00
08.10		
08.21		
08.58		
08.08	Drywall damage due to building movement	\$2,187.50
08.11		
08.24		
08.31		
08.34		
08.36		
08.39		
08.42		
08.43		
08.51		
08.53		
08.64		
08.85		
08.93		

08.73	Exposed masonry ties in CMU wall	\$275.00
08.80	Abandoned penetrations in CMU wall	\$225.00
08.71	Exposed utility in CMU wall	\$375.00
08.63 08.79	Uninstalled box cover plate	\$145.00
08.01	Motion sensor painted over	\$125.00
08.16	Missing grout at stone veneer	\$250.00
08.07	Escutcheon detached from fire protection piping	\$125.00

08.001



08.002



08.003



08.004



08.005



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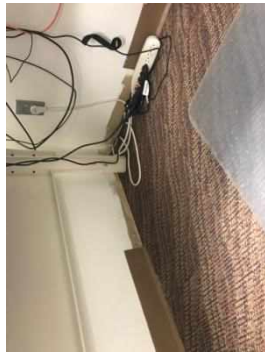
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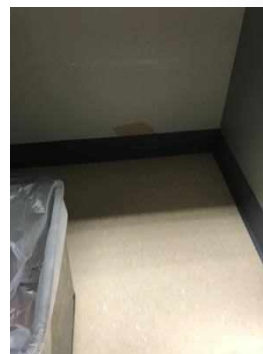
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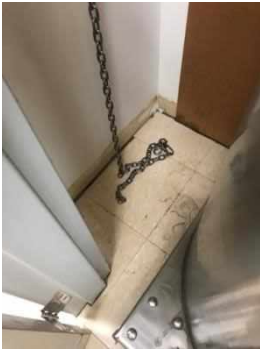
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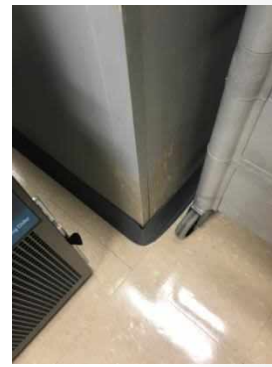
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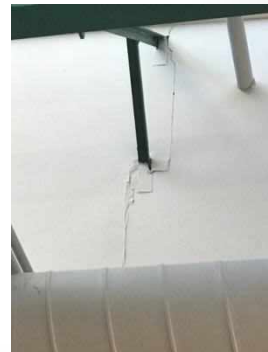
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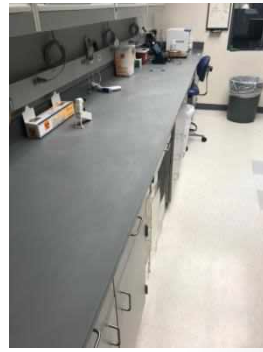
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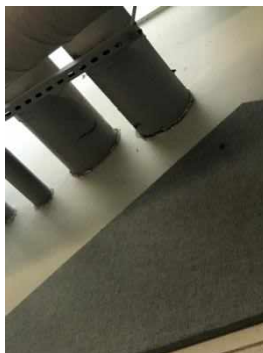
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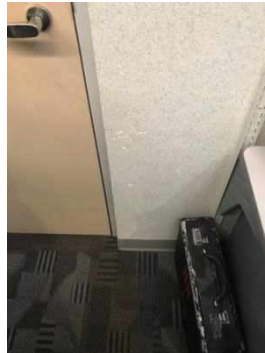
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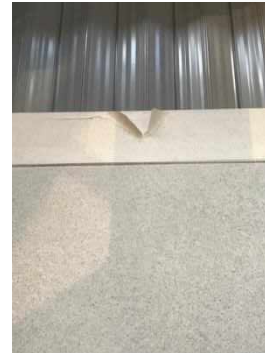
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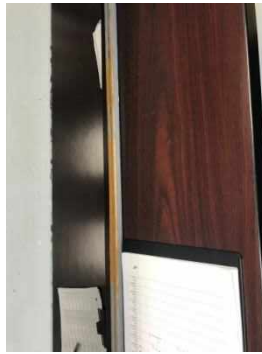
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2.9.0 Roofing System

2.9.1 Systems Evaluated

- Roof Membrane System
- Metal Flashing
- Roof drains

2.9.2 System Evaluation Summary

The existing roof is a modified bitumen roofing system with a granular top layer. The roof system has a topical reflective coating. The roof system requires extensive maintenance. Our opinion is that the deficiencies in the roof system are contributing to the deficiencies of many of the other systems within the building. The typical warranty / life span for modified bitumen roof systems is between 20 and 30 depending on the specific system. Your roof is nearly 25 years old and is getting near the end of its life. It is recommended with the number of skylights and penetrations to evaluate a different membrane at time of replacement.

2.9.3 Physical Condition

The roof system has been coated with an elastomeric roof coating in an attempt to solve issues with the original roof as well as extend the lifespan of the original roof system. That coating has deteriorated heavily in some areas, and is showing signs of deterioration throughout the roof. Blistering of the roof membrane exists throughout the roof system. The majority of the parapet caps and other metal flashing need paint touch-up.

2.9.4 Leaks

Leaks are present throughout the roof system. Water follows the slopes before penetrating the building envelope, making the sources of leaks difficult to specifically locate. Holes are visible in the roof coating at many locations.

2.9.5 Drainage

Blistering membranes, debris, and dirt were observed at many of the roof drain locations.

2.9.6 Insulation

No deficiencies were observed in the roofing insulation. However, the water damage observed throughout the building would indicate that some amount of damage must exist in the roof insulation.

2.9.7 Dissimilar Types

The roof construction appears to be uniform across the entire system.

2.9.8 Fire Rating

N/A

2.9.9 Design Load

No deficiencies were observed.

2.9.10 Opening & Specialties

No deficiencies were observed.

2.9.11 Maintainability

Some areas of the roof are subject to debris from adjacent trees. Tree maintenance and additional cleaning should be done to prevent damage and deterioration to the roof. The majority of the roof is easily accessible for maintenance.

2.9.12 Deficiency Construction Cost Opinions: Roof System

The construction cost opinion values on the following sheets were developed using 2019 Means cost data. The spreadsheets include a replacement or repair cost for each deficiency that was found during our site survey.

The values shown are a rough-order-magnitude cost only and are assumed to be within 25% of actual cost.

The values shown indicate today's costs. Reader shall assume an approximate 3% inflation for each subsequent year.

2.9.13 Deficiency Index Form: Roof System

Photograph No.	Description	ROM Cost Opinion
09.01	Replace roof membrane due to age and deterioration	\$1,250,000.00 (based on full roof replacement)
09.02		
09.05		
09.06		
09.07		
09.08		
09.09		

09.10		
09.13		
09.15		
09.16		
09.17		
09.18		
09.19		
09.03	Parapet coping seam waterproofing paint deterioration (every parapet seam)	\$1,200
09.04	Drain strainer detached	\$225 (each)
09.11	Cleaning required	\$75 (each)
09.12		
09.14	Tar overflow around duct	\$750.00

09.01



09.02



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09.19



2.10.0 Window Systems

2.10.1 Systems Evaluated

- Skylights
- Fixed Exterior Windows
- Fixed Interior Glazing

2.10.2 System Evaluation Summary

The exterior window systems throughout the facility show paint wear with some minor gasket and sealant wear. Paint touch-up should be done as required to prevent further deterioration of the window systems.

2.10.3 Functional Ability

The window system in the facility is effective in providing quality daylighting to the interior spaces. An increase in cleaning would enhance the lighting ability.

2.10.4 Physical Ability

Sealant and gasketing breakdown is contributing to the reduction of the some of the window systems' ability to keep water out of the interior of the building. The existing seals and sealant should be replaced, reinforced, and/or cleaned as required to help mitigate the water issues.

2.10.5 Appearance

The glazing and window treatment is in good condition. The frames have been painted and the paint is peeling in multiple locations. Paint touch-up on almost every exterior window system throughout the facility. Increased cleaning frequency is suggested.

2.10.6 Infiltration

The exterior window systems throughout the facility show paint wear with some minor gasket and sealant wear. Paint touch-up should be done as required to prevent further deterioration of the window systems.

2.10.7 Maintainability

All windows are accessible and maintainable.

2.10.8 Deficiency Construction Cost Opinions: Windows

The construction cost opinion values on the following sheets were developed using 2019 Means data. The spreadsheets include a replacement or repair cost for each deficiency that was found during our site survey.

The values shown are a rough-order-magnitude cost only and are assumed to be within 25% of actual cost.

The values shown indicate today's costs. Reader shall assume an approximate 3% inflation for each subsequent year.

2.10.9 Deficiency Index Form: Windows

Photograph No.	Description	ROM Cost Opinion
10.01	Window caulk/sealant failure	\$225.00
10.04		
10.03	Storefront damage	\$525.00 per window
10.02	Paint peeling (each deficient instance indicated is reflective of entire corresponding assembly)	\$16,250 (\$625.00 per window scaffold, remove existing sealant, replace w/ new sealant, remove paint and repaint)
10.05		
10.06		
10.07		
10.08		
10.09		
10.10		
10.11		
10.12		
10.13		
10.14		
10.15		
10.16		
10.17		
10.18		
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10.22		
10.23		
10.24		
10.25		
10.26		
10.27		
10.28		
10.30		
10.29	Window blind missing	\$250.00

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3.0.0 Cooling and Ventilation System

3.0.1 Systems Evaluated

1. Cooling Towers
2. Condenser Water Pumps
3. Chillers
4. Chilled Water Pumps
5. Building Controls
6. Distribution System (Duct and Water)
7. Zone VAV and Reheat
8. Lab Hoods Air Control Valves
9. Exhaust Fans

3.0.2 System Evaluation Summary

The cooling and ventilating systems serving the building are original. The systems are well maintained, and some energy conservation measures have been implemented over the years. The main cooling system consists of two 150-ton, nominal-capacity, Trane R-22 refrigerant, water-cooled chillers. The chilled water contains glycol fed by a glycol feed pump. The chillers are in good physical condition. The chillers have been in service for approximately 23 years. The life expectancy of these machines is approximately 20–22 years. The ban on production and import of R-22 refrigerant will take effect on January 1, 2020. After that date, R-22 refrigerant will no longer be available in the market. The State should consider this ban and start planning for chiller replacement. The new chillers available are more energy efficient and would reduce annual energy costs.

The two cooling towers consist of fiber-reinforced plastic (FRP) basins and indoor sumps. The physical condition of the towers appears to be good. Some rusting on the steel pipes/supports was observed. The cooling tower water with biocides and corrosion inhibitors. Continue regular maintenance including fill material cleaning. Scaling in the fill material affects the cooling tower performance, resulting in higher energy use to maintain the cooling water temperature.

The condenser water pumps (CWP-1 and CWP-2) and chilled water distribution pumps are in good condition. The motors for all pumps were replaced with premium-efficiency motors. The chilled water supply pumps have variable-frequency drives (VFDs).

The controls in the building are Siemens direct digital control (DDC) and are well maintained. Devices such as damper actuators controllers are pneumatic.

3.0.3 Cooling Capacity

The cooling capacity of the system is adequate for the building. However, due to the life of the equipment, the maintenance costs are expected to increase in future. The non-availability of R-22 refrigerant after January 1, 2020, should be considered, and planning for chiller replacement should be performed. The rusted pipe supports should be scraped clean and repainted.

The chillers' energy usages (KW/ton) are higher than the new chillers available on the market. Due to the age of the chiller, tube cracks or other parts failures may occur in the future. No energy-saving features, such as chilled water temperature reset or cooling tower optimization, have been implemented.

3.0.4 Temperature Controls

The temperature controls in the building are Siemens DDC and are maintained well. Some devices, such as damper actuators, are pneumatic. Additional energy-saving features incorporating control strategies could be implemented. However, before this could be implemented, the ability of the existing control infrastructure to accommodate additional points would need to be verified.

The Phoenix air control valves have pneumatic actuators which are no longer supported by the manufacturer. Consequently, it is difficult to find replacement parts for these valves. New air controls valves are electric/DDC. Existing valves and actuators should be replaced.

The heat pipes in the rooftop units (RTUs) have been repaired and are working satisfactorily. These types of devices require regular maintenance to keep them operating efficiently. Due to their age, these devices should be replaced. Energy-recovery systems, such as run-around coils, work well in lab applications but are less energy efficient than heat pipes.

3.0.5 Piping and Ductwork

The chilled water distribution piping network is maintained well. Cooling coil fins are in overall good condition. Identification tags should be provided on the cooling tower water piping. A bypass should be installed around the coil pumps/control valve to avoid unit shut down during coil/valve maintenance.

The air distribution ductwork is in good condition. Some occupants have installed deflectors and filters on supply air diffusers to divert the airflow. Air balancing based on current occupant load should be performed, and airflows should be balanced accordingly.

The lab exhaust ductwork appears to be in good condition. The flexible rubber connectors on some exhaust fans are damaged and worn, and they should be replaced. Installation of identification tags on each fan is recommended. Some fans are missing identification tags.

3.0.6 Noise level

There are slightly abnormal sound levels being generated by the mechanical supply air systems in Microbiology and near the front receiving sign-in desk. These may be mitigated with rebalancing and/or modifications like diffuser replacement and duct modification.

3.0.7 Energy Consumption

Some pieces of equipment feature energy-saving features including heat pipes, and VFDs on pumps. A comprehensive study could be performed to evaluate other potential energy-saving measures. Most of the equipment in the building is original and may be due for replacement in the next few years. The new equipment available on the market is more energy efficient and generally has improved control features. Replacing existing pneumatic air controls valves in the labs will also result in some energy savings, as well as improved operational efficiency.

3.0.8 Air Circulation and Ventilation

The air circulation in the office areas appears to be good although some portions of the system may require balancing. Because the units use 100% outside air, minimum ventilation requirements are met.

The lab exhaust system and airflows appear to be satisfactory. Some lab use has changed over the years and may require airflow balancing (e.g., spaces are too cold or hot). Electrical Room 1-39 near Room 142 contains three

transformers and is too hot. Airflow into this room is provided by a variable-air-volume (VAV) box, which also serves and is controlled by an adjacent area with different cooling needs. This room should have its own VAV box or dedicated source of cooling and controlling temperature sensor.

3.0.9 Reliability

The systems observed appeared to be in good working condition and have good reliability. A study could be performed to determine the redundancy in the system based on the current operation of the facility.

3.0.10 Economizer Cycle

The RTUs use 100% outside air.

3.0.11 Filtration

It appears that filters on the roof top units have been replaced regularly, based on field observations of filter conditions and the pressure drop measurements across the filter.

3.0.12 Humidity

The space humidity is maintained within the design parameters. The occupants have not provided any complaints about the humidity level.

3.0.13 Maintainability

Sufficient maintenance access space exists for most of the equipment. Plant shut down is required to maintain some equipment. A bypass loop with isolation valves may be provided to isolate the equipment from the main system during repairs/maintenance.

3.0.14 Cooling and Ventilation System Deficiency Construction Cost Opinions

The construction cost opinion values on the following sheets were developed using 2018 Means data and RMH's historical cost data. The spreadsheets include a replacement or repair cost for each deficiency that was found during the site survey.

The values shown are a rough-order-of-magnitude cost only and are assumed to be within 25% of actual cost. This is due to the fact that prices will most likely fluctuate if tasks are constructed individually versus grouping work together into a single larger project. In addition, prices will most likely fluctuate if bidding contractors are busy versus in need of work.

The values shown indicate 2018 costs and include anticipated overhead and profit. An approximate 3% escalation for each subsequent year should be assumed.

3.0.15 Deficiency Index Form: Cooling and Ventilation Systems

Photograph No.	Description	ROM Cost Opinion
00.01	EF-1 – Flexible connection is cracked.	\$310 to replace flexible connection
00.02	EF-1 – Finish is rusting and label is faded.	\$75 for label \$3,225 to replace fan
00.03	EF-1 – Reseal duct at roof curb.	\$75 to reseal duct
00.04	Strobic Fume Hood Exhaust Fan – Needs label.	\$75 for label
00.05	Mitsubishi Condensing Unit – Provide label, comb out minor dents in coil fins, and replace refrigerant line insulation.	\$75 for label \$75 to comb fins \$70 for insulation
00.06	Liebert Condensing Unit/Dry Cooler – Replace refrigerant piping insulation.	\$70 for refrigerant piping insulation
00.07	EFs-9A, 9B – Rust on ductwork, housing, and stands. Need better labels (labels are on disconnects). Fans are dated.	\$250 for labels \$5,050 for two fans
00.08	EF with HEPA Filter Housing – Needs label. Some minor rust.	\$75 for label
00.09	EFs-2A, 2B – Rust on ductwork, housing, and stands. Need labels. Fans are dated.	\$250 for labels \$9,430 for two fans
00.10	EFs-2A, 2B – Replace flexible connection.	\$310 for flexible connection
00.11	EF-10 – Housing damaged at bolt from vibration.	\$2,475 to replace fan
00.12	EF-10 – Hail damage on top of housing (not important). Fan needs label.	\$75 for label

Photograph No.	Description	ROM Cost Opinion
00.13	Emerson/Liebert Condenser – Refrigerant piping insulation is near the end of its life. Clean or replace intake filter media. Label unit.	\$70 for insulation \$50 for filter \$75 for label
00.14	EFs-5,6,7,8 – Some minor rust. Units are dated.	\$12,925 to replace four fans
00.15	EFs-5,6,7,8 – Replace labels.	\$300 for four labels
00.16	EF-3 – Bolt rust and some hail damage. Needs label.	\$75 for label
00.17	SF-1 – Bolt rust. Needs label.	\$75 for label
00.18	EF-4 – Some bolt rust and hail damage. Needs label.	\$75 for label
00.19	CT-1 and CT-2 – Some housing rust and faded paint. Some rust on piping.	\$300 to paint short sections of piping
00.20	CT-1 and CT-2 – Rust on butterfly valve. Replace or clean/ paint.	\$510 for for valve replacement
00.21	CT-1 and CT-2 – Drain line clamp rusted. Replace and use similar metal/dielectric buffer.	\$40
00.22	Cooling Tower Water Filter – Unistrut base rusted and paint peeling.	\$350 for new painted unistrut
00.23	CH-1, 2 – Well maintained but manufactured in 1996. These use obsolete R-22 refrigerant. Evaporator section jacket insulation will soon need to be replaced. Consider replacing these chillers.	\$196,000 for two chillers (\$98,000 per chiller) \$17,000 for chiller removal \$550 for insulation
00.24	CWP-1, 2 – Good condition. Piping drain valve near suction side has corrosion. Consider replacing valve.	\$185 for valve replacement
00.25	CHP-1, 2 – Good condition. Motors from 2015 and 2014, respectively. Some corrosion on CHP-1 pressure gauge piping.	\$250 to replace pressure gauge piping and fittings
00.26	CHP-4 – Good condition (CHP-3 in good condition, but not pictured). CHP-4 needs label.	\$75 for label

Photograph No.	Description	ROM Cost Opinion
None	Electrical Room 1-39 near Room 142. Needs its own VAV box, controls, and small amount of ductwork.	\$1,000 for VAV box and temperature sensor \$500 for controls \$300 for ductwork
None	Replace Phoenix valves.	\$770,000 for complete air valve replacement (includes wiring)

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3.1.0 Heating System

3.1.1 Systems Evaluated

1. Rooftop Unit (RTU) – Fans, Filters, Coils, Controls
2. Distribution System
3. Controls
4. Water Boiler
5. Pumps
6. Steam Boilers
7. Steam Condensate Return
8. Zone VAV Reheat
9. Hood Valves

3.1.2 System Evaluation Summary

The heating systems serving the building are original and consist of two hot water heating boilers and one steam boiler. The systems are well maintained. The heating hot water distribution system has a primary-secondary loop configuration and is constant flow. The steam boiler is a low-pressure boiler with a deaerator and feed water system (note: this boiler serves lab equipment, and is not used for building heating). The hot water distribution pumps have premium-efficiency motors and are well maintained.

A study to replace the heating boilers with modular gas fired boilers is recommended. This replacement will reduce energy consumption since it is more efficient to run a small boiler during periods of minimum heating loads.

3.1.3 Heating Capacity

The heating system is properly sized for the building. No significant complaints from the occupants about heating in the space have been received. The north side of the microbiology administration open office area is slightly cool relative to adjacent spaces and should be rebalanced.

3.1.4 Temperature Controls

The temperature controls in the building are Siemens DDC and are maintained well. Damper actuators are pneumatic. Some energy-saving features could be implemented. The control system capacity would need to be evaluated to determine if it is able to accommodate the required additional control points.

The Phoenix air control valve actuators are pneumatic and it is difficult to find replacement parts for these valves. New air control valves have electric actuators and DDC controls. Valve replacement should be planned.

The heat pipes in the rooftop units (RTUs) have been repaired and are working properly. These types of devices require regular maintenance to keep them operating efficiently. Due to the age of the equipment, replacement of these devices should be planned.

3.1.5 Heating All Seasons

The hot water heating plant is well maintained; however, the heating boilers are original to the building (approximately 19 years old). The maintenance costs have been increasing and are expected to continue to increase. The heating water system also utilizes a glycol feeder.

The heating coils in the RTU may require cleaning/fins repair. The coil pump requires a by-pass for repair while the unit is in operation.

The steam boiler is well maintained and orrosion inhibitors are used in the system. However, the boiler is 23 years old and maintenance costs will increase in future. The deaerator and feed system appear to be in good working condition. Boiler feed pumps are in good condition. The float assembly on feed tank was recently replaced. Adding controls to shut off the feed pumps in the event of the boiler going into alarm is recommended.

3.1.6 Noise Level

The exhaust fan motor for RTU-2 is generating noise. It is suspected that this motor may have bearing and/or belt tension problems.

3.1.7 Energy Consumption

Energy-saving measures including adding heat pipes and using (variable-frequency drives (VFDs) on chilled water pumps were implemented. A comprehensive study to evaluate potential energy- saving measures was completed by Iconergy in April, 2016. Items included in this report include the following:

- Chiller water supply temperature reset
- Hot water boiler replacement
- Chiller replacement
- RTU synchronous belt drive retrofit

- Hot water pump VFDs
- RTU-5 replacement
- RTU damper controls upgrade
- Lab vacuum system replacement
- Lab air compressor replacement
- Phoenix air valve controls upgrade
- Steam boiler replacement
- Cooling tower replacement and VFDs

3.1.8 Air Circulation and Ventilation

The ventilation system for the gas bottle storage room needs to be evaluated. Ventilation should be provided based on current use and code requirements.

The number of plastic containers stored in the storage room should be evaluated based on the fire protection design fire load.

3.1.9 Filtration

It appears that filters on the units have been replaced regularly, based on the pressure drop measurements observed across the filter.

3.1.10 Humidity

The space humidity is maintained within the design parameters. The occupants have not provided any complaints about the humidity level.

3.1.11 RTUs

These four 100%-outside-air, built-up rooftop units (RTU-1 to RTU-4) provide chilled water cooling and hot water heating. A heat pipe section is provided to pre-treat the outside air with conditioned building exhaust air. The units are original to the building. The units have evaporative cooling sections which have been decommissioned and are no longer used. The heat pipe section on all RTUs was repaired a few years ago and is now functioning properly. The supply and exhaust fans are on VFDs.

Findings for RTU-1 include:

- a. Clean or replace media at outside air intake.
- b. There is corrosion in the exhaust compartment due to acid in the exhaust stream. There is no longer acid in the exhaust stream.
- c. Portions of the filter section are rusted.

Findings for RTU-2 include:

- a. Clean or replace media at outside air intake.
- b. There are water marks on the floor.
- c. The exhaust fan motor is making noise which is transmitted through its ductwork (per section 2.6).

Findings for RTU-3 include:

- a. Clean or replace media at outside air intake.
- b. The supply section is dirty (needs cleaning).
- c. The exhaust fan section (non stainless steel portion) is rusted.
- d. There are water marks on the floor.

Findings for RTU-4 include:

- a. Clean or replace media at outside air intake.
- b. There are water marks on floor.
- c. The SA plenum section is dirty (needs cleaning).
- d. There are traces of oil/grease in the exhaust fan section.
- e. The exhaust fan section (non stainless steel portion) is rusted.
- f. Water marks and corrosion are on roof panels.

Findings for RTU-5 include:

The unit has gas heating and DX cooling, and appears to be in working condition, but is just past its 20 year median useful life expectancy. Because the unit was in operation at the time of the site visit, internal components were not verified. The unit is under an annual maintenance schedule. The gas piping connected to the unit is rusted and needs to be painted.

The maintenance schedule for above-listed units is as follows:

- a. Cleaning of RTU from inside – annually
- b. Filter changing – based on pressure drop
- c. Fans (belt and bearing greasing) – annually
- d. VFD inspection and check – annually
- e. Coil fins cleaning – annually
- f. Controls check – annually and as required

3.1.12 Maintainability

Sufficient maintenance access space exists for most of the equipment. Plant shut down is required to maintain some equipment. A bypass loop with isolation valves may be provided to isolate the equipment from the main system during

repairs/maintenance.

3.1.13 Heating System Deficiency Construction Cost Opinions

The construction cost opinion values on the following sheets were developed using 2018 Means data and RMH's historical cost data. The spreadsheets include a replacement or repair cost for each deficiency that was found during the site survey.

The values shown are a rough-order-magnitude cost only and are assumed to be within 25% of actual cost. This is due to the fact that, prices will most likely fluctuate if tasks are constructed individually versus grouping work together into a single larger project. In addition, prices will also most likely fluctuate if bidding contractors are busy versus in need of work.

The values shown indicate 2018 costs and include anticipated overhead and profit. An approximate 3% escalation for each subsequent year should be assumed.

3.1.14 Deficiency Index Form: Heating System

Photograph No.	Description	ROM Cost Opinion
01.01	HSB-1 and HSB-2 (hot water boilers) – Good condition, especially for their age. Some rust, mainly on pipe fittings. Nearing the end of their lifespans.	\$203,000 (\$101,500 each) for new boilers \$17,000 to remove both boilers
01.02	Inside of HSB-2 is showing its age.	See above.
01.03	PSB-3 Steam Boiler – Add controls to shut boiler feed pumps in the event of boiler alarm. Some rust on piping and fittings. Provide label. Unit nearing end of its lifespan.	\$91,000 – new boiler \$8,500 for boiler removal \$5,200 for wiring and controls for new boiler \$75 for new label
01.04	BFP-1 – Some rust/corrosion on fittings.	\$11,600 for duplex boiler feed pump package
01.05	RTU-1 and RTU-4 – Clean/replace filter media under the intake hood.	\$200 for installation of new filter media
01.06	RTU-5 – Needs label. Paint peeling on top. Some rust on gas piping and its valve. Consider painting gas piping (yellow). Unit is dated.	\$75 for new label
01.07	RTU-5 – Some rust on gas piping and its valve. Consider painting gas piping (yellow).	\$225 for scrape and repaint \$110,000 for complete RTU replacement with VFD and controls

01.01



01.02



01.03



01.04



01.05



01.06



01.07



3.2.0 Plumbing System

3.2.1 Systems Evaluated

1. Process Gas
2. Lab Vacuum
3. Lab Air
4. House Air
5. Lab (Sinks and Hoods)
6. Domestic Water
7. Sanitary Drain and Waste
8. Acid Waste
9. Roof Drain
10. DI Water System

3.2.2 System Evaluation Summary

The plumbing systems are original to the building and appear to be in good condition. The building has a 4" domestic water service with a backflow preventer. Domestic hot water is generated from two gas-fired hot water heaters which utilize a hot water recirculation pump. These water heaters are in good condition. They are not high efficiency, and replacing these at the end of their useful lives with high-efficiency units should be considered.

The roof drain and sanitary (including acid waste) sewer piping appear to be satisfactory. Debris accumulation near some roof drains was observed. Roof drains and sanitary waste lines were video scoped on 3/11/2018. Summaries of the findings are discussed later in this section. The video pipeline inspection report is included at the end of this section.

The other systems are lab vacuum, control air, lab air, house air, and DI water. The systems appear to be well maintained. The pressure on the DI water system is slightly high (compared to the domestic water). Its distribution pump may be oversized. A smaller pump or a pump with variable-speed control is recommended.

3.2.3 Supply Quantities

Process gases used in the Labs include nitrogen, argon, and helium. There is no

central lab gas distribution system. Gas cylinders are stored in the storage room and in various locations throughout the building. Ventilation in the storage room needs to be verified.

3.2.4 Interior Drain and Waste Function

The drain and waste system inside the building appears to be working satisfactorily. No degradation was observed. Some of the lab sinks appear to be degraded. Most sinks are in good condition for their age.

3.2.5 Sanitation Hazard and Cross Connection

The age of vacuum breakers and lab sinks may be a concern. The domestic water service has a backflow preventer. Some process connections and lab sink DI water faucets do not have vacuum breakers.

3.2.6 Fixture Quantities

The quantity of fixtures for lab use appears to be adequate. The use of some of the lab spaces has changed and may require relocation of sinks.

3.2.7 Fixture Type and Conditions

Fixture types are as per lab use. The break room has stainless steel sinks. Lab sinks are in good condition for their age. Replacement of lab sink faucet is in progress. Some of the bathroom fixtures may require caulking. Fixtures are in generally good condition.

3.2.8 Wheelchair/ADA Fixtures

Wheelchair/ADA fixtures are in good condition.

3.2.9 Roof/Storm Drainage

Roof drains appear to be in good condition. There are no reported leaks from the roof drain. Some drains are at least partially clogged with leaves and debris.

The overflow roof drain downspouts discharge onto rock beds. The baseball-size rocks in these beds have been used for vandalism. There is legitimate concern that more vandalism could occur again. The beds should be removed and replaced with concrete channels. Also, brass downspouts should be painted to hide the brass finish and to lessen the appeal to scrap metal thieves. Some of these downspouts have already been painted.

Storm lines were scoped, as mentioned in 3.2.3. See the findings attached at the

end of this section. There were 2 locations where dirt and debris were found. The accumulation appeared to be minor and not an impediment to flow. Another location had a minor rock accumulation (about 25% of the pipe's cross-sectional area). This line should be monitored in case the blockage increases and impedes drainage.

3.2.10 Sanitary Drainage

Sanitary lines were scoped, as mentioned in 3.2.3. See the findings attached at the end of this section. There were 2 locations where roots were encountered. These lines should be "snaked."

3.2.11 Acid Waste/Drainage

Acid waste lines were not scoped at this time due to potential damage to investigative equipment. It is recommended that the acid waste piping be inspected when the neutralization tank media is replaced.

3.2.12 Maintainability

Due to the age of the equipment, the maintenance costs have increased and will continue to increase in future. Air compressors may not have adequate space between them for maintenance.

3.2.13 Plumbing System Deficiency Construction Cost Opinions

The construction cost opinion values on the following tables were developed using 2018 RS Means data and RMH's historical cost data. The tables include a replacement or repair cost for each deficiency that was found during the site survey.

The values shown are a rough-order-magnitude cost only and are assumed to be within 25% of actual cost. This is due to the fact that prices will most likely fluctuate if tasks are constructed individually versus consolidating the work into a single larger project. Project costs will also most likely vary based on local contractor demand.

The values shown indicate 2018 costs and include anticipated overhead and profit. An approximate 3% escalation for each subsequent year should be assumed.

3.2.14 Deficiency Index Form: Plumbing System

Photograph No.	Description	ROM Cost Opinion
02.01	Roof Drains – Clear debris and leaves.	
02.02	Air Dryer in Chiller Room – Good condition. Provide label.	\$75 for new label
02.03	DWH-1 – Good condition and new (2015). Provide label.	\$75 for new label
02.04	VP-3 (Ingersoll Rand T-30) – Appears to be in good condition. Some paint chipping. Needs label. Note: This unit is abandoned in place and could be removed.	\$75 for new label \$900 for removal
02.05	Floor Sink Near VP-3 – Serving domestic water reduced pressure backflow preventer. Strainer severely rusted. Replace.	\$1,650 to replace entire drain
02.06	Add VFD to DI water pump motor. Replace motor if not VFD compatible. Replace corroded bolts and flanges.	\$1,450 - New VFD and installation \$ - if motor needs replacement
02.07	Remove rock beds at “lamb’s tongue” overflow roof drain discharge. Replace with concrete channel.	See architectural
N/A	Clear roots from sanitary piping – 2 locations	\$600

02.01



02.02



02.03



02.04



02.05



02.06



02.07



3.2.15 Video Pipeline Inspection of Acid, Sanitary and Storm Piping Results

Below are the findings on March 11, 2019 by Hydro Physics. It includes drawings of referenced scoped locations.

JOB DATE: 12/1/2018

JOB SITE:
8100 E. LOWRY BLVD, DENVER

JOB TYPE: CAMERA INSPECTION

LEAD TECH: MIKE SABO

CUSTOMER: COLORADO
DEPARTMENT OF HEALTH AND
ENVIRONMENTAL



PHONE: (303) 806-0622

1230 S. INCA ST. DENVER, CO

ACCESS POINT	FOOTAGE (FEET)	MATERIAL	ABNORMAILITES	COMMENTS
STORM M.H. 3 RUNNING WEST	23.8	18" RCP	UNABLE TO PASS ROCKS	
STORM M.H. 3 RUNNING EAST	152	18" RCP		RAN TO STORM M.H. 4/TIE-IN AT 41.1
STORM M.H.4	113.3	18" RCP		RAN TO STORM M.H. 5/TIE-IN @5.9
STORM M.H.5	26	18" RCP		RAN TO STORM M.H. 6
STORM M.H.6	68.5	18" RCP		RAN TO INLET 8

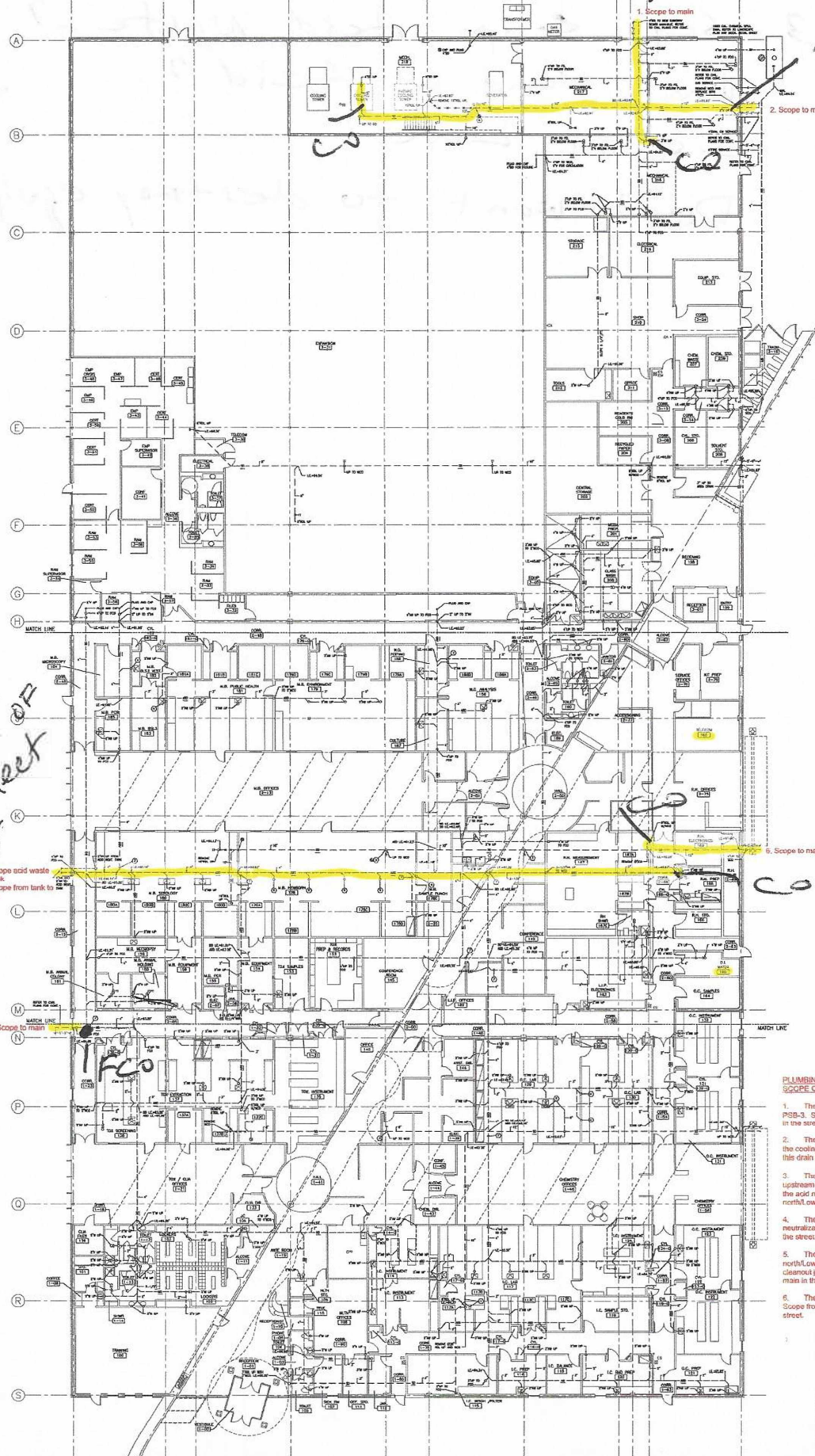
STORM INLET 8	301.7	21" RCP		RAN TO STORM INLET 9
STORM INLET 5	15.3	12" SDR		RAN TO STORM M.H. 3
STORM INLET 6	15.3	12" SDR		RAN TO STORM M.H. 4
STORM INLET 7	71.8	15" SDR		RAN TO STORM M.H. 6
SANITARY M.H. 3	248	8" CLAY		RAN TO SANITARY M.H. 2
SANITARY M.H. 2	20.4	8" CLAY	ROOTS	UNABLE TO PASS ROOTS
SANITARY M.H. 3	328.3	8" CLAY		RAN TO SANITARY M.H. 4/TIE-INS AT 151.6 & 206.9
SANITARY M.H. 3	200	8" LINER		RAN ACROSS STREET
STORM INLET 2.1	89.9	12" SDR		RAN TO STORM INLET 2
STORM INLET 2.1	18.6	12" SDR		RAN TO STORM M.H. 1
STORM M.H. 1 RUNNING NORTH	5.8	12" RCP	DIRT & DEBRIS	

STORM M.H. 1 RUNNING SOUTH	103.2	12" RCP		RAN TO STORM M.H. 2
STORM M.H.2	128.1	12" RCP		RAN TO INLET 3 / STORM M.H.2.1
STORM INLET 2.1	18.6	12"SDR		RAN TO STORM M.H. 1
STORM M.H. 1 RUNNING NORTH	5.8	12" RCP	DIRT & DEBRIS	
STORM M.H. 1 RUNNING SOUTH	103.2	12" RCP		RAN TO STORM M.H. 2
STORM M.H.2	128.1	12" RCP		RAN TO INLET 3 / STORM M.H.2.1
STORM M.H. 2.1	2.8	12" RCP		OVERLAP FROM STOM M.H. 3 TO 2.1
ROOF DRAIN 2 ON SOUTH SIDE	17.5	6" CAST		RAN TO HORIZONTAL SECTION
SANITARY SEWER INBOUND C.O.	38	4" CAST		PUSHED AS FAR AS WE COULD
SANITARY SEWER OUTBOUND C.O.	25.6	4" CLAY	ROOTS	RAN TO SANITARY M.H. 1/CLEAN & RE-INSPECT

Sanitary 9MH

FCO

#3 Read Notes on Back of Sheet



- PLUMBING PIPING INSPECTION SCOPE OF WORK SUMMARY**
1. The floor drain near steam boiler, PSS-2. Scope from this drain to the main in the street.
 2. The most upstream storm drain in the cooling tower courtyard. Scope from this drain to the main in the street.
 3. The acid waste line from the most upstream cleanout inside the building to the acid neutralization tank on the north/west side.
 4. The discharge line from the acid neutralization tank to the sewer main in the street.
 5. The sanitary waste on the north/west side of the building from the cleanout just inside the building to the main in the street.
 6. The roof drain above Room 167A. Scope from this drain to the main in the street.

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
 STATE HEALTH BUILDING
 JANUARY 29, 2019

RMH GROUP
 engineering & greener future
 Mechanical and Electrical Engineering
 Energy Consulting Sustainable Design
 1000 Broad Center Avenue
 Lakewood, Colorado 80225
 Phone: 303-235-0219
 Fax: 303-235-0218
 www.rmhgroup.com
 RMH Group project number 2011

4.0.0 Electrical Systems

4.0.1 Systems Evaluated

1. Power
2. Lighting
3. Generator System
4. Fire Alarm System

4.0.2 System Evaluation Summary

The electrical systems in place appear to be well maintained. The issues encountered appear to be minor, and no major issues or code violations were observed. The systems are of good quality and appear well maintained. If the systems continue to be maintained, they should have a good service life.

4.0.3 Equipment Safety

Exhaust fan controllers labels are past their useful life and should be replaced.

Some of the Siemens disconnect switches do not appear to be able to be locked in the “off” position while equipment is being maintained. It is recommended that these switches be replaced.

The fire alarm system and devices appear to be adequate and in good condition.

None of the panels or switch boards had the available fault current or arc flash rating mounted to the equipment. It is recommended that an arc flash study be performed on the whole system and labels be applied to allow for the equipment to be safely serviced.

4.0.4 Electrical Service

Per conversations with CDPHE personnel, the electrical service capacity appears to be adequate for current and future needs.

The equipment appears to be well maintained.

The average useful lifespan of well-maintained electrical distribution equipment is anticipated to be between 35 to 50 years. Since the equipment is well maintained, the equipment should last approximately 30 additional years.

4.0.5 Electrical Distribution Gear

Per conversations with CDPHE personnel, the electrical switchgear, distribution panelboards, and motor control center (MCC) capacities appear to be adequate for current and future needs.

The equipment appears to be well maintained.

The average useful lifespan is anticipated to be between 35 to 50 years. Since the equipment is well maintained, the equipment should last approximately 15 additional years, as long as replacement breakers are available.

The MCC appears to be in good condition. It appears that a few indicator lights may be burned out and should be tested and replaced if found faulty.

The lifespan of the transformers is assumed to be 30 years; one transformer has already been replaced. Since all of the transformers were installed at the same time, it is recommended they all be replaced.

4.0.6 Branch Panelboards

Per conversations with CDPHE personnel, the branch panels appear to have adequate capacity for future and current needs. However, spare breaker capacity is limited.

The lab areas currently have dedicated panelboards. The addition of larger multi-pole equipment may require feeds from a less localized panelboard.

The equipment appears to be well maintained.

The average useful lifespan is anticipated to be between 35 to 50 years. Some panels were installed when the facility was built, while others have been added in the past few years. Since the branch panelboards are well maintained, the original construction panelboards should last approximately 15 additional years, and the newly installed panelboards should last approximately 25 additional years.

4.0.7 Branch Power

Some mechanical equipment on the roof did not have convenience receptacles within 25 feet which is required by current codes. CDPHE should consider adding additional roof receptacles to ensure there is a maintenance receptacle within 25 feet of all roof equipment.

Corridors and labs seem to have adequate quantity and spacing of receptacles. Receptacles are in good condition with typical “wear and tear.” Since the building is approaching 30 years old, the useful life of receptacles original to the building are nearing the end of their useful lives. CDPHE should consider replacing receptacles to ensure they can be used safely for years to come. Receptacles within six feet of a water source (i.e., sinks) are required to be GFCI.

Receptacle quantities in open office areas appear to be insufficient. Some office areas are currently supplementing receptacles with power strips. Installation of fourplex receptacles at computer workstations and additional power is recommended with future upgrades.

Branch circuitry and conduit installation appear to be in good condition. J-boxes appear to have circuit labels and are supported properly.

4.0.8 Lighting

CDPHE will be upgrading all the T8 light fixtures with LED technology in all spaces throughout the building except storage rooms and other mechanical and electrical spaces. Since that project is already underway, no additional comments on the condition of light fixtures are included in this report.

Based on visual observation and conversations with CDPHE personnel, the lighting levels appear to be adequate. Assuming the new luminaires have similar or greater lumen output, the lighting levels should still be acceptable.

The office areas with daylighting controls have been placed on a timer to shut down fixtures when natural daylighting is present. This system appears to be working well and provides adequate lighting and energy savings.

Exterior lighting pole lights and building lights have been retrofitted with LED fixtures and should require less maintenance and should provide increased energy savings. The bollard light fixtures have not been upgraded to LED, but it is recommended the bollards be replaced with LED bollards.

4.0.9 Emergency Lighting

Emergency lights appear to be installed within the last five years and in good working condition.

Nightlights with battery packs appear to be maintained and in good condition.

The mechanical and electrical rooms now have exit signs, and they appear to be in good condition and in the correct locations.

4.0.10 Generator System

The standby generator and generator panels appear to be in good condition. The automatic transfer switch (ATS) was recently replaced due to a failure. Some paint on the generator enclosure is missing and should be repaired to help maintain the useful life of the generator.

4.0.11 Maintainability

With the exception of the comments listed above, the electrical systems in place appear to be well maintained. The issues encountered appear to be minor, and no major issues or code violations were discovered. The systems are of good quality and appear to have been upgraded with newer technology and quality equipment. If the systems continue to be maintained, they should have a good service life.

4.0.12 Electrical System Deficiency Construction Cost Opinions

The construction cost opinion values on the following sheets were developed using 2018 Means data and RMH's historical cost data. The spreadsheets include a replacement or repair cost for each deficiency that was found during the site survey.

The values shown are a rough-order-magnitude cost only and are assumed to be within 25% of probable cost. This is due to the fact that prices will fluctuate, if individual tasks are constructed individually versus grouped together into a single larger project. In addition, prices will fluctuate if bidding contractors are busy versus in need of work.

The values shown indicate 2018 costs and include anticipated overhead and profit. An approximate 3% escalation for each subsequent year should be assumed.

4.12 Deficiency Index Form: Electrical System

Photograph No.	Description	ROM Cost Opinion
00.01	The rooftop disconnect switch and controller are not labeled with circuit information.	\$5 per disconnect
00.02	No GFCI receptacles are located within 25 feet of rooftop mechanical equipment.	\$250 per receptacle
00.03	The PVC coating on the flexible conduit on the roof is failing; replace or repair conduit.	\$235 per repair
00.04	Exterior GFCI receptacle missing weatherproof while in use cover.	\$75 per receptacle cover
00.05	Recommend replacing exhaust fans 9-A,B, 2-A,B as well as their controls.	\$10,000 each
00.06	Recommend replacing exhaust fans 5-8 controls.	\$5,000 each
00.07	The paint on the emergency generator enclosure is coming off; clean and repaint fins.	\$580
00.08	Receptacles in mechanical and electrical rooms are recommended to be GFCI type.	\$100 each
00.09	Disconnect switches for mechanical equipment do not appear to be lockable in the "off" position. Recommend replacement for safety reasons.	\$500 each
00.10	The unit heater is missing an electrical junction box cover. Provide new cover.	\$75 per junction box
00.11	GFCI receptacles are required within six feet of each sink.	\$35 each
00.12	Recommend replacements of all transformers more than 30 years old.	\$3,000 each
00.13	Exterior bollard light fixture.	\$1,200 each

00.01



00.02



00.03



00.04



00.05



00.06



00.07



00.08



00.09



00.10



00.11



00.12



00.13



Appendix B – Repair Cost Breakdown

Appendix B - FY 2020-21 Decision Item Lab Building Maintenance

Based on the CDPHE Lab Audit Deficiency Report - March 29, 2019

Description	Qty	Cost per Sq ft/Unit	Total	
Concrete flatwork or curb & gutter cracking, chipping and crumble	108	\$ 15.25	\$ 1,647	
Concrete flatwork or curb & gutter heave or sink			\$ 1,154	
Asphalt potholes, heave and fatigue cracking	1,000	\$ 1.35	\$ 1,350	
Drainage deficiencies			\$ 44,292	*See Appendix C - Quote
Ground covering deficiencies Install Pea gravel 50 sy @ \$600 Labor \$1600			\$ 2,200	
Parking Lot and Site 2.1.0			\$ 50,643	
Ceiling tile damage and damage due to rool leakage	625	\$ 3.85	\$ 2,406	
Missing sprinkler escutcheon			\$ 250	
Gypsum ceiling damage	100	\$ 15.00	\$ 1,500	
Sound dampening discoloration	300	\$ 25.00	\$ 7,500	
Loose ceiling mounted trim, grilles, grids, etc			\$ 500	
Missing grille			\$ 125	
Paint damage	100	\$ 5.00	\$ 500	
Ceiling System 2.2.0			\$ 12,781	
Building trim detachment			\$ 875	
Paint and/or sealant failure			\$ 3,425	
Stone veneer damage			\$ 500	
Stone veneer or masonry overpaint or staining			\$ 325	
Oxidation of lettering			\$ 3,500	
Brick and mortar damage			\$ 1,250	
Insect nest			\$ 125	
Building trim or fascia damage			\$ 1,100	
Stucco Cracking			\$ 6,500	
Columns and Exterior Walls 2.3.0			\$ 17,600	
Fire Barrier/Smoke Curtains do not function. Replace with fire related glass	2	\$ 40,000.00	\$ 80,000	
Fire caulk missing	2	\$ 25.00	\$ 50	
Door Stop on fire rated door	1	\$ 175.00	\$ 175	
Auto door bottom on fire rated door missing	2	\$ 175.00	\$ 350	
Panelboards do not contain arc flash hazard lables- cost includes flash calculations and lables			\$ 12,000	
Life Safety Systems 2.4.0			\$ 92,575	
Door Panel veneer damaged- cost is based on custom glazed finish to match existing	15	\$ 425.00	\$ 6,375	
Squeaking hinges- each door leaf	10	\$ 175.00	\$ 1,750	
Missing lock pin for sliding door			\$ 475	
UV film on door shows heavy wear/scratching			\$ 357	
Door Frame damaged			\$ 325	
Paint damage			\$ 525	
Fire door will not close do to improper rubber base installation			\$ 125	
Door panel oxidation and missing paint			\$ 1,250	
Door closer missing frame connection			\$ 350	
Door lever hardware sags (replace)			\$ 1,125	
Door System 2.5.0			\$ 12,657	
Floor imperfection/ridge damaging floor tiles- cost to remove/replace VCT floor tiles	1,179	\$ 9.75	\$ 11,500	
Floor imperfection/ridge damaging floor tiles- cost to prep damaged contrete floor areas	1,179	\$ 6.50	\$ 7,667	
Grout damage- Showers	125	\$ 20.00	\$ 125	
Carpet discoloration and heave wear- cost to remove/replace carpet tiles includes moving furniture	1,179	\$ 12.50	\$ 14,744	
Raised floor tile damaged	48	\$ 25.00	\$ 1,200	
Stained concrete slab on grade corrosion	1,000	\$ 0.85	\$ 850	
Concrete slab on grade heave or damage			\$ 2,500	
Floor System 2.6.0			\$ 38,585	
Wall finish damage/missing			\$ 8,850	
Drywall damage			\$ 6,725	
Detached base			\$ 425	
Countertop finish damage- minimum charge for set up			\$ 1,250	
Casework damage			\$ 2,875	
Rubber base missing			\$ 525	
Sealant/Caulking damaged or missing			\$ 250	
Drywall damage due to building movement			\$ 2,188	
Exposed masonry ties in CMU wall			\$ 275	
Abandoned penetrations in CMU wall			\$ 225	
Exposed utility in CMU wall			\$ 375	
Uninstalled box cover plate			\$ 145	
Motion sensor painted over			\$ 125	
Missing grout at stone veneer			\$ 250	
Escutcheon detached from fire protection piping			\$ 125	
Interior Walls and Partitions 2.8.0			\$ 24,608	
Parapet coping seam waterproofing paint deterioration- every parapet seam			\$ 1,200	
Drain strainer detached- each	6	\$ 225.00	\$ 1,350	
Cleaning required- each	32	\$ 75.00	\$ 2,400	
Tar overflow around duct			\$ 750	
Roof System 2.9.0			\$ 5,700	
Window Caulk/sealant failure			\$ 225	
Storefront damage	1	\$ 525.00	\$ 525	
Paint peeling (each deficient instance indicated is reflective of entire corresponding assembly)	26	\$ 625.00	\$ 16,250	
Window blink missing			\$ 250	
Window System 2.10.0			\$ 17,250	

Based on the CDPHE Lab Audit Deficiency Report - March 29, 2019			
Description	Qty	Cost per Sq ft/Unit	Total
EF-1 Flexible connection is cracked			\$ 310
EF-1 Finish is rusting and label is faded- cost for label			\$ 75
EF-1 Finish is rusting and label is faded- cost to replace fan			\$ 3,225
Reseal duct at roof curb-cost to reseal duct			\$ 75
Strobic Fume Hood Exhaust Fan- needs label			\$ 75
Mitsubishi condensing Unit- provide label, comb out minor dents in coil fins, and replace refridgerant line insulation- cost for label			\$ 75
Mitsubishi condensing Unit- comb out minor dents in coil fins, and replace refridgerant line insulation- cost to comb out fins			\$ 75
Mitsubishi condensing Unit- replace refridgerant line insulation- cost for insulation			\$ 70
Liebert condensing Unit/Dry Cooler- replace refridgerant piping insulation			\$ 70
EFs- 9A, 9B- Rust on ductwork, housing and stands. Need better labels (labels are on disconnects)- cost for labels	2	\$ 75.00	\$ 250
EFs- 9A, 9B- Rust on ductwork, housing and stands. Cost to replace fans	2		\$ 5,050
EF with HEPA Filter housing- needs label			\$ 75
EF with HEPA Filter housing Fans are dated- cost for fans	2	\$ 4,715.00	\$ 9,430
EFs- 2A, 2B Replace flexible connection	2	\$ 310.00	\$ 620
EF 10- Housing damaged at bolt from vibration- cost to replace fan			\$ 2,475
EF 10 Hail damage on top of housing (not important) Fan needs label			\$ 75
Emerson/Liebert Condenser- Insulation			\$ 70
Emerson/Liebert Condenser- Filter			\$ 50
Emerson/Liebert Condenser-Label			\$ 75
EFs-5,6,7,8 some minor rust. Units are dates- cost to replace 4 fans	4	\$ 3,231.25	\$ 12,925
EFs-5,6,7,8 some minor rust. Replace labels	4	\$ 75.00	\$ 300
EF 3 Bolt rust and some hail damage- needs label			\$ 75
SF 1 Bold rust- needs label			\$ 75
EF 4 some bolt rust and hail damage- needs label			\$ 75
CT-1 and CT-2 some housing rust and faded paint. Some rust on piping	2	\$ 300.00	\$ 600
CT-1 and CT-2 on butterfly valve. Replace or clean/paint	2	\$ 510.00	\$ 1,020
CT-1 and CT-2 drain line clamp rusted. Replace and use similar metal/dielectric buffer.	2	\$ 40.00	\$ 80
Cooling Tower water filter- unistrut base rusted and paint peeling	1	\$ 350.00	\$ 350
CWP 1, 2 Good condition. Piping drain valved near suction side has corrosion.	2	\$ 185.00	\$ 370
CHP 1, 2 motors from 2015 and 2014 repectively. Some corrosion on CHP-1 pressure gauge piping	2	\$ 250.00	\$ 500
CHP 4 needs label	1	\$ 75.00	\$ 75
Electrical Room 1-39 near room 142. Need it's own VAV box, controls and small amount of ductwork			\$ 1,000
Electrical Room 1-39 near room 142. Need it's own VAV box, controls and small amount of ductwork- Controls			\$ 500
Electrical Room 1-39 near room 142. Need it's own VAV box, controls and small amount of ductwork- Ductwork			\$ 300
Cooling/Ventilation System 3.1.0			\$ 40,465
PSB - steam boiler- add controls to shut boiler feed pumps, rust on piping, needs label- cost for label			\$ 75
BFP 1 some rust/corrosion on fittings- cost for uplex boiler feed pump package			\$ 11,600
RTU 1 and RTU 4 clean/replace filter media under the intake hood- cost for installation of new filter media			\$ 200
RTU 5 needs label			\$ 75
RTU 5 some rust on gas piping and valve- cost for scrape and repaint			\$ 225
Heating System 2.0.0			\$ 12,175
Air dryer in chiller room- needs label			\$ 75
DWH 1- needs label			\$ 75
VP 3 (Ingersoll Rand T-30)- needs label			\$ 75
VP 3 (Ingersoll Rand T-30)-Some paint and chipping- cost for removal			\$ 900
Floor sink near VP3- strainer severely rusted- cost to replace entire drain			\$ 1,650
Add VFD to DI water pump motor- cost for new vfd and installation			\$ 1,450
Add VFD to DI water pump motor			\$ 7,000
Clear roots from sanitary piping- 2 locations			\$ 600
Plumbing System 3.0.0			\$ 11,825
The rooftop disconnect switch and controller are not labeled with circuit information- cost per disconnect	20	\$ 5.00	\$ 100
No GFCI receptacles are located within 25ft of rooftop mechanical equipment- cost per receptacle	5	\$ 250.00	\$ 1,250
PVC coating on flexible conduit on roof is failing- replace or repair conduit- cost per repair	1	\$ 235.00	\$ 235
Exterior GFCI receptacle is missing weatherproof while in use cover- cost per receptacle cover	1	\$ 75.00	\$ 75
Recommend replacing exhaust fans 9, AB and 2-A, as well as their controls- \$10K each	4	\$ 10,000.00	\$ 40,000
Recommend replacing exhaust fans 5-8 controls- cost \$5k each	4	\$ 5,000.00	\$ 20,000
Paint on ER generator- clean and repaint fins			\$ 580
Receptacles in mechanical and electrical rooms are recommended to be GFCI type- cost for each	6	\$ 100.00	\$ 600
Disconnect switches for mechanical equipment do not appear to be lockable- recommend replacement for safety reasons	3	\$ 500.00	\$ 1,500
Unit heater is missing an electrical junction box cover. -Cost per junction box	1	\$ 75.00	\$ 75
GFCI receptacles are required within six ft of each sink	200	\$ 35.00	\$ 7,000
Recommend replacements of all transformers more than 30 yrs old-	24	\$ 3,000.00	\$ 72,000
Exterior bollard light fixture	6	\$ 1,200.00	\$ 7,200
Electrical System 1.1.0			\$ 150,615
TOTAL			\$ 487,479
6% Inflation from FY 2019-20 to FY 2020-21			\$ 29,249
Grand Total			\$ 516,727
FY 2020-21 Request in Response to Audit Findings			\$ 258,364
FY 2021-22 Request in Response to Audit Findings			\$ 258,364
Ongoing Maintenance			\$ 43,229
FY 2020-21 Total Request			\$ 301,593
FY 2021-22 Total Request			\$ 301,593

Appendix B- Ongoing Maintenance Costs

Description	2016	2017	2018	3- Year Difference
Discretionary Service	\$ 92,855	\$ 16,245	\$ 103,194	\$ 10,339
HVAC/Water Chem Treatment/Supplies	\$ 5,868	\$ 6,879	\$ 12,010	\$ 6,142
Janitorial	\$ 73,976	\$ 92,305	\$ 96,928	\$ 22,951
Testing/Certification	\$ 1,505	\$ 2,026	\$ 5,302	\$ 3,797
			FY 2022-23 Request	\$ 43,229

Discretionary Services include one off expenses that are not recurring.

The difference between FY 2017-18 expenses and FY 2015-16 expenses is used to calculate the necessary increase in Ongoing Maintenance Funding

Appendix C – Discretionary Service Line Example



Arizona | California | Colorado | Nevada | New Mexico | Texas



Contractor's Licenses:
See Terms & Conditions

COLORADO DEPARTMENT OF PUBLIC HEALTH - CO

PROPOSAL # 345662 - 44917

March 28, 2019

SUBMITTED TO:
Colorado Department of Public
Health - CO
Michael Trujillo

303-692-3677
8100 East Lowry Blvd
Denver, CO 80230

WORK TO BE PERFORMED AT:

8100 E Lowry Blvd
8100 East Lowry Boulevard
Denver, CO 80230

SUBMITTED BY:
Todd Dembinski

Account Executive

P: 303-781-9999

F:

E:

dembinskit@asphaltconcrete.net

8200 S. Akron St.
Suite 105
Centennial, CO 80112



Contractor's Licenses:
See Terms & Conditions

SCOPE OF WORK

709 FLATWORK

CONCRETE SERVICES TO INCLUDE:

- Sawcut, demo and remove 1235 sq/ft of concrete to a depth of 4 inches.
- Shape and compact existing subgrade.
- Form, pour and broom finish 240 sq/ft of 6 inch thick concrete curb sidewalls for drain pans
- Form, pour, and broom finish 726 sq/ft of 4 inch thick drain pans and sidewalk sections.
- Includes (7) metal diamond plate chase drains in the sidewalk

***NOTE:**

- Work will be performed in 7 mobilization(s).
- Import and export of any subgrade material to address potential subgrade issues have been excluded from this bid.
- Weather protection for winter/freezing conditions has been excluded from this bid.

701 C&G VERT CURB

CONCRETE SERVICES TO INCLUDE:

- Remove approximately 55 feet of damaged curb.
- Haul away all debris.
- Shape and compact existing subgrade in place.
- Form, pour and broom finish 55 feet of new curb.

****NOTE:**

- Work will be completed in 1 mobilization(s).
- Import and export of any subgrade material to address potential subgrade issues have been excluded from this bid.
- Weather protection for winter/freezing conditions has been excluded from this bid.

100 ASPHALT R&R

PAVING SERVICES TO INCLUDE:

- Sawcut, demo and remove 180 sq/ft of existing asphalt.
- Haul away and dispose of all debris.
- Shape and compact existing subgrade.
- Pave 180 sq/ft and compact to a finished thickness of 6 inches.

****NOTE:**

- Work will be performed in 1 mobilization(s)
- Existing asphalt is estimated to be no more than 6 inches thick. If demo areas exceed this depth a change order will be required.
- Import and export of any subgrade material to address potential subgrade issues have been excluded from this bid.

At Brown Brothers Asphalt & Concrete, we don't just build surfaces. We build trust. And we look forward to building yours.



PRICING

PHASES

709 Flatwork	\$36,460.00
701 C&G Vert Curb	\$4,528.00
100 Asphalt R&R	\$3,304.00
SUBTOTAL	\$44,292.00
Estimated Tax	\$0.00
PROPOSAL TOTAL	\$44,292.00

EXCLUSIONS, UNLESS NOTED ABOVE:

Bonding, permits, sales and use taxes, testing, engineering, surveying, quality control, quality assurance, traffic control, fencing, concrete pumping, correction of drainage issues, subgrade work, excavation, removing or replacing unsuitable material, removing existing waste, concrete reinforcement, dowels, colored or decorative concrete, crack sealing at transition between asphalt and other hard surfaces, caulking/grouting, erosion control, cold weather protection, frost removal, soil sterilant, hoisting, waterproofing, sweeping, hauling, site water and water metering, railings, utility adjustments, night, weekend, holiday, and overtime work, vehicle towing, site notification.

Damage to: electrical work, conduit, lighting, snow/ice melt systems, landscaping, irrigation, objects obscured from view.

Liquidated damages, customer scope of work changes, liability of work performed by others.

Delays caused by others and acts of nature.

ACCEPTANCE: The process, specifications, and conditions as enumerated herein, including "Terms and Conditions", are satisfactory and are hereby accepted. BBAC is authorized to proceed with the work as specified. Payment will be made according to the terms listed above.

EXPIRY STATEMENT: This proposal is valid for 30 days from the date noted on the proposal

Sales Tax rates may vary based upon completion time of the project and any tax rate changes made by the state, city, or county regulations.

Authorized Signature

Title

Print Name

Date

Legal Property Owner Name

Scheduling Contact

Mailing Address

Scheduling Contact Phone



Contractor's Licenses:
See Terms & Conditions

TERMS AND CONDITIONS

PAYMENT FOR WORK: Unless otherwise agreed in writing, BBAC shall invoice Customer at the completion of the Work and all invoices are due and payable by Customer upon receipt. BBAC reserves the right to submit progress billings to Customer on a weekly, bi-weekly or monthly basis, which shall be paid by Customer upon receipt. No defect in the Work shall relieve Customer of its obligation to make payment of amounts due. Customer shall be charged interest at the rate of 2% per month on all unpaid balances and shall pay all reasonable attorneys' fees and costs incurred by BBAC in collecting amounts due hereunder. BBAC retains any and all lien rights. Customer acknowledges that there is volatility in raw material pricing and agrees that BBAC may increase the contract price set forth herein to account for the increased cost charged by BBAC's suppliers for the raw materials. The contract price includes sales and use tax as applicable. Taxes can be waived only upon BBAC's receipt of a properly executed tax exemption certificate.

THE WORK: BBAC will furnish all necessary labor, materials, and equipment to complete the work specified herein (the "Work"). Customer shall notify BBAC in advance when the site will be ready for the Work to be performed, and shall provide BBAC with free and unobstructed access so that the Work can be commenced promptly, and completed without delay. Customer shall pay for the towing of vehicles impeding the Work and all others charges incurred by BBAC due to Customer delay. Customer shall pay BBAC its reasonable charges incurred due to delays caused by Customer. All surfaces to which material is to be applied shall be in a condition similar to the condition at the time the project was bid. BBAC provides no assurance as to a completion date since the Work is subject to weather conditions, prior commitments, mechanical failures and other causes beyond BBAC's control. Customer shall be represented by one person with authority to accept the work and authorize changes to the Work. Customer shall provide BBAC with reasonable access to a water supply source. Customer grants BBAC permission to utilize photos and video of the Work and the project site in the promotion of BBAC's business services.

WARRANTY: The Work is warranted against defects in workmanship and materials for a period of one (1) year from the date of installation. BBAC makes no warranty regarding drainage where the slope provided or allowable is less than two percent (2%). BBAC's warranty does not extend to or cover settlement or cracking of asphalt or pavement due to expansive soils or improperly compacted utility trenches, or for failures caused by the inadequate compaction of the subgrade. BBAC shall not be liable for damage to underground utilities which were improperly installed or backfilled.

AMERICANS WITH DISABILITIES ACT: Customer is solely responsible for maintaining the subject property in full compliance with the ADA and agrees to indemnify and hold BBAC harmless from and against any and all liability, claims, damages or expense, including attorneys' fees, relating in any way to ADA requirements or issues. BBAC recommends that Customer obtain the services of a certified ADA consultant for site evaluations and recommendations as required by Federal and State law. If directed by the Customer to obtain compliance, BBAC may make recommendations for such work and additional charges may apply.

SOILS: BBAC shall have no liability to Customer or any third party relating to underlying soil conditions. BBAC will not sacrifice the quality or integrity by placing asphalt pavement on base course or subgrade that is unstable or subgrade containing frost, including top lifts or overlays when temperatures do not meet CDOT specifications. BBAC's warranty shall be waived and of no effect should Customer direct or authorize BBAC to pave on unstable subgrade or subgrade containing frost and Customer shall be responsible for any and all resulting damage or required repairs. If Customer requests that the top lift of asphalt be placed at a later date, the cost for all clean up is the Customer's responsibility. If BBAC provides subcontracted construction stakes and/or subcontracted engineering services, the Customer agrees to indemnify and defend BBAC from and against any and all claims, demands, damages, costs or expenses, including attorneys' fees, resulting from or related to these services, including drainage of water as to direction and amount, both during and after performance of the Work. If a soil sterilizer or herbicide is applied by BBAC, it is applied at the request of the Customer in an effort to retard weed growth and BBAC makes no representation or guarantee that its use will have the intended effect. Customer shall indemnify, hold harmless, and defend BBAC from and against any and all damages, claims, cost or expenses, including attorneys' fees and costs, resulting from these services. Customer is advised to retain an independent licensed soils engineer for a study of the existing soils in order to recommend a specific pavement design. BBAC may modify this proposal and the contract price to include such recommendations

DISPUTE RESOLUTION: This Contract shall be governed by the laws of the State where the Work was performed. Customer shall notify BBAC within 7 days of Customer's objection to any portion of the Work and shall pay BBAC all amounts that are not in dispute. Any dispute relating to this Contract or to the Work performed by BBAC shall be resolved solely by a court of competent jurisdiction in the County where the Work was performed. The parties expressly agree that this Contract was jointly drafted and shall be construed neither against nor in favor of either party. The prevailing party in any litigation relating to this Contract shall be entitled to an award of its reasonable costs and attorneys' fees.

BBAC CONTRACTORS LICENSES: Westminster - 90531036 - Bond, Greenwood Village - OL-16-01988/OL-17-01988, Broomfield - OL-15-06989/OL-17-06989, Castle Pines - CN-149/CN-00149, Commerce City - 2001, Glendale - G0012265/900741, Northglenn - 16-ROW-040/17-ROW-2, Parker - 8311, Pueblo - #0013087, Lakewood - 14820, Federal Heights - 11-0020, Brighton - CL-03518, Golden - 3641, Boulder - LIC-0008984-28, Thornton - LN - 24594-9493 / CN - 60305, Denver - 241072, Arvada - MC-S4 MC-S5 - Bond, Centennial - CEN-16-01273, Sheridan - 140051, Aurora ROW Asphalt & Concrete - 2016 1131722, Louisville - CL00346/LSVL-000466-2016, Colorado Springs - LID 18111 / LIC# 712347, Wheat Ridge - 20277, Englewood Concrete - 15720, Englewood Exc/Drill/Drain - 15731, Lafayette - GCA4196956



NEXT STEPS



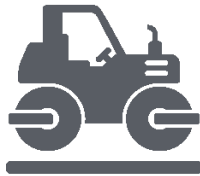
WE EARN YOUR BUSINESS.

When you're comfortable with our proposal and are ready to move forward, just sign and return it. Now your hard work is over...and ours is just beginning.



WE SCHEDULE WORK - AND FOLLOW THROUGH.

The time your parking lot or other facility is down is an inconvenience and costs you or your customers money. Our scheduling department is the best in the business at meeting seemingly impossible requests, or finding mutually agreeable solutions to difficult scheduling situations. Once we agree on the schedule, we lock it in.



WE START WORK.

We will be at your site on time and ready to work. If you join us for the day, you'll find our crews, supervisors, and superintendents helpful and professional. You'll likely also run into someone from your account team checking on progress throughout the day to ensure your agreed-upon expectations are reflected properly in the work being performed.



YOU PROVIDE FEEDBACK.

Our work isn't done until you're satisfied. If any element doesn't meet your agreed-upon expectations, we'll schedule touch-ups right away. Our customer service staff will also be in touch about a month after your project is complete to get your honest feedback on our work - and to make sure you don't have any loose ends to tie up.



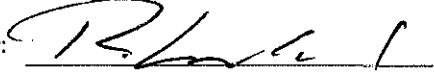
Schedule 13


Department of Public Health and Environment

Funding Request for The FY 2020-21 Budget Cycle

Request Title

R-06 Statewide 0.5% Provider Rate Increase

Dept. Approval By:  _____ Supplemental FY 2019-20

OSPB Approval By:  _____ Budget Amendment FY 2020-21

_____ X _____ Change Request FY 2020-21

Summary Information	Fund	FY 2019-20		FY 2020-21		FY 2021-22
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$11,029,231	\$0	\$9,466,083	\$47,325	\$47,325
FTE		0.0	0.0	0.0	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	\$6,901,235	\$0	\$6,901,235	\$34,506	\$34,506
	CF	\$3,392,537	\$0	\$1,828,389	\$9,142	\$9,142
	RF	\$735,459	\$0	\$735,459	\$3,677	\$3,677
	FF	\$0	\$0	\$0	\$0	\$0

Line Item Information	Fund	FY 2019-20		FY 2020-21		FY 2021-22
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$11,029,231	\$0	\$9,466,083	\$47,325	\$47,325
01. Administration and Support, (C) Local Public Health Planning and Support, (1) Local Public Health Planning and Support - Distributions to Local Public Health Agencies	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$6,901,235	\$0	\$6,901,235	\$34,506	\$34,506
	CF	\$3,392,537	\$0	\$1,828,389	\$9,142	\$9,142
	RF	\$735,459	\$0	\$735,459	\$3,677	\$3,677
	FF	\$0	\$0	\$0	\$0	\$0

Auxiliary Data			
Requires Legislation?	NO		
Type of Request?	Department of Public Health and Environment Prioritized Request	Interagency Approval or Related Schedule 13s:	Impacts HCPF Medicaid



Department Priority: R-06
Request Detail: Statewide 0.5% Provider Rate Increase

Summary of Incremental Funding Change for FY 2020-21			
	FY 2019-20	FY 2020-21	FY 2021-22
Total Funds		\$47,325	\$47,325
FTE			
General Fund		\$34,506	\$34,506
Cash Funds		\$9,142	\$9,142
Reappropriated Funds		\$3,677	\$3,677
Federal Funds			

Summary of Request:

The Department of Public Health and Environment requests an increase of \$47,325 total funds to the Distributions to Local Public Health Agencies line including \$34,506 General Fund, \$9,142 Marijuana Tax Cash Funds, and \$3,677 reappropriated funds for FY 2020-21 and beyond to account for a provider rate increase of 0.5 percent, which affects the Local Public Health Agencies in the state.

Current Program:

The Assessment Planning and Support Program - The Office of Planning, Partnerships and Improvement (previously called the Office of Planning and Partnerships) organizes the implementation of the 2008 Public Health Act (SB 08-194) and manages Colorado's health assessment and planning system for local and state public health by collaborating and coordinating across the public health system. The office provides technical assistance and support to the Colorado Department of Public Health and Environment (CDPHE) and local public health agencies (LPHAs) for accreditation, assessment and planning, public health nursing, performance improvement, student opportunities and environmental health. Beyond providing direct technical assistance, the office organizes the sharing of local processes and documents, so agencies can learn from each other and share their work. The office staff also work as liaisons to help broker solutions and improve communications between CDPHE programs and local public health.

The office distributes General and Marijuana Tax Cash Funds to local public health agencies for core public health services infrastructure and assessment and planning activities and works across multiple partners to ensure all counties across the state can provide core public health services. The office also provides some grant funding to assist with local assessment and planning activities.

Problem or Opportunity:

For FY 2020-21, the Governor's Office established a community provider rate increase of 0.5 percent, to include the Local Public Health Agencies (LPHAs) who receive grant funds from the Department of Public Health and Environment. The Local Public Health Agencies were added to the list of providers who would be affected by this 0.5 percent increase during a Joint Budget Committee meeting on March 13, 2015. Should this request not be funded, LPHAs will be forced to continue to absorb cost increases, potentially harming their ability to strengthen the state of the public health in counties around Colorado.

Proposed Solution:

The Department requests an increase of \$47,325 total funds to the Distributions to Local Public Health Agencies line including \$34,506 General Fund, \$9,142 Marijuana Tax Cash Funds, and \$3,677 reappropriated funds for FY 2020-21 and beyond to account for a provider rate increase of 0.5 percent. The Department would allocate the additional funding to the 53 local public health agencies using the existing funding allocation formula.

Anticipated Outcomes:

With the increased funding, the Department would be able to partially offset some of the inflationary pressures on basic necessities that Local Public Health Agencies face.

Assumptions and Calculations:

The Department based calculations on a 1 percent across the board rate increase for the following line item:

Table 1 – 1% Provider Rate Increase by Fund Source

Line Item	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
FY 2019-20 Distributions to Local Public Health Agencies	\$9,465,083	\$6,901,235	\$1,828,389	\$735,459	\$0
<i>0.5% Increase</i>	<i>\$47,325</i>	<i>\$34,506</i>	<i>\$9,142</i>	<i>\$3,677</i>	<i>0</i>
FY 2020-21 Distributions to Local Public Health Agencies	\$9,512,408	\$6,935,741	\$1,837,531	\$739,136	\$0

Schedule 13

Department of Public Health and Environment

Funding Request for The FY 2020-21 Budget Cycle

Request Title

R-07 Eliminate Duplicative Waste Grease Program

Dept. Approval By: 

Supplemental FY 2019-20

OSPB Approval By: 

Budget Amendment FY 2020-21

X

Change Request FY 2020-21

Summary Information	Fund	FY 2019-20		FY 2020-21		FY 2021-22
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$2,883,854	\$0	\$3,036,624	(\$100,890)	(\$100,890)
	FTE	22.2	0.0	22.2	(0.7)	(0.7)
Total of All Line Items Impacted by Change Request	GF	\$0	\$0	\$0	\$0	\$0
	CF	\$2,883,854	\$0	\$3,036,624	(\$100,890)	(\$100,890)
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

Line Item Information	Fund	FY 2019-20		FY 2020-21		FY 2021-22
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$2,883,854	\$0	\$3,036,624	(\$100,890)	(\$100,890)
	FTE	22.2	0.0	22.2	(0.7)	(0.7)
06. Hazardous Materials and Waste Management Division, (C) Solid Waste Control, (1) Solid Waste Control - Program Costs	GF	\$0	\$0	\$0	\$0	\$0
	CF	\$2,883,854	\$0	\$3,036,624	(\$100,890)	(\$100,890)
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$0	\$0	\$0

Auxiliary Data

Requires Legislation? YES

Type of Request?

Department of Public Health and Environment Prioritized Request

Interagency Approval or Related Schedule 13s:

No Other Agency Impact



Department Priority: R-07
Request Detail: Eliminate Duplicative Waste Grease Program

Summary of Incremental Funding Change for FY 2020-21			
	FY 2019-20	FY 2020-21	FY 2021-22
Total Funds		(\$100,890)	(\$100,890)
FTE		(0.7)	(0.7)
General Fund			
Cash Funds		(\$100,890)	(\$100,890)
Reappropriated Funds			
Federal Funds			

Summary of Request:

The Department requests a reduction of \$100,890 of cash fund spending authority and 0.7 FTE in FY 2020-21 and beyond to eliminate the Waste Grease Program. This request represents a 3.5 percent decrease in cash funds from the FY 2019-20 appropriation in the Hazardous Materials and Waste Management Division's (HMWMD's) Solid Waste Control Program line.

Current Program:

The Waste Grease Program is a small sub-section of the HMWMD's Solid Waste Control Program line. The waste grease program brings in approximately \$100,890 in revenues from annual fees to support 0.7 FTE and operating costs. The Solid Waste Control Program line has cash fund spending authority for \$2,883,854 for FY 2019-20. The HMWMD proposes to eliminate the waste grease program established in 30-20-123 C.R.S. Eliminating the program will require repealing this section of statute.

The waste grease program was created to provide additional State oversight to the proper collection, transportation, and disposal of trap grease, generally created through food service businesses. Solid grease can be disposed of through the trash or composted, but liquid waste containing oil and grease can cause sewer blockages or wastewater backups if it accumulates in the sewage system. This program was created to assist local municipalities with addressing issues that could cause sewer blockages or wastewater backups, but the local municipalities are already effective at identifying and correcting these issues. As a result, this program has caused duplicated efforts between the State and local municipalities. Furthermore, the program is a regulatory burden for small operators required to register with the HMWMD and to maintain a \$10,000 bond for financial assurance in the event of a spill. The State has never redeemed a bond, nor has it been involved in matters when a local municipality determines a sewage blockage is the responsibility of a local food service business, waste grease facility (a location used to collect, transport, store, process, or dispose of grease), or waste grease hauler (transporter). Currently, there are approximately 160 registered waste grease haulers and eight registered waste grease facilities; restaurants are not required to register with the State of Colorado. The waste grease haulers must maintain a \$10,000 bond for financial assurance in the event of a spill.

The waste grease program is primarily administrative with little to no actual inspection or enforcement capabilities. A waste grease incident leading to the improper collection, transportation, and disposal of trap grease has proven to be very low-risk as the State has never redeemed a bond for a waste grease incident from a waste grease hauler or a waste grease facility.

Problem or Opportunity:

Most of the approximately 160 waste grease haulers are small operations that struggle to understand registration and regulatory requirements. The waste grease haulers also struggle to comply with financial assurance requirements, which require them to obtain and maintain a \$10,000 bond for clean-up in case a spill occurs. The HMWMD believes eliminating this program is an opportunity to eliminate an unnecessary regulatory program that is duplicated by local municipalities. The requirements also place an administrative burden on very small operators despite the lack of a significant risk to human health and the environment.

Proposed Solution:

The Department requests a reduction of \$100,890 of cash fund spending authority and 0.7 FTE in FY 2019-20 and beyond to eliminate the waste grease program. The Department respectfully requests that the Joint Budget Committee introduce legislation to repeal 30-20-123 C.R.S. This legislation will eliminate the regulatory burden on these small, low-risk operators, in addition to eliminating the requirement for these small operators to maintain the \$10,000 bond for financial assurance.

Anticipated Outcomes:

The Department anticipates this proposal to be a win/win situation to eliminate a program that is duplicated by local municipalities, while granting waste grease haulers and facilities the benefit of fewer regulatory

requirements without risking public health and the environment. The Department would no longer collect the revenue associated with this program, which is currently \$100,890 annually.

Assumptions and Calculations:

See the table below for revenue calculations. The 0.7 FTE was granted to the division in the original fiscal note when the program was established in statute.

Waste Grease Current State			
Fee Category	# Permitted	Amount	Total
Waste Grease Transporters	161	\$570	\$91,770
Waste Grease Facilities	8	\$1,140	\$9,120
Net Annual Revenue			\$100,890



Department Priority: R-08
Request Detail: External Boards Support Reduction

Summary of Incremental Funding Change for FY 2020-21			
	FY 2019-20	FY 2020-21	FY 2021-22
Total Funds		(\$44,007)	(\$44,007)
FTE			
General Fund		(\$44,007)	(\$44,007)
Cash Funds			
Reappropriated Funds			
Federal Funds			

Summary of Request:

The Department of Public Health and Environment requests a reduction of \$44,007 general fund in FY 2020-21 and beyond to eliminate the Department’s support for two external boards: the Stroke Advisory Board and the Colorado Coroner’s Standards and Training Board. This request represents a 100 percent decrease in general funds from the FY 2019-20 appropriation in the State EMS Coordination, Planning and Certification Program line. Supporting these activities is not central to the Department’s strategic objectives and may more appropriately be supported by other organizations.

Current Program:

This request would impact two boards receiving assistance from the Health Facilities and Emergency Medical Services Division (HFEMSD). The HFEMSD provides assistance to the Stroke Advisory Board and the Colorado Coroners Standards and Training Board.

The Stroke Advisory Board is a governor-appointed 18 member board responsible for making recommendations to the legislature on improving stroke care in Colorado. This board was created in 2013, through 25-3-115 C.R.S., with a sunset date of September 1, 2018. In May 2018, the board was extended for an additional 10 years. The board recommends statewide systems of care for stroke patients targeted at a full continuum of care. The board partners with communities and experts in prevention and health equity to inform recommendations and collaborate on shared initiatives. The board recommended a comprehensive statewide system of care customized to meet Colorado's unique needs. The proposed system has the potential to be more cost effective and beneficial to Colorado's citizens than existing state systems of care for stroke. The proposed model addresses the full continuum of care which includes acute, rehabilitative, and preventive care by partnering with public health initiatives that are improving health equity across Colorado.

The HFEMSD allocates approximately 0.3 FTE to manage the Stroke and ST-Elevation Myocardial Infarction (STEMI) activities. However, the FTE does not directly participate or assist with the statewide system of care for stroke patients. Staff supports the STEMI registration center by placing stroke and STEMI facilities with documented standards on a map. If the request were approved and HFEMSD no longer created this map, individual facilities could post documented standards information on their websites. Furthermore, local emergency medical service providers typically know facility services provided for the patients they treat and transport. The HFEMSD also collects quarterly quality reports from hospitals that receive heart attack patients. The HFEMSD cannot do anything with this data as it comes in a PDF format and the information is confidential, so it cannot be shared. There is no requirement for the data in these reports to be analyzed, so it is submitted and collected, but nothing is done with the data. The Department believes that these activities could be transferred to an external entity without detrimental effects to health and safety.

The Colorado Coroners Standards and Training Board (CCSTB) is a type two transfer board, meaning it lacks independent authority; however the board has disciplinary authority. This board was formed in May 2006, through CRS 30-10-601.6 to carry out three primary responsibilities. First, the CCSTB develops a curriculum and approves instructors for the New Coroners Institute (NCI) training course. The NCI trainings occur every four years. Second, the CCSTB approves trainers to certify coroners in basic medical-legal death investigations (MLDI). Third, the CCSTB approves trainers and programs to satisfy the required annual 20 hours of in-service training or continuing education (CE). These duties are identified for the CCSTB in CRS 30-10-601.7. The specific training requirements are found in CRS 30-10-601.8. The board reviews coroner documents to determine if coroners have complied with training requirements as outlined in statute. The CCSTB reviews coroner submitted documents during quarterly board meetings. Failure of a coroner to document compliance with training requirements can result in the CCSTB taking disciplinary action against a coroner, by having the coroners pay suspended. Enforcement authority for the board is identified in CRS 30-10-601.9.

The HFEMSD was initially responsible for awarding the administration contract for the CCSTB. In 2014, the HFEMSD became responsible for additional duties of the board when HB14-1380 passed. HB 14-1380 allowed the executive director at the Department to accept and ‘expend’ gifts, grants and donations to cover the costs incurred in the establishment and operation of the CCSTB. It also required the Department to perform administrative duties related to the operations of the CCSTB. Those administrative duties had previously been performed by a hired independent contractor.

An Administrator IV supports the board. This employee tracks training documentation from coroners and compiles the information for the board. The employee drafts letters to coroners failing to meet training requirements, and communicates with county commissioners. This employee also manages public notices, creates agendas, drafts minutes, and performs other administrative duties for the board. The Department plans to reallocate this staff time to other activities using other funding sources if this request is approved.

Lastly, HB14-1380 also required the Colorado Attorney General to be the legal advisor of the board, and required a deputy or assistant attorney general to attend each meeting and provide legal counsel as requested by the CCSTB. The Department is responsible, through HB 14-1380, for funding the work provided by the Colorado Attorney General’s Office for the CCSTB. These expenses are funded through the Legal Services Common Policy Line in the Administration and Support Division. Any adjustments to these expenses would be handled through the annual legal services true-up process.

Problem or Opportunity:

The Stroke Advisory Committee and the Colorado Coroner’s Standards and Training Board are beneficial to Colorado citizens, but supporting these activities is not central to the Department’s strategic objectives. These boards are not central to the Department’s strategic priorities and may, more appropriately, be supported by other organizations (such as hospitals, physicians groups, the Colorado Coroner’s Association, or local counties). These boards could still provide beneficial guidelines without channeling work and recommendations through CDPHE.

Proposed Solution:

The Department requests a reduction of \$44,007 of general fund in FY 2020-21 and beyond to eliminate the Department’s support for two external boards: the Stroke Advisory Board, and the Colorado Coroner’s Standards and Training Board.

The Stroke Advisory Board is beneficial to citizens of Colorado, but the Department believes the advisory board could be managed through the private sector without detrimental impacts to health and safety. The 0.3 FTE supported through this program is a full time employee, who would be funded and redirected towards other activities within the HFEMSD.

If the request were approved, the Colorado Coroner’s Association or county offices could potentially support the CCSTB. The HFEMSD estimates the Colorado Coroner’s Standards and Training Fund (a cash fund financed through gifts, grants, and donations) will have \$55,000 at the end of FY 2018-19 from a NCI Training conducted in December 2018. The Department supports the CCSTB using the Colorado Coroner’s Standards and Training cash fund when it is available, but supplements this cash fund with \$15,000 in general funds when there are no funds available in the cash fund. If this proposal moves forward, the Department would utilize the \$55,000 in cash funds to continue running the CCSTB. Once a new agency

accepted this function, the remaining funds could be transferred to the new agency to fund CCSTB activities.

This request would require statutory change to remove the Department from supporting the Stroke Advisory Board, and Colorado Coroner's Standards and Training Board. The Department respectfully requests that the Joint Budget Committee sponsor legislation to eliminate the requirement that the Department support these external boards. If this proposal moves forward, the Department will work with stakeholder groups to identify appropriate solutions.

Anticipated Outcomes:

The HFEMSD does not anticipate negative impacts from these reductions. Stakeholders could still be supported by both of these boards, but the State would no longer finance or support these activities. The HFEMSD will work with stakeholders to develop alternative solutions for these boards if this proposal is approved to move forward.

Assumptions and Calculations:

The calculations for this request are based on the general fund appropriation for the Emergency Medical and Trauma Services branch. The general fund in this appropriation is \$29,007 for the Stroke Advisory Board and \$15,000 for the Colorado Coroners Standards and Training Board. This request represents a 100 percent decrease in general funds, \$44,007, from the FY 2019-20 appropriation in the State EMS Coordination, Planning and Certification Program line.