

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
FY 2021-22 JOINT BUDGET COMMITTEE HEARING AGENDA

Thursday, December 8, 2020  
9:00 am – 12:00 pm

**9:00-9:15**      **INTRODUCTIONS AND OPENING COMMENTS**

Presenter: Jill Hunsaker Ryan, Executive Director

**9:15-9:30**      **COMMON QUESTIONS**

Main Presenters:

- Jill Hunsaker Ryan, Executive Director

Supporting Presenters:

- Ian Higgins, Budget Director

Topics:

- Implementation of FY 2020-21 HLD Decrease: Page 1, Question 1 in the packet
- COVID-19 Changes: Page 2, Question 2 in the packet

**9:30-10:00**      **CASH FUNDS AND INTERIM WORKING GROUPS**

Main Presenters:

- Jill Hunsaker Ryan, Executive Director

Supporting Presenters:

- John Putnam, Director of Environmental Programs
- Jeff Stalter, Hazardous Materials and Waste Management Division - Administration Program Manager
- Jim Reasor, Air Pollution Control Division and Water Quality Control Division - Fiscal Services Manager

Topics:

- Cash Funds: Page 3, Question 3 in the packet
- Health Disparities: Page 4, Question 4 in the packet

**10:00-10:30**      **FY 2021-22 DECISION ITEMS**

Main Presenters:

- Jill Hunsaker Ryan, Executive Director

Supporting Presenters:

- Ian Higgins, Budget Director
- John Putnam, Director of Environmental Programs

- Jeff Stalter, Hazardous Materials and Waste Management Division - Administration Program Manager
- David Snapp, Hazardous Materials and Waste Management Division - Solid Waste and Materials Management Program Manager

Topics:

- Long Bill Reorganization: Page 5, Question 5 in the packet
- EMS Provider Grants: Page 5, Question 6 in the packet
- Waste Tire End User Program: Page 6, Question 7 in the packet

**10:30-10:45    BREAK**

**10:45-11:15    2020 SESSION BUDGET BALANCING ACTIONS**

Main Presenters:

- Jill Hunsaker Ryan, Executive Director

Supporting Presenters:

- Ian Higgins, Budget Director
- Lindsey Myers, Prevention Services Division - Violence & Injury Prevention-Mental Health Promotion Branch Chief

Topics:

- Additional Leased Space: Page 7, Question 8 in the packet
- Community Crimes Victim Grant Program: Page 7, Question 9 in the packet
- Department and OSPB Identification of Reductions: Page 8, Questions 10 in the packet

**11:15-12:00    COVID AND THE PUBLIC HEALTH RESPONSE**

Main Presenters:

- Jill Hunsaker Ryan, Executive Director

Supporting Presenters:

- Dr. Eric France, Chief Medical Officer
- Sarah Tuneberg, COVID-19 Innovation Response Team Lead
- Ian Higgins, Budget Director

Topics:

- Department Use of Federal Funds: Page 9, Question 11 in the packet
- Federal Fund Expenditures: Page 9, Question 12 in the packet
- State Laboratory: Page 9, Question 13 in the packet
- Contact Tracing: Page 10, Questions 14-15 in the packet

1. Please describe the Department's actions to implement the Health, Life, and Dental decrease in lieu of a 5.0 percent General Fund salary base reduction. Please include dollar and percentage share data on planned "allocations" of the decrease to all divisions and programs within the Department. Please describe the use of vacancy savings, delayed hiring, and the implementation of one-time or ongoing operating savings. Please describe the urgency of the Department's need to engage in a furlough in FY 2020-21 due to the inability to achieve savings in other ways.

CDPHE's application of 5.0 percent reduction in personal services is detailed in the following table:

Division Name	Percentage of Total Reduction	Planned Allocation	Please describe how you will implement this reduction (Vacancy Savings, Delayed Hiring, Implementation of one-time or ongoing operating savings (only applicable to program lines))
(1) Administration and Support	15.00%	(\$66,254.00)	Vacancy Savings
(2) Center for Health and Environmental Information	3.90%	(\$15,460.00)	Vacancy Savings
(3) Laboratory Services Division	5.20%	(\$22,968.00)	Vacancy Savings
(4) Air Pollution Control Division	2.90%	(\$12,809.00)	Vacancy Savings
(5) Water Quality Control Division	22.80%	(\$100,705.00)	Vacancy Savings
(6) Hazardous Materials and Waste Management Division	0.00%	\$0.00	N/A
(7) Division of Environmental Health and Sustainability	7.90%	(\$34,894.00)	Vacancy Savings
(8) Disease Control and Environmental Epidemiology Division	15.40%	(\$68,020.00)	Vacancy Savings
(9) Prevention Services Division	16.40%	(\$72,437.00)	Vacancy Savings
(10) Health Facilities and Emergency Medical Services Division	3.30%	(\$14,576.00)	Vacancy Savings
(11) Office Of Emergency Preparedness and Response	7.60%	(\$33,568.00)	Vacancy Savings

When implementing the necessary 5% reductions in the FY 2020-21 budget, the Department of Public Health and Environment aimed to minimize impacts on mission execution. The Department's plan protected emergency response and recovery, customer service, institutional knowledge, and economic resiliency. To achieve this, the 5% reduction in HLD of \$441,691 was implemented primarily through vacancy savings.

In addition, the Governor and the Department of Public Health and Environment leadership agree that it was necessary to achieve personal services reductions through a thoughtful and restrained furlough plan. Furloughs have been instituted in a tiered fashion to protect those state workers earning less. Furloughs in the Department of Public Health and Environment account for \$147,559 GF, with an estimated 7% of employees exempted from furloughs in the Department. In addition, the Department considered the following methods to implement savings to meet the 5% Health, Life, and Dental Reductions: implementing a hiring review, reviewing discretionary pay differentials, a self-imposed hiring-freeze, reviewing/reducing contract staffing needs, contract terminations, reviewing/reducing overtime, reviewing staffing ratios, refinancing positions to Federal grants.

**2. Please describe how the changes implemented in response to the COVID-19 pandemic have changed the nature of the Department's work. Please address programmatic, budgetary, and office space impacts.**

*The State Lab Division has vastly increased capacity since January to meet the needs of the pandemic response. Capacity has increased from 42 tests per day to more than 8,000. Staffing levels have increased from 85 employees to more than 150 and the lab is now operating 24/7.*

*The Office of Emergency Preparedness and Response has been working around the clock to provide emergency management and consequence management support to respond to the pandemic. This includes support for healthcare surge planning and alternate care sites.*

*The Disease Control and Environmental Epidemiology Division has added temporary staff to meet the needs of the epidemiological response including contact tracing, case investigation, and robust data reporting. The Immunization Branch is focusing on planning for receipt, distribution and tracking of COVID vaccine while implementing programs to raise kindergarten measles, mumps and rubella and adult influenza vaccination rates.*

*In the Health Facilities and Emergency Medical Services Division, routine surveys were placed on hold during the early stages of the pandemic to eliminate unnecessary exposure for not only State survey staff, but also the facilities' staff, residents, and patients. When survey activity restarted the division focused the surveys on infection control, assisting facilities with managing and controlling the spread of disease in the facilities.*

*The Air Pollution Control Division has needed to make fundamental changes to some of its work including aiming to increase remote inspections and refining certain business processes (e.g., electronic submission of permit applications). The Division has attempted to revert to its more traditional inspection practices, when feasible and safe do so. Much of the permitting-related work remains the same as it has throughout COVID due to the high number of staff who are 100% remote work. Lastly, the Division has seen some COVID deployments of key staff (including inspectors) which puts a strain on existing workload.*

*The Water Quality Control Division has supported a timely COVID19 response by working with wastewater treatment plants and universities to test wastewater. Wastewater testing may provide an early warning (days to a week) of significant changes in fecal shedding of SARS-CoV-2 that could be used in combination with other surveillance efforts and future interventions. This testing could also confirm downward trends in COVID-19 outbreaks. Similar efforts have been utilized in other parts of the United States and Europe to inform pandemic response actions. The division has also supported critical infrastructure throughout the pandemic through planning meetings and connecting partners to PPE, testing, and guidance.*

*The environmental programs rely heavily on cash funds. Cash funds are being monitored carefully as some sectors regulated by the department have experienced economic distress*

due to COVID-19 or other variables. At the same time, cash funds were swept to balance the FY 2020-21 budget.

Within the Division of Environmental Health & Sustainability, food safety to keep restaurants, grocery stores, food manufacturing, and the dairy industry operational during the pandemic has been critical. Inspecting these operations during the pandemic not only assures the safety of our food supply and prevents the secondary unintended consequences of foodborne illness, but also, and more importantly, allows for both CDPHE and LPHA staff to be at these facilities to ensure that the public health measures of mask wearing, social distancing, occupancy limits, sanitation and hygienic practices are in place to prevent the spread of COVID within these establishments.

The Administration Division has seen a large increase in workload. The Office of Human Resources has added staff to support the Department in assisting with hiring, onboarding/offboarding state temps, term-limited, contract and volunteer staffing for the COVID-19 response. The Accounting, Budget and Payroll units have also seen an increase in staff.

The Centers for Disease Control (CDC) authorized reassignment of staff for certain federally funded grant programs. This allowed employees to work on COVID-19 response activities rather than their “normal” federal initiatives. These changes are approved monthly through the CDC.

In March 2020 in response to the pandemic, the Governor’s Office mandated all state agencies to allow employees to work from home which will continue well into the near future. See additional information in the leased space question\response below.

**3. [Sen. Moreno] Please provide both recent appropriations and the fund balances for the cash funds listed below:**

Please see the below table for appropriations and fund balances:

Division	Fund	Citation	Appropriated	Fund Balance
Air Pollution Control	1190 - Stationary Sources Fund	25-7-114.7(2)	17,270,952.96	-240,113.99
	4060 - AIR Account	42-4-311(3)	7,456,682.86	-112,870.94
	2750 - Ozone Protection Fund	25-7-135	220,144.00	14,749.63
Water Quality Control	2024 - Public and Private Utilities Sector Fund	25-8-502(1.2)	3,105,730.99	2,775,105.01
	1970 - Water Quality Improvement Fund	25-8-608(1.5)	4,869,656.65	3,758,131.81
	2021 - Construction Sector Fund	25-8-502(1.2)	1,554,850.01	2,117,570.58
Hazardous Materials and Waste Management	1740 - Process and End Users Fund	25-17-202.5	6,525,000.00	1,805,308.42
	1160 - Hazardous Substances Response Fund	25-16-104.6	5,128,099.60	9,750,153.94
	1170 - Solid Waste Management Reserve Fund	30-20-118	4,660,757.00	818,372.81
Environmental Health and Sustainability	2010 - Recycling Resources Economic Opportunity Fund	25-16.5-106.5	6,290,344.00	1,592,167.74
	2660 - Food Protection Cash Fund	25-4-1608	1,135,668.23	88,937.69
	1610 - Wholesale Food Manufacturing & Storage Protection Cash Fund	25-5-426 (5)	750,631.00	819,305.35

Please note, fund 4060 is managed by the Department of Revenue (DOR), transfers of funds are made by DOR to CDPHE.

**4. [Rep. McCluskie] There was a working group established to study health disparities. Provide an update on what the group accomplished and what came out of their recommendations.**

*The Health Equity Response Team was established because Coloradans of color are not experiencing the COVID-19 pandemic in the same manner as other communities. Coloradans of color are more likely to have limited access to affordable healthcare and are more likely to be exposed to COVID-19 by working in low paying essential jobs.*

*These types of systemic inequities mean Coloradans of color: 1) Have a higher risk of being exposed to COVID-19; 2) Face higher rates of chronic diseases; and 3) Have higher rates of death from COVID-19.*

*The ultimate goal of the Team is to prevent any gaps in COVID-19 outcomes from widening and to ultimately save lives. The Team recognizes that it takes the right legislation to ensure that progress gained today creates long-lasting solutions.*

*The Team recommends the following legislative items for the FY21 session (these recommendations were published June 10th 2020, and can be found on CDPHE's website<sup>1</sup>):*

- *Support legislative efforts to ensure essential employees receive workers' compensation due to risk of exposure to COVID-19*
- *Support existing campaign to ensure all Colorado workers, regardless of status, industry, or form of employment are able to earn paid sick leave*
- *Support existing campaign to provide whistleblower protections for employees filing complaints against employers failing to comply with public health orders*

*The Health Equity Response Team wants to ensure that the communities who are being disproportionately impacted by COVID-19 are prioritized during the 2020 legislative session. In addition, the Team wants to ensure that Colorado workers are protected. The Team urges Colorado leaders and lawmakers to support the bills that would strengthen these three workforce safety nets.*

*For more information about the Health Equity Response Team, please visit <https://covid19.colorado.gov/covid-19-in-colorado/health-equity-response-team>*

---

<sup>1</sup> <https://drive.google.com/file/d/1rfe9CJcoNhDlCM7KpLHhUIA813KKwna4/view>

5. **[Rep. McCluskie]** The reorganization and restructuring as a result of R1 makes sense to allow divisions to work more effectively together. However, I have great concern for our local public health agencies and the pressures they currently face. Explain how the proposed restructuring and the various proposed appropriation reductions will impact local public health agencies.

*Operationally, the creation of this new Division occurred in the summer and fall of 2019. Leadership of the new Division was put into place and the teams started working together to create a cohesive new work unit. This positioned the Division to decisively and collaboratively respond to the beginning of the COVID outbreak and to work closely with our LPHAs throughout the response. The Long Bill Reorganization request will allow for an improved tracking and utilization of the Department's appropriated funding because it will consolidate spending lines in a way that matches the organizational structure of the Division.*

*The Department recognizes the financial challenges facing the State as it continues through the current fiscal year and plans for next fiscal year. While the Department has submitted funding cuts across a variety of long bill line items, CDPHE has endeavored to spare it's LPHA partners from the impacts of these cuts. In the budget submitted to the Joint Budget Committee, none of the requested reductions will impact LPHAs. The reorganization request should not have an impact on LPHAs.*

6. **[Sen. Rankin]** How is this money appropriated to the Emergency Medical Service Provider Grants program actually spent? We consistently hear that EMS resources at the county level are not adequate, please provide some context around EMS funding in general.

*Please see the table on the next page. It is important to note that grant amounts awarded are usually higher than total expenditures in the line. The grantees will revert unused funds, particularly if they have a lower cost for equipment, vehicles etc. Some projects do not get completed each year and those funds are returned. The Department does work to redistribute reverted funds toward the end of the fiscal year, however staff need to ensure that the projects can be completed by the end of the fiscal year, and that is sometimes not possible.*

*The below table outlines EMS Spending by category:*

Category	Amounts Awarded for FY18	Number of Awards for FY18	Amounts Awarded for FY19	Number of Awards for FY19	Amounts Awarded for FY20	Number of Awards for FY20	Amounts Awarded for FY21	Number of Awards for FY21
Ambulances and Emergency Vehicles	\$ 4,201,928	43	\$ 3,469,553	42	\$ 3,138,368	28	\$ 1,844,348	20
EMTS Equipment	\$ 1,879,459	69	\$ 2,580,844	67	\$ 1,971,031	54	\$ 1,271,358	47
EMTS Education, Conference Support	\$ 670,783	66	\$ 599,420	60	\$ 582,097	42	\$ 520,700	11 to date*
Regional Medical Direction	\$ 363,000	11	\$ 330,000	10	\$ 362,990	11	\$ 330,000	10
Communications	\$ 117,358	13	\$ 196,899	13	\$ 164,330	13	\$ 80,842	9
Injury Prevention, Personnel, Other	\$ 293,287	7	\$ 676,043	18	\$ 129,352	3	\$ 138,092	2
Data Collection	\$ 19,314	4	\$ 3,212	3	\$ 33,355	7	\$ 36,156	4
System Improvement	\$ 170,052	3	\$ 37,873	2	\$ 24,808	1	\$ 40,000	1
Reserved for Emergency Grants	\$ 150,000	3	\$ 150,000	0	\$ 150,000	2	\$ 150,000	0
<b>Total</b>	<b>\$ 7,865,181</b>		<b>\$ 8,043,844</b>		<b>\$ 6,556,331</b>		<b>\$ 4,411,496</b>	

\*Education grants funded as of Oct. 2020.

Colorado Resource for EMS and Trauma Education(CREATE) awards for Nov. 2020-June 2021 pending (an application deadline each month through rest of year)

*The division does not have access to comprehensive data regarding overall EMS funding across the State. Local EMS Providers could have revenue coming from local sources (Fire districts, hospital districts, city or county tax funding), ambulance call billing rates, and Medicaid and Medicare reimbursements.*

**7. [Sen. Moreno] Describe the major challenges in administering the Waste Tire End User program, and why the Department proposes repealing it. What is the justification for the 25 percent reserve requirement?**

*End-users have not received rebates since the original program repealed in January 2018 and will be unable to until February 2021 at the earliest. During this time, the rate of recycling and salvage of waste tires in Colorado has not been impacted.*

*In addition, the Department continues to collect the fee per statue without being able to use the revenue for the intended purpose. The repeal of the program and associated cash fund*



*will result in a reduction in fee burden for all Colorado consumers purchasing new tires. Therefore, the Department proposes to repeal the program as the program has not met its intended purpose and there is little to no risk to human health and the environment resulting from a repeal.*

*The legislature included a 25% reserve requirement in an attempt to ensure that all quarterly rebate requests would be fully funded. The end-user fund was unable to fully fund each rebate request during FY 2017 due to the large volume of tire derived product being end used. The 25% reserve requirement was created so that end-users could forecast their income resulting from end using tire derived products with more certainty.*

- 8. [Sen. Moreno] Last year the Department requested additional leased space due to increases in the number of FTE in recent years. Please provide an update on the Department's current projections of the need for leased space in light of recent experiences with employees working remotely.**

*The Department has contracted with Stantech to establish a space consolidation plan to comply with the Governor's office re-imagining state Government initiative. The Department will have a plan completed by 12/31/2020, will coordinate that plan with the Office of the State Architect (OSA) and the Governor's Office, and expects to execute the plan by 12/31/2021. Based on preliminary review of the space consolidation plan, as well as the Department's updated Flexible Workplace Policy, the Department does not anticipate needing additional leased space in the near future beyond what has already been approved, but it is possible this could change should decision items or special bills cause a large increase in FTE.*

- 9. [Rep. McCluskie and Rep. Herod] Please discuss the effect last year's reduction had on the Community Crimes Grant Victim Program. Also discuss the current and prior years utilization of the program.**

*The objective of the Community Crime Victim Services (CCVS) Grant Program is to expand community-based victims' support services and other interventions aimed at reducing repeat victimization for victims historically underserved or those who are unlikely to seek services such as people of color, men, and young adults. The Department uses a third-party administrator, the Latino Coalition for Creative Leadership (LCCL), to work with community-based agencies to deliver programming. This model helps engage smaller community and faith-based organizations that are usually unable to access traditional grant money despite being effective at serving their communities. Community-based organizations are funded to implement evidence-based or evidence-informed, culturally appropriate strategies to reduce repeat victimization. Projects include therapy, case management, and support for victims of domestic violence.*

The Department was appropriated \$880,570 in FY 2018-19 for the program via HB18-1409. CDPHE selected LCCL as the third party administer for the program through a competitive process and awarded them \$850,000 in November 2018 for the grant program. LCCL designed a competitive process to select community-based organizations to implement the program and awarded four contracts that began April 1, 2019. HB19-1064 appropriated another \$300,000 to the grant program for FY 2019-20. LCCL selected a fifth grantee with the additional funds.

In the first 15 months of the program (7/1/19-6/30/20), the CCVS Program was able to exceed all of the established performance measures.

	Goal	Actual	Notes
<b>Enrollment Rate</b>	289	377	The number of people enrolled exceeded the goal by over 30% in the first 15 months of the program.
<b>Historically Underserved</b>	60%	93%	357 participants are considered historically underserved.
<b>Access to Services</b>	60%	82%	313 enrolled participants have received one or more services to date.
<b>Participant Feedback</b>	75%	96%	96% of participants exiting the program indicate the services provided are valuable in addressing crime-related trauma or issues at a rank of 6 or higher on a scale of 1-10. The average participant satisfaction score is 9.5 out of 10.

As a result of the JBC staff recommendations for budget balancing measures, the program was cut by 20% for FY 2020-21. To accommodate the reduction in funding, LCCL reduced the grant awards for the four original grantees by approximately 20% and did not renew the fifth subgrant to the Denver Indian Family Resource Center. This will result in 20% fewer crime victims receiving direct support services in the current fiscal year compared to FY 2019-20.

**10. [Sen. Moreno] Which of last year’s reductions were initiated by the Department, and which were the result of the OSPB direction to find savings?**

With the exception of the \$3.7M reduction made to the Marijuana Education Campaign line item, all other JBC balancing decisions were recommendations from JBC staff. The \$3.7M reduction to the Marijuana Education Campaign line item was added as an amendment during the conference committee.

- 11. [Sen. Rankin] How was the PPP and Health Care Enhancement funding used by CDPHE? Describe how local public health agencies utilized existing resources and new federal funding to address the COVID crisis. How did they make the decision on what was applicable to COVID and not COVID? Were there savings related to personnel who were no longer performing duties that were no longer needed? What is the projected need for resources?**

*The Paycheck Protection Act included funding for the Centers of Disease Control (CDC). CDPHE received a CDC award for Expanding Laboratory Capacity which funds contract tracing efforts for both CDPHE and LPHAs. The LPHAs utilized this funding to increase contact tracing capacity throughout their region and to report tracing data to the state. The federal funding source and CDC approved budget plan dictates which expenditures are allowable for both CDPHE and the LPHAs. Additional staff were required for these efforts, no vacancy savings were seen for duties that were no longer needed. The Department anticipates ongoing costs outside the Department's base budget between \$131M to \$225M per month depending on the demand for testing. As demand for testing declines in future months these costs will decrease. The State is currently using a combination of Federal and State emergency funding to support the Department's COVID response.*

- 12. [Sen. Moreno] A prior report from other JBC analysts shows a large amount of federal funding that remains unexpended. Describe how these funds have been used to date and how the Department plans to spend the remaining allocation prior to December 30.**

*The CARES ACT funding expiring on December 30 has been focused on testing in Colorado. The remaining allocation will go to the surge testing efforts until the amount allocated to CDPHE is fully expended.*

- 13. [Sen. Moreno] The state lab has had to do more than ever before, can we get a bit of a narrative from the Department on how they have managed the increased demand? Has there been a shift where they are not doing as many tests in different areas?**

*The State Laboratory continued the regular life, non-COVID testing throughout the pandemic despite the challenges of ramping up the COVID testing. Needless to say, it has been challenging to provide scientific staffing for the pandemic testing, and a lot of lab personnel have been redeployed, particularly in the beginning of the pandemic response for the COVID testing, oftentimes in addition to the normal lab testing. All the non-COVID testing is being performed throughout the pandemic, and the COVID testing has become a 24/7 operation - the lab has been challenged like never before, and rose up to the pandemic challenge.*

**14. [Sen. Moreno] What is the lag time between when an individual receives a positive COVID test, and when they are contacted to begin the contact tracing process?**

*The time from when a positive test is reported to public health and when the individual receives a case investigation or contact tracing call varies by jurisdiction and the level of disease transmission within a community. As transmission increases the utility of case investigation and contact tracing reduces, so calls might be prioritized. Not all individuals who test positive will receive a call from public health authorities.*

**15. [Sen. Rankin] The new mobile phone application to facilitate contact tracing requires someone to opt in. How many individuals have downloaded and are using the new application?**

*Colorado Exposure notifications is a privacy forward opt-in service that enables individuals who test positive for covid to anonymously share those results with others they have recently been in close proximity with. This sharing enables people to notify individuals they might not know, for example people they sat close to on public transportation. To date, more than 1.2 million Coloradans have enabled Exposure Notifications on their smartphones. And more than 10,000 have chosen to anonymously share their positive test result.*



**COLORADO**  
Department of Public  
Health & Environment

# Joint Budget Committee Hearing

---

Jill Hunsaker Ryan  
Executive Director



# Mission and Vision



**COLORADO**

**Department of Public  
Health & Environment**

## Mission

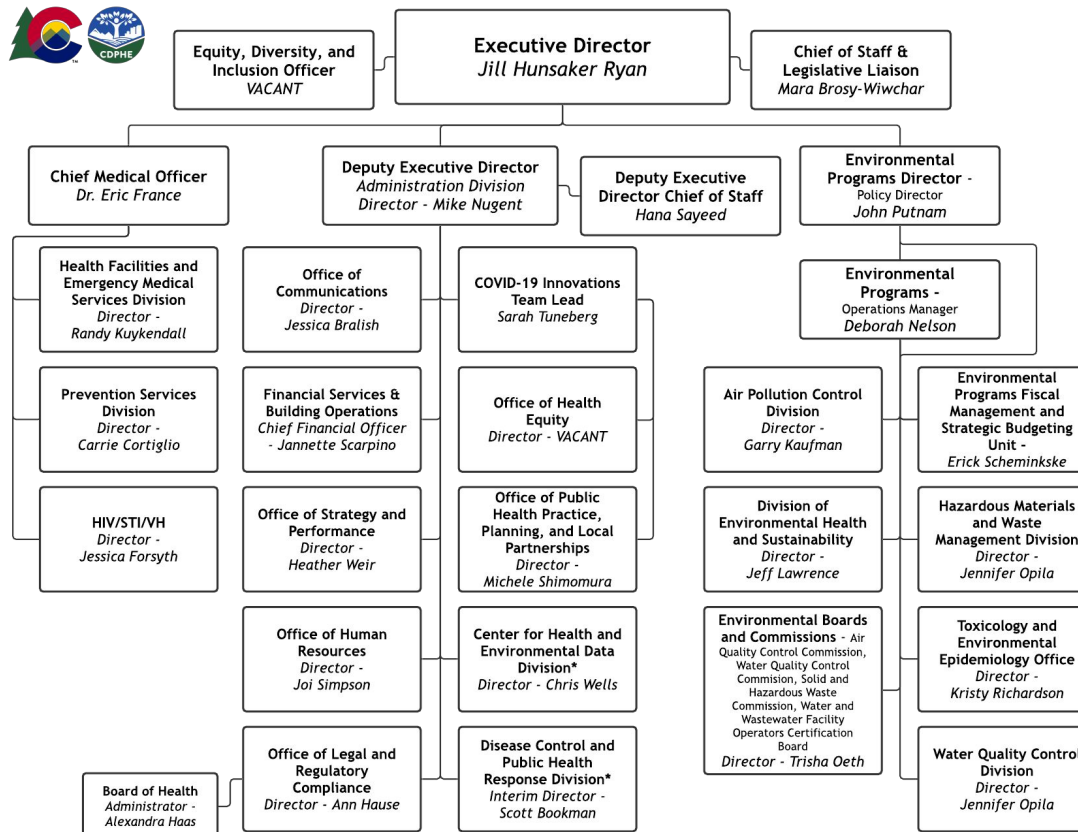
Advancing Colorado's health and protecting the places where we live, learn, work, and play.

## Vision

A healthy and sustainable Colorado where current and future generations thrive.



# Organizational Chart



\*Reports to Deputy Director, not a part of the Administration Division



# Total Budget by Funding Sources

Colorado Department of Public Health and Environment  
 FY 2020-21 Current Long Bill Appropriation  
 Percentage of Funding by Fund Type



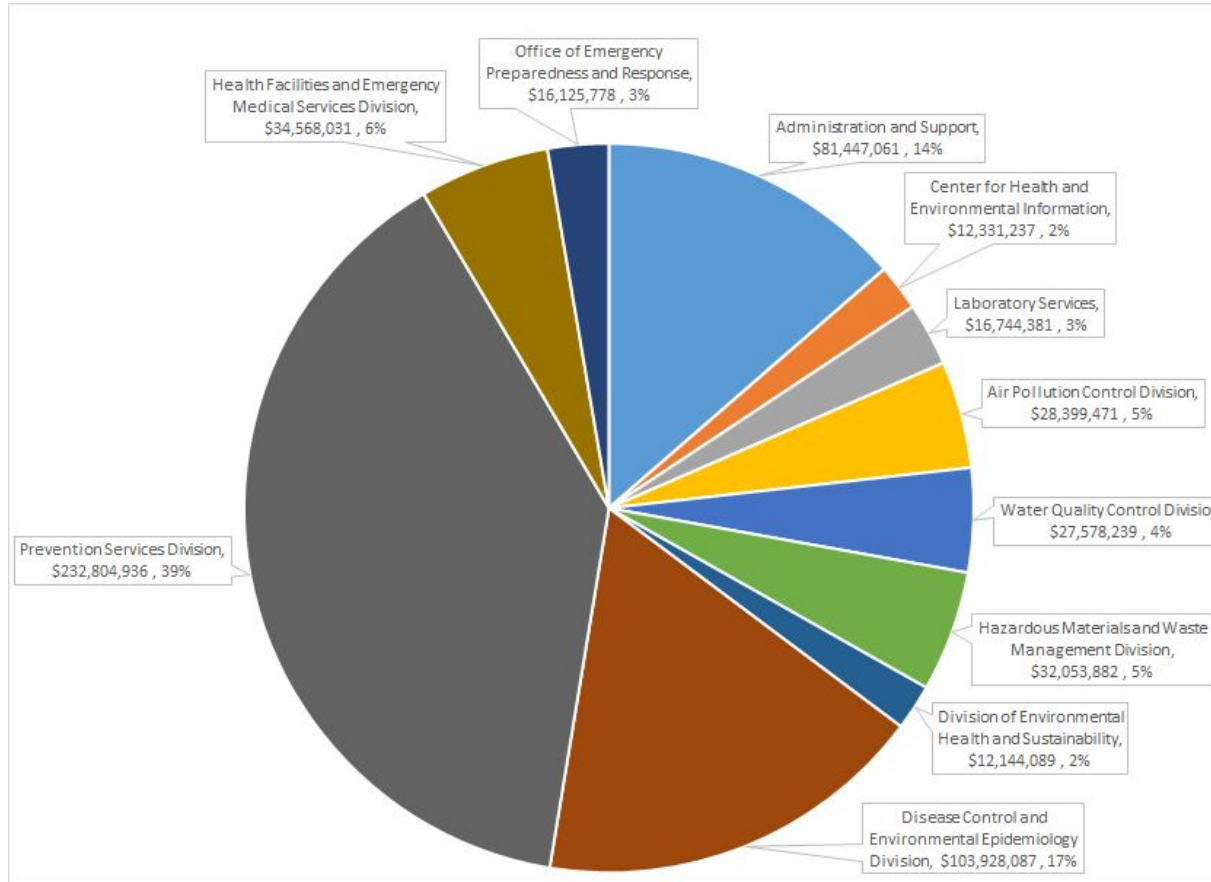
\*General fund exempt accounts for 0.6% of CDPHE funding

Fiscal Year	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	Total
FY20-21	\$ 59,570,759	\$ 387,756	\$ 188,149,625	\$ 49,047,028	\$ 300,970,024	\$ 598,125,192





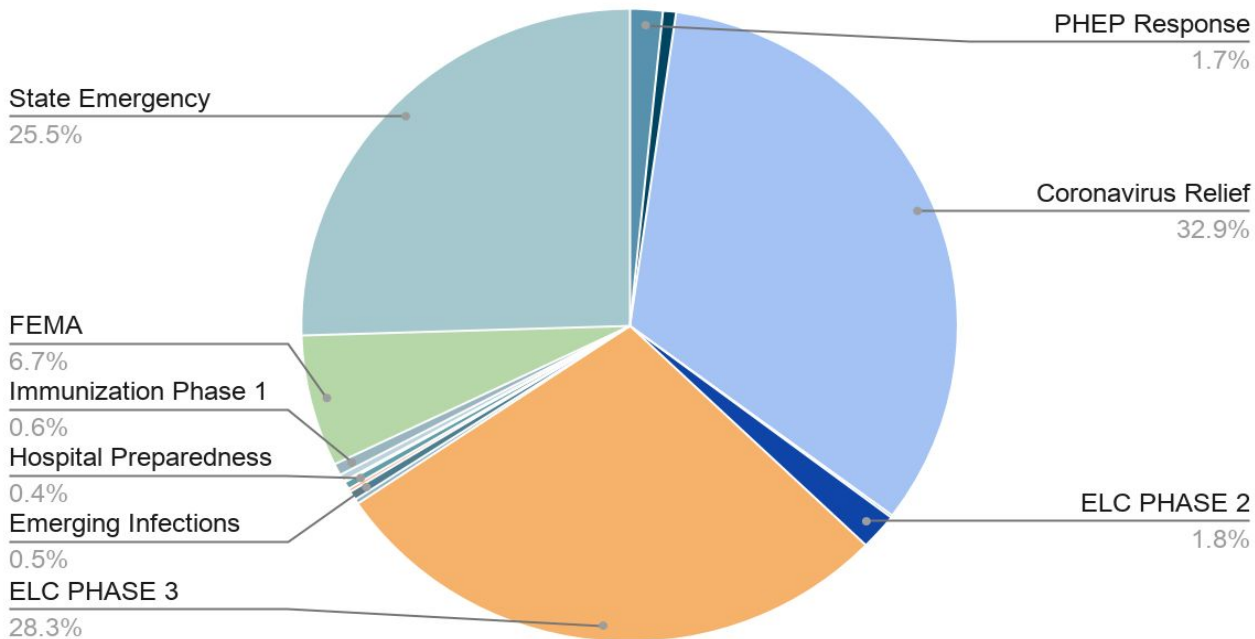
# Budget by Division





# COVID Funding

## CDPHE COVID Funding





# FY 2020-21 JBC Budget Balancing Actions

**In order to balance the FY 2020-21 budget JBC took the following actions regarding CDPHE Funding:**

- **Removal of \$6,490,518** of funding previously approved during Figure Setting
- **One time reductions of \$6,389,241** made to multiple line items within the Department
- **Cash fund sweeps of \$15,986,468** from various funds to the General Fund



# WIG - Wildly Important Goals



Air Quality



COVID-19



Healthy Eating  
Active Living



Immunizations



PFAS (Dept)



Suicide  
Prevention



HIV



Operational  
Excellence  
(Dept)



## WIG - Wildly Important Goals

# Air Quality



**WIG: Reduce Greenhouse Gas (GHG) emissions**  
economy-wide from 125.76 million metric tons of CO<sub>2</sub>e  
(carbon dioxide equivalent) per year to 106.439  
million metric tons of CO<sub>2</sub>e by June 30, 2024.

**WIG: Reduce ozone** from 80 parts per billion (ppb) to 74  
ppb by June 30, 2024.



## WIG - Wildly Important Goals

# HEAL - Healthy Eating Active Living

---



**WIG:** Increase the prevalence of **Colorado adults at a healthy weight** from 38.9% to 40% by June 30, 2024.

**WIG:** Increase the **number of Colorado children (under age 10 years) who are reached by obesity control interventions** from 80,203 to 149,000 by June 30, 2024.



## WIG - Wildly Important Goals

# Suicide Prevention



**WIG:** Reduce Colorado's suicide rate from 21.7 per 100,000 people in 2018 to 18.36 (a 15% decrease) by June 30, 2024.



## Immunizations - children

---



**WIG:** Increase the percentage of kindergartners protected against measles, mumps, and rubella (MMR) from 91.1% to 95% by June 30, 2024.





## Immunizations - seniors

---



**WIG:** Increase the percentage of **adults aged 65 years and older protected against influenza through vaccination** from 70.4% to 82% by June 30, 2024.



## HIV Prevention



**WIG:** Decrease the number of annual newly reported HIV diagnoses from 470 to 423 (a 10% reduction) by June 30, 2024.



## WIG - Wildly Important Goals

# COVID-19



**WIG:** Achieve and maintain an  $R_0$  (effective reproductive number) of less than 1 by June 30, 2021 and maintain an  $R$  of less than 1 through June 30, 2024.



# Decision Items Requests

## R-01 Long Bill Reorganization

- 1) Zero dollar request to consolidate the Disease Control and Environmental Epidemiology Division, Laboratory Services Division, and the Office of Emergency Preparedness and Response into a single Long Bill Division named the **Disease Control and Public Health Response Division**.
- 2) Creation of the **Office of HIV, Viral Hepatitis, and Sexually Transmitted Infections**
- 3) A new line item in the Division of Environmental Health and Sustainability, called the **Toxicology and Environmental Epidemiology Unit**.

## R-02 Opiate Antagonist Bulk Purchase Fund True-up

\$950,000 reduction in Cash Fund Spending Authority to align with available revenue.

## R-03 EMS and Trauma Provider Spending Authority True-up

\$2,314,561 reduction in Cash Fund Spending Authority to align with available revenue.



# Decision Items Requests

## **R-04 Align Remediation Program Personal Services**

- \$48,000 reduction in Cash Fund Spending Authority to better align with actual expenditures.

## **R-05 Discontinue Underutilized Waste Tire End-User Program**

- \$6,525,000 reduction in Cash Fund spending authority to repeal the Waste Tire End-Users Fund.

## **R-06 Ryan White, STI, HIV, AIDS True-Up With Tobacco Revenue**

- \$1,132,894 reduction in Cash Fund Spending Authority to align with projected revenue.

## **R-07 Administration and Support Division Efficiencies**

- \$1,033,593 reduction in Reappropriated Funds to align with current activities in Leave Payouts, Operating Expenses, and Personal Services.



# Decision Items Requests

## **R-08 Redirect Marijuana Health Effects Monitoring Funding**

- \$40,981 reduction in Cash Fund spending authority impacting operations within the Marijuana Health Effects Monitoring Program.

## **R-09 Partial Reduction to Hotline Contractor**

- \$99,079 reduction in General Fund that is distributed to the Rocky Mountain Poison and Drugs Safety Center.

## **R-10 Extend JBC Reduction to Marijuana Education Campaign**

- \$3,700,000 reduction in cash fund spending authority to continue an action made during FY 2020-21 JBC budget balancing for one additional year.



# IT Capital Construction Request

## **CC-IT-01 Integrated Reportable Disease Data Management System**

- \$10 Million in Capital Construction Funds-IT to implement and validate automated disease reporting processes and data management systems, as a replacement for the Colorado Electronic Disease Reporting System (CEDRS) and other data management systems utilized by the Department



# Long Term Budgetary Issues: Health Divisions

1. **COVID-19** continues to be a major factor in the Department's budget, and the future availability of both State and federal funds will impact CDPHE's ability to continue response efforts.
2. **Federal Funding:** Approximately 60% 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: Environmental Divisions

1. **Cash Funds:** Revenues have been impacted by the economy; revenue decline may slow implementation of 2020 legislation and budget requests including those related to the Air Quality WIG and Stationary Source Control Fund.
2. **Federal Funding:** Approximately 30% of the Department's budget for environmental regulatory programs comes from federal funds through the EPA. Changes in federal funding would likely impact the Department's environmental programs.
3. **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.
4. **Hazardous Materials and Waste Management Division:** 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.



# 2021 Legislative Priorities

## 1. Legislative Approval for Advance Payment

Make it easier for community-based organizations to work with CDPHE by offering a percentage of funds up-front (up to 25%). Many of these organizations are best positioned to make an impact in their communities, but contracting requirements make it difficult. By removing barriers, we can ensure that state dollars are used more effectively in these communities.

## 2. Nursing Home Penalty Cash Fund

This request is to move the administration of the Nursing Penalty Cash Fund from the Department of Health Care Policy and Financing to the Department of Public Health and Environment. The proposal also lifts the restriction of \$10,000 for administration of the fund and increases the FTE available at the CDPHE to a full time employee.

## 3. Eligibility to Purchase from the Opiate Antagonist Bulk Purchase Fund

To Fully realize the goals of the bulk purchase fund by aligning entities and persons eligible for a standing order for naloxone with entities and persons eligible to purchase from the opiate antagonist bulk purchase fund.



## In Conclusion

---

**Thank you for entrusting us with these dollars . . .**

**At CDPHE, we are passionate about making a meaningful impact:**

- Our efforts create, improve, and benefit a healthier Colorado
- We design, implement, and evaluate innovative solutions
- We base our decisions on available data, evidence, and best practices
- We make changes to things that are not working

***-CDPHE Operating Principle #1***

## WRITTEN RESPONSES ONLY

### FY 2021-22 Decision Items

[Rep. Ransom] Are there any other equivalent programs that could utilize the \$3 million collected for the Waste Tire End User Program, for similarly intended purposes, rather than transferring it to the General Fund?

The Department requested this reduction to the Waste Tire End Use program in order to restore a number of the reductions taken in FY20-21 and protect base funding and enable investments in high priority environmental and public health activities, including funding for the Air Pollution Control Division and Water Quality Control Division, funding to support Local Public Health Agencies public environmental health activities, and funding for Immunization and prevention services.

**Common Questions: Please retain the numbering in order to maintain consistent labeling for common questions across departments.**

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

In 1988, the General Assembly passed legislation authorizing the development of child care centers in nursing homes, and encouraged private grants as the source of funding. No grant funding was ever received by the Department, and no nursing homes took advantage of the legislative authorization to create child care centers. The department recommends that section 25-1-1001 *et seq.*, C.R.S. be repealed.

In 2020, Senate Bill 20-218 was enacted as the Colorado Department of Public Health and Environment Hazardous Substances Response concerning measures by the Department to protect the public from certain hazardous substances. The act established the perfluoroalkyl and polyfluoroalkyl substances cash fund (PFAS Fund), which is used to fund the PFAS grant program, fund the PFAS takeback program, and provide technical assistance in locating and studying PFAS to communities, stakeholders, and regulatory boards or commissions. The PFAS program recently began generating revenue (September 1, 2020) based on the timing established in the legislation. Implementation of the program activities is underway and will occur over the remainder of the 20-21 fiscal year.

In 2020, Senate Bill 20-204, Clean Up Colorado's Air Act was enacted concerning the provision of additional resources to protect air quality, and, in connection therewith, increasing fees, creating the Air Quality Enterprise. The Air Pollution Control Division of the Colorado

Department of Public Health and Environment is currently implementing the actions and steps necessary to create the Air Quality Enterprise, including establishing governance by a Board of Directors appointed by the governor and preparing potential fee structures to be collected beginning no earlier than July 1, 2021 as noted within the Act.

- 2 Does the Department have any HIGH PRIORITY OUTSTANDING recommendations with a fiscal impact identified in the Office of the State Auditor's "Annual Report: Status of Outstanding Audit Recommendations"? What is the Department doing to resolve these HIGH PRIORITY OUTSTANDING recommendations? Please indicate where in the Department's budget request actions taken towards resolving HIGH PRIORITY OUTSTANDING recommendations can be found.

The Department does not have any high priority outstanding recommendations.

- 3 For the FY 2020-21 hearing process, the Department was asked to respond to the following questions related to public awareness campaigns.

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?

Please provide an **update** to your response from last year, including any **changes to existing campaigns** and/or the **addition** or **discontinuation** of campaigns.

Please see [Appendix A: Public Awareness Campaigns](#)

- 4 Please identify how many rules you have promulgated in the past year (FY 2019-20). 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 FY19-20, the 6 rulemaking boards and commissions at the Department and the Executive Director/Chief Medical Officer, held 49 rulemaking hearings to repeal, revise or promulgate new rules to implement new federal or state directives. For FY19-20, the Department completed three cost-benefit analyses. Three regulatory analyses were completed pursuant to the Administrative Procedure Act; however, some boards and commissions have incorporated a comparable assessment as part of their rulemaking process and as such an economic impact statement or a regulatory analysis was developed for all rules that came before 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 2020<sup>1</sup> and 2021<sup>2</sup> Regulatory Agenda reports published on the Department's website or review the Department's Regulatory Efficiency Review policy<sup>3</sup>.

- 5 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.

The major cost driver that impacted the Department in FY 2019-20 was the need to respond to the public health impacts of COVID-19. These are almost entirely new costs rather than price inflation of previous expenditures. However, the Department has also seen a 25% decrease in travel costs for the Health Facilities and Emergency Medical Services surveys due to surveys being temporarily halted during the beginning of the pandemic.

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

Please see Appendix B: Service Demands

- 7 In some cases, the roles and duties of existing FTE may have changed over time. Please list any positions that have been created in the Department since FY 2018-19 that were not the result of legislation or a decision item.

---

<sup>1</sup> <https://drive.google.com/file/d/1nYfVTk4zEdl3W3M0GZR7KLUEQ2pdkwQm/view>

<sup>2</sup> <https://drive.google.com/file/d/1gMAMz6FmQ1DoiCcmcC9mm8hfxN-mp5lq/view>

<sup>3</sup> [https://docs.google.com/document/d/1s1L8\\_LILDpN1IzjO1KrHpiBla1MqTntio5\\_dW3X0XZY/view](https://docs.google.com/document/d/1s1L8_LILDpN1IzjO1KrHpiBla1MqTntio5_dW3X0XZY/view)

Throughout the Department the day-to-day duties of positions may have changed with shifts in technology and industry, but the overall roles remain in alignment with the purposes for which they were appropriated.

- 8 For all FY 2021-22 budget requests that include an increase in FTE:
  - a. Specify whether existing staff will be trained to assume these roles or these duties, and if not, why;
  - b. Specify why additional FTE are necessary; and
  - c. Describe the evaluation process you used to determine the number of FTE requested.

No FY 2021-22 decision item requests included an increase in FTE.

- 9 Please describe any programmatic impacts resulting from cash fund transfers impacting the department as part of the FY 2019-20 and FY 2020-21 balancing process.

Please see Appendix C: Cash Fund Transfers

## Appendix A: Public Awareness Campaigns





Common Question 3 - Public Awareness Campaigns									
Division	Campaign Name	Update to Campaign / New Campaign / Discontinuation of Campaign	Brief Description of Campaign Objectives and Reach	Paid Media	Earned Media	Metrics of Effectiveness	Coordination with other state or federal departments?	Total FY 2020-21 Budget for Campaign	What other state agencies are we collaborating with?
Prevention Services Division (PSD)	Responsibility Grows Here: Trusted Adults	Campaign discontinued due to reduction in appropriation in FY21. No longer in market. Website is still live.	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Prevention Services Division (PSD)	Responsibility Grows Here: Pregnant/Breastfeeding Women	Campaign discontinued due to reduction in appropriation in FY21. No longer in market. Website is still live.	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Prevention Services Division (PSD)	Secondhand Smoke/Vape Campaign	New Campaign	This campaign informs the public that secondhand smoke is dangerous and that the emissions from nicotine vaping products contain potentially dangerous chemicals, not just harmless water vapor. The campaign will launch in Colorado Springs and Pueblo as a pilot from January 2021-April 2021 and evaluation and budget for FY22 will guide decisions for launching the campaign statewide.	Yes	Yes	Campaign metrics include: Click through rates, video completion rates, impressions, cost per impression, cost per click. Website metrics include: Unique pageviews, sessions, time on page, city/location. We'll also be measuring changes in perceptions and attitudes about secondhand smoke and vape through an evaluation.	No	\$600,000 for paid media	The department will partner will local public health departments in Colorado Springs and Pueblo to raise awareness of this campaign locally.
Prevention Services Division (PSD)	Pregnancy-Related Depression Campaign	Update to Campaign - reduced appropriation	Improves the awareness and knowledge of pregnancy-related depression (PRD) 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 social and online ads.	Yes	Yes	Campaign metrics include: Click through rates, impressions served, cost per click. Website metrics include: Unique pageviews, sessions, time on page, city/location. Reporting includes recommendations and optimization.	Yes	Project operates on federal fiscal year \$200,000 July 1, 2019 - December 31, 2019 \$100,000 January 2020 - June 30, 2020 \$60,000 January 1, 2021 - June 30, 2021	Department of Health Care Policy and Financing and Department of Human Services were notified of campaigns.
Prevention Services Division (PSD)	Primary Care Office- Colorado Health Service Corps Recruitment Campaign	New Campaign	Awareness campaign for PCO's Colorado Health Service Corps Program. Ultimate goal is to increase applications from health care providers of color. Objectives include social and digital ads, website development, and collateral creation.	Yes	No	Increase in applications from providers of color	No	FY 20-21: \$100,000	None
Prevention Services Division (PSD)	ManTherapy Awareness Campaign	Update to Campaign - new messaging and resources have been introduced and tested.	Man Therapy is a free online resource designed to engage and support men with mental health. The Man Therapy team has created a number of creative materials, PSAs, and radio spots to help spread awareness and utilization of the resource. In the past few years, the Office of Suicide Prevention has supported some modest paid campaign activities in priority areas of the state among priority populations.	Yes	Yes	Campaign metrics include: Click through rates, impressions served, cost per click. We also explore which messaging resonates with specific demographic categories- i.e. construction industry, service members and veterans, recently divorced men, etc. Website metrics include: Unique pageviews, sessions, time on page, city/location. We also track completed head inspections (which translates into a traditional mental health screening with tailored resources based on results.)	Yes	\$75,000	Department of Agriculture, Department of Military and Veterans Affairs, Department of Human Services, Health Care Policy and Finance, Department of Public Safety,

Common Question 3 - Public Awareness Campaigns

Division	Campaign Name	Update to Campaign / New Campaign / Discontinuation of Campaign	Brief Description of Campaign Objectives and Reach	Paid Media	Earned Media	Metrics of Effectiveness	Coordination with other state or federal departments?	Total FY 2020-21 Budget for Campaign	What other state agencies are we collaborating with?
Division of Environmental Health and Sustainability (DEHS)	Statewide Recycling Education Campaign	New campaign	The campaign is a result of SB20-055 and directs the Department to administer a statewide campaign to educate Coloradans on recycling. There will be multiple approaches including TV and radio PSA's through the Colorado Broadcast Association as well as a website and written materials.	Yes	Yes	<p>CBA summary reports to include the following:</p> <ul style="list-style-type: none"> <li>a. return on investment statistics,</li> <li>b. names of participating stations,</li> <li>c. locations of participating stations,</li> <li>d. proof of performance.</li> </ul> <p>SE2 will report social media and website demographic analyses of users to include:</p> <ul style="list-style-type: none"> <li>a. Number of Facebook engagements</li> <li>b. Reach of statewide recycling educational campaign Facebook ads</li> <li>c. Number of impressions of statewide recycling educational campaign Facebook ads</li> <li>d. Number of clicks of statewide recycling educational campaign Facebook ads</li> <li>e. Engagement rate and click-thru rate of statewide recycling educational campaign Facebook page ads</li> <li>f. Website engagement metrics:                             <ul style="list-style-type: none"> <li>i. Visits</li> <li>ii. Time spent</li> <li>iii. Downloads</li> </ul> </li> <li>g. Demographic analyses of users engaged by the campaign</li> </ul>	No	\$165,000	The Department is collaborating with other State agencies, but has assembled a small consultation group to advise the campaign comprised of existing department partners with experience running recycling programs.
Division of Environmental Health and Sustainability (DEHS)	Childhood Lead Poisoning Awareness	New campaign	This project serves to promote childhood blood lead testing in Colorado through a media and outreach campaign for the Colorado Childhood Lead Poisoning Prevention Program at CDPHE. It will research attitudes, beliefs, intentions, barriers and effective outreach methods regarding childhood blood-lead testing among health care providers and parents/guardians and conduct a media campaign to educate families with high-risk children about the importance of testing for lead poisoning at the ages of 12 months and 24 months.	Yes	No	<p>Campaign metrics include: Click through rates, impressions served, cost per click.</p> <p>% increase of childhood blood lead testing will also be measured for effectiveness</p>	No	\$330,000	None

## Appendix B: Service Demands

**Common Question 6 - Service Demands**

Division	Program	Customer/Demand Impact on the Department	Quantify Impacts (Compare growth to other factor, such as CPI)	Factors Driving Impacts
Air Pollution Control Division	Stationary Sources	The number of complaints varies, primarily due to growth / activities in industry.	The Division Responded to 222 complaints in FY 15-16 and 291 in FY 19-20. The increase appears to outpace population growth in CO. The increase represents a 31% 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.
Air Pollution Control Division	Stationary Sources	The Denver metro area's air quality has been reclassified and downgraded to a Serious Nonattainment by the Environmental Protection Agency for 2008 ozone standards.	The Environmental Protection Agency's decision to reclassify the Denver metro area to Serious nonattainment area and likely 2022 classification to Severe will increase the need for division services such as additional inspections, enforcement and monitoring, rapid response to air emission issues and continued work with regulated oil and gas operations.	Denver metro area ozone levels exceed established EPA thresholds and has been designated as Serious nonattainment of pollution standards. A number of factors contribute to this designation including temperature and climate conditions, wildfire impacts and growth along the front range.
Air Pollution Control Division	Policy and Planning; Communications	Increasing requests from communities and stakeholders to improve community understanding, consider alternate proposals to reduce air pollution and increase department analyses to better address outcomes for	Recent legislation and requests from communities and stakeholders during implementation have increased demand for staff to support rulemaking and related efforts such as stakeholder engagement and community involvement (including expanded education and outreach).	Legislation such as SB 19-181 and HB 19-1211 as well as a decline in revenues anticipated under SB 20-204.
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.
Disease Control and Environmental Epidemiology Division	STI/HIV Branch	Increases in multiple STIs and HIV requires more work for partner services and case investigation and outreach teams, which work these cases. In addition, this creates more work for funded agencies who work with clients that are at risk and have acquired HIV and/or STIs.	--HIV: 410 cases in 2019 (Jan-Nov) and 277 cases in 2020 (Jan-Nov), which is a 32.4% decrease. --Females HIV: 77 cases of new HIV diagnoses in 2019 and 36 in 2020, which is a 53.2% decrease. --African American HIV: 70 cases of new HIV diagnoses in 2019 and 36 in 2020, which is a 28.6% decrease. --Chlamydia: 26,669 cases in 2019 (Jan-Nov) and 22,761 cases in 2020 (Jan-Nov), which is a 14.7% decrease. --Gonorrhea: 8,590 cases in 2019 (Jan-Nov) and 8,622 cases in 2020 (Jan-Nov), which is an 0.4% increase. --Syphilis (All Stages): 1,123 cases in 2019 (Jan-Nov) and 1,414 cases in 2020 (Jan-Nov), which is a 25.9% increase. --Congenital Syphilis: 7 cases in 2019 (Jan-Nov) and 19 cases in 2020 (Jan-Nov), which is a 171.4% increase in caseload from Jan-Nov 2019 to Jan-Nov 2020.	-- Increases in the number of platforms and use of social media and dating/hook-up apps to meet sexual partners. -- Increases in detection through at-home testing kits or increased participation in public health programs. -- Decreases in condom use. Some scientific literature suggests HIV pre-exposure prophylaxis (PrEP) may lead to decreased condom use. PrEP protects against HIV acquisition but does not protect against STI acquisition. -- Decreases in federal funding resulting in fewer public health campaigns that promote safe sex and condom use, and reduced public health staffing. -- Increases in STIs, which co-facilitate HIV transmission. -- Increases in injection drug use.

**Common Question 6 - Service Demands**

Division	Program	Customer/Demand Impact on the Department	Quantify Impacts (Compare growth to other factor, such as CPI)	Factors Driving Impacts
Disease Control and Environmental Epidemiology Division	Communicable Disease Branch	Increased outbreaks of Hepatitis A in general, among people experiencing homelessness and people with substance use issues increases work for the department because control measures are resource intensive, including vaccinating at-risk populations, education and communication, identifying contacts of confirmed cases to offer antibiotic prophylaxis, and data entry.	<p>2013 - 0.95/100,000 (foodborne outbreak associated with frozen pomegranate kernels accounts for most cases; 24% report international travel)</p> <p>2014 - 0.43/100,000 (sporadic cases; 27% report international travel)</p> <p>2015 - 0.44/100,000 (sporadic cases; 42% report international travel)</p> <p>2016 - 0.42/100,000 (sporadic cases; 43% report international travel)</p> <p>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)</p> <p>2018 - 0.54/100,000 (current outbreak began in Oct 2018)</p> <p>From 2013 - 2016, Colorado did not have any cases reported in people experiencing homelessness. In 2017, 2 cases occurred; 5 cases in 2018, and 166 cases in 2019 (as of Nov 20, 2019)</p> <p>From 2013 - 2016, Colorado had 5 cases who report substance use issues (2 report injection, 3 report non-injection). In 2017, 7 cases occurred (3 report injection, 4 report non-injection). In 2018, 8 cases occurred (at least 6 report injection). In 2019, 214 cases have occurred in people with a variety of substance use issues. In 2020, 412 cases have occurred among people experiencing homelessness, people with substance abuse issues, and persons who are or have recently been incarcerated.</p>	<p>For the general population, the national Healthy People 2020 goal for Hepatitis A incidence is 0.3/100,000.</p> <p>Two deaths have occurred in the 2018-19 outbreak.</p> <p>The 2018-19 outbreak has considerable health care costs, with 73% of cases being hospitalized. As of Nov 20, 2019, over 16,000 vaccines have been provided by public health to try to control spread and prevent illnesses.</p> <p>The affected populations are challenging to reach for both messaging, education, and vaccination and require focused, ongoing efforts in the field.</p>
Disease Control and Environmental Epidemiology Division	Immunization	Colorado Immunization Information System (CIIS) and iSIIS Vision maintenance and support	<p>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.</p> <p>Increased number of providers sending electronic data to CIIS results in increased workload to provide technical assistance and build interfaces with provider EHRs.</p>	<p>CIIS has seen a marked increase in the number and complexity of CIIS enhancements needed to comply with new federal requirements. This has also impacted the 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.</p> <p>The passage of SB20-163 requires all immunizing providers to report immunization and exemption data to CIIS.</p>
Health Facilities and Emergency Medical Services	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.
Health Facilities and Emergency Medical Services	Health facilities	Increased facilities (all facility types) means the Department has to conduct more inspections. Increased complaints means the Department has to conduct more inspections	Increase of 429 facilities across all sectors between July 2016 and September 2020. This is a 13% increase in total facilities.	From October 2019 through September 2020 we had an increase of 35 total facilities. The growth was very slow compared to normal year. 46 facilities closed during this timeframe and 81 facilities opened.

**Common Question 6 - Service Demands**

Division	Program	Customer/Demand Impact on the Department	Quantify Impacts (Compare growth to other factor, such as CPI)	Factors Driving Impacts
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 and 1375 in FY 2018-19. There is also more testing demand for tuberculosis and food-borne testing such as E. coli, salmonella, increasing from 123 samples in FY 2015-16 to 726 in FY 2018-19.	The public health laboratory testing demand is moving in sync with the CO population and urban area growth. Increasing demand for food-borne disease testing at the state public health is driven by advances in the diagnostic technology used in clinical/hospital laboratories resulting in a shift in the burden onto the public health laboratory.	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; 4) Changing technologies have uncoupled clinical diagnosis of foodborne illness from the public health surveillance process driving more workload in the public health laboratory to achieve the same level of public health surveillance data.
Water Quality Control Division	Clean Water Program - Municipal Separate Storm Sewer Systems (MS4)	The number of communities required to obtain a permit for stormwater runoff that can carry pollutants is increasing	Changes based on the 2020 Census may cause demand for stormwater permits to exceed available revenue and spending authority in the clean water sectors. Services level increases are expected based upon an anticipated 7-10% increase in stormwater permit demand for portions of the state due to community population increase as well as an increased need to improve environmental health outcomes for disproportionately impacted communities.	U.S. Census numbers indicate growth in the population which triggers if a city or municipality needs an MS4 permit.
Water Quality Control Division	Clean Water Program - Public and Private Utilities Sector	Increasing number of communities with declining populations and aging water infrastructure that do not meet water quality requirements important to protect public health and the environment	The ability of small and rural communities to address aging systems continues to decline. This results in the division receiving more requests to support the infrastructure as well as technical resources to help local communities understand the system and environmental health considerations, and plan for the improvements needed.	Rural communities, in general, frequently lack the resources necessary to finance infrastructure improvements to meet water quality standards. This is particularly problematic in rural/small communities that are seeing decreases in their residential population or economic base.

## Appendix C: Cash Fund Transfers



Common Question 8 - Cash Fund Transfers		
Cash Fund	Amount	Programmatic Impact
Waste Tire Market Development Fund	\$771,204	None - program was repealed in 2018.
Small Communities Water and Wastewater Grant Fund	\$5,600,000	This was roughly 50% of the fund balance. Typical grant awards from SCWWG are in the \$300,000 range, so this reduction in funding would be expected to impact or delay about 10 to 15 infrastructure projects per application cycle.
Vital Statistics Records Cash Fund	\$180,000	The cash fund transfer was manageable due to a reduction in project costs that had been budgeted for the Electronic Birth Registration System (EBRS) replacement project. The EBRS project was funded through a mix of general fund and cash reserves as appropriated in Capital Construction HB 18-1322. The cash fund transfer from this fund was possible due a reduction of approximately \$340,000 to the original anticipated project costs. In FY22, the Department's three-year waiver from the limitations on excess uncommitted fee reserve balance expires and the fund must return to compliance. (The \$180K cash transfer is in addition to the FY22 proposed sweep of \$140,344 which brings the total transfer from from this fund to \$320,344 over two years)
Construction Sector Fund	\$433,728	The Clean Water Program in the Water Quality Control Division has abolished positions and held key vacancies in order to ensure forecasted revenue could sustain hiring decisions.
Public and Private Utilities Sector Fund	\$500,000	The Clean Water Program in the Water Quality Control Division has abolished positions and held key vacancies in order to ensure forecasted revenue could sustain hiring decisions.
Water Quality Improvement Fund	\$483,535	The Water Quality Control Division will reduce awards by 20% to eligible entities to execute projects that improve water quality. See information above in Row 4 regarding infrastructure backlog. Typical grant awards from WQIF are in the \$150,000 range, so this reduction in funding would be expected to impact or delay about 5 to 8 infrastructure projects per application cycle.
Hazardous Waste Service Fund	\$422,411	The Department will need to evaluate fee levels in light of changing economic conditions and this recent cash fund transfer.
Solid Waste Management Fund	\$363,243	Program is freezing hiring of 2.0 FTE for inspectors/permitters until revenue becomes sufficient to hire.
Waste Tire Administration, Enforcement, Market Development, and Cleanup Fund	\$5,372,415	None.
End Users Fund	\$1,400,000	Eliminated the rebates scheduled for July 2020 and delayed any future rebates until Feb 2021 at the earliest. The Department has also proposed the elimination of the Waste Tire End Users Rebate Program in the FY21-22 budget submission.
CDPHE's account within the Indirect Costs Excess Recovery Fund	\$459,932	Department has less reserve available to offset any future under-recoveries. Current fund balance is \$1.381M compared to the JBC staff recommended reserve of \$1.802M.