Colorado Department of Public Health and Environment

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
FY 2019-20 JOINT BUDGET COMMITTEE HEARING AGENDA

Thursday, December 6, 2018
9:00 am – 12:00 pm

9:00-9:30 INTRODUCTIONS AND OPENING COMMENTS

Presenter: Karin McGowan, Interim Executive Director

9:30 – 10:30 HEALTH DIVISIONS

Main Presenter:
- Karin McGowan, Interim Executive Director

Topics:
- R1 Family Planning Purchase of Services Increase: Page 1-3, Questions 1-2, Slide 14.
    - Supporting Presenter: Jody Camp, Family Planning Unit Section Manager
- R4 Local Public Health Electronic Medical Records: Page 3-5, Questions 3-7, Slide 14.
    - Supporting Presenter: Chris Wells, Center for Health and Environmental Data Division Director
- R8 Assisted Living Residence Spending Authority: Page 5-8, Questions 8-10, Slide 14.
    - Supporting Presenter: Randy Kuykendall, Health Facilities & Emergency Medical Services Division Director
- Overview of the Department's Substance Abuse Programs: Page 9-14, Question 11.
    - Supporting Presenter: Lindsey Myers, Violence and Injury Prevention-Mental Health Promotion Branch Chief
- WIC Program, Page 15, Question 12
    - Supporting Presenter: Erin Ulric, Interim Prevention Services Division Director
- Mental Health First Aid, Page 15, Question 13
    - Supporting Presenter: Lindsey Myers, Violence and Injury Prevention-Mental Health Promotion Branch Chief
- Specialized Funding for the Community Mental Health Centers, Page 15, Question 14
    - Supporting Presenter: Dane Matthew, Office of Emergency Preparedness and Response Director

10:30-10:45 BREAK

10:45-11:45 ENVIRONMENTAL DIVISIONS

Main Presenter:
- Karin McGowan, Interim Executive Director
- Martha Rudolph, Director of Environmental Programs

Topics:
- R10 Restore Pesticides General Fund: Page 16-17, Questions 15-18, Slide 16

    - Supporting Presenter: Patrick Pfaltzgraff, Water Quality Control Division Director
- Federal Land, Environmental, Jurisdictional, and/or Water Issues: Page 17-18, Question 19
    - Supporting Presenter: Martha Rudolph, Director of Environmental Programs
- Tipping Fees: Page 18-19, Question 20.
    - Supporting Presenter: Jen Opila, Hazardous Materials and Waste Management Division Director
- Update to Prior Year's Budgetary Items within the Environmental Divisions: Page 19-21, Question 21.
    - Supporting presenters: Jeff Lawrence, Division of Environmental Health and Sustainability Director; Patrick Pfaltzgraff, Water Quality Control Division Director; Garrison Kaufman, Air Pollution Control Division Director; Jen Opila, Hazardous Materials and Waste Management Division Director

11:45-12:00 Office of Planning, Partnerships, and Improvement

Main Presenter:
- Karin McGowan, Interim Executive Director

Topics:
- R2 Public Health Transformation: Page 22-23, Questions 22-24, Slide 17.
    - Supporting Presenters: Heather Weir, Office of Planning, Partnerships, and Improvement Director and Anne-Marie Braga, Local Public Health Partnerships Director

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HEALTH DIVISIONS

- Chris Wells, Center for Health and Environmental Information Division Director
- Emily Travanty, Laboratory Services, Deputy Director and Science Director
- Tony Cappello, Disease Control and Environmental Epidemiology Division Director
- Erin Ulric, Interim Prevention Services Division Director
- Randy Kuykendall, Health Facilities & Emergency Medical Services Division Director

R1 Family Planning

1 The request estimates that 92,600 women are without family planning coverage. Please provide the following information about that population:

- Are the 58,000 women identified as uninsured eligible for Medicaid? Please provide additional information as to why they lack coverage.

The Affordable Care Act mandate and Medicaid expansion increased access to health coverage for many Coloradans, and family planning clinics bill all insurance and Medicaid if clients present with a payer source. However, not all women identified as uninsured are eligible for Medicaid. Several barriers still remain which make it challenging for men and women to access coverage for contraceptive health care. They are as follows:

Women's Preventive Health Benefit: Federal regulation states that plans may not limit coverage to one type of contraceptive, such as oral contraceptives, but must provide at least one version of each FDA-approved contraceptive method. This means that insurance companies are only required to support one of the three available IUDs on the market. If that one version is not the LARC method that the clinical provider prescribes, the client may turn to a Title X clinic for contraceptive assistance.

Medical Management: Federal regulations implementing the preventive services coverage requirements permit health insurers to use "reasonable medical management techniques" to determine the frequency, method, treatment or setting for any of the required services to the extent not already specified in the guidelines. In some cases, medical management may include requiring that patients try a different (e.g., less expensive) contraceptive method before a LARC method is approved. If insurers require a medical justification for a woman to gain access to LARC, preferences based on factors other than medical contraindications may not be reimbursed.

Religious and Moral Exemption: Allows certain employers to "opt-out" of including/paying for the contraceptive benefit in their employer sponsored plans.

"Churn": Churn is typically caused by a change in the insured eligibility status, such as fluctuations in income, loss of a job, or changes in family circumstances, lack of funding for premiums, etc. which results in episodic health care coverage. These people often end up seeking family planning services when they have no current source of coverage.

Cost of Insurance: While there may be access to insurance coverage for all individuals, not all can afford the premiums – even with the subsidies. The health care law does allow for an exemption from the individual mandate for those who cannot find affordable coverage. Colorado is recognized as having extremely high premiums in the mountain and resort areas of the state, making purchasing coverage challenging for residents of these counties. Some low-income, uninsured adults fall in a "coverage gap" because they earn too much to qualify for Medicaid but not enough to qualify for Marketplace premium tax credits.

Not all workers have access to coverage through their job. According to the Kaiser Family Foundation, in 2016, 74 percent of nonelderly uninsured workers worked for an employer that did not offer health benefits to the worker. Moreover, nine out of 10 uninsured workers who do not use an offer of employer-sponsored coverage report cost as the main reason for declining (90 percent). From 2006 to 2016, total premiums for family coverage increased by 58 percent, and the worker's share increased by 78 percent, outpacing wage growth.

Barriers to enrollment documentation. Barriers to enrollment in public programs vary, but they include the following: uncertainty regarding eligibility, lacking the documentation requirements necessary for enrollment, difficulty navigating the complex federal enrollment process, and language and literacy challenges.

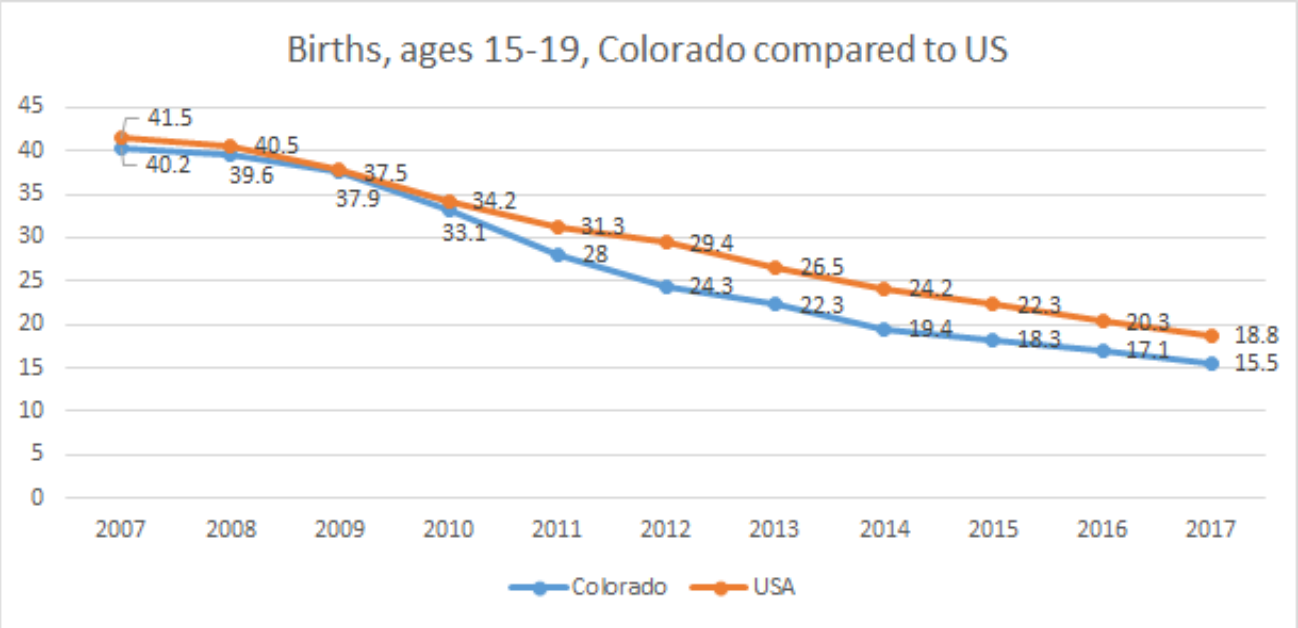
- Does this number address an estimate of people who lack other coverage, or indicate the number of women who have attempted to access the service but the Program lacked the resources to serve them?

The estimated 92,600 number represents women without sufficient family planning coverage rather than the number representing women who have attempted to access the services.

2 Has Colorado's family planning program directly contributed to a decline in the birth rate in Colorado?

Data indicates that expanded access to contraception is a large contributor to the overall decline in the birth rate in Colorado; the CDPHE Family Planning Program has played a large part in increasing access to long acting contraception. In fact, Colorado's teen birth rate has dropped at a faster rate compared to the US (see graph below). However,

anecdotal evidence also indicates that a variety of other factors have also contributed to the decline, such as family-size choice, later age of first birth, abstinence and sexual health education. The graph below shows Colorado's birth rate dropped 61 percent between 2007 and 2017, compared to the US teen birth rate, which dropped 55 percent in the same period.



R4 Local Public Health Electronic Medical Records

3 What unique services do Local Public Health Agencies (LPHAs) provide which lead to the need for a custom electronic health records (EHR) system?

Local public health agencies (LPHAs) serve a unique role within their communities, and deployment of a system that met their unique needs required significant system customization. For example, LPHAs administer vaccinations (similar to a primary care provider), dispense medications (similar to a retail pharmacy), and have a high volume of walk-in patients (similar to an emergency department). In addition to billing private insurance plans and Medicaid, LPHAs must manage additional regulatory and reporting requirements associated with participation in state and federal grant programs. These are reasons why LPHAs have struggled to independently purchase EHRs and why selecting/scoping out a system for LPHAs required additional time in system deployment.

4 What led to the delay in implementation of the EHR system?

The initial IT capital construction request for this system sought funding approval based on preliminary cost estimates. The process of identifying requirements for the unique needs of local public health agencies meant that the system requirements process was

very labor intensive and time consuming. As a result, the proposed timeline in the initial request was overly ambitious. There are two causes of the extended timeline for system deployment: customization required to meet unique local public health needs and collaboration with the Colorado Department of Human Services (CDHS) to deploy one state EHR to meet multiple state needs. Extending the timeline resulted in two positive impacts: a system that meets LPHA needs at a reduced cost and a collaboration between the two Departments resulting in a more robust system than would have been possible with two separate systems. For this reason, CDPHE and CDHS will be able to leverage the same infrastructure across different care settings, access the data in real-time, and save on licensing, hosting and support costs with reduced administrative tasks.

5 The original budget request expressed an intent to serve all LPHAs. Why is the EHR being utilized by such a small number of LPHAs?

The core goal of the LPHA-EHR project, to increase EHR use to all LPHAs, has not changed. The system that was developed is capable of serving all LPHAs. During the contract negotiation process, CDPHE prioritized ensuring LPHA functionality requirements for core public health services were met. This was accomplished by working very closely with two pilot agencies to create a system that could be deployed more widely in future years. The terms of the annual maintenance agreement were based on 20 LPHAs, because, at the time, that was the estimate for how many LPHAs would be likely to be using the system in the near term. Given each LPHA has approximately 10 to 15 clinic staff, this translates to about 20 LPHAs. When LPHA demand for the system exceeds 225 individual system users, the contract can be amended to increase the total number of system users at an additional maintenance cost.

6 What are the costs and benefits of the program moving forward?

Costs for the project are the annual maintenance cost of approximately $500,000 and costs for staff to support the system and on-board additional LPHAs.

CDPHE's FY 2019-2020 goals for this project are as follows:

- Completion of expansion and sustainability plans.
- Twelve LPHAs with contractual commitments to implement EHR by June 2020.
- At least 100 individual end users of EHR by June 2020.

CDPHE's goals through FY 2023-2024 for this project are as follows:

- Twenty LPHAs with contractual commitments to implement EHR by June 2023
- At least 200 individual end users of EHR by June 2024.
- Increased adherence to vaccination schedules, cancer screening, and STI screening recommendations in counties with a participating LPHA within 3 years of an LPHA implementing the HER

- Increased number of LPHAs engaged in public health reporting via health information exchanges (HIEs), including but not limited to increased electronic transmission of vaccination records by 74,000 and of family planning visits by 12,000 annually

The benefits of continued use of electronic health records include increased efficiency, increased quality of care, reduction of waste, fewer medical errors and better organizational outcomes such as financial and operational benefits. The Community Preventive Services Task Force (CPSTF) recommends the use of electronic health records as an evidence-based approach to increasing vaccination and cancer screening rates. (Community Preventative Services Task Force, 2012 & 2014). EHRs facilitate increased capacity to deliver the right services to the right people at the right time as well as increase safety and quality of those services. EHRs are a proven mechanism for increasing revenue and financial sustainability by facilitating patient accounting and electronic billing (Jong Soo Choi, Woo Baik Lee, & and Poong-Lyul Rhee, 2013).

7 Should the Joint Budget Committee expect to see an annual request to pay for the $502,188 maintenance fees?

As the Department originally envisioned the project, LPHA's would eventually assume costs for maintaining the system. Because development and implementation of the system took longer than anticipated, CDPHE is requesting funding for one year in order to assess the long term needs for this project and to develop a sustainability plan. The sustainability plan will address how much each LPHA site will contribute to the maintenance fee. The Department believes that LPHAs will be able to allocate money to this endeavor because the system makes it possible to electronically bill Medicaid and Medicare for services. Prior to the implementation, many LPHAs that did not have an electronic health record were unable to recoup these costs, so the system creates a new funding stream. Without the requested year of funding to collect data and develop a sustainability plan, it is not possible to project future funding needs. However, the Department anticipates that the LPHAS will not be able to cover the costs in their entirety. CDPHE anticipates an additional request next year but believes that request will incorporate system support from LPHAs.

R8 Assisted Living Residences

8 Please provide the following information about assisted living residences (ALRs):
- What are ALRs and what services do they provide?
- Please describe the differences between ALRs and other supportive living facilities such as nursing homes and group homes, including inspection requirements.

6 CCR 1011-1 Ch. 7 defines Assisted Living Residences as:

"Assisted living residence" or "ALR" means:
A residential facility that makes available to three or more adults not related to the owner of such facility, either directly or indirectly through a resident agreement with the resident,

room and board and at least the following services: personal services; protective oversight; social care due to impaired capacity to live independently; and regular supervision that shall be available on a twenty-four-hour basis, but not to the extent that regular twenty-four hour medical or nursing care is required.

An assisted living residence provides services that help residents with activities of daily living, such as bathing, dressing, ambulation, etc. The facilities also provide meals and recreational and social activities.

ALR's are not Medicare providers; however, some facilities do accept Medicaid residents. As such, regulations are based on Colorado regulations (both CDPHE and Health Care Policy and Financing - HCPF). There are no federal regulations nor funds available for survey purposes.

"Nursing Care Facility" means:
A licensed health care entity that is planned, organized, operated and maintained to provide supportive, restorative and preventative services to persons who, due to physical and/or mental disability, require continuous or regular inpatient nursing care.

The Nursing Care Facilities provide all of the services of an ALR with the additional requirement of continuous or regular inpatient nursing care. For example, people with complex wound care (deep pressure sores, surgical wounds), or systemic infections require continuous or inpatient care. Furthermore, nursing facilities offer rehabilitation and therapy (Physical, occupational, speech therapy) to help people recover from accidents, surgeries, strokes, etc. Residents of nursing facilities are more medically fragile than residents of ALR's.

The majority of nursing facilities accept Medicaid, Medicare and private pay residents. As such, these facilities need to meet regulations of the federal Centers for Medicare and Medicaid services as well as CDPHE and HCPF regulations. Federal regulations require nursing facilities be surveyed on an average of once every 12.9 months. Federal Medicare funds ARE available for survey purposes.

Group Homes:
Group homes are defined in CDPHE rules as Community Residential Homes – a group living situation accommodating at least four, but no more than eight persons, which is licensed by the state and in which services and supports are provided to persons with intellectual and developmental disabilities.

HCPF rules define Group Residential Services and Supports (GRSS) as group living environments of at least four and no more than eight persons receiving services.

Group homes (Community Residential homes) are surveyed for CDPHE and HCPF rules every three years. No federal Medicare funds are available for survey. These facilities are designed specifically for people with intellectual disabilities and not the general public.

The following chart illustrates the three facility types:

	ALR	Nursing Facility	IDD Group Home
Number of people	3 or more (unrelated to owner), up to several hundred.	any size – Census averages 20-> 100	4-8
Population	Usually elderly, but may be younger. May have mental health or dementia care needs	Usually elderly but may be younger, particularly for rehabilitation services, or for individual requiring round the clock nursing care.	Persons with intellectual and developmental disabilities. Any age
Services provided	Personal services; protective oversight; social care due to impaired capacity to live independently; and regular supervision	Provide supportive, restorative and preventative services to persons who, due to physical and/or mental disability, require continuous or round the clock nursing care	Personal services; protective oversight; social care due to impaired capacity to live independently
Level of medical staff	Unlicensed and uncertified staff. MAY have a nurse on site to provide limited nursing care	Registered nurses, licensed practical nurses, social workers, CNA's, therapists (physical, occupational, speech, recreational). Medical director (Physician) on staff or contracted.	Unlicensed and uncertified staff. Also nursing staff, which can be RN, or LPN under RN oversight. Nurses can be on staff or contracted as long as they meet needs of residents.
Nursing Services provided	Limited in scope and duration, non-complex care under doctor orders.	Full nursing and rehabilitative therapies.	, sufficient to respond to the needs of the residents.

9 What skilled nursing services are provided at ALRs?

ALRs are not required to provide nursing services, however some ALR's can choose to provide limited or short term nursing services directly if a resident has a TEMPORARY change in his/her condition that requires limited nursing care or support, such as symptoms of flu or a skin tear. , a nurse employed with the ALR can assist the resident based on orders from the resident's physician.

In some cases, a resident may require broader scope or routine nursing support or care (i.e. disease management, medication titration – such as blood thinners, etc.). A resident can receive this type of care within the ALR if the care is provided by a licensed home health agency or hospice that routinely sees the resident. In these cases, a nurse employed with the ALR can supplement the care between the home health agency or hospice visits.

Nursing care or support provided by an ALR can only be offered for residents that are otherwise in stable health and not in need of constant, 24 hour nursing care, support and

supervision. This is because the standard level of care provided in ALRs is non-medical support that includes personal care (such as bathing, toileting, dressing), residential care (housekeeping, laundry and meals) and activities. These standard care tasks are provided by individual staff that are not required to be certified or licensed under a medical profession.

Other staff may assist with nursing services if they are trained and evaluated for competency. A nurse must supervise staff assisting with nursing services. Examples of services unlicensed staff can be trained to complete are skilled transfers, assistance with transfers that require equipment, such as a Hoyer lift, special positioning and support in a bed to prevent skin breakdown, and how to prompt a resident to follow through with prescribed range of motion exercises.

10 The request references an increase in the number of complaints received for ALRs. Does this number correspond to the growth in population living in ALRs or is it indicative of decrease in level of service in the facilities?

Complaints are increasing due to a variety of factors.

First, the number of new facilities has been steadily rising, which means that more residents are being served, and thus more opportunities for complaints.

Second, the industry as a whole is evolving, with changes in the types of ALR settings, increases in the services offered, and increases in the complexity of the needs of the residents. ALR's have evolved over the last several years to provide more services than the simple "board and care facilities" that they used to be.

Third, the division is also seeing that new owners of assisted living facilities have a wide variety of backgrounds, with a diverse mix of single residence owners, multiple location owners, corporations and those who are venturing into ALR services as a first time operator or owner from another background. The lack of experience in the healthcare field contributes to the increase in complaints and drives the need for oversight and technical support. .

Finally, the division is seeing a growth in complaints across all facility types, not just limited to ALR's.

The division has not identified an overall decrease in level of service provided by these facilities as a whole; instead, inspection and complaint findings show an increase in the complexities of resident needs, which has impacted what once was for the most part, simple board and care. This trend coupled with individual providers who have struggled to meet long standing minimum requirements has impacted the increase in complaints. With a recent revision and improvement to the minimum operating license standards, providers could also benefit from additional technical assistance along with more frequent routine inspections of resident care and services. Ideally, over time, as the facilities are better equipped to meet the regulations, complaints should decrease.

General Questions

11 Please provide an overview of the Department's substance abuse programs, as well as a comparison to the services provided by the Department of Human Services.

CDPHE's substance abuse programs focus on upstream prevention of substance abuse (preventing a person from ever having a substance use disorder rather than providing treatment after there is a substance issue, which is the mandate of the Department of Human Services (DHS)). These upstream prevention strategies include monitoring data about the use and subsequent health impacts of substance abuse/misuse, addressing the factors that may put someone at risk for or buffer them from a substance use disorder, restricting the availability of substances in a community, improving screening for substance use/misuse, building community-based coalitions that address availability of substances and norms around substance use, Ensuring a sufficient network of providers and implementing evidence-based prevention programs to educate youth and parents about preventing substance use.

In comparison, the Colorado Department of Human Services (CDHS) primarily focuses on screening and treatment services for those already diagnosed with a substance use disorder. While most of the Substance Abuse and Mental Health Services Administration (SAMHSA) block grant funding at the CDHS Office of Behavioral Health funding goes to treatment, a smaller proportion focuses on upstream prevention, similar to CDPHE programs. Approximately, $8,000,000 of CDHS's SAMHSA block grant funds focus on general community coalition prevention strategies, environmental strategies, and some programs for youth prevention or persistent drunk drivers. Additionally, the Office of Behavioral Health has funding from SAMHSA to focus on expanding opioid treatment and recovery services and access to naloxone, a life-saving drug used to reverse overdoses to narcotic drugs such as certain prescription medications and heroin.

Colorado Health Service Corps - The Colorado Health Service Corps (Section 25-1.5-401 *et seq* C.R.S.), an existing clinical practice incentive program in CDPHE, was expanded by SB 18-024 to develop more Substance Use Disorder workforce capacity in Colorado in areas of the state determined to have a shortage. The Board of Health promulgated emergency rules (6 CCR 1015-6) to create a methodology for assessing workforce needs in August 2018. The Board of Health will approve final rules in December 2018. CDPHE has selected the first round of loan repayment program applicants to participate representing approximately $1.1 million in awards. CDPHE will conduct an additional application round in January 2019 to grant remaining awards.
Funding Amount FY 2018-19: $2,500,000 for loans, scholarships and program administration in the Primary Care Office Long Bill Line Item.

Alcohol Epi Program - The Alcohol Epidemiology program's role and priority is to reduce excessive alcohol use and its related harms by implementing strategies aligned with the best available research on prevention:

- **Increased access and utilization** of excessive alcohol use data to inform decision-making and program planning.

- **Increased education and awareness** about the public health impact of excessive alcohol use and evidence-based strategies to reduce it.
- **Improved collaboration** between state and local partners working on prevention, such as efforts like Communities That Care or agencies like the Office of Behavioral Health in the Department of Human Services.

Focusing on these priorities, the Alcohol Epidemiology program works to prevent excessive drinking across all age groups through shared strategies that improve the environments where Coloradans live, work, learn and play. Alcohol Program Research on effective strategies comes from the CDC's Community Guide.

Funding Amount Sept. 30, 2018 - September 29, 2019: $150,000 annually from the Centers for Disease Control and Prevention (CDC) in the Substance Abuse Prevention Program Costs Long Bill Line Item.

Youth Substance Abuse Prevention Program - CDPHE is funding community mobilization efforts across the state to prevent substance abuse among young Coloradans using the Communities That Care (CTC) model. This is an evidence-based community prevention model with multiple randomized control trials documenting reduced substance use, crime and violence among youth. For every dollar spent, the program sees a $4.23 return on that investment. This program is included in the Substance Abuse Prevention Program Costs and Substance Abuse Prevention Grants Long Bill line items in the Prevention Services Division.

The goal of CTC in Colorado is to give communities the skills they need to empower all youth to thrive by preventing substance use and promoting positive mental health. Using this evidence-based model, CTC is building the capacity of lay people in 47 communities across the state to make sustainable, community-driven change by addressing their needs individually, through their families, in their communities and assessing local laws that may impact them. Communities identify the priority risk or protective factors in their community and select from a menu of evidence-based programs or strategies that reflect the best available evidence for prevention across the whole community. CTC is receiving implementation support from the original authors and researchers of CTC at the University of Washington and is partnering closely with the Center for the Study and Prevention of Violence at the University of Colorado Boulder for process and outcome evaluation of this project.

Funding Amount FY 2018-19 : Approximately $9,400,000 in grants and program costs from the Retail Marijuana Tax Cash Funds in the Substance Abuse Prevention Program Costs and Grants Long Bill Line Items.

Retail Marijuana Education Program - The Colorado Department of Public Health and Environment (CDPHE) is funded to provide education, public awareness and prevention messages for retail marijuana, pursuant to CRS 25-3.5-1001 through 1007. CDPHE funds social marketing campaigns using the best available evidence for norms and behavior change. The Department's retail marijuana public education campaigns are one part of a comprehensive strategy to protect our most vulnerable populations and educate them about safe, legal and responsible marijuana use. Audiences include marijuana consumers, youth, parents/other trusted adults and pregnant/ breastfeeding women. In 2018, CDPHE launched new research-tested, behavior change campaigns under the *Responsibility Grows Here* brand to encourage audiences to put their knowledge of the laws and health

effects into practice. Results: More than 68 million paid media impressions for Responsibility Grows Here in the initial four months (Spring 2018-Fall 2018). As a complementary prevention strategy, we fund community-based prevention grants for the adults in the lives of Spanish-speaking and LGBTQ youth. Grant-funded community partners serve high-need areas, including San Luis Valley, Denver Metro and Pueblo, Lake, El Paso and Boulder Counties, with marijuana prevention education for parents and trusted adults. Lastly, the Marijuana Provider Taskforce is improving strategies to reach clinicians who serve pregnant women with marijuana education and resources. RMEP provides materials, training, and effective implementation practices for school administration, health professionals and safety resource officers.
Funding Amount FY 2018-19: Approximately $4,650,000 from the Retail Marijuana Tax Cash Funds in the Marijuana Education Campaign Long Bill Line Item.

Colorado Prescription Drug Overdose Prevention for States Program - In March 2016, the CDC awarded CDPHE a 3.5-year Prescription Drug Overdose Prevention for States grant to advance and evaluate Colorado's efforts to prevent prescription drug overuse, misuse, abuse and overdose. Key activities under this grant include:

- Public health surveillance of the opioid overdose epidemic.
- Pilot testing and evaluating projects to make the Colorado Prescription Drug Monitoring Program (PDMP) easier to use and access.
- Identifying and providing technical assistance to high-burden communities and counties to address problematic prescribing by enhancing uptake to clinical prescribing guidelines.
- Evaluating existing efforts and policy changes by other state agencies and organizations.
- Partnering with the Colorado Consortium for Prescription Drug Abuse Prevention's Heroin Response Work Group and the Rocky Mountain High Intensity Drug Trafficking Area to better understand heroin use in Colorado and to identify and implement prevention strategies.

Funding Amount September 1, 2018 - August 31, 2019: $2,269,398 through a grant from the CDC (final year) under the Injury Prevention Long Bill Line Item.

2018 Opioid Overdose Cooperative Agreement - In September 2018, the CDC awarded CDPHE a one-year Opioid Overdose Crisis Cooperative Agreement through an emergency preparedness mechanism to address the following aspects of the opioid epidemic: incident management for early crisis response; jurisdictional recovery; biosurveillance; information management; countermeasures and mitigation; and surge management. Specifically, CDPHE is using this one-time funding to:

- Enhance CDPHE's pilot projects to make the Prescription Drug Monitoring Program (PDMP) easier to use and access.
- Expand Colorado's infrastructure to conduct syndromic surveillance.
- Complete a Colorado Opioid Emergency Response Plan/Concept of Operations.
- Create tabletop exercises for use by local emergency planning committees.
- Update the OpiRescue application to help law enforcement agencies manage the naloxone inventory.
- Increase coroner capacity to investigate overdose deaths.
- Develop a statewide response plan for HIV, Hepatitis B and Hepatitis C.

Funding Amount September 1, 2018 - August 31, 2019: $2,017,077 from the CDC (final year) within the Emergency Preparedness and Response Program Line Item.

Comprehensive Opioid Abuse Site-Based Program - In October 2018, the Bureau of Justice Assistance awarded CDPHE a three-year Comprehensive Opioid Abuse Site-Based Program to expand Colorado's existing innovative, multidisciplinary approach to reduce opioid abuse and overdose. This work links PDMP data to key public health and public safety data sets to create a de-identified analytic data file that CDPHE can use to identify hot spots throughout the state. CDPHE and its partners will achieve the following goals during the three-year project period:

- Enhance public safety/behavioral health/public health treatment partnerships to leverage key data sets to better understand Colorado's opioid epidemic.
- Increase data driven responses to Colorado's opioid epidemic.
- Assess the implementation of Colorado Senate Bill 18-022 on Prescription Drug Monitoring Program (PDMP) utilization and patient outcomes.

Funding Amount: $1,000,000 over three years from the Bureau of Justice Assistance in the Injury Prevention Long Bill Line Item.

School Based Health Center Program's Screening, Brief Intervention, Referral to Treatment (SBIRT) Project - The Screening, Brief Intervention, Referral to Treatment - School-Based Health Center (SBIRT-SBHC) Project is a five-year collaborative project between the Colorado Department of Human Services - Office of Behavioral Health (CDHS-OBH) and CDPHE to provide substance misuse and mental health services to adolescents through school-based health centers. CDHS-OBH allocated a portion of the federal substance abuse block grant funding for SBIRT services for school-aged youth. CDPHE administers this funding through CDPHE-funded school-based health centers around Colorado. The primary objective of this effort is to institutionalize SBIRT as a standard of care into existing CDPHE-funded school-based health centers voluntarily participating in this project. Project funding supports participating school-based health centers with the following:

- Providing SBIRT and addressing student needs to reduce harms associated with alcohol, marijuana, tobacco and other drug use, as well as commonly reported mental health concerns.
- Reducing health disparities that impact youth substance misuse by applying Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards.
- Developing and implementing SBIRT curricula, including training, technical assistance and evaluation.

Funding Amount: FY 2018-19**:** $1,386,000 per year from federal substance abuse block grant in the School Based Health Centers Long Bill Line Item.

Opioid Misuse Prevention Funds for School Based Health Centers - Pursuant to House Bill (HB) 18-1003, the School-Based Health Center (SBHC) Program received a one-time appropriation of $775,000 in Marijuana Tax Cash Funds for the purpose of expanding behavioral health therapy, intervention, and prevention services for opioid, alcohol, marijuana, and other substance use disorders. Funding is prioritized for school-based health centers that serve communities with high-risk factors for substance abuse combined with limited access to treatment services according to state needs assessments, Colorado health indicator data, and national best practice trends.

Funding Amount: FY 2018-19 through FY 2020-21: One-time funding of $775,000 over the three-year funding period in the School Based Health Centers Long Bill Line Item.

State Tobacco Education and Prevention Partnership (STEPP) Program - The STEPP program pursues prevention and control strategies spread across five priorities with a particular focus on priority populations that are challenging to reach. Preventing youth initiation by reducing access to tobacco products and promotion of tobacco-free social norms; eliminating second-hand exposure by strengthening clean indoor air regulations and enacting comprehensive smoke-free policies; encouraging cessation by increasing quit attempts, increasing cessation success rate, and deploying new cessation approaches; identifying and reducing health disparities through education on policies that impact tobacco use; and advancing tobacco control through coordinated and unified messaging and education. Additionally, the program invests in supporting grantees by providing training and technical assistance in order to build grantee capacity, provide education, specialized skills training and working knowledge to ensure successful implementation of evidence-based strategies.
Funding Amount FY 2018-19: Approximately $21.8 for the Amendment 35 Tobacco grant program and administration (This is smaller than the combined long bill dollar amounts due to revenue constraints).

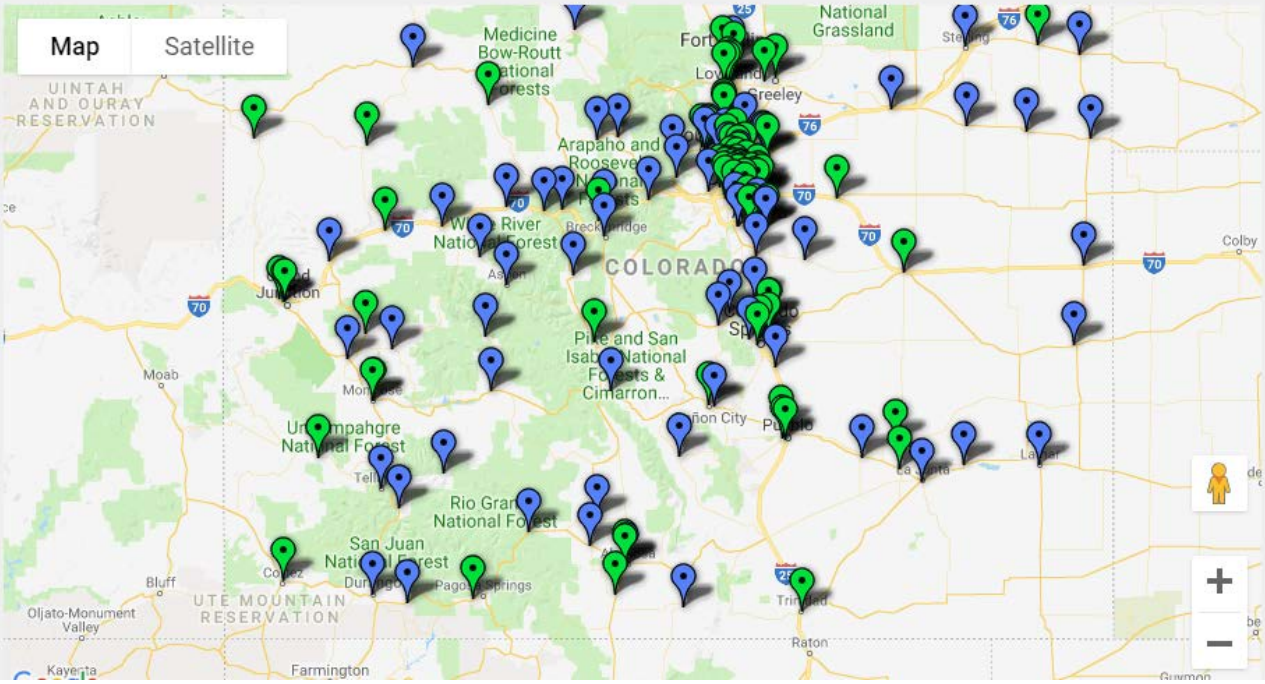
Colorado Household Medication Take-Back Program - CDPHE houses the Colorado Household Medication Take-Back Program, which provides permanent medication collection receptacles to qualifying law enforcement agencies, retail pharmacies and hospitals/clinics with on-site pharmacies at no charge (based on availability). See below for a map of collection sites across Colorado.

COLORADO
Department of Public Health & Environment

Services & information | Boards & commissions | Divisions | Concerns & emergencies | Data | News | LPHAs

Medication Take Back locations map

Back to Medication Take-Back program



Funding Amount: FY 2018-19 $300,000 state General Fund and $50,000 cash funds from the Household Medication Take-back Fund in the Household Medication Take-back Long Bill Line.

12 Why is the WIC program housed in CDPHE, rather than the Department of Agriculture?

Federal regulations governing the WIC Program require the state health department be the state administrative agency.

13 Is our current investment in Mental Health First Aid sufficient to continue expanding the program? Should we be looking at increasing the current appropriation to support the infrastructure required to further expand access to Mental Health First Aid Training?

Funding supports statewide coordination of mental health first aid (MHFA) efforts, training for community instructors and training for individual community members. Once trained, instructors offer MHFA in communities across the state. Over 8,000 Coloradans have been trained in MHFA in 2018. The Colorado Behavioral Healthcare Council, which delivers the work via a contract with CDPHE, has received increased requests for training, particularly from rural and frontier parts of the state. Additional funding could increase statewide coordination, increase the number of instructor trainings, and increase the number of community members that can be trained in MHFA.

14 To ensure that every Colorado community is getting the critical emergency response services they rely on from Community Mental Health Centers (CMHCs), would the Department support creating a specialized fund for CMHCs to access when emergency response is necessary to cover the unreimbursable time of professionals and activities the community needs?

Community Mental Health Centers are non-profit, non-governmental agencies that receive small amounts of funding through the Department of Human Services Office of Behavioral Health (CDHS-OBH) for indigent care, and Medicare/Medicaid reimbursement for direct services to those with diagnosed mental illness. CDPHE provides each of the 17 CMHC's a small stipend ($7500) for emergency preparedness activities, primarily for Psychological First Aid training within their Healthcare Coalitions and for response team readiness. However, when a CMHC responds to critical events within their communities (suicides, active shooters, natural disasters, etc.), they respond using personnel who would typically be providing treatment services to clients. Thus, client care and associated reimbursements both suffer during critical events.

Reimbursing CMHC's would be beneficial to community health clinics, however, CDPHE does not have an available source for the proposed fund. Furthermore, while reimbursing providers would offset the revenue loss mentioned above, the disruption in client care would remain a concern.

- Garrison Kaufman, Air Pollution Control Division Director
- Patrick Pfaltzgraff, Water Quality Control Division Director
- Jen Opila, Hazardous Materials and Waste Management Division Director
- Jeff Lawrence, Division of Environmental Health and Sustainability

R10 Restore Pesticides General Fund

15 What types of entities are required to apply for a Pesticide General Permit? How does the Division determine which entities are assessed fees?

All applications of pesticides to waters of the state require permit coverage, but the Pesticides General Permit (PGP) covers most entities in the State of Colorado because they meet the use pattern requirements of the permit. The PGP is available for download without paying a fee through the Water Quality Control Division (WQCD) website. Entities that do not qualify to use the PGP would be required to apply for an individual permit and would pay the permit fee. However, individual permits for pesticides are rarely written.

A portion of PGP users are required to submit annual reports and pay the fee. Reporting is required from three categories of entities: Special Districts (includes weed control and mosquito control districts), entities where land stewardship is the primary focus of operations, and all other users (including local governments) that exceed an annual threshold for discharges (80 surface acres of water or 20 linear miles along the water's edge). The division only collects fees ($281/yr.) from those entities that submit an annual report. All other general permit users are granted permit coverage without assessment of a fee. Providing coverage for smaller dischargers without assessing fees complies with the, "no discharge without a permit," clause in the Clean Water Act while also providing financial relief to dischargers using minimal amounts of product.

16 Are there instances of Colorado state agencies being permittees? If so, are the applicable fees paid by the state agency?

Yes, other Colorado State agencies submit annual reports as part of the Pesticides General Permit (PGP). The Colorado Department of Transportation and Parks and Wildlife Division in the Department of Natural Resources submit an annual report. These state agencies pay the $281 fee associated with submitting annual reports.

17 Please describe the annual report review process, including:

- The types of information permittees are required to submit;
- The length of time of review; and
- Potential results and consequences of the review.

Annual reports are due February 1st of each year. These reports summarize the application of pesticides applied during the previous calendar year and provide the Water Quality Control Division (WQCD) with agency contact information for entities required to submit annual reports. The reports indicate the relevant use pattern (e.g., mosquito control, weed control, animal control, and forest canopy control). Reports also include information on pest management areas, information on impaired or Total Maximum Daily Load areas of operation, active ingredients in products applied, quantity of product applied, documentation of Integrated Pest Management principles addressed prior to using pesticides, documentation of monitoring efforts, maps of treatment areas, documentation of adverse effects that occurred and responses to adverse effects.

The time required to review annual reports varies depending on the size of the report. Dischargers who are required to report and apply pesticides in smaller quantities have less to report. As a result, these reports take less time to review. Other dischargers apply larger quantities of pesticides and may have multiple treatment areas; each treatment area requires an individual evaluation in the report. For example, a countywide report may include six different treatment areas of various sizes; each treatment area must be analyzed in the report. These reports usually take significantly longer to review.

The WQCD reviews annual reports with the goal of assisting dischargers with compliance. The WQCD provides dischargers with tools and information to minimize pesticide use, and decrease the amount of pesticides in waters of the state. This approach supports the intent of the PGP. Deficiencies found in annual reports are addressed directly with the entity submitting the report. The WQCD starts conversations to educate the discharger on problems and errors identified in the submitted report. Enforcement actions have not been taken against dischargers that submit incomplete or erroneous reports.

18 How volatile is the fee revenue for the Pesticide General Permit program?

Over the last three years, the number of entities paying the fee has been less than 50, which means this revenue fee source is less than $15,000 per year. Thus, the revenue stream is too small to measure volatility.

General Questions

19 What is the Department's process for engaging in (or disputing) federal land, environmental, jurisdictional, and/or water policy issues? How do you coordinate with other departments, the Governor's Office, local governments, and/or citizens?

At the national level, the Department engages directly with those federal departments that oversee or work with the state environmental programs, including the US Environmental Protection Agency, the Nuclear Regulatory Commission and the Departments of Agriculture, Defense, Interior and Energy. This engagement includes providing comments

on proposed federal rules, land management plans or other actions that may impact the state and its state programs, and coordinating joint activities regarding the implementation and administration of federal and state programs. Where programs from other state agencies may be impacted, the Department coordinates with those agencies in determining the appropriate comments on, or responses to, federal actions. The Department keeps the Governor's office informed of comments and activities, and works with the Governor's office to coordinate state positions and actions on significant federal activities and programs, as well as on Department activities.

The Department is a member of the Environmental Council of States ("ECOS"), the Association of State and Territorial Solid Waste Management Officials, the Association of Clean Water Administrators, the Association of Safe Drinking Water Administrators and the National Association of Clean Air Agencies. The Department regularly engages with these national state environmental program groups on national policy issues involving environmental programs.

For complex proposed rules and proposed rules that generate public interest, the Department convenes a public stakeholder process, to engage citizens, industry, environmental advocates and local governments, often over several months prior to the rulemaking hearing. Anticipated regulatory proposals are announced in accordance with Executive Order Number 5. As required, draft new or revised permits are published for public comment. Extensive information on environmental programs is publicly available on the Department's website. The Department regularly convenes or attends and participates in community meetings to share information and to respond to community and local government concerns.

20 Please provide the following information regarding tipping fees in Colorado:

- How Colorado's tipping fees compare to other states:

  Landfill tipping fees are charged by public and private landfills to recover operating costs and pay other government tipping fees. The Environmental Research and Education Foundation completed a study in April 2018, and found the average landfill tipping fees for nearby states as follows:

Wyoming	$74.02/ton
South Dakota	$50.18/ton
North Dakota	$45.61/ton
Colorado	$41.36/ton
Nebraska	$40.22/ton
Kansas	$39.75/ton
New Mexico	$34.88/ton
Oklahoma	$34.81/ton
Montana	$32.06/ton
Utah	$30.19/ton

  State and local governments place tipping fees on landfill disposal for many purposes, making it difficult to compare the fees across states. In Colorado, there is a state tipping fee of $0.70/ton for waste disposed of in landfills. Of the state tipping fee, $0.43/ton pays for implementing CDPHE's solid waste regulatory program; $0.17/ton pays for Colorado's share of Superfund site

cleanups through the Hazardous Substance Response Fund; and $0.10/ton pays for Colorado Department of Law recovery costs for Superfund cleanup sites attributed to private parties. An additional state tipping fee of $0.47/ton is charged at landfills to support the Recycling Resources Economic Opportunity Program, a recycling grant program set up by section 25-16-104.5(3.5), C.R.S., and administered by CDPHE. The Department does not have information on specific fees charged by local governments on waste volumes disposed at landfills.

The combined state fees at landfills amount to $1.17/ton, or approximately 2.8% of the total average tipping fee of $41.36/ton presented above.

- The state uses of tipping fee revenue:
  The State tipping fee supports three primary programs:
  i. The personal services and operating of the solid waste program, including inspectors, permitters, compliance assurance, and administrative functions;
  ii. Funding for the Department of Law for settlement actions against private parties under CERCLA;
  iii. Funding for Hazardous Substance Response Fund (HSRF), which provides the state share of construction, operations, and maintenance of Superfund sites throughout Colorado; and
  iv. Funding for the Recycling Resources Economic Opportunity Fund.

21 Please provide an update on prior years budgetary items within the Environmental Divisions, including:

- Recycling Resources Economic Opportunity Fund spending authority increase

  In FY 2018-19, the Department received $1,150,000 in additional cash spending authority for a total of $4,658,200 in total spending authority. Increasing the spending authority for FY 2018-19 and beyond allows the program to provide additional grant opportunities to increase Colorado's diversion rate while responding to the recycling needs of a growing population. Currently, Colorado's waste diversion rate is 12 percent, while the national average is 34 percent. In previous years, the Recycling Resources Economic Opportunity (RREO) program denied, on average, $6.5 million per year in grant applications due to inadequate spending authority. Thus far in FY 2018-19, the RREO program has awarded $3,406,103 in grant funding to waste diversion projects.

  Recycling markets in Colorado have been heavily impacted by limits set on the types of waste materials accepted in China for recycling. Most state recycling programs were sending items to China, and now these items can no longer be accepted by China. These changes make it important to develop local end markets for state generated recycled materials and the RREO funding can be used to assist with this process. Local end markets will help the industry reduce costs and increase Colorado's waste diversion rates. In addition to the

grants awarded this year, the RREO program is currently funding a business incubator program called Colorado NextCycle. NextCycle is an awarded contract for $75,000 designed to improve end markets for recovered commodities and organic materials by assisting cross-sector teams with preparing feasible business concepts for the department's grant application/award cycle. Business concepts may include:

- Developing end markets for recovered commodities and/or organic materials.
- Secondary processing of recovered commodities and/or organic materials.

These projects will provide local jobs, help improve Colorado's local recycling markets, decrease transportation costs, and provide benefits to the waste diversion industry and local community collection programs.

- Water Quality Improvement Fund spending authority increase

i. **Spending Authority Increase** - In FY 2018-19, the Department received an additional $782,804 in cash fund spending authority for a total of $1,550,000. The additional spending authority allows the Water Quality Control Division to increase the number of grants it awards to provide additional financial assistance to public utilities, watershed groups, and non-profits for water quality improvement projects and stormwater training efforts. Thus far, the division has issued approximately $1,000,000 in grants for FY 2018-19.

ii. **House Bill 17-1306 - House** Bill 17-1306 appropriated up to $1,240,000 over three years (FY 2018–FY20) to establish a grant program to pay for testing to detect the presence and concentration of lead in drinking water in eligible public schools. In FY 2017-FY18 this program funded 23 grants to two school districts in the amount of $22,125. For the current FY (2018-19), the division has issued 21 grants to five districts for $79,040.

iii. **House Bill 17-1285** - House Bill 17-1285 directed a one-time transfer of $809,107 in FY18 to help support the CDPHE Clean Water Program until fee increases were initiated in FY19.

- Stationary Sources Fund revenue and fees

The passage of HB 18-1400 allowed the Colorado Air Pollution Control Division (“Division”) to lead an industry stakeholder process to identify and implement Division process improvements. Currently, opportunities for improvement have been identified and Division project teams have been established. The Division has started a number of industry-identified projects. The Colorado Air Quality Control Commission approved a 25 percent increase in fees associated with HB 18-1400 and these fee increases are now in effect. The Division has filled several positions previously held vacant and is carefully monitoring the revenue before filling the rest of the vacant positions.

- Clean Waters Sectors fees and funding

  House Bill 17-1285 restored funding by providing fee increases and additional General Fund support for the Clean Water Program. The additional funding allows the Program to reestablish service levels that were reduced prior to the passage of the bill. As a result of reestablishing service levels, the department was able to continue to be responsive to compliance assistance activities, maintain backlog in processing permit and design review applications, maintain stakeholder outreach for regulation and policy development, and maintain inspections of regulated facilities. Per legislation, the Department annually reports to the Senate Agriculture and Natural Resources Committee and the House of Representatives Agriculture, Livestock, and Natural Resources Committee on the number of permits processed, the number of inspections conducted, the number of enforcement actions taken, and the costs associated with all program activities during the preceding year. The first report was submitted in March, 2018

- Rural landfill monitoring and closure assistance

  Colorado has 19 small landfills (small landfills are defined as those receiving less than 20 tons/day averaged over 1 year). Of the 19 small landfills, 13 will remain open and 6 will be closed. A contractor created the closure work plans for CDPHE and these are obtaining a final review. Field work and construction are expected to commence, for the closure project, by late January 2019 and be completed within 90 days. For the 13 small landfills remaining open, a contractor completed the installation of 39 groundwater monitoring wells. The first set of installed wells are currently being sampled and the remaining wells will be sampled by the end of December 2018. The contractor is scheduled to start submitting groundwater sampling results by mid-January. This project is projected to spend all allocated funds. Furthermore, CDPHE will assist the 13 small landfills remaining open with monitoring the groundwater wells for the first five years after the groundwater monitoring wells are installed. The monitoring will be covered by Solid Waste Cash Funds.

22 Would this requested assessment be the first time the state has done an assessment to determine gaps in the delivery of public health services?

After the passage of the Public Health Act in 2008, CDPHE's Office of Planning, Partnerships and Improvement and CALPHO (Colorado Association of Local Public Health Officials) completed a system-wide baseline review. Funded by a CDC Infrastructure grant, this systematic review looked specifically at the current core service delivery across the state. The Department completed this assessment to help formalize the core services, identify best practices, and catalogue the shared services occurring across the state.

Since the initial baseline review in 2009-2010, the Department has collected information from the LPHAs on an annual basis on their provision of the core services, such as retail food inspection, but has not completed a statewide assessment looking collectively at the public health delivery model. For example, the requested assessment will not tell the Department if an LPHA provides a specific service (such as retail food inspections), but instead, it will identify the most efficient and effective delivery model for retail food inspections (and specifically for all of the core services). The assessment will help determine the most efficient and effectively delivered services at the local level in all 53 LPHAs, what services are best centralized at the state level, and which may be best as shared services between counties and LPHAs. This assessment will help determine how the system can work most efficiently and effectively and will complement the work that LPHAs have done in order to ensure that all Coloradans receive the core public health services.

23 If approved, how will the request address staffing needs in rural communities?

This assessment will provide valuable information on staffing and makeup of all the LPHAs, of which the majority are in rural or frontier areas of the state. The information provided will enable CALPHO, LPHAs and CDPHE to have data-informed discussions in order to make decisions about next steps regarding Colorado's public health system. While taking action on any of the findings from the assessment is not part of this request that is the intention of the final step in the overall public health transformation effort, which will help ensure public health services are available everywhere for everyone across the state. While the information from the assessment will be helpful to all LPHAs, in particular with rural and frontier LPHAs, this assessment should provide clarity on what core services are the most challenging to provide in the current model and allow for CALPHO, LPHAs and CDPHE to better support and advocate for the rural areas of the state.

24 Please address the differences between the statutorily required assessments the state and local public health agencies are conducting, and the requested assessment. Are they duplicative?

These are not duplicative assessments. The current statutorily mandated community health and environmental assessments measure the health status and outcomes of the people and the environment in the state. Community health assessments measure

things the demographics of a community, cancer screening rates, barriers to healthcare, vaping rates in youth, food or water-borne illness, air quality, and suicide rates. Here is an example produced by the San Luis Valley Partnership, a group of local public health agencies who work together to complete their assessment: https://drive.google.com/file/d/0Bw0mhEPgtXAXZWpXNTV3UUJFSmlXUnpYQ3FEdlc0UUx1VkFF/view

Conversely, the proposed assessment will identify strategies for optimizing Colorado's public health service delivery to align service delivery based on which agencies can most efficiently and effectively deliver the service. The assessment recognizes that while there are some services that require a high degree of local control and expertise, other services should be delivered through more efficient means, such as through additional shared service agreements, centrally, regionally, through a hub and spoke model, or through an epi-center model.

ADDENDUM: OTHER QUESTIONS FOR WHICH SOLELY WRITTEN RESPONSES ARE REQUESTED

1 Provide a list of any legislation that the Department has: (a) not implements, or (b) partially implemented. Explain why the Department has not implemented or has only partially implemented the legislation on this list. Please explain any problems the Department is having implementing any legislation and any suggestions you have to modify legislation.

The Department does not have any partially or unimplemented legislation.

2 Does the Department have any HIGH PRIORITY OUTSTANDING recommendations as identified in the "Annual Report: Status of Outstanding Audit Recommendations" that was published by the State Auditor's Office and dated June 30, 2017 (link below)? What is the Department doing to resolve the HIGH PRIORITY OUTSTANDING recommendations? Please indicate where in the Department's budget request actions taken towards resolving HIGH PRIORITY OUTSTANDING recommendations can be found.
http://leg.colorado.gov/audits/annual-report-status-outstanding-audit-recommendations-june- 30-2017

The Department has no outstanding audit recommendations per both the June 30, 2017 and June 30, 2018 reports.

3 If the Department receives federal funds of any type, please respond to the following:

- Are you expecting any changes in federal funding with the passage of the FFY 2018-19 or 2019-20 federal budget? If yes, in which programs, and what is the match requirement for each program?

  The Department has been closely monitoring the ongoing budget discussions between the White House and the U.S. Congress. Because more than 50 percent of CDPHE's budget is from federal sources, possible reductions in federal funding could have a significant impact on the agency.

  Two key agencies the department continues to monitor include the U.S. Department of Health and Human Services (HHS) and the Environmental Protection Agency (EPA). The initial budget proposal submitted by the President for FFY 2018-19 included a 21 percent reduction in HHS funding from FFY 2016-17 enacted levels and a 34 percent reduction in EPA funding from FFY 2016-17 enacted levels. Although Congress has proposed to restore a substantial portion of the cuts, the department has identified how these cuts could impact agency programs.

  Examples include:
  EPA Program Grants – Elimination of funding for the lead program ($277,000), non-point source program ($1.36 million), pollution prevention program ($119,000), and radon grants ($337,000). The House and Senate Appropriations Committee markups proposed funding levels equal to the

amounts that were enacted for the FFY 2016-17 budget as well as restoring funding to the programs that were proposed for elimination by the President's budget. Each of these programs require a state match that are derived from local in-kind sources and/or state expenditures.

EPA Water Infrastructure Grants - The State Revolving Funds (SRFs) continue to face uncertainty with the level of federal funding since there has been continued variability in the award and rescission amounts over the past several years. However, for FFY 2018-19, Colorado's Drinking Water and Clean Water SRFs did increase approximately 53% and 21% respectively. . The division monitors these grants closely since they are integral to supporting the Safe Drinking Water and Clean Water programs.

Hospital Preparedness Program - Federal funding for the Hospital Preparedness Program (HPP) grant from the Office of the Assistant Secretary for Preparedness and Response (ASPR) will remain at current levels in FY 2019-20. However, HPP fund distribution will likely be adjusted if ASPR implements proposed changes to enhance emphasis on state-level threats and hazards to the federal funding formula. This change may result in reduced grant funds for Colorado which would directly impact the support the Department can provide to the state's nine-regional Healthcare Coalitions that work with healthcare organizations to plan, prepare, train, and exercise to respond to disasters and diseases impacting healthcare facilities.

- Does the Department have a contingency plan if federal funds are eliminated?

  The Department will continue to work with the Governor's Office and the General Assembly to identify possible alternative funding sources should federal funds be eliminated. Depending on the severity of the cuts and the overall impact on the services provided to Colorado's citizens, the Department would consider requests for additional General Fund support, cash fund increases, or pursue awards from private foundations and other grant sources.

- Please provide a detailed description of any federal sanctions or potential sanctions for state activities of which the Department is already aware. In addition, please provide a detailed description of any sanctions that MAY be issued against the Department by the federal government during FFY 2018-19 or 2019-20.

  The only federal sanction that the Department received occurred during FFY 2017-18 as the Health Facilities and Emergency Medical Services division did not complete one home care agency survey. The department's award from the Center's For Medicare and Medicaid Services was reduced by $6,000.

  The Health Facilities and Emergency Medical Services Division did not complete several nursing facility surveys in FY 2017-18. No sanctions have been issued yet, and the division is working with the Centers for Medicare and Medicaid services to address the areas of deficiency and develop a plan of correction without financial penalty.

4 Is the Department spending money on public awareness campaigns? If so, please describe these campaigns, the goal of the messaging, the cost of the campaign, and distinguish between paid media and earned media. Further, please describe any metrics regarding effectiveness and whether the Department is working with other state or federal departments to coordinate the campaign?

See the following chart for a list of campaigns.

Common Question 4 - Public Awareness Campaigns						
Division	**Campaign Name**	**Brief Description of Campaign Objectives and Reach**	**Total FY 2018-19 Budget for Campaign**	**Funding Source - Include Cash Fund Number or Source of Reappropriated Funds**	**What other state agencies are we collaborating with?**	**Statutory Authority (please include statute information)**
Air Pollution Control	Lead Awareness Campaign	Public education materials for lead awareness. The goal is to educate the public about the dangers of childhood lead paint poisoning and how to prevent it.	$4,999	Federal Funds	The Department collaborates with local health agencies on this campaign.	25-7-11 (1101 - 1107)
Division of Environmental Health and Sustainability	Household Medication Take-Back Campaign	The state-wide campaign pays for television and radio public service announcements for two months to promote the safe disposal of household medications	TBD - Based on remaining program budget in 3rd and 4th quarter	General Fund	None	25-15-328
Disease Control and Environmental Epidemiology Division	HIV Pre-Exposure Prophylaxis (PrEP) Awareness Campaign	The goal of the campaign is to raise awareness about PrEP, a medication that can reduce HIV risk by approximately 92%, if taken as prescribed. The campaign is marketed toward transgender persons and men who have sex with men residing in the Denver Metropolitan Statistical Area.	$135,000	Federal Funds	The Department is working with an advisory committee with representation from the following organizations: Denver Health, Children's Hospital, University Hospital, Colorado AIDS Project (and its outlying regional offices), Mile High Behavioral Health, It Takes A Village, Empowerment Program, and consumers.	25-4-408
Disease Control and Environmental Epidemiology Division	Immunization Awareness Campaign	This statewide campaign pays for radio and television ads in English and Spanish to promote immunizations for influenza and childhood diseases, and encourages people to get vaccinated. As of September 2018, 2,659 television spots and 7,794 radio spots have aired. To-date, our paid media is $30,000 and earned is $424,155.25.	$135,000	Federal/Gifts, Grants, Donations/State General Funds	The program does not collaborate with any other state agencies on this campaign.	25-1.5-101(1)(j)(I), 25-4-1708, 25-4-2301, 25-4-2403
Disease Control and Environmental Epidemiology Division	Childhood blood lead testing awareness campaign	The goal of the campaign was to use surveillance data to target outreach activities and increase lead testing rates among those most vulnerable to lead exposure. The major objective was to develop lead testing messaging targeted at new mothers and physicians seeing children in areas identified as high priority.	$10,000	Federal (ATSDR) Funds through Denver Health and Hospital Authority (DHHA) - Pediatric Environmental Health Specialty Unit (PEHSU)	No other state agencies collaborated on this campaign, but we did collaborate with DCEED's Prevention Services Division's Women, Infant, and Children (WIC) program and provider Kaiser Permanente Colorado to design and build the multimedia outreach plan.	25-1.5-101(1)(j)(I), 25-5-1104 (1)(a)
Prevention Services Division (PSD)	Responsibility Grows Here	Empowers marijuana users (both Colorado residents and visitors) to use marijuana safely, legally and responsibly, if they choose to use. The statewide campaign uses a wide range of paid media tactics, including TV, radio, out-of-home (billboards) and digital ads. The campaign also includes earned media efforts.	$1,259,398	Marijuana Cash Funds	PSD's Retail Marijuana Education Program (RMEP) collaborates closely with other CDPHE programs and the Department of Transportation (CDOT) and the Department of Human Services (CDHS) on coordinated media buys to assure that the state is not outbidding itself on similar media buys. Additionally, RMEP's campaigns are guided by the work of an advisory committee set up by the Governor's Office that includes CDHS, Colorado Department of Public Safety (CDPS), CDOT, Department of Revenue's Marijuana Enforcement Division (DOR MED), and the Governor's Office of Marijuana Coordination.	25-3.5-1004
Prevention Services Division (PSD)	Responsibility Grows Here: Find Your Moment Youth Campaign	Reinforces the reasons youth have not to engage in underage retail marijuana use and deter youth from trying it. This statewide campaign uses a variety of media tactics, including digital radio and video, online and social ads.	$844,980	Marijuana Cash Funds	PSD's Retail Marijuana Education Program (RMEP) collaborates closely with other CDPHE programs and the Department of Transportation (CDOT) and the Department of Human Services (CDHS) on coordinated media buys to assure that the state is not outbidding itself on similar media buys. Additionally, RMEP's campaigns are guided by the work of an advisory committee set up by the Governor's Office that includes CDHS, Colorado Department of Public Safety (CDPS), CDOT, Department of Revenue's Marijuana Enforcement Division (DOR MED), and the Governor's Office of Marijuana Coordination.	25-3.5-1004

Division	Campaign Name	Brief Description of Campaign Objectives and Reach	Total FY 2018-19 Budget for Campaign	Funding Source - Include Cash Fund Number or Source of Reappropriated Funds	What other state agencies are we collaborating with?	Statutory Authority (please include statute information)
Prevention Services Division (PSD)	Responsibility Grows Here: Trusted Adults	Establishes a successful youth prevention campaign that leverages the adults that youth trust (parents, coaches and teachers) and reinforces the reasons not to engage in underage marijuana use and deter youth from trying it. Campaign is in English and Spanish. This statewide campaign uses a variety of media tactics including TV, streaming radio and digital. The campaign also includes earned media efforts.	$663,375.00 (English) $493,925.00(Spanish)	Marijuana Cash Funds	PSD's Retail Marijuana Education Program (RMEP) collaborates closely with other CDPHE programs and the Department of Transportation (CDOT) and the Department of Human Services (CDHS) on coordinated media buys to assure that the state is not outbidding itself on similar media buys. Additionally, RMEP's campaigns are guided by the work of an advisory committee set up by the Governor's Office that includes CDHS, Colorado Department of Public Safety (CDPS), CDOT, Department of Revenue's Marijuana Enforcement Division (DOR MED), and the Governor's Office of Marijuana Coordination.	25-3.5-1004
Prevention Services Division (PSD)	Responsibility Grows Here: Pregnant/ Breastfeeding Women	Provides educational information about the health effects and risks associated with using retail marijuana during pregnancy and breastfeeding to empower women to make informed decisions. Helps encourage conversations between women and their health care providers and provides resources to support a positive, open, and honest conversation. This statewide media campaign uses online tactics primarily, as that has proven to be the best strategy with this audience. The campaign also includes earned media efforts.	$171,561	Marijuana Cash Funds	PSD's Retail Marijuana Education Program (RMEP) collaborates closely with other CDPHE programs and the Department of Transportation (CDOT) and the Department of Human Services (CDHS) on coordinated media buys to assure that the state is not outbidding itself on similar media buys. Additionally, RMEP's campaigns are guided by the work of an advisory committee set up by the Governor's Office that includes CDHS, Colorado Department of Public Safety (CDPS), CDOT, Department of Revenue's Marijuana Enforcement Division (DOR MED), and the Governor's Office of Marijuana Coordination.	25-3.5-1004
Prevention Services Division (PSD)	Vaping Campaigns	Comprehensive campaigns to address the vaping issue. Campaigns target youth and young adults (including LGBTQ young adults) to prevent vape use, and parents and askable adults to encourage them to talk with their kids about vaping. Statewide campaign uses a variety of media tactics including online and social. The campaign also includes earned media efforts.	$1,622,305	Amendment 35 Cash Funds, State Rebate Money	Although we are not collaborating with other state agencies formally, we do make a suite of customizable materials available through cohealthresources.org that can be used by any other agency at the state or local level to increase the reach of campaign activities.	25-3.5-805
Prevention Services Division (PSD)	Colorado QuitLine	Cessation campaign raises awareness about the Colorado QuitLine and to get people to use this proven cessation service. It targets a variety of priority populations who smoke at disproportionate levels.	$2,340,293	Amendment 35 Cash Funds	We partner with HCPF to promote the QuitLine and other health care and local agencies to increase understanding and use of the QuitLine statewide. We also have collaborated with statewide pharmacy partners to decrease barriers to pharmacists promoting the QuitLine to their clients.	25-3.5-805

Division	Campaign Name	Brief Description of Campaign Objectives and Reach	Total FY 2018-19 Budget for Campaign	Funding Source - Include Cash Fund Number or Source of Reappropriated Funds	What other state agencies are we collaborating with?	Statutory Authority (please include statute information)
Prevention Services Division (PSD)	Man Therapy	Mental health campaign and website to change social norms related to men's mental health, increase male help seeking behavior and reduce suicide rates among working age men. Campaign assets are not owned by CDPHE, but CDPHE is a founding member of the public/private partnership that developed Man Therapy. CDPHE disseminates project materials statewide and supports local communities in promoting and disseminating campaign materials and providing training to local individuals and organizations on men's mental health and suicide prevention.	$120,000	Preventive Block Grant	Although there is no formal collaboration with other state agencies, OBH and HCPF help promote Man Therapy, and all project materials are available free of charge to any individual or organization in Colorado.	
Prevention Services Division (PSD)	Pregnancy-Related Depression	Improves the awareness and knowledge of pregnancy-related depression and anxiety among pregnant and postpartum women and their partners, friends and family. The overarching goal is to reduce stigma associated with maternal mental health and increase the number of women identified with pregnancy-related depression and anxiety who seek treatment. Campaign is running in select zip codes based on where there are existing partners working on PRD. Campaign is in English and Spanish. Tactics include streaming radio, social and online ads in English and Spanish and TV ads in Spanish. The campaign also includes earned media efforts.	July 2018-Oct 2018: $67,764	Federal Funds	Department of Health Care Policy and Financing and Department of Human Services were notified of campaigns.	N/A

5 Based on the Department's most recent available record, what is the FTE vacancy and turnover rate by department and by division? To what does the Department attribute this turnover/vacancy? Do the statewide compensation policies administered by the Department of Personnel help or hinder in addressing vacancy or turnover issues?

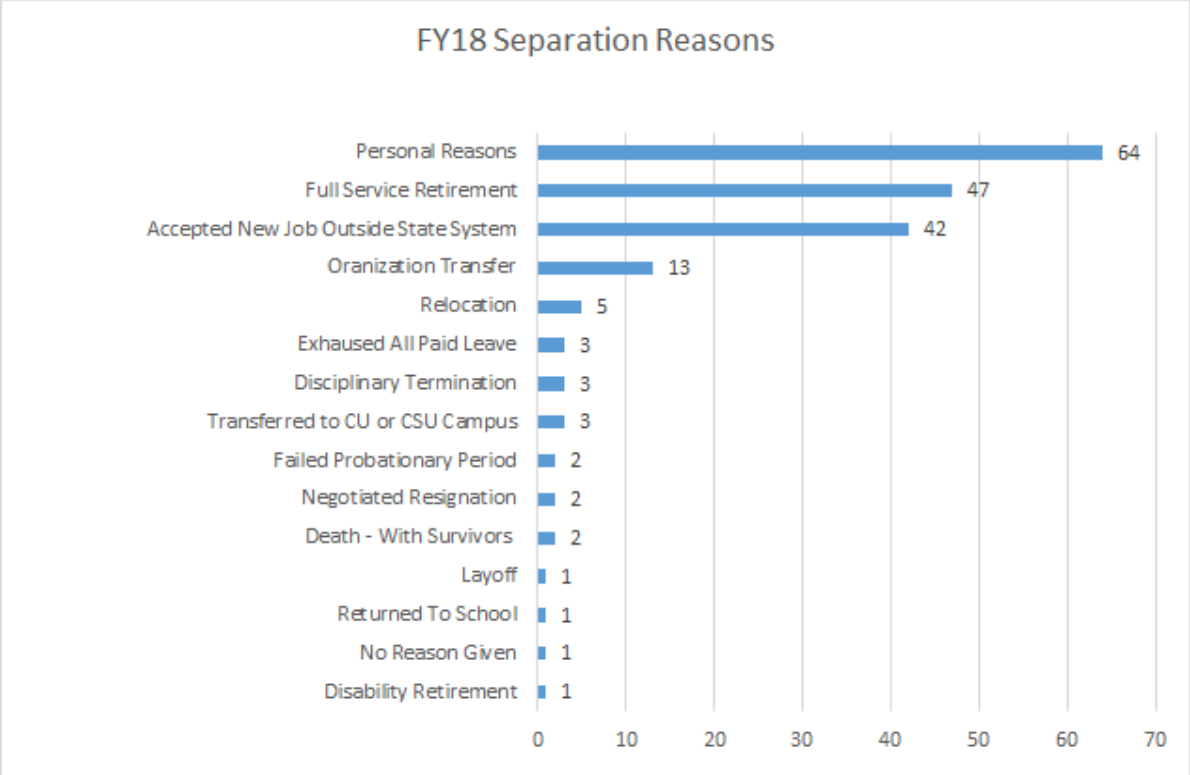
See below chart for Common Question #5 - Turnover Vacancy Rate FY 2017-18 for information by division.

Turnover/Vacancy Rate FY2018 (July 1, 2017 to June 30, 2018)

	Turnover Rate	Total Voluntary Separations	Total Involuntary Separations	Vacancy Rate*
Administration and Support	16.22%	16.22%	0.00%	8.57%
Air Pollution Control Division	9.42%	9.42%	0.00%	10.17%
Center for Health and Environmental Data	13.77%	12.32%	1.45%	30.58%
Community Relations Division	8.62%	8.62%	0.00%	18.75%
Disease Control and Environmental Epidemiology Division	12.39%	10.55%	1.83%	17.20%
Division of Environmental Health and Sustainability	10.64%	10.64%	0.00%	6.98%
Executive Director's Office	0.00%	0.00%	0.00%	27.27%
Health Facilities and Emergency Medical Services	14.00%	13.00%	1.00%	11.96%
Hazardous Materials and Waste Management Division	13.39%	13.39%	0.00%	6.09%
Laboratory Services Division	13.79%	13.79%	0.00%	12.50%
Prevention Services Division	15.18%	14.73%	0.45%	13.40%
Water Quality Control Division	7.26%	7.26%	0.00%	6.82%
Totals	12.21%			13.17%

*Human Resource Data Warehouse (HRDW) does not keep historical data for vacant positions, thus data has to be real-time.

The department began doing targeted exit surveys for departing employees in July of 2018. Currently the trending top 3 reasons employees leave the department are eligible for retirement, career change, and limited or no promotional opportunities. The department has increased the number of training opportunities to provide skill building for career growth and increased education for supervisors and employees on developing career development plans.



State personnel system and policies are unique to state employment and impact recruitment and retention. The total compensation package lags the private sector by 9.2% according to the FY 2019-20 Annual Compensation Report from DPA. This makes it challenging to compete with the private sector. The Department has been piloting State Personnel Rule 3-18 (e) a base building competency pay differential, for the past year. Some employees have been awarded competency based pay; however, it is too soon in the process to gage if this will help with retention of these employees. This compensation tool is useful in some areas but not in all. This is not a funded mechanism and is base building, meaning any differential awarded has to be sustainable over time. This poses a challenge as not all divisions have the funding and are limited in what they can offer to employees. Additionally, not every individual job is structured to be eligible for competency-based pay. The department has taken the pilot approach as the Office of Human Resources does not have the capacity to implement department-wide.

6 Please identify how many rules you have promulgated in the past two years (FYs 2016-17 and 2017-18). With respect to these rules, have you done any cost-benefit analyses pursuant to Section 24-4-103 (2.5), C.R.S., regulatory analyses pursuant to Section 24-4-103 (4.5), C.R.S., or any other similar analysis? Have you conducted a cost-benefit analysis of the Department's rules as a whole? If so, please provide an overview of each analysis.

In FY 2016-17 and FY 2017-18, the five rulemaking boards and commissions at the Department held 82 rulemaking hearings to repeal, revise or promulgate new rules (only 4 of these promulgated new rules) to implement new federal or state directives. For FY 2016-17 and FY 2017-18, the Department completed five cost-benefit analyses. No regulatory analyses were completed pursuant to the Administrative Procedure Act; however, some boards and commissions incorporate a comparable assessment as part of the rulemaking process and include an economic impact statement or a regulatory analysis for rules being reviewed by the board or commission.

There is no single cost-benefit assessment of the Department's rules as a whole; however, pursuant to E.O. 12-002 and Section 24-4-103.3, C.R.S., the Department reviews its rules. The review includes an assessment of the overall costs and benefits of the rule. Staff work across the Department with other state agencies, and with stakeholders to increase efficiency and achieve or maintain alignment. For more information, please see the 2016, 2017, and 2018 Regulatory Agenda reports published by the department, or review the department's Regulatory Efficiency Review policy included as Appendix A.

7 What are the major cost drivers impacting the Department? Is there a difference between the price inflation the Department is experiencing compared to the general CPI? Please describe any specific cost escalations.

See the following chart for detail on inflationary increases impacting the Department's programs.

Division	Cost Factor	Description of Cost Factor	Expenses in FY 2014-15	Expenses in FY 2017-18	Percentage Increase	Alternative Index of Specific Factors that Demonstrate Excessive Growth
Admin	Maintenance	Building maintenance and Repair	$ 271,857	$ 303,764	12%	Higher contractor rates
LAB	Medical laboratory supplies and equipment	Laboratory instruments and equipment, instrument maintenance, software, supplies, reagents, and proficiency tests to perform laboratory testing.	$ 2,545,256	$ 3,255,151	28%	Nondurable Medical Supplies and Equipment (MSE) Inflation Index by CMS (Centers for Medicare & Medicaid Services)
AIR	Equipment repair and supp	Air Pollution Control equipment repair and maintenance services and supplies	$ 49,661	$ 105,605	113%	Cost of equipment repair and supplies as compared to CPI
HFEMSD	In State Travel	Costs for staff to survey (inspect) health facilities. This includes hotel and per diem	$ 404,787	$ 527,915.00	30%	Increase in number of facilities as well as a noted increase in hotel rates in the last year or so.
DCEED	Direct Observed Therapy (DOT) for Tuberculosis cases	Increased costs for reimbursements to local public health agencies that perform DOT for TB patients	$30,000.00	$73,000.00	143%	Increase in complexity of TB cases due to comorbidities and age as well as a 31% increase in TB cases from 2016 (64) to 2017 (84). This increase outpaced Colorado population growth. On average, Colorado sees between 65 - 70 cases annually.
DCEED	Colorado Immunization Information System (CIIS) and iSIIS Vision maintenance and support	CIIS has seen an increase in the number and complexity of CIIS enhancements needed to ensure the system remain functional, user-friendly and complies with federal requirements. This has also impacted our iSIIS Vision system.	$160,581.00	$251,728.00	57%	New federal requirements have increased the number and complexity of system enhancements needed for vaccine ordering, inventory management and dose-level accountability. This has also impacted our iSIIS Vision system that serves as CIIS's contact management system, manages federal Meaningful Use attestations, vaccine ordering, inventory management and dose-level accountability, HL7 electronic file testing, electronic interface project management and online CIIS enrollment. Notably, the current FY18-19 M&S costs for both systems is $304,038.

8 How is the Department's caseload changing and how does it impact the Department's budget? Are there specific population changes or service needs (e.g. aging population) that are different from general population growth?

See the following chart for detail on inflationary changes in demand impacting the Department's programs. .

Common Question 8: Factors Impacting service demand

Division	Program	Customer/Demand Impact on the Department	Quantify the approximate impact - When possible compare growth to some other factor such as CPI.	Describe factors driving the impact
Laboratory Services Division	Public Health Microbiology	Continuous increase in rabies sample submissions to the state lab, i.e. 915 samples in FY 2009-10 vs 1,482 in FY 2017-18. There is also more testing demand for tuberculosis and food-bourne testing such as E. coli, salmonella, etc.	The public health laboratory testing demand is moving in sync with the CO population and urban area growth.	The public health laboratory testing and bacteria/virus/toxin identification demand is driven by 1) population growth in CO; 2) urbanization leading to i) reduction of wildlife habitat areas and ii) higher population density with TB, hepatitis and other contagious or infectious disease outbreaks on the rise; 3) climate, for example, shorter and/or milder winters lead to a major spike in the animal activity and rabies identification demand.
Air Pollution Control Division	Stationary Sources	The number of complaints is increasing, primarily due to growth in industry.	The Division Responded to 222 complaints in FY 15-16 and 369 in FY 17-18. The increase appears to outpace population growth in CO. The increase represents a 66% growth.	The increase in industrial activity in proximity to citizens, increased awareness of the issues and the ability to contact the agency due to social media and awareness of our programs.
Division of Environmental Health and Sustainability	Manufactured Food Inspection Program	Addition of industrial hemp (IH) extractors and IH food commodity manufacturers	IH extractors and manufactures increased facility count and inspection caseload by 215 or 10%	IH operations pay the same fee as other food manufactures. However, the extraction operations present different and more complex issues than traditional food manufacturing. That, along with the increased need for food safety training and compliance assistance to this new emerging industry, is requiring a significant investment of staff time. This time investment is well beyond what the fees pay for, thus resulting in the other fee-payers subsidizing this work.
Disease Control and Environmental Epidemiology Division	Communicable Disease Branch	Increased outbreaks of Group A Streptococcus among people experiencing homelessness and people who inject drugs	Colorado has seen a dramatic increase in invasive Group A Streptococcus infections in the last few years, from 108 cases in 2013 to 429 cases in 2017. Among people experiencing homelessness, cases increased from 6 in 2013 to 49 in 2017. Among people who inject drugs, cases increased from 3 in 2013 to 25 in 2017. Among people experiencing homelessness and also inject drugs, cases increased from 1 in 2013 to 16 in 2017.	This is an overlooked consequence of the opioid crisis. Unsafe injection practices, lack of access to clean water and other hygiene are major contributors.

Common Question 8: Factors Impacting service demand

Division	Program	Customer/Demand Impact on the Department	Quantify the approximate impact - When possible compare growth to some other factor such as CPI.	Describe factors driving the impact
Disease Control and Environmental Epidemiology Division	Communicable Disease Branch	Increased outbreaks of Hepatitis A in general, among people experiencing homelessness and people who inject drugs	2013 - 0.95/100,000 (foodborne outbreak associated with frozen pomegranate kernels accounts for most cases; 24% report international travel) 2014 - 0.43/100,000 (sporadic cases; 27% report international travel) 2015 - 0.44/100,000 (sporadic cases; 42% report international travel) 2016 - 0.42/100,000 (sporadic cases; 43% report international travel) 2017 - 1.17/100,000 (outbreak primarily driven by transmission among men who have sex with other men accounts for most cases; 13% report international travel) From 2013 - 2016, Colorado did not have any cases reported in people experiencing homelessness. In 2017, 2 cases occurred and in 2018 (through Nov 30), 6 cases have occurred. From 2013 - 2016, Colorado had 5 cases who reported using street drugs (2 report injection, 3 report non-injection). In 2017, 7 cases occurred (3 report injection, 4 report non-injection) and in 2018 (through Nov 30), 5 cases occurred (method still being determined; at least 3 appear to be injection).	For the general population, the national Healthy People 2020 goal for Hepatitis A incidence is 0.3/100,000. For people experiencing homelessness and people who inject drugs, this is an overlooked consequence of the opioid crisis. Unsafe injection practices, lack of access to clean water and other hygiene are major contributors.
Disease Control and Environemtal Epidemiology Division	Immunization	Colorado Immunization Information System (CIIS) and iSIIS Vision maintenance and support	CIIS underwent a major transition to a new platform in 2011 and since then the number and complexity of federal requirements for system functionality has increased. This has increased staff workload to maintain the system as well as support healthcare providers using the system.	CIIS has seen a marked increase in the number and complexity of CIIS enhancements needed to comply with new federal requirements related to This has also impacted our iSIIS Vision system that serves as CIIS's contact management system, manages federal Meaningful Use attestations, HL7 electronic vaccine ordering, inventory management and dose-level accountability. file testing, electronic interface project management and online CIIS enrollment.
Disease Control and Environmental Epidemiology Division	Communicable Disease Branch	Increase in tuberculosis (TB) cases	Overall, 31% increase in TB cases from 2016 (64) to 2017 (84) and there is an increase in the complexity of TB cases due to comorbidities and age. This has increased workload for the Division and local public health agencies asociated with TB patients.	This increase outpaced Colorado population growth. On average, Colorado sees between 65 - 70 cases annually.
Health Facilities Emergency Medical Services Division	Health Facilities	Increased number of facilities (all facility types) means the Department has to conduct more inspections. Increased complaints means the Department has to conduct more inspections	Increase of 256 facilities across all sectors between July 2016 and October 2018. This is a 9.16% increase in total facilities.	Home care agencies have increased by 11% (74 facilities) Hospices have increased by 21.5% (17 facilities) Community clinics have increased 13.7% (10 facilities) and HCBS Service agencies (PASA's) have increased by 42.34% or 152 facilities.

Common Question 8: Factors Impacting service demand

Division	Program	Customer/Demand Impact on the Department	Quantify the approximate impact - When possible compare growth to some other factor such as CPI.	Describe factors driving the impact
Health Facilities Emergency Medical Services Division	Assisted Living Program	increased assisted living facilities means the Department has to conduct more inspections. Increased complaints means the Department has to conduct more inspections	The growth rate in assisted living facilities since 2014-15 is approximately 30 per year or 5%	The population is aging, driving an increase in the growth of assisted living facilities. More engaged family members means more complaints.

9 Please provide an overview of the Department's current and future strategies for the use of outward facing technology (e.g. websites, apps) and the role of these technologies in the Department's interactions with the public.

The Department has numerous efforts around the use of outward facing technologies for its interactions with the public. These include using the Department's website and social media outlets to provide information on public health and environmental issues. Staff are continually revisiting the content and developing better ways to communicate messages. The Department is working with Colorado Interactive to prepare for the migration of its website content to a new platform based on Drupal 8. Content editors are using analytics and stakeholder feedback to improve content in advance of the migration. The new platform will improve the Department's ability to link related content and present content in a more engaging way. CDPHE will work with the Colorado Interactive's User Experience designer to optimize the user experience.

The Department is investing in tools to allow for better communication of the complex datasets it houses. These data visualization tools are being integrated into existing and new public interfaces. The Department has standardized Tableau as the primary tool for data visualization and also uses ArcGIS where appropriate. The following highlight examples of the improvements made regarding sharing data:

The Suicide Data for Colorado dashboard took data from multiple, disconnected sources (previously not viewed together) in order to allow citizens, programs, and organizations working in mental health and suicide prevention to visualize suicide data and related information for the state of Colorado. Another example includes the Environmental Public Health Tracking that has succeeded tremendously in aiding the Local Public Health Agencies that utilize the health and environmental data it displays. Previously, managing and updating the health and environmental measures (such as air quality, harmful algae blooms, drinking water, and radon) required significant effort and costs. Now, the Department shares the same data with easy-to-understand visuals, maps, and charts created in Tableau. This provides greater access to information and efficiencies for the Department and those using the data.

The Department is evaluating ways to make its data, within the limits of law and regulation, more accessible to the public and more useful in mobile applications. As such, staff are working with the Office of Information Technology to test the state standard Application Program Interface (API) platform. The plan is to incorporate API access into systems as they are built or modernized. This will allow the department and the public to access and utilize the data assets, such as air and water quality monitoring information, much more effectively.

Over the last few years, the environmental programs at the Department have been working on the Customer Interface Modernization Project for a Lean Environment (CIMPLE) Initiative to improve access to vital environmental information and streamline the permitting processes. As part of this, the Department has implemented the Colorado Environmental Online Services, also referred to as CEOS. CEOS is a web-based platform allowing regulated entities to interact with the Department's environmental programs via a single and secure web portal. Users can perform a number of activities such as applying and paying for required permits and licenses,

uploading documents required by regulation or statute, and updating and modifying information on file. In turn, the Department is able to process requests from the regulated community and provide appropriate licenses or permits through the same portal. The completed and final issuance of regulatory documents processed in CEOS are then available to the public through an online Colorado Environmental Records Management System.
Several years ago, the Department noticed a rapid increase in the number of record requests, requiring additional staff time to respond to these requests. To counter this, the Department implemented the Colorado Environmental Records Management System, which stores the environmental records and allows the public to search and retrieve them via the internet. Implementation of this system provides greater transparency into Department work and decreases the need for formal records requests. The Colorado Environmental Records Management System allows citizens to have better access to vital environmental information, fosters quicker and more predictable interactions with businesses, and allows Department personnel to make more informed decisions based on timely and accurate information.

Another technological solution recently implemented to improve interactions with the public was the online Medical Marijuana Registry System (MMRS). Prior to January 2017, the Medical Marijuana Registry was a completely paper based process. Paper medical marijuana applications took on average of 30-90 days to process. After the launch of the new web-based system, online applications are processed on average within 1 business day; oftentimes, applicants receive their card the same day they submit the application. In addition, prior to the online system and process improvement efforts, there were as many as 52 touchpoints between the applicant and MMR staff in order to process a single paper application. After implementation of the electronic system, there are on average, only two to five touchpoints for each application.

10 The federal Family First Prevention Services Act of 2018 makes significant changes to the child welfare system aimed at keeping children and youth safely with families and avoiding placement in foster care by strengthening the protective capacity of families long before child welfare services are needed. The Act also expands the eligible use of funds from Title IV-E of the Social Security Act to include approved prevention and intervention services meeting the evidence-based threshold of promising, supported, or well-supported practices as defined by the federally selected clearing house. Several programs currently exist in the State of Colorado through which services are provided and that are intended to strengthen the protective capacity of families. The coordination or delivery of many of these services are or could be integrated with other programs and services with the intent of providing wrap-around services to children and families. The FFPSA provides an opportunity for the State of Colorado to evaluate existing programs and funding in order to leverage resources across systems, departments, and divisions and to improve service delivery,

In what way will the federal Family First Prevention Services Act impact the Department's programs and budget? What statutory, policy, and rule changes does the Department anticipate will be required to ensure that the State of Colorado complies with all provisions of the federal

Act?

The Department does not anticipate any statutory, policy or rule changes to comply with the provisions of the federal act. There are no budgetary impacts to programs.

The Communities That Care (CTC) substance abuse and violence prevention program collaborates closely with programs intimately impacted by the FFPSA, including the Collaborative Management Programs (CMP) at the Colorado Department of Human Services (1451s) which provide wraparound services for system-involved youth. Some CTC Coalitions have merged with CMP coalitions to provide the most seamless prevention to intervention and treatment coordination in their communities. Since CTC efforts are focused on prevention far upstream of problems, impacting risk or protective factors that are indicators prior to any substance use or congregate care issue, the programs being implemented in the 47 CTC communities are often connected, albeit peripherally, to the priority outcomes of the FFPSA.

Other CDPHE programs such as School Based Health Centers and the Family Planning Program may serve youth involved in child welfare, but do not collect that information for services. CDPHE houses the Child Fatality Prevention System, which brings together staff from the Department of Human Services, as well as 43 multidisciplinary local child fatality review teams from across the state, to identify trends associated with child deaths and work together on prevention strategies. A major focus of this work is on increasing family stability and child safety. Joint efforts between CDPHE, CDHS and local child fatality review teams have led to a coordinated child fatality data collection and reporting system that uses surveillance data from outside the child welfare system. The CFPS is participating in the FFPSA planning process related to ensure coordination across state agencies related to upstream, population based prevention strategies.

Policy: **Regulatory Efficiency Review**

Number (Part):	13.3	Created:	January 2014
Supersedes:		Revised:	September 2014
Approved by:	Larry Wolk, M.D., Executive Director, Chief Medical Officer	Approved:	May 2015

Summary

Pursuant to Executive Order D 2012-002 (EO 2) and §24-4-103.3, C.R.S., the department is required to review its regulations (also known as rules) to ensure they are efficient, effective and essential. EO 2 and statute instruct that during its review, the department shall consider whether each regulation

- duplicates or overlaps other existing federal, state or local regulations;
- is written in plain language and is easy to understand;
- adequately protects the health, safety and welfare of Colorado and its residents;
- has achieved the desired intent, or whether more or less regulation is necessary;
- can be amended to reduce any regulatory burdens or unnecessary paper processes while maintaining its benefits; and
- is implemented in an efficient and effective manner, including the requirements for the issuance of any permits or licenses.

In addition, for regulations promulgated after July 1, 2014, as part of the regulatory efficiency review, the department shall consider whether a cost-benefit analysis was completed during the rulemaking process.

This policy ensures review standards are being properly and consistently applied throughout the department. In addition, health equity and environmental justice will be considered in the regulatory review process.

Policy

Regulatory Review Process

A. Frequency of review

Existing regulations will be reviewed by divisions at least every seven years.

B. EO 2 Regulatory Review Plan

1. Divisions will develop a Regulatory Review Plan (Regulatory Plan) containing information about the regulations that will be reviewed in the upcoming calendar year. When determining which regulations will be included in the Regulatory Plan, divisions will do the following:
   a. Consider regulations already included on the department's Regulatory Agenda for the upcoming year. (The Regulatory Agenda is the annual schedule of rulemakings for the department. Regulatory Plan entries can coincide with Regulatory Agenda items or, if revisions or repeals are needed, can be included on a future Regulatory Agenda.)
   b. Give priority to regulations
      i. that have not been reviewed in the previous six years;
      ii. that are authorized but not mandated by statute; and
      iii. where the statutory authority may have changed or no longer exists.
   c. Accomplish enough reviews each year to meet the frequency-of-review standard identified above or an increased frequency standard if so determined by the division.

2. The Regulatory Plan template (*EO 2 Regulatory Plan Format*) is attached to this policy. The Regulatory Plan identifies the following:

   a. The name, address and contact information of the person the public may contact for additional information about a regulation review.

   b. The board or commission with rulemaking authority over regulations to be reviewed.

   c. Regulations that will be reviewed in the upcoming year and the statutory authority that authorizes or mandates the rule.

   d. The month the projected review is to be completed. For reviews that align with a rulemaking on the Regulatory Agenda or are slated to come before the board or commission as a review, the review will align with the rulemaking hearing/presentation date. Including the anticipated month the review is to be completed assists divisions in receiving timely feedback from stakeholders. If feedback is needed earlier than the anticipated completion month, that should be identified in the Regulatory Plan.

3. By Oct. 1 of each year, divisions will submit their Regulatory Plans to the division's boards and commissions staff, and the public health programs director, environmental programs director or community relations director to whom the division or section reports.

   The boards and commissions administrators will meet annually to finalize the Regulatory Plan based on the submissions of each division. The Regulatory Plan will be reviewed and approved by the executive director. The Regulatory Plan will be posted by the boards and commissions staff on the department's website by Nov. 1 of each year. The Regulatory Plan may be amended throughout the year. Amendments to the Regulatory Plan are the responsibility of divisions; however, divisions must notify the administrator of the appropriate board or commission of changes so the department-wide Regulatory Plan can be maintained and updated.

C. Scope of review

1. The regulation review shall achieve the following:

   a. Confirm the proper, current statutory authority for the regulation, and identify whether the regulation is mandated or authorized by state or federal law. If a statute states the department "will," "is required" or "shall" promulgate regulations, the regulation is mandated. If a federal regulation requires the department to promulgate a regulation, the regulation is mandated. If the department has entered into a federal agreement and the agreement requires the department to promulgate regulations, the regulations often are considered a mandate. Regulations that are authorized, i.e., "the department may promulgate regulations," are not mandated regulations.

   b. Identify duplicative, outdated, confusing or inconsistent language. Duplicative language repeats other provisions in the division's regulation(s); unnecessarily repeats statute; repeats another state agency's regulations (and the other state agency is responsible for enforcement of the regulation); or repeats language found in guidance, contracts or toolkits not enforced by the division as a regulation.

   c. Provide a written analysis of whether there is a better, cheaper or faster approach to accomplishing the purpose of the regulation. Factors to be included in this analysis are as follows:

i. Has the regulation achieved the statutory intent with the minimum regulatory requirements?

ii. Is the regulation implemented in an efficient and effective manner? The analysis may include

- FTE required to implement or enforce the regulation;
- the number of forms;
- the role of technology (Web interfaces for customers, the number of databases, database alignment and antiquated databases);
- record retention requirements;
- alignment across the department and across state agencies;
- quality improvement principles (e.g. Lean);
- the number of times a customer is required to interact with the department;
- whether permits or licenses are cumbersome to obtain, are issued in a timely manner and are enforced consistently and reasonably;
- whether the regulation is accomplishing the outcome (whether it be health and safety, environmental protection and standards, customer service, transparency, fairness and consistency in agency decision-making, etc.); and
- whether it is written in plain language and easy to understand.

iii. Can the burden of the regulation on businesses and individuals be minimized? When considering the burden of compliance or impact to businesses and individuals, complete the same analysis you did in the above efficiency and effectiveness review but from the vantage point of the customer(s) (citizens, licensees, advocates or federal agencies, etc.).

d. Determine whether there are viable alternatives to accomplish the purpose of the regulation. If inefficiencies were identified or the outcome is not being accomplished, identify alternatives, modifications or other resources needed to improve effectiveness and/or efficiency. This may include using statutory authority in lieu of a regulation; use of contracts, policies, procedures or guidance in lieu of a regulation; or reliance on a national accreditation in lieu of state licensing standards.

e. Determine, for any regulation promulgated after July 1, 2014, whether a cost-benefit analysis was completed pursuant to§ 24-4-103(2.5), C.R.S. The cost-benefit analysis is not the Regulatory Analysis. A cost-benefit analysis is completed only when required by the Department of Regulatory Agencies, and it contemplates the costs and benefits to all stakeholders affected by a regulation. If a cost-benefit analysis was completed, it can be found in the division rulemaking file or the rulemaking record of the board or commission with rulemaking authority over the regulation. For regulatory reviews that are concurrent with a rulemaking on the Regulatory Agenda, if the cost-benefit analysis is sought or completed after the regulatory review is complete but prior to the rule being adopted, a division will consider the results of the cost-benefit analysis as part of the rulemaking to revise or repeal the rule.

f. Using the Health Equity and Environmental Justice Collaborative's guidance document, "*How to Identify and Incorporate Health Equity and Environmental Justice Principles in Regulations*" and the "*Health Equity & Environmental Justice: Training for Regulation Writers on the Socioeconomic Factors,*" determine whether there are health equity and environmental justice considerations and, if so, how to address them during the regulation development process.

2. Stakeholder feedback

   a. Stakeholders, including other state agencies and the public, will be notified that the review is occurring by posting the Regulatory Plan on the department website. At a minimum, the public may provide feedback to the individual identified as the contact for a particular regulation in the Regulatory Plan. To assist stakeholders so they are familiar with the scope of the EO 2 review, the *EO 2 Written Analysis/ Stakeholder Feedback Form* will be available on the board/commissions websites with the Regulatory Plan. Stakeholders can email this form to the division contact on the Regulatory Plan. Divisions also may solicit feedback related to a specific regulatory review through other means, such as posting a comment form on the division website, hosting a public meeting, and/or combining the EO 2 review with a current rulemaking in process.

   b. The department will provide the Regulatory Plan to other state departments to ensure coordination across state agencies. State departments have the opportunity to provide feedback by contacting the individual identified on the Regulatory Plan.

   c. Stakeholder feedback will be considered by each division, via a process defined by that division, when determining whether a regulation will remain unchanged, be revised and/or be repealed.

3. Division staff determination

   a. Division staff will review the regulation, any stakeholder feedback and this policy (including statute, EO 2 instruction and the Department of Regulatory Agencies EO 2 Guidance) and determine whether the regulation will remain unchanged, be revised and/or be repealed.

   b. If division staff determines the regulation needs to be revised or repealed, division staff may do either of the following:

      i. Include the revisions/repeals in a current rulemaking, or

      ii. Coordinate with the staff's supervisor and the board or commission administrator to determine when

         - the rulemaking will be included on a future department Regulatory Agenda; or
         - the rulemaking will proceed in the current year, though not previously identified on the department's Regulatory Agenda.

D. Reporting and documentation

1. Divisions will complete a Regulatory Review Annual Report form (*EO 2 Regulatory Review Annual Report*) for all reviews identified on the Regulatory Plan. The report memorializes the result of all analyses performed as part of Section C of this policy.

2. Divisions will fill out the attached report template according to the following:

a. "Revisions" modify rule language by removing current language and adding new language. A "repeal" occurs when regulation requirements or language is stricken and no new requirement or language is put in its place. It is common for a regulation review to generate regulation revisions **and** regulation repeals. If this occurs, staff will mark "Yes" in the revisions column **and** the repeal column.

b. If the review results in no changes to the regulation, the response to the revisions and repeals questions is "No."

c. If the entire CCR volume can be repealed, mark "Yes" in the "repeal entire CCR" column. This most often occurs when the statutory authority for the program has been repealed or transferred to another state agency.

3. By Oct. 1 of each year, divisions will submit their Regulatory Review Annual Report to the division's boards and commission staff and the public health programs director, environmental programs director or community relations director. Boards and commissions administrators will coordinate with divisions to consult with their respective board or commission regarding the division's regulatory review activities.

4. The Regulatory Review Annual Report will be reviewed and approved by the executive director. Boards and commissions staff will post the Regulatory Review Annual Report on the department's website by Nov. 1 of each year.

5. An annual report of the department's EO 2 reviews is due to the Governor's Office by Nov. 1 of each year. The report will include the agency's Regulatory Plan as amended or modified, the results of the regulatory review, the actions taken as a result of the reviews and, as applicable, the pending status of the reviewed regulations not yet acted upon.

6. Stakeholder feedback and the division's written analysis will be maintained by the division for a minimum of one year from the date (March 31) the approved regulatory review report is due to the Governor's Office. For example, division staff will retain 2014 Regulatory Plan review documentation until March 31, 2016.

EO 2 Regulatory Plan Format

Staff Lead Contact Information (Name, Division, Address & Email Address)	Board or Commission	CCR Regulation Number	Regulation Title	Statutory Basis	Projected Month to Complete the Review

EO 2 Written Analysis/Stakeholder Feedback Form

Name: _____

Organization/Affiliation: _____

Address: _____

Email Address: _____

Date: _____

These comments concern the Colorado Code of Regulations No. _____

1) Is the regulation required by federal or state law? ___ Yes ___ No ___ Don't know

2) Is the regulation language duplicative, outdated, confusing or inconsistent?

   ___ Yes or ___ No

   If you responded "yes," provide recommended revisions to make the regulation current, clear and concise:

3) Does the regulation adequately protect the health, safety and welfare of Colorado and its residents? Has the regulation achieved the desired intent or could the purpose be accomplished with less regulation or less impact on business, small business, local government and individuals? If so, how?

4) Is the regulation implemented in an efficient and effective manner, including requirements for the issuance of any permits or licenses?

5) If there is a better, cheaper or faster approach to accomplishing the purpose of the regulation, what is it? For rules promulgated after July 1, 2014, if a cost-benefit analysis was completed, use that information when determining whether the rule should continue in its current form, be revised or be repealed.

6) Does the regulation have implications for health equity and environmental justice considerations and, if so, how are they being addressed? Health Equity and Environmental Justice Collaborative Steering Committee staff will provide each individual listed as the staff lead in the CDPHE Regulatory Plan with a copy of the "*CDPHE Regulatory Plan HE/EJ Results"* form for each individual to respond to this question. Staff responses will be used by the HE&EJ Steering Committee to inform educational opportunities and improve training tools.

Policy: **Regulatory Efficiency Review**

Number (Part): 13.3 Created: January 2014

Supersedes: Revised: September 2014

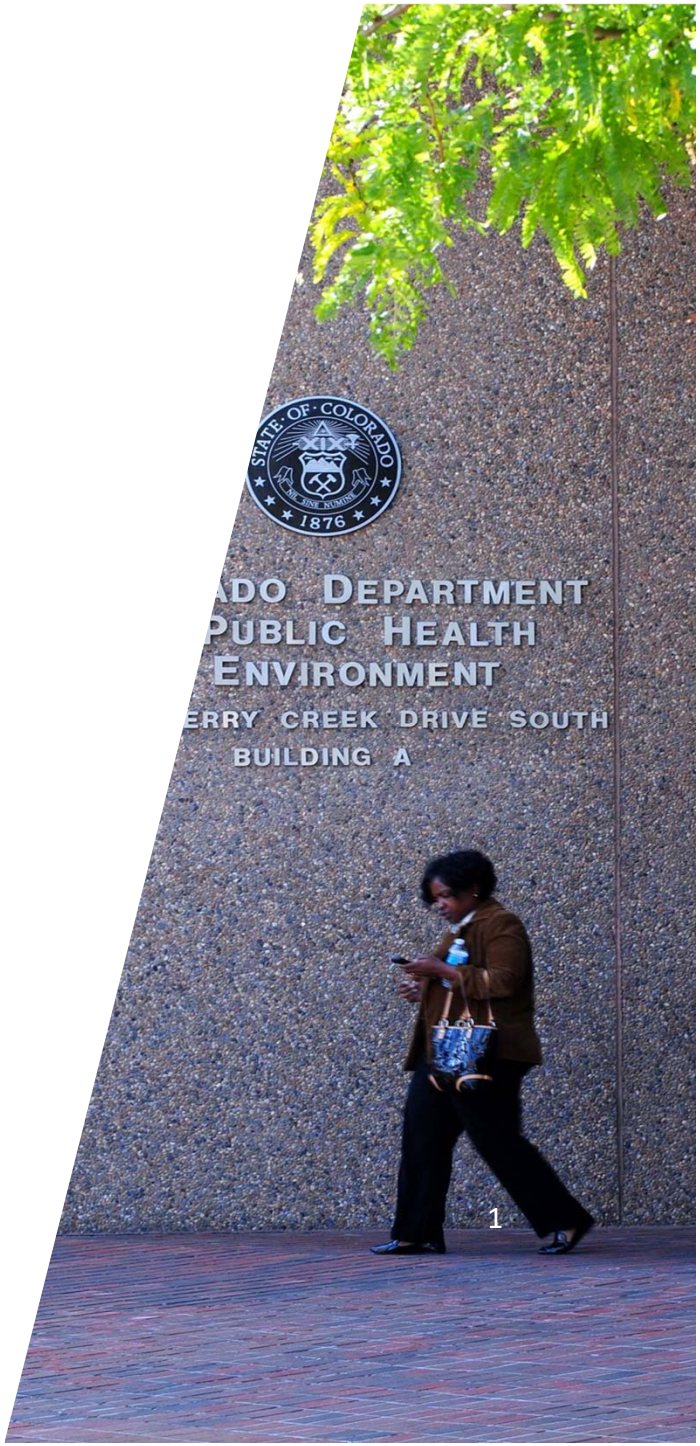
Approved by: Larry Wolk, M.D., Executive Director, Chief Medical Officer Approved: May 2015

EO 2 Regulatory Review Annual Report Format

Division	Board or Commission	CCR Regulation Number	Statutory Basis (Colorado Revised Statute, United States Code, or Code of Federal Regulations)	EO 2 Regulation Review has occurred Y/N	Will the review result in revisions to the regulation? Y/N	Will the review result in repeal of any part of the regulation? Y/N	Will the review result in repeal of entire CCR volume? Y/N	If the revisions/ repeals are completed, identify the adopted date. If not, identify as "pending."

Joint Budget Committee Hearing

December 6, 2018



Karin McGowan

Interim Executive Director

COLORADO
Department of Public Health & Environment

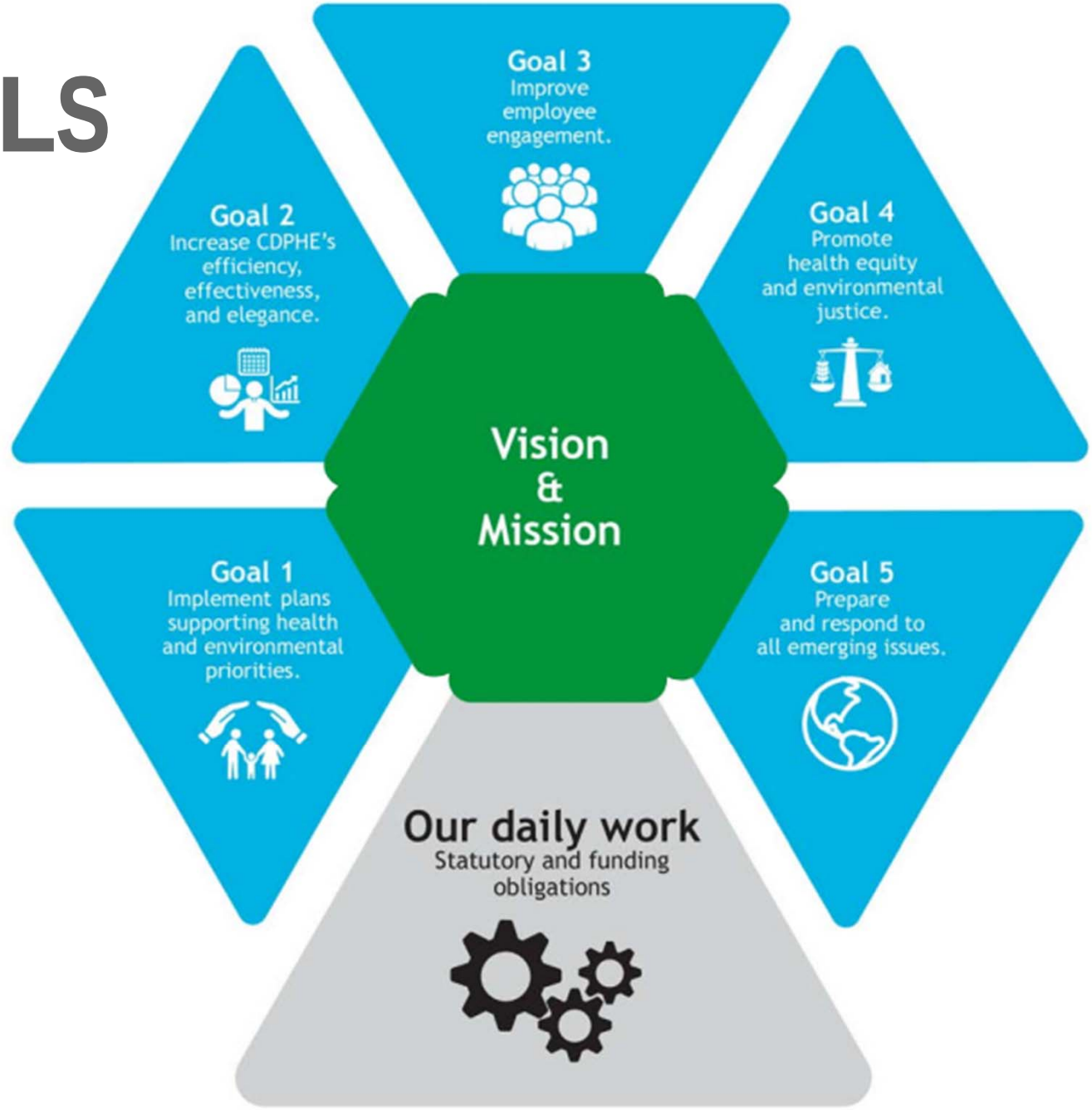
Our **MISSION**

Protect and improve the health of Colorado's people and the quality of its environment

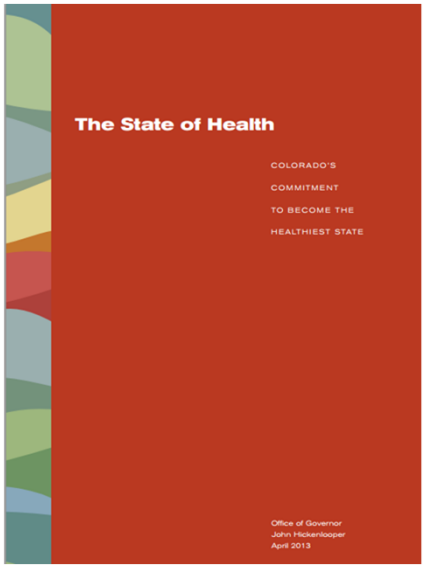
Our **VISION**

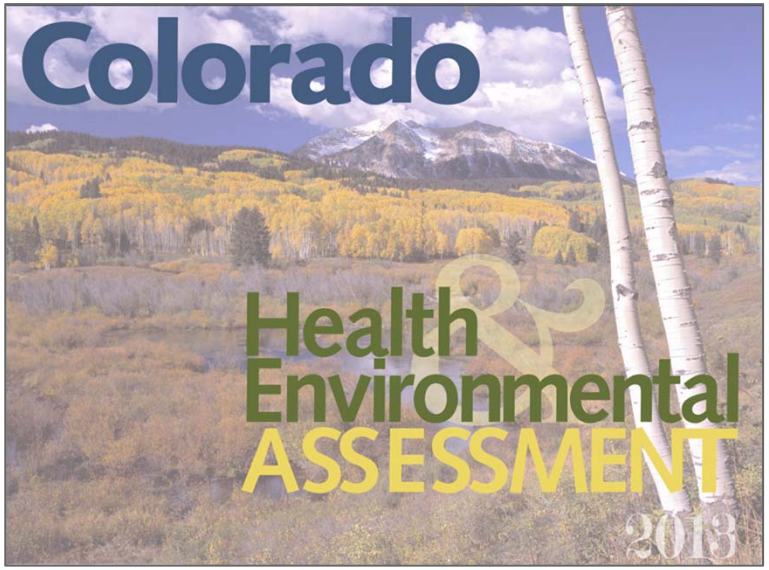
Colorado will be the healthiest state with the highest quality environment

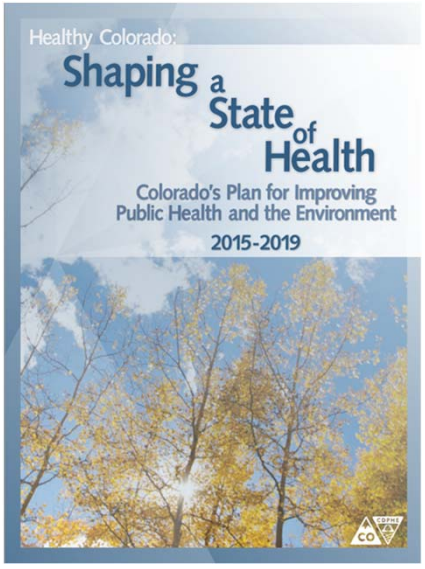
Our **GOALS**

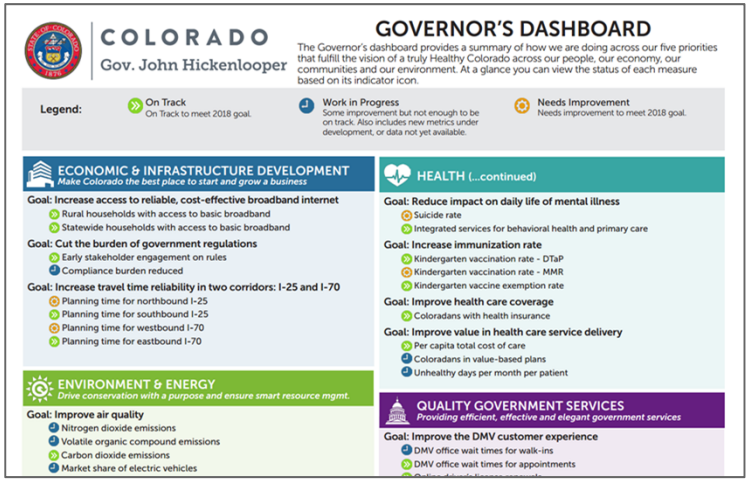

Goal 3
Improve employee engagement.
Goal 2
Increase CDPHE's efficiency, effectiveness, and elegance.
Goal 4
Promote health equity and environmental justice.
Vision & Mission
Goal 1
Implement plans supporting health and environmental priorities.
Goal 5
Prepare and respond to all emerging issues.
Our daily work
Statutory and funding obligations

Align **WITH**


The State of Health
COLORADO'S
COMMITMENT
TO BECOME THE
HEALTHIEST STATE
Office of Governor
John Hickenlooper
April 2013


Colorado
Health
Environmental
ASSESSMENT
2013


Healthy Colorado:
Shaping a State of Health
Colorado's Plan for Improving
Public Health and the Environment
2015-2019


COLORADO
Gov. John Hickenlooper
GOVERNOR'S DASHBOARD
The Governor's dashboard provides a summary of how we are doing across our five priorities that fulfill the vision of a truly Healthy Colorado across our people, our economy, our communities and our environment. At a glance you can view the status of each measure based on its indicator icon.
Legend:
On Track
On Track to meet 2018 goal.
Work in Progress
Some improvement but not enough to be on track. Also includes new metrics under development, or data not yet available.
Needs Improvement
Needs improvement to meet 2018 goal.
ECONOMIC & INFRASTRUCTURE DEVELOPMENT
Make Colorado the best place to start and grow a business
Goal: Increase access to reliable, cost-effective broadband internet
Rural households with access to basic broadband
Statewide households with access to basic broadband
Goal: Cut the burden of government regulations
Early stakeholder engagement on rules
Compliance burden reduced
Goal: Increase travel time reliability in two corridors: I-25 and I-70
Planning time for northbound I-25
Planning time for southbound I-25
Planning time for westbound I-70
Planning time for eastbound I-70
ENVIRONMENT & ENERGY
Drive conservation with a purpose and ensure smart resource mgmt.
Goal: Improve air quality
Nitrogen dioxide emissions
Volatile organic compound emissions
Carbon dioxide emissions
Market share of electric vehicles
HEALTH (...continued)
Goal: Reduce impact on daily life of mental illness
Suicide rate
Integrated services for behavioral health and primary care
Goal: Increase immunization rate
Kindergarten vaccination rate - DTaP
Kindergarten vaccination rate - MMR
Kindergarten vaccine exemption rate
Goal: Improve health care coverage
Coloradans with health insurance
Goal: Improve value in health care service delivery
Per capita total cost of care
Coloradans in value-based plans
Unhealthy days per month per patient
QUALITY GOVERNMENT SERVICES
Providing efficient, effective and elegant government services
Goal: Improve the DMV customer experience
DMV office wait times for walk-ins
DMV office wait times for appointments


PHAB
Advancing public health performance
Public Health Accreditation Board
STANDARDS & Measures

Our **GOALS**

Strategy:

1. Substance use disorder
2. Mental illness and pregnancy-related depression
3. Child and adult obesity
4. Childhood immunizations
5. Air quality
6. Water quality

VAPE-FREE NOVEMBER

KEEP COLORADO KIDS

TOBACCO FREE

Vape-Free November

- Nearly 27 percent of high school students in Colorado currently use e-cigarettes: the highest measured rate of youth vaping in the nation.
- Governor Hickenlooper declared Vape-Free November and signed an executive order addressing the problem of youth vaping in the state.
- The Executive Order:
  - Directs the Department of Revenue to double its compliance checks of tobacco and e-cigarette retailers to prevent illegal sales to minors.
  - Prohibits using or selling vape products in state buildings and on state grounds.
  - Directs CDPHE to issue a health advisory.
  - Directs CDPHE to investigate the association between vaping and other risky behaviors.
  - Directs CDPHE to propose legislation to extend the tobacco excise tax to include e-products and to license all tobacco retailers.
- The Governor also presents a six-step Colorado Tobacco Prevention Blueprint

Our **GOALS**

Strategy:

- Modernize data collection and dissemination
- Implement quality improvement projects

Our **GOALS**

COLORADO
Department of Public Health & Environment

Goal 3: Improve employee engagement

Strategy :

- Support career growth
- Collect more meaningful employee engagement data
- Recognize employees who exemplify CDPHE's mission and vision
- Engage employees through ongoing planning, promotion, and implementation of CDPHE Worksite Wellness

Our **GOALS**

Strategy :

- Incorporate questions related to health equity and environmental justice (HE&EJ) into decision-making processes within each division, with Boards and Commissions, and with the Decision Item/budget processes.

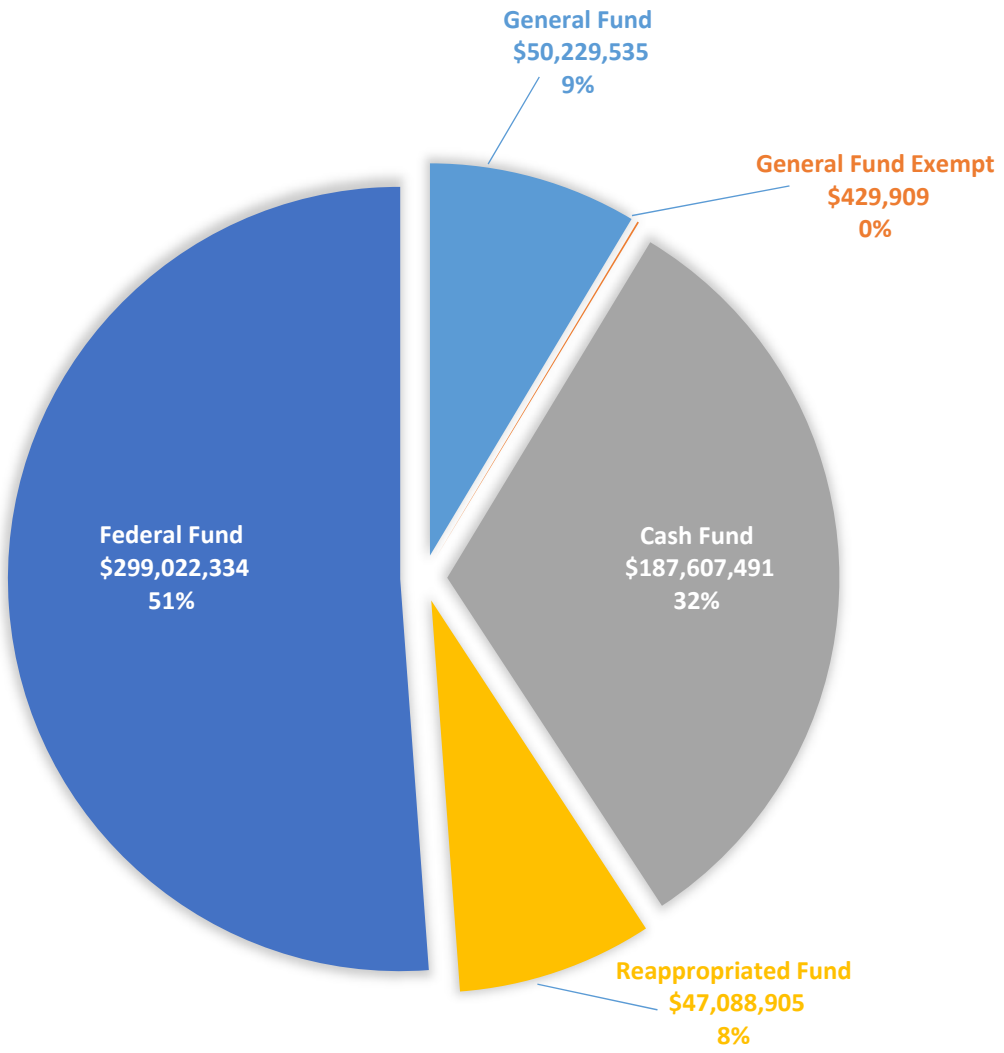
Our **GOALS**

Strategy :

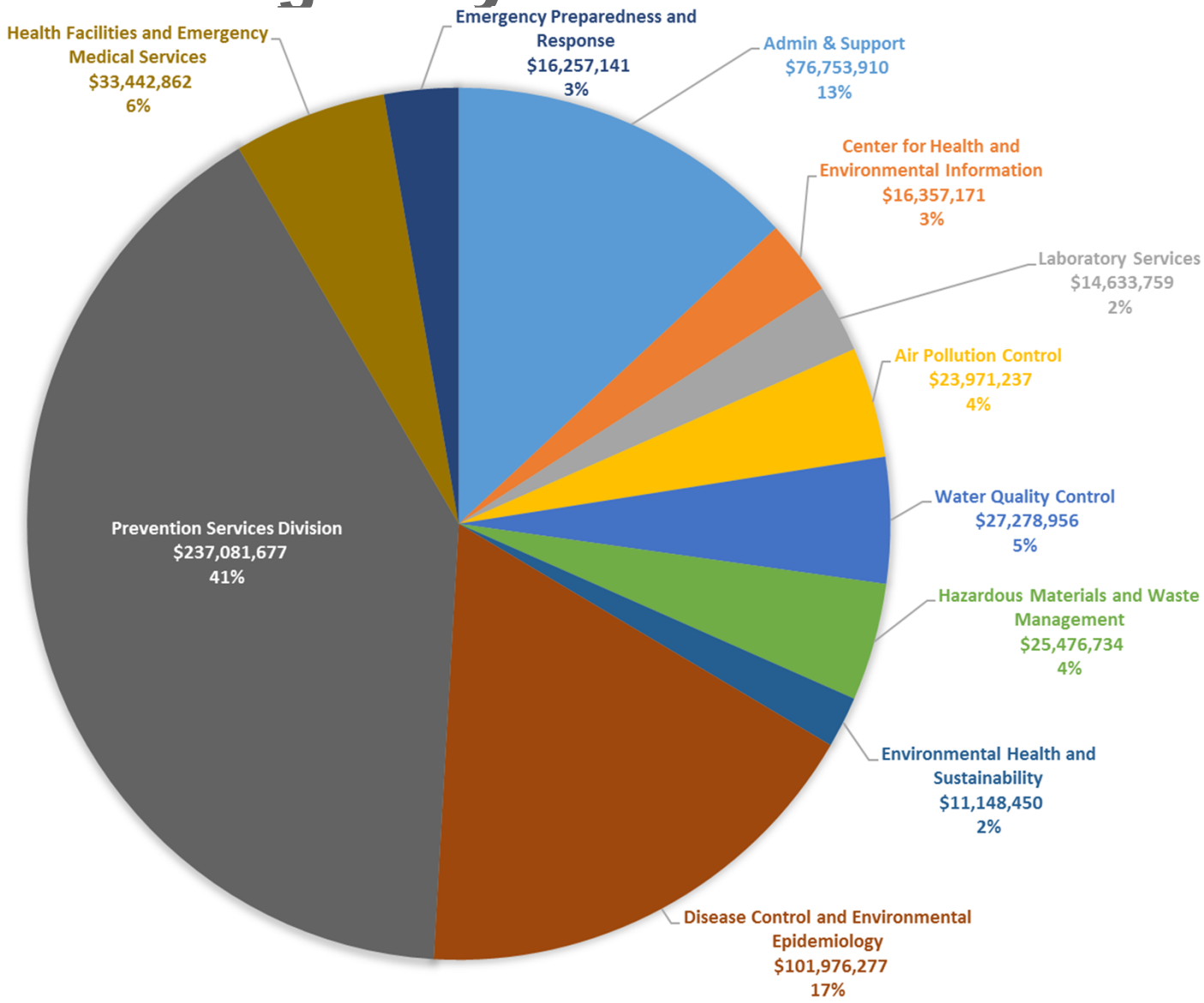
- Establish the foundational elements and infrastructure to detect, prepare for, and respond to emerging issues
- Respond to current emerging issues

CDPHE Budget by Funding Sources

FY 2018-19 TOTAL BUDGET:
$584,378,174



CDPHE Budget by Division



FY 2019-20 Health Programs Decision Items:

R1: Family Planning Purchase of Services Increase

➔ $1.025M GF to expand the Family Planning Program

R3: Lab Spending Authority

➔ $60K (GF, CF, RAF) to support mission critical lab testing

R4: Local Public Health Electronic Medical Records

➔ $838K GF and 3.5 term-limited FTE for maintenance and support for the newly launched Electronic Health Record (EHR) system developed for Local Public Health Agencies (LPHA)

R8: Assisted Living Residence Spending Authority

➔ $648K CF and 7.0 FTE to enhance the quality of life and safety of residents in assisted living (ALR) facilities

FY 2019-20 Health Programs Decision Items: (cont.)

R11: Trauma System

- ➔ Net zero request to transfer $65,000 cash spending authority from the Emergency Medical Services (EMS) Provider Grant line to the EMS program line to pay the annual maintenance costs for the State's updated trauma registry system

FY 2019-20 Environmental Programs Decision Items:

R10: Restore Pesticides General Fund

- ➔ $84K GF in the Pesticides Sector Line item to allow the Department to meet the FY 2018-19 and beyond Long Bill obligation of the General Funds transfer to reappropriated funds within the Department of Agriculture

FY 2019-20 Community Relations Decision Items:

R2: Public Health Transformation

➔ $240K GF and 0.9 FTE to fund a report that identifies the most efficient and effective model for delivering public health to urban, rural, and frontier communities across the state

R5: Tableau for Data Transparency

➔ $85K RAF to support the annual server license fees for Tableau, the Department's data visualization software, and for training to support staff utilizing Tableau to create interactive online dashboards, graphs, and charts

R6: Equity Trainer

➔ $104K GF and 0.9 FTE to fund a three-year pilot program that would build capacity around advancing equity in state programs, policies, budgets, and services as currently supported by the Office of Health Equity

FY 2019-20 Community Relations Decision Items: (cont.)

R7: Tribal Liaison

➔ $82K GF and 0.5 FTE to fund a tribal liaison that would represent the Department and serve American Indians in Colorado

R9: 1% Provider Rate Increase

➔ $94K (GF, CF, RAF) to increase the provider rate by 1% which affects the Local Public Health Agencies in the state

Long Term Budgetary Issues for Health Programs

- Approximately 54% percent of the Department's budget for public health programs are funded through federal sources. Changes at the federal level may impact the Department's health programs.

Long Term Budgetary Issues for Environmental Programs

- Approximately 30% of the Department's budget for environmental programs comes from federal funds through the EPA. Changes in federal funding would likely impact the Department's environmental programs.

- Superfund projects such as the Bonita Peak Mining District (Gold King), and the Colorado Smelter in Pueblo may be impacted by any funding changes to CERCLA.

- There will be more financial pressure on the Hazardous Substance Response Fund as the state's long term responsibility for operation and maintenance of Superfund sites increases.

2019 Legislative Priorities

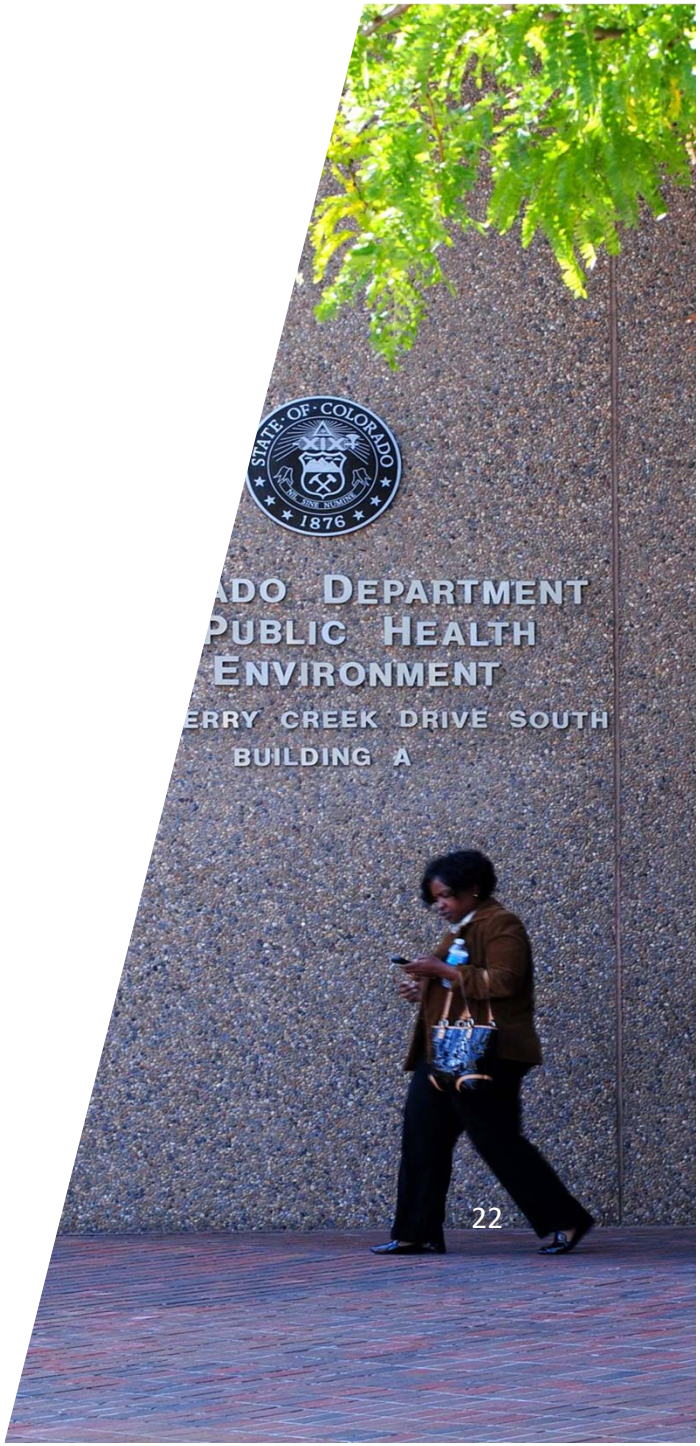
1. Update definition of tobacco products to include nicotine products

2. Retail licensure of tobacco/nicotine retailer

3. Update the Solid Waste Act to ensure health and safety protections are equitable at solid waste sites across the state

4. Obsolete statutes cleanup (Statutory Revision Committee)

Questions?



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Department of Public Health & Environment