

Colorado Department of Public Health and Environment

Strategic Plan 2016-2019 and

Department Implementation Plan FY 2017-18

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Executive Director and Chief Medical Officer



COLORADO
Department of Public
Health & Environment

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1. Mission

The mission of the Colorado Department of Public Health and Environment is to protect and improve the health of Colorado's people and the quality of its environment.

2. Vision

Colorado will be the healthiest state with the highest quality environment.

3. About the Department

The Colorado Department of Public Health and Environment is one of 16 cabinet-level departments whose executive director is appointed by the governor. Dr. Larry Wolk serves as the department's executive director and chief medical officer. The department serves Coloradans by providing high-quality, cost-effective public health and environmental protection services that promote healthy people and healthy places. Staff focus on evidence-based best practices in the public health and environmental fields and play a critical role in educating citizens so they can make informed choices. In addition to maintaining and enhancing our core programs, the department continues to identify and respond to emerging issues affecting Colorado's public and environmental health.

The department pursues its mission through broad-based health and environmental protection programs and activities. These include population-based disease prevention strategies; control of disease outbreaks; provision of health statistics and vital records; health facilities licensure and certification; health and wellness promotion for both the general population and specific subpopulations such as children/adolescents, women, workers and the aging; prevention and treatment of sexually transmitted infections; suicide and injury prevention; laboratory and radiation services; and emergency preparedness. The department's environmental responsibilities include air and water quality protection and improvement; hazardous waste and solid waste management; pollution prevention and environmental leadership; and consumer protection.

The department has 1,305 employees, with the vast majority working at the offices in Glendale and the State Lab in Denver. There are satellite offices located in the following locations:

- Grand Junction - Air Pollution Control Division, Water Quality Control Division, Hazardous Materials and Waste Management Division, Health Facilities and Emergency Medical Services Division, and Disease Control and Environmental Epidemiology Division
- Pueblo - Air Pollution Control Division, Water Quality Control Division, Health Facilities and Emergency Medical Services Division, and Disease Control and Environmental Epidemiology Division
- Buena Vista and Steamboat Springs - Water Quality Control Division
- Fort Collins - Health Facilities and Emergency Medical Services Division

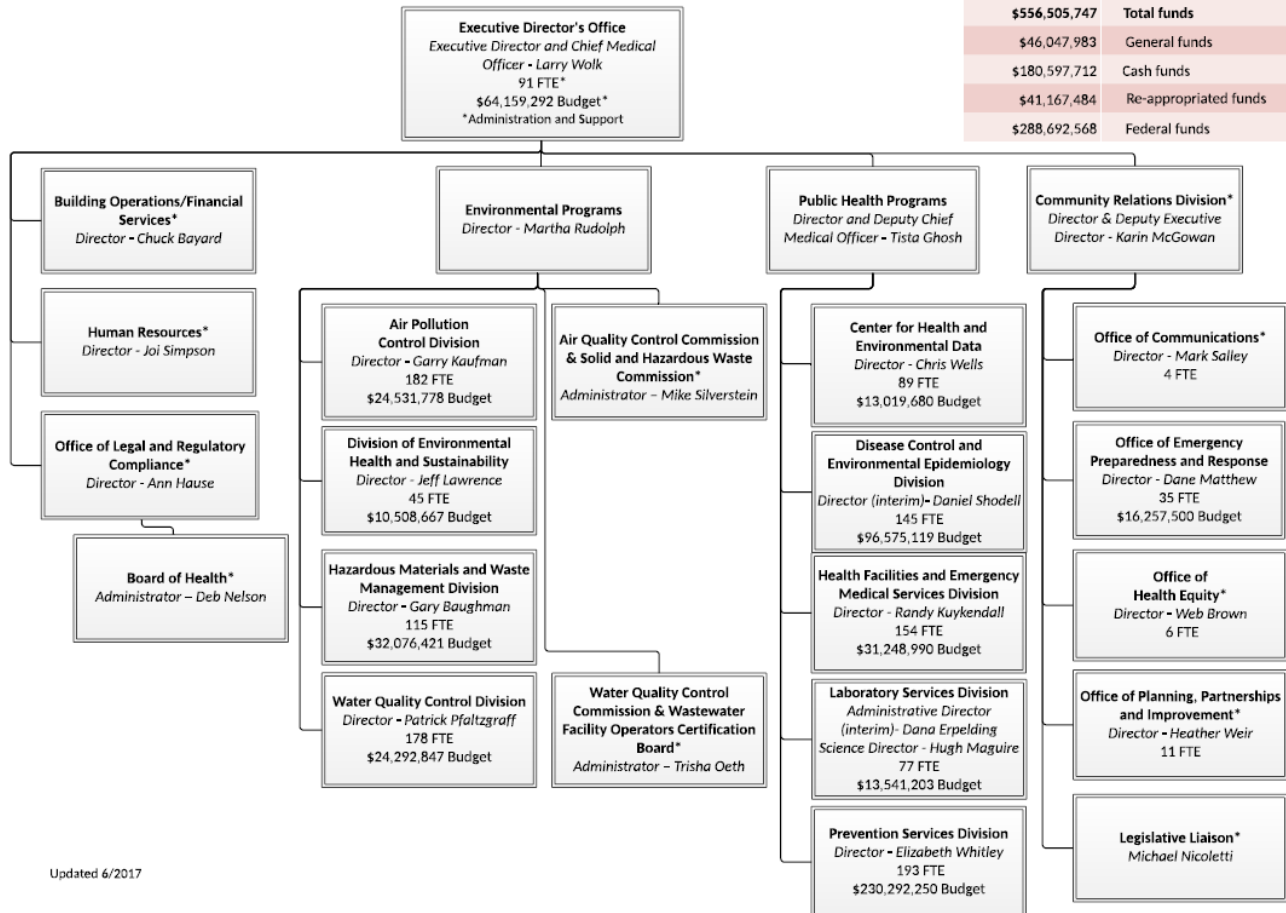
For fiscal year 2016-17, the department received approximately 92 percent of its \$534 million funding from federal funds, fees, grants and other non-general fund sources. The statutory

authority for the department is found predominantly in Title 25 of the Colorado Revised Statutes.

4. CDPHE Org Chart

Colorado Department of Public Health and Environment

Total Department FTE & budget breakdown (based on FY 2016-17 appropriations)	
1,305	Total FTEs
\$556,505,747	Total funds
\$46,047,983	General funds
\$180,597,712	Cash funds
\$41,167,484	Re-appropriated funds
\$288,692,568	Federal funds



Updated 6/2017

5. Divisions

Administration

Administration includes Building Operations, Financial Services, Human Resources, and the Office of Legal and Regulatory Compliance.

- Customers and Constituents: Customers include internal CDPHE staff, funders, private vendors and other governmental agencies.
- Primary Processes:
 1. Contracting and Procurement - This process is defined from the point where a decision is made to use a contract for service delivery through the point where the goods and services are evaluated for meeting the requirements of the contract.
 2. Internal Audit - This unit coordinates external audits of CDPHE programs and conducts internal audits to assess compliance with regulatory and fiscal requirements.
 3. Privacy and Records Management - These positions assess programmatic compliance with federal, state and department requirements for information privacy and record retention.
 4. Board of Health - The board promulgates rules for the department's public health, environmental health, and radiation programs, in addition to reviewing and approving funding recommendations for various grant programs.
 5. Human Resources - The Office of Human Resources is responsible for recruiting, hiring, performance management, training, compensation and rewards, employee relations, Family Medical Leave, Workers' Compensation, benefits, Short-term Disability, Americans with Disabilities, and leave tracking.
 6. Budget - This process is defined from the point where the department begins to evaluate future needs for the department through the point where those resources are appropriated in the Long Bill or Special Bill.
 7. Accounting - This process is defined from the time CDPHE receives or issues a payment document to the time Accounting staff reconciles more than 300 revenue sources (General Fund, cash funds, federal/private grants, etc.) annually throughout the fiscal year.
 8. Facilities Management - This function is responsible for monitoring and securing sufficient resources to ensure CDPHE's buildings and offices around the state are safe, clean and functional for employees and the public.
- Major Funding Sources: The Administrative Services Division is funded through the department's indirect cost pool, General Fund, and grants.

Community Relations Division

The Community Relations Division includes the Office of Communications, Office of Emergency Preparedness and Response, Office of Health Equity, Office of Planning, Partnerships and Improvement, and the Legislative Liaison.

- Customers and Constituents: Customers include internal department staff, local public health agencies, federal agencies, media, the General Assembly, consumer groups, and the public.
- Primary Processes:
 1. Health Equity - Grant making, contracting, technical assistance and monitoring to promote health equity and environmental justice.
 2. Local Public Health Planning and Support - Grant management and administration and technical assistance to local public health agencies.
 3. Student Opportunities Coordination - coordination and support of the student opportunities program for CDPHE.
 4. Quality Improvement, performance management and strategic planning - coordination and support for strategic planning, quality improvement, accreditation and performance management across CDPHE and to local public health agencies.
 5. Communications, Media Relations and Public Information - Inform department staff and the general public (or specific audiences) of the work of the department and environmental/health issues.
 6. Legislative Liaison - Coordinate all aspects of legislative initiatives, starting with requests for proposals for legislative agenda items from divisions through disposition of bills.
 7. Emergency Preparedness and Response - Oversight and management of federal public health, hospital and behavioral health emergency preparedness grant funding and Colorado general funds, including assessment, planning, guidance, training, evaluation and funding to improve Colorado's ability to prepare and respond to the behavioral and public health needs of victims impacted by emergency/disaster events.
- Major Funding Sources: The Community Relations Division is funded through department indirect cost, General Fund and grants.

Environmental Divisions

Air Pollution Control Division

The Air Pollution Control Division (APCD) provides comprehensive air quality services to Colorado citizens, businesses, local governments and other customers. The APCD protects public health and the environment by implementing sound regulatory and administrative programs to reduce air pollution across the state. The division is responsible for coordinating and developing Colorado's clean air quality plans consistent with state and federal law. The division, submits those plans to the Colorado Air Quality Control Commission, the Colorado General Assembly, and the U.S. Environmental Protection Agency (EPA). In addition, the division implements and enforces all air quality requirements in the state.

- Customers and Constituents: Customers include the general public, local governments, environmental groups and the regulated community (e.g. industrial operations such as large power plants, neighborhood dry cleaners, and oil and gas operations). The division also works closely with the Colorado Oil and Gas Conservation Commission, the Public Utilities Commission, Colorado Energy Office and other agencies, as needed.
- Primary Processes:
 1. Issuance of environmental permits, certifications and licenses. This process is defined from the time the division receives an application to the final decision regarding the requested document.
 2. Conduct environmental inspections. This process is defined from the identification of the facilities to be inspected to the issuance of the inspection report.
- Major Funding Sources: Approximately 79% of funding comes from fees and the remaining funding comes from federal funds (primarily from the U.S. Environmental Protection Agency).

Division of Environmental Health and Sustainability

The Division of Environmental Health and Sustainability (DEHS) is comprised of four units that implement programs for the department. The division delivers services that assure safe restaurants, schools, and child care facilities; assures the safety of food from production to consumption; maintains acceptable conditions in state correctional and tanning facilities; protects land, water and air quality resources affected by the agricultural animal feeding industry; and protects and improves Colorado's environment through programs that conserve and reuse resources, prevent pollution and advance the principles of sustainable development.

- **Customers and Constituents:** Customers include regulated entities in the retail food, wholesale food and dairy businesses, child care operations, schools, animal feeding operations and the consumers of these goods and services. Constituents include the Colorado Livestock Association, Colorado Restaurant Association, Rocky Mountain Food Industry Association, Dairy Farmers of America and Local Public Health Agencies.
- **Primary Processes:**
 1. Issuance of environmental permits, certifications and licenses. This process is defined from the time the division receives an application to the final decision regarding the requested document.
 2. Conduct environmental inspections. This process is defined from the identification of the facilities to be inspected to the issuance of the inspection report.
- **Major Funding Sources:** Seventy-four percent of of funding comes from fees from the regulated entities, 13% from federal funds, 12% General Funds, and 1% re-appropriated funds.

Hazardous Materials and Waste Management Division

The Hazardous Materials and Waste Management Division (HMWMD) administers the state regulatory programs for solid waste, hazardous waste, and radioactive materials and machine-produced radiation. This includes the management, treatment and disposal of solid waste; the generation, storage, transportation, treatment and disposal of hazardous waste; the possession, management, treatment and disposal of radioactive materials; and registration and regulation of possession, operation, management and disposal of radiation-producing machines. The division also oversees the remediation of contamination associated with the release of solid or hazardous waste at regulated private sites, federal facilities, and superfund sites across the state, and implements the state's Voluntary Cleanup Program. In addition, the division oversees the waste tire program, which manages the cleanup of illegal waste tire sites and community clean-up events for the collection of waste tires, assists state and local agencies to purchase equipment and supplies related to waste tire fires, and for law enforcement activities related to proper waste tire management. Lastly, the division certifies contractors and consultants that remediate properties formerly used as methamphetamine drug laboratories.

- Customers and Constituents: Customers include those who 1) generate, treat, store, transport or dispose of hazardous waste, 2) manage, treat or dispose of solid waste, 3) have cleanup and remediation responsibilities at regulated facilities, 4) possess, operate, manage or dispose of radioactive materials or radiation-producing machines, including medical facilities (doctors, dentists, hospitals, veterinarians, etc.), research organizations (private, universities and governmental), industries and contractors, 5) citizens, local governments, interest groups, and 6) anyone with questions on the proper management of waste or radiation.
- Primary Processes:
 1. Issuance of permits, certifications and licenses. This process is defined from the time the division receives an application to the final decision regarding the requested document.
 2. Conduct inspections. This process is defined from the identification of the facilities to be inspected to the issuance of the inspection report.
- Major Funding Sources: Twenty-nine percent of funding comes from fees and 71% from federal funds from the U.S. Environmental Protection Agency, U.S. Department of Defense and the U.S. Department of Energy.

Water Quality Control Division

The Water Quality Control Division (WQCD) administers the federal and state clean water and drinking water acts and applicable regulations. These regulations generally apply to dischargers of pollutants into the state's surface and ground waters and the support and oversight of the public drinking water systems.

- **Customers and Constituents:** Customers include Colorado's residents and visitors and, the division's performance partners. The performance partners include organizations involved in protecting public health and ambient water quality. Examples include local municipalities and special districts that process drinking and wastewater, recreational users such as kayakers and fisherman, aquatic life management agencies such as Colorado Parks and Wildlife, and farmers, ranchers and industry that use water resources.
- **Primary Processes:**
 1. Issuance of environmental permits, certifications and licenses. This process is defined from the time the division receives an application to the final decision regarding the requested document.
 2. Conduct environmental inspections. This process is defined from the identification of the facilities to be inspected to the issuance of the inspection report.
- **Major Funding Sources:** Sixty percent of the funding is federal funds from the U.S. Environmental Protection Agency and the remaining funds are fees and General Fund.

Public Health Divisions

Center for Health and Environmental Data Division

The Center for Health and Environmental Data (CHED) consists of two offices: the Office of eHealth and Data and the Office of the State Registrar and Records.

The Office of eHealth and Data is responsible for collecting, analyzing and reporting data and improving data systems. That includes health surveys and evaluation, health information systems, vital statistics and non-communicable disease registries.

The Office of the State Registrar and Records is responsible for processing official documents and records and includes the vital records program and medical marijuana registry.

- Customers and Constituents: Customers include residents seeking vital records (birth and death certificates, adoption, verification of marriage or divorce); local public health agencies, physicians, hospitals and funeral homes that partner with the division to manage birth and death records; foundations, nonprofits and other organizations and public health stakeholders that use the division's health data and information systems; patients and providers associated with health registries including the cancer registry, birth defects registry and the medical marijuana registry; and department staff who rely on assistance with program evaluation, geographic information systems (GIS) and informatics.
- Primary Processes:
 1. Health Surveys and Evaluation - gather and analyze health behavior data, including the Behavioral Risk Factor Surveillance System (BRFSS), Pregnancy Risk Assessment Monitoring System (PRAMS) and Child Health Survey (CHS). Design and implement scientifically sound evaluation services for various department programs to assess processes, impacts, and outcomes to increase the effectiveness of new or existing programs and/or policies.
 2. Vital Records and Vital Statistics - collect, analyze and issue data in order to provide vital statistics and issue vital records, including birth, death, marriage, divorce and adoption.
 3. Health Information Systems - develop and promote the increased use of sound applications and databases to collect health data, ensuring efficient and confidential methods to obtain complete and accurate data that can be used to facilitate public health actions and improve public health practice. Includes public health informatics and non-communicable disease registries. Use technology to assist with analysis and visualization of public and environmental health spacial data through GIS mapping.
 4. Medical Marijuana Registry - administer the Medical Marijuana Registry
- Major Funding Sources: Seventy percent of funding is from cash funds and fees and 30% is federal funding.

Disease Control and Environmental Epidemiology Division

The Disease Control and Environmental Epidemiology Division (DCEED) promotes the prevention and/or control of communicable diseases and assesses the risk of illness related to environmental and occupational exposures.

- **Customers and Constituents:** Customers include citizens with or at risk for communicable diseases such as pertussis, Ebola, salmonella, HIV or tuberculosis; citizens with or at risk for environmental exposures such as lead, mercury or pesticides; citizens or communities with health concerns about marijuana or oil and gas development and production activities; local public health agencies that need help with detecting the source of foodborne, bloodborne or animal borne illness; and individuals who need immunizations and their healthcare providers.
- **Primary Processes:**
 1. Surveillance/monitoring of disease information
 2. Distribution of vaccines and medications
- **Major Funding Sources:** Eighty-one percent of funding comes from federal sources, primarily the Centers for Disease Control and Prevention. In addition, approximately 5 percent of funds come from General Funds and the state tobacco master settlement and Amendment 35 tobacco tax funds and 14 percent comes from the retail marijuana program and medical marijuana fund balance for research projects.

Health Facilities and Emergency Medical Services Division

The Health Facilities and Emergency Medical Services Division (HFEMSD) provides support and regulatory oversight for hospitals, ambulatory surgical centers, long term care facilities, assisted living residences and other health facilities, as well as emergency medical technicians, air ambulance services and the state trauma system.

- Customers and Constituents: Customers include hospitals, nursing facilities, assisted living residences and other health facilities and providers licensed and regulated by the division as well as the patients, residents and families utilizing those facilities. Customers also include individuals seeking certification as emergency medical technicians and paramedics. The division also provides grants and technical support to local health care and Emergency Medical Services (EMS) agencies and local EMS physician medical directors.
- Primary Processes:
 1. Regulating and licensing health facilities as designated in statute. This process includes supporting the administrative licensing functions as well as the inspection of health care facilities to protect the health and safety of system users.
 2. Performing federal and state facility certification inspections under agreements with the Centers for Medicare and Medicaid Services and the Department of Health Care Policy and Financing.
 3. Issuing state certification/practice credentials for EMS providers.
 4. Issuing licenses for air ambulance services transporting patients in Colorado.
 5. Investigating and enforcing licensing and certification regulations and policies as required by law.

Major Funding Sources: Approximately 57 percent of funding comes from license and other fees and from the emergency medical services account within the highway users tax fund. Approximately 19 percent of the appropriation comes from federal funds from the Centers for Medicare and Medicaid Services for oversight of Medicare facilities, 18 percent of funds are reappropriated (Medicaid) and 6 percent is from General Fund.

Laboratory Services Division

The Laboratory Services Division (LSD) includes laboratory certification, marijuana laboratory certification, environmental chemistry, evidential breath-alcohol testing, microbiology (environmental microbiology, molecular science, serology and public health microbiology), and newborn screening.

- Customers and Constituents: Customers include local public health agencies, nonprofit organizations, CDPHE programs and private health care providers needing analyses for rabies, sexually transmitted infections, and outbreak associated organisms. Customers also include local law enforcement agencies in need of training and calibration of evidential breath alcohol testing equipment; physicians, families and hospitals needing analysis of newborn screening samples; citizens needing water testing; CDPHE programs needing testing of air, water and milk samples; law enforcement agencies needing biological and chemical threat testing; and the federal Centers for Disease Control and Prevention.
- Primary Processes:
 1. Laboratory testing in a variety of areas
 2. Billing processes
 3. Recommendations for local and national testing requirements
 4. Calibration of equipment
 5. Certification of external laboratories
- Major Funding Sources: Sixty-one percent of funding comes from fees paid for testing and analysis, 29 percent from federal funds, 8 percent General Fund, and 3 percent reappropriated funds.

Prevention Services Division

The Prevention Services Division improves the health, well-being and equity of all Coloradans through health promotion, public health prevention programs and access to health care. The division collaborates with a wide range of partners to prevent chronic disease, injury and death and promote mental health, healthy eating and active living. Prevention experts focus on primary prevention and intervention; modifying risk factors and promoting protective factors.

Among the many programs, initiatives and collaborative efforts covered by the division are cancer, diabetes and heart disease prevention, screening and management; breastfeeding, early childhood nutrition and obesity prevention; oral health; food assistance and nutrition education for mothers, infants, children and adults; school health; mental health promotion and suicide prevention; tobacco prevention, education and cessation; marijuana education and youth prevention; health care provider workforce monitoring and loan repayment assistance; child fatality prevention and positive youth development; youth sexual health and family planning; maternal child health and pregnancy-related depression; health care for children with special needs; physical activity, healthy eating and built environment; health systems integration and quality improvement; health information and data collection; and health communication and promotion.

- Customers and constituents: Customers include local, state and national health agencies, public and private health advocates, foundations, community-based organizations, legislators, policy experts, health care providers, patient navigators, health plans, universities and researchers.
- Primary processes:
 1. Provide and administer state and federal grant funding
 2. Provide resources and technical assistance
 3. Promote evidence-based programs and best practices
- Funding sources: Sixty-eight percent of funding is from federal funds, 24 percent from state tobacco master settlement and Amendment 35 funds, 6 percent General Fund, and 1 percent private sources.

6. Strategic Plan Overview

Colorado Department of Public Health and Environment
2016 - 2019 Strategic Plan

Our Vision Colorado will be the healthiest state with the highest quality environment.

Our Mission To protect and improve the health of Colorado's people and the quality of its environment.

Our Goals



The following chart lists the three-year goals of the department and the annual (FY 2017-18) strategies that contribute to the goals. The green shading indicates what strategies support each goal. Strategies that contribute to more than one goal are given priority during the planning process (summarized in Appendix 2). Details and activities of the plan are listed in the next section.

Annual Strategies FY 2017-18	3 Year Goals: 2016-2019				
	1. Implement plans supporting health and environment priorities.	2. Increase CDPHE's efficiency, effectiveness, and elegance.	3. Improve CDPHE's employee engagement.	4. Promote health equity and environmental justice.	5. CDPHE is prepared and responds to all emerging issues.
1. Substance abuse*: <ul style="list-style-type: none"> Youth marijuana education and prevention campaigns Targeted youth substance abuse prevention in schools Community-based youth substance abuse prevention Reduce opioid misuse 					
2. Mental health*: <ul style="list-style-type: none"> Support the plan to reduce the impact on daily life of mental illness. Improve screening rates and treatment for pregnancy-related depression. 					
3. Obesity*: <ul style="list-style-type: none"> Support the plans to control the obesity rate for adults. Support the plans to control the obesity rate for children. 					
4. Immunizations*: <ul style="list-style-type: none"> Increase school compliance to increase immunization rates. Enhance Colorado Immunization Information System (CIIS) interoperability. Use data to improve immunization rates. Use policy to improve immunization rates. 					

<p>5. Air quality*:</p> <ul style="list-style-type: none"> • Ensure air quality is improved and protected by reducing pollution across Colorado.* 					
<p>6. Water quality*:</p> <ul style="list-style-type: none"> • Improve river, stream, lake and reservoir quality. • Protect drinking water. 					
<p>7. Modernize data collection and dissemination</p>					
<p>8. Implement quality improvement projects</p>					
<p>9. Employee engagement:</p> <ul style="list-style-type: none"> • Support career growth. • Collect more meaningful employee engagement data. • Recognize employees. • Worksite wellness. 					
<p>10. 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/budgeting processes.</p>					
<p>11. Prepare and respond to emerging issues:</p> <ul style="list-style-type: none"> • Establish the foundational elements and infrastructure to detect, prepare for and respond to emerging issues. • Respond to current emerging issues. 					

*Align with Vision 2018 (Governor’s Dashboard) and Shaping a State of Health (the state Public Health Improvement Plan)

7. Goals, Strategies and Activities for FY 2017-18

Background:

The three-year goals for 2016-2019 were selected based on their alignment with the major plans that drive our work at CDPHE: the State of Health, Vision 2018 (Governor's Dashboard) and Shaping a State of Health (the Public Health Improvement Plan). In addition, the plan supports and complements other department-level plans such as the Quality Improvement Plan, Workforce Development Plan (which will be updated this year), Emergency Preparedness Plans, and the department's performance management system.

When selecting the three-year goals, extensive employee and stakeholder feedback was collected and analyzed to select goals and priorities that focus on identified areas of need. The process used to create the plan this year is described in Appendix 2 and involved the Strategic Planning Committee (a cross-department committee with representatives from every division and staff from varying levels of the organization), division and office directors, and the executive leadership team. All staff were encouraged to provide input and feedback during the strategic planning town hall meetings.

As with all strategic plans, this does not reflect all of the work of the department, but focuses on the areas selected as priorities that will be focused on and tracked to ensure CDPHE continues toward its vision of Colorado being the healthiest state with the highest quality environment. The plan also is aligned to other major department plans such as the Quality Improvement Plan, Workforce Development Plan, and performance management system.

2016-2019 Goals:

Goal 1: Implement plans supporting health and environment priorities (from the Public Health Improvement Plan and Vision 2018) by June 30, 2018.				
	Measure	Desired trend	Baseline	Target
O U T C O M E M E A S U R E S	Self-reported, nonmedical opioid (prescription drug) use	↓	5.1% in 6/2015 4.9% in 6/2016	3.5% in 2018
	% of high school students who used marijuana one or more times during the past 30 days	⇒	19.7% in 2013 21.2% in 6/2016	19.7% in 2017
	Suicide rate per 100,000 people	↓	18.5 in 2015 19.5 in 2016	17.6 in 2018
	% of adults (aged 18+ years) who are obese (BMI greater than or equal to 30)	⇒	21.3% in 2014 20.2% in 2015	21.3% in 2018
	% of low income children (aged 2-4) who are obese (BMI greater than or equal to the 95th percentile)	⇒	7.3% in 2015 7.0% in 2016	6.5% in 2018
	% of kindergartners vaccinated for DTaP	↑	84.3% in 8/2015 86.6% in 8/2016	95% in 2020
	% of kindergartners vaccinated for MMR	↑	86.9% in 8/2015 87.1% in 8/2016	95% in 2020
	% of kindergartners exempted for 1+ vaccines	↓	5.4% in 8/2015 4.3% in 8/2016	2.9% in 2020
	Annual NOx emissions (tons) from coal-fired power plants (Total EGUs with 2018 or earlier compliance deadlines)	↓	41,897 in 5/2016	24,600 in 2018
	Annual volatile organic compound emissions (tons) in the ozone nonattainment area to comply with the existing federal ozone standard	↓	187,000 in 2011	158,950 in 2017
	CO2 emission reductions from implementation of Clean Air Clean Jobs (CACJ) obligations: Total reduction from PSCo Cherokee Unit 3 and 4 shutdown/fuel switch (tpy)	↑	4,280,000 in 6/2015	1,250,000 in 2018
	% of total miles of rivers and streams meeting quality standards	↑	51.6% in 6/2015 59.0% in 6/2016	60% in 2018
	% of total acres of lakes/reservoirs meeting quality standards	↑	30.1% in 6/2015 33.1% in 6/2016	42.1% in 2018

	# of waterborne disease outbreaks at public drinking water systems	⇒	1 in 2008 0 2009-2015	0 in all years
	% of population served by community public drinking water systems that meet all health based standards	↑	97% in 2009-15 (avg)	98% in 2017
L E A D M E A S U R E S	Prescription Drug Monitoring Program (PDMP) utilization rates (as determined by percent of filled controlled substance prescriptions accompanied by a query of the prescription drug monitoring program database by a prescriber or delegate)	↑	26% in 1/2017	40% in 2018
	% of counties (64 total) with permanent household medication collection sites	↑	55% in 4/2017	100% in 2019
	# of coaching sessions (calls, webinars or in-person training sessions) from CDPHE staff to the 47 communities funded to implement the Communities that Care (CTC) model with fidelity (monthly)	↑	TBD	85 in 2018
	Total number of media impressions (views) of the Trusted Adult and Youth Prevention campaigns, across all media tactics (cumulative annually, starting July 1)	↑	TBD	35,000,000 by 2018
	# of Colorado visitors to Mantherapy.org monthly	↑	1,391 in 1/2015	4,167 in 2019
	% of Colorado adults who have the Diabetes Prevention Program as a covered benefit	↑	21.5% in 6/2016	45% in 2018
	# of people in Colorado who enrolled in the Diabetes Prevention Program	↑	476 in 2014	3,500 in 2018
	% of eligible state employees who enroll in the Diabetes Prevention Program	↑	2% in 6/2015	20% in 2018
	# of hospitals that have joined the CO Healthy Hospital Compact	↑	13 in 7/2015	20 in 2018
	# of employees represented in the CO Healthy Hospital Compact	↑	33,770 in 7/2016	38,000 in 2018
	# of hospitals certified as Baby-Friendly™	↑	3 in 7/2015	15 in 2018
	# of total vaccine doses reported as given	↑	215,092 in 7/2015	370,000 in 2020

% of milestones (6 total) completed in the State Improvement Plan (SIP) designed to demonstrate compliance with the existing Ozone standards that will be submitted to the General Assembly and EPA	↑	33% in 3/2016	100% in 2017
# of miles monitored each month (cumulative by 06/30/2018)	↑	17,308 in 5/2016	37,583 in 2018
% Discharge monitoring reports submitted as required	↑	95% in 4/2016	92% in 2018
% permit holders in compliance with permit limits	↑	96% in 4/2016	94% in 2018
# of acres monitored each month (cumulative by 06/30/2018)	↑	20,148 in 5/2016	29,126 in 2018
# of drinking water assistance group training events (cumulative since January 2016)	↑	18 in 5/2016	20 in 2017
# of one on one assistance events (cumulative since January 2016)	↑	95 in 5/2016	160 in 2017
% of drinking water systems showing improvement after one on one assistance events	↑	51% in 2015	80% in 2017
Percent of community public drinking water systems in compliance with health-based standards	↑	90% in 2009-15 (avg)	92% in 2017
Number of public drinking water systems that tested positive for E.coli	↓	8 in 2013	0 in 2018

Goal 2: Increase CDPHE's efficiency index from 66% to 69%, the effectiveness index from 77% to 80%, and the elegance index from 59% to 62% by June 30, 2018.

Measure	Desired trend	Baseline	Target
OUTCOME MEASURES			
Efficiency Index (from CDPHE Employee Engagement survey)	↑	63% in 11/2015	69% on 6/30/2018 72% on 6/30/2020
Effectiveness Index (from CDPHE EE survey)	↑	73% in 11/2015	80% on 6/30/2018 83% on 6/30/2020
Elegance Index (from CDPHE EE survey)	↑	62% in 11/2015	62% on 6/30/2018 65% on 6/30/2020

LEAD MEASURES			
% of activities on track	↑	0% (6/2017)	100% on 6/30/2018
# of quality improvement (QI)/Lean projects started each month	↑	1 (3/2015)	4 on 6/30/2018

Goal 3: Maintain CDPHE's employee engagement index at 75% by June 30, 2018.			
Measure	Desired trend	Baseline	Target
OUTCOME MEASURES			
Employee Engagement Index (from CDPHE EE survey)	↑	75% in 11/2016	75% in 11/2017 78% in 11/2020
LEAD MEASURES			
% of activities on track	↑	0% (6/2017)	100% on 6/30/2018

Goal 4: Promote health equity and environmental justice.			
Measure	Desired trend	Baseline	Target
LEAD MEASURES			
# of policy, planning, practice, or budgeting decisions that used an equity assessment (annual total)	↑	N/A	1 in 2018
# of consultations/coaching, training (HE & EJ 101 training) and staff meetings/solutions sessions provided to individual programs/units/branches/external agencies (annual total)	↑	N/A	100 in 2018

Goal 5: CDPHE is prepared and responds to all emerging issues.

Measure	Desired trend	Baseline	Target
OUTCOME MEASURES			
Health Security Surveillance Score (measured by the National Health Security Preparedness Index: http://nhspi.org/states/colorado/)	↑	6.5 in 2016	7.9 in 2018
Percent of PHEP (Public Health Emergency Preparedness) and HPP (Hospital Preparedness Program) grant deliverables that are met by Local Public Health Agencies and Healthcare Coalitions	↑	0% (6/2017)	100% on 6/30/2018 100% on 6/30/2020
LEAD MEASURES			
Percent of total lab reporting that is done via Electronic Lab Reporting (ELR)	↑	87%	92%
% of activities on track	↑	0% (6/2017)	100% on 6/30/2018

Strategies and Activities:

The FY 2017-18 Strategies and Activities list the focus areas and projects that will contribute to accomplishing the goals of the department.

Goal 1: Implement plans supporting health and environment priorities (from the Public Health Improvement Plan and Vision 2018) by June 30, 2018.

1. Substance abuse

1a. Strategy: Youth marijuana education and prevention campaigns

- Activities:
 - Public Marijuana Education implementation
 - Trusted Adult Campaign
 - Youth Prevention Campaign
 - Support local integration of campaign messages in communities

1b. Strategy: Targeted youth substance abuse prevention in schools

- Activities:
 - Create the marijuana prevention resource bank (prof. development, sharing effective curricula) to school districts
 - Provide regional trainings on positive youth development and evidence-based marijuana prevention programs, curricula, practices, and policies

1c. Strategy: Community-based youth substance abuse prevention

- Activities:
 - Support implementation of Communities That Care in more than 45 communities in Colorado

1d. Strategy: Reduce opioid misuse

- Activities
 - Increase uptake of clinical opioid prescribing guidelines
 - Execute the CDPHE medication take-back program
 - Make the Prescription Drug Monitoring Program (PDMP) easier for providers to use and access

Leaders: Greg Fabisiak (Division of Environmental Health and Sustainability), Ali Maffey (Prevention Services Division), Lindsey Myers (Prevention Services Division)

2. Mental Health

2a. Strategy: Support the plan to reduce the impact on daily life of mental illness.

- Activities:
 - Statewide promotion of Man Therapy, focusing on workplaces, local public health and community settings that are predominantly male.
 - Develop and implement online primary care provider education training on men and depression.

- Support emergency departments participating in a suicide prevention follow-up project.
- Provide targeted outreach and tools to youth through school programming.
- Expand ED counseling on Access to Lethal Means (ED-CALM).
- Expand the implementation of the Colorado Gun Shop Project.
- Partner with health care systems and organizations toward the adoption and implementation of the Zero Suicide Framework.
- Implement the Mental Health in the Workplace work plan.

2b. Strategy: Improve screening rates and treatment for pregnancy-related depression.

- Activities:
 - Implement the Pregnancy Related Depression (PRD) public awareness campaign.
 - CDPHE and HCPF to work on a communication strategy to promote increased screening using the expanded availability of reimbursement for up to 3 screens per year.

Leaders: Jarrod Hindman (Prevention Services Division), Stefanie Rucker (Air Pollution Control Division), Mandy Bakulski (Prevention Services Division)

3. Obesity

3a. Strategy: Support the plans to control the obesity rate for adults.

- Activities:
 - Increase Diabetes Prevention Program (DPP) enrollment and engagement among state employees.
 - Increase the number of covered lives with access to DPP as a benefit.
 - Promote weight management programs among employees.
 - Increase the number of hospitals enrolled in the Colorado Healthy Hospital Compact.
 - Increase the number of local government policies and environmental strategies to increase safe, equitable access to physical activity through the built environment.

3b. Strategy: Support the plans to control the obesity rate for children.

- Activities:
 - Administer and monitor I am Moving, I am Learning (IMIL) program.
 - Support hospitals participating in the CO Collaborative to become designated Baby-Friendly.
 - Disseminate Early Childhood Obesity Prevention messaging.
 - Provide School Health professional development for school districts.
 - Increase school participation in Healthy Schools Smart Source assessment tool.

Leaders: Joan Brucha and Jennifer Dellaport (Prevention Services Division)

4. Immunizations

4a. Strategy: Increase school compliance to increase immunization rates.

- Activities:
 - Launch school/child care data collection and publish.
 - Analyze CDC kindergarten survey data and submit.
 - Provide support to LPHAs to work with schools and child cares to assess immunization rates.

4b. Strategy: Enhance Colorado Immunization Information System (CIIS) interoperability

- Activities:
 - Continue to implement real-time messaging interfaces for providers and CORHIO.

4c. Strategy: Use data to improve immunization rates

- Activities:
 - Pilot provider-level report cards for pediatricians.
 - Provide a list of non-compliant schools/child care centers to LPHAs.

4d. Strategy: Use policy to improve immunization rates

- Activities
 - Continue to work with stakeholder to identify potential strategies to increase immunization rates.

Leader: Lynn Trefren (Disease Control and Environmental Epidemiology Division)

5. Air Quality

5a. Strategy: Ensure air quality is improved and protected by reducing pollution across Colorado

- Activities:
 - Comply with federal ozone standard.
 - Develop Oil and Gas Reasonably Available Control Technology (RACT). State Implementation Plan (SIP).
 - Comply with sulfur dioxide emissions requirements.
 - Reduce carbon dioxide emissions from the electric generating sector in Colorado.

Leader: Garry Kaufman (Air Pollution Control Division)

6. Water Quality

6a. Strategy: Improve river, stream, lake and reservoir quality

- Activities:
 - Assess rivers, streams, lakes, and reservoirs
 - Issue water quality permitting actions.

6b. Strategy: Protect drinking water

- Activities:
 - Sanitary survey inspections at public drinking water systems.

Leaders: Nicole Rowan and Ron Falco (Water Quality Control Division)

Goal 2: Increase CDPHE's efficiency index from 66% to 69%, the effectiveness index from 77% to 80%, and the elegance index from 59% to 62% by

7. Data Collection and Dissemination

7a. Strategy: Modernize data collection and dissemination

- Activities:
 - Modernize data collection & dissemination for departmental Operations.
 - Modernize data collection & dissemination for the Health Divisions.
 - Modernize data collection & dissemination for the Environmental Divisions.

Leaders: Andy Putnam (Environmental Divisions), Chris Wells (Center for Health and Environmental Data)

8. Quality Improvement

8a. Strategy: Implement quality improvement projects

- Activities:
 - Implement the 'Business Process Improvement' project (internal project focus).
 - Implement the 'Business Process Improvement' project (external project focus).
 - Pilot funding 'innovation mini-grants' that would financially support improvement/innovation projects across the department.
 - Optimize and automate administrative workflows (such as the Personnel Action Form).

Leaders: Chuck Bayard (Administration/Operations and Financial Services), Ann Hause (Administration/Office of Legal and Regulatory Compliance), Leslie Akin (Office of Planning, Partnerships and Improvement)

Goal 3: Maintain CDPHE's employee engagement index at 75% by June 30, 2018.

9. Employee Engagement

9a. Strategy: Support career growth

- Activities:
 - Provide guidance and council regarding the process of career development.
 - Create policy and conduct a pilot project for Rule 318E regarding competency based pay increases.
 - Create CDPHE's Workforce Development Plan (a Public Health Accreditation Board standard).

9b. Strategy: Collect more meaningful employee engagement data.

- Activities:
 - Create a survey to identify the top 3 reasons people leave and stay at CDPHE.

9c. Strategy: Recognize employees that exemplify CDPHE's mission and vision.

- Activities:
 - Evaluate the rewards system and determine clear instructions for recognizing employees in another division.
 - Evaluate the utilization of the new Rewards and Recognition intranet site in conjunction with employee council.
 - Evaluate and revise the Employee Resource Group (ERG) policy.
 - Encourage employees to recognize their peers.

9d. Strategy: Engage employees through ongoing planning, promotion and implementation of CDPHE Worksite Wellness.

- Activities
 - Increase onsite worksite wellness opportunities (e.g., oral health, immunizations, healthy eating and active living, tobacco control and cessation, cancer prevention).
 - Maintain active and ongoing participation of Wellness Advisory Board.

Leaders: Joi Simpson (Administration/Office of Human Resources), Lainey Trahan (Office of Planning, Partnerships and Improvement), Joan Brucha (Prevention Services Division), Renee Strauss (Administration/Office of Human Resources), Mark Salley (Office of Communications)

Goal 4: Promote health equity and environmental justice.

10. Health Equity and Environmental Justice

10a. 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/budgeting processes.

- Activities:
 - Incorporate the Office of Health Equity's (OHE) Checking Assumptions to Advance Equity questions into the department's HE&EJ guidance (as outlined in the department's HE&EJ Policy).
 - Identify and train equity and justice coaches so they can support department divisions/programs, using the department's current "CDPHE Facilitator Collective" model.
 - Conduct awareness building and initial coaching sessions with divisions and programs to share the OHE's tools regarding how to incorporate equity and justice into their daily work.
 - At least two divisions document using guidance documents/tools developed as a result of Policy 2.24, Incorporation of Health Equity and Environmental Justice Principles.

Leader: Web Brown (Office of Health Equity)

Goal 5: CDPHE is prepared and responds to all emerging issues.

11. Emerging Issues

11a. Strategy: Establish the foundational elements and infrastructure to detect, prepare for and respond to emerging issues.

- Activities:
 - Develop and test a department communication plan template that can be adapted to any emerging issue (that addresses both internal and external communications).
 - Develop and validate existing data systems to best detect and respond to emerging issues (including lab testing) and measure progress using the National Health Security Preparedness Index - Health Security Surveillance metrics framework.
 - Develop a process for scientific review of the communication plans, vulnerability assessments and after action reviews.

11b. Strategy: Respond to current emerging issues

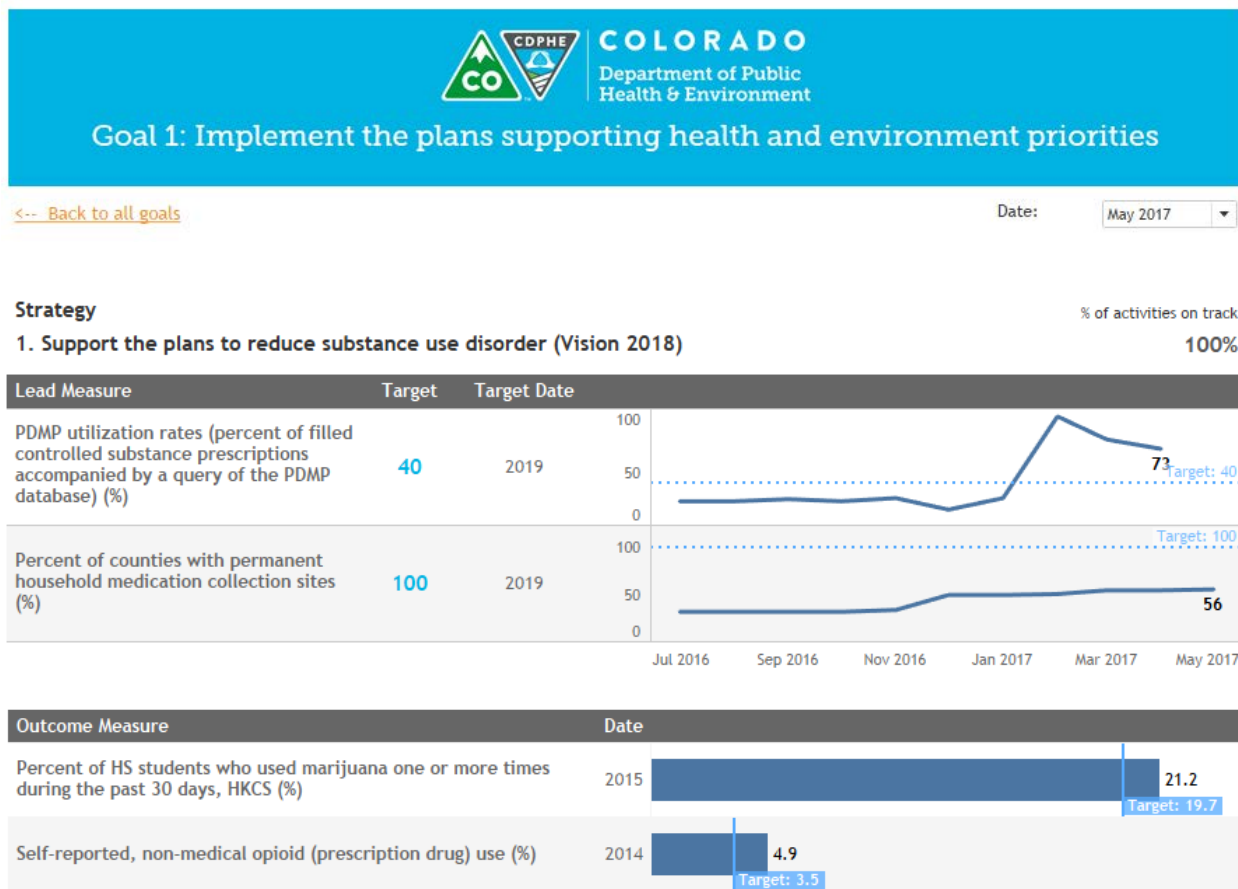
- Activities:
 - Prioritize emerging issues by developing a statewide hazard vulnerability assessment (based on local assessments and including "administrative" issues such as ACA rollback and Public Health/Healthcare integration)

Leaders: Dane Matthew (Office of Emergency Preparedness and Response), Daniel Shodell (Disease Control and Environmental Epidemiology Division), Mark Salley (Office of Communications), Rickey Tolliver (Center for Health and Environmental Data), Mike VanDyke (Disease Control and Environmental Epidemiology Division)

Appendix 1: FY 2016-17 Key Accomplishments

The Colorado Department of Public Health and Environment made great progress on the 12 strategies (42 activities) within the five goals of the 2016-17 plan. The summary below shows an overview of the key accomplishments and the status of each of the priority areas. For additional details, you can access the online Strategic Plan Dashboard at: <https://www.colorado.gov/pacific/cdphe/strategic-plan-dashboard>.

Outcome and lead measures



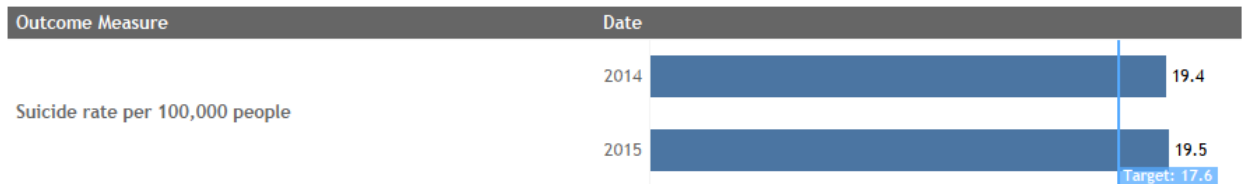
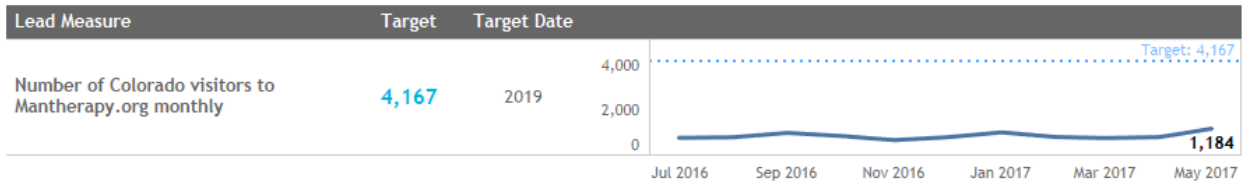
PDMP= Prescription Drug Monitoring Program

Strategy

% of activities on track

2. Support the plans to reduce the impact on daily life of mental illness (Vision 2018, PHIP)

100%

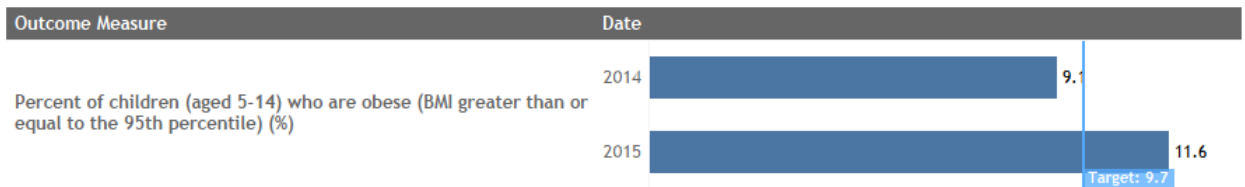
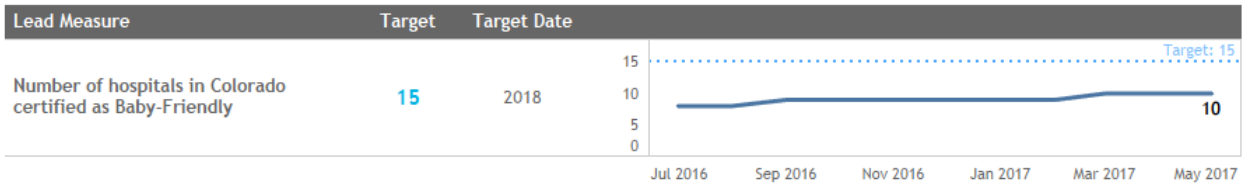


Strategy

% of activities on track

3. Support the plans to control the obesity rate for children (Vision 2018, PHIP)

100%

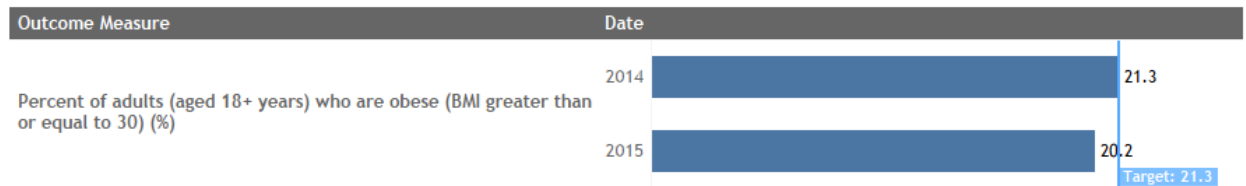
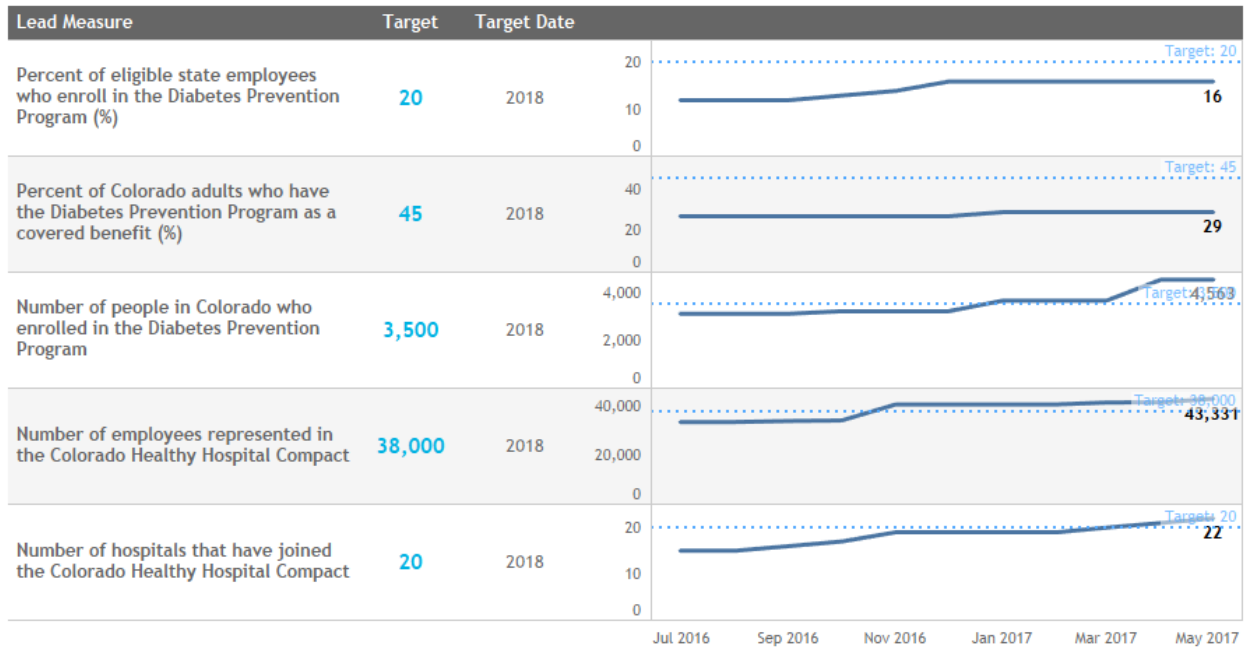


Strategy

% of activities on track

4. Support the plans to control the obesity rate for adults (Vision 2018, PHIP)

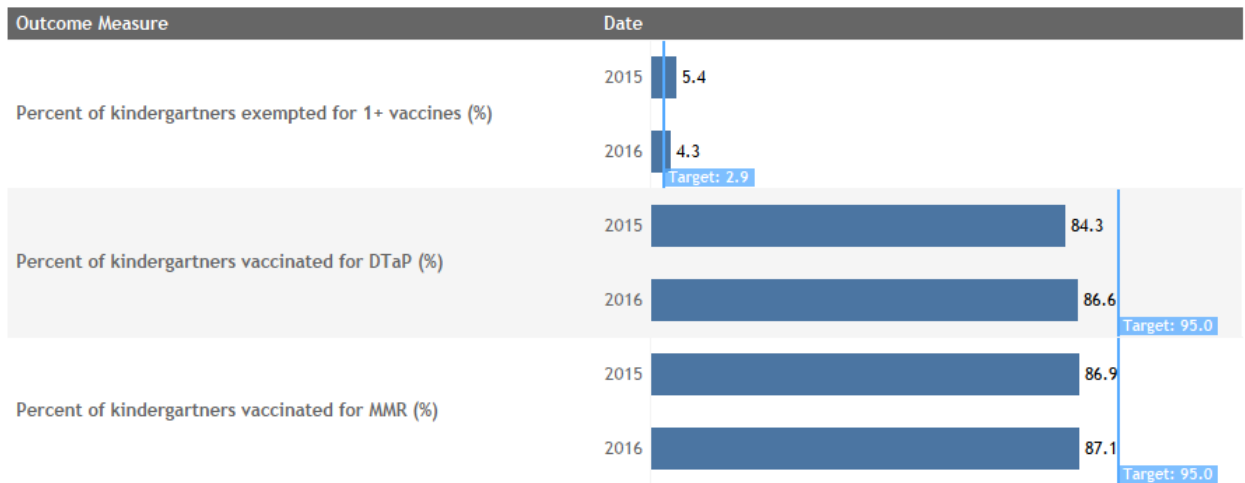
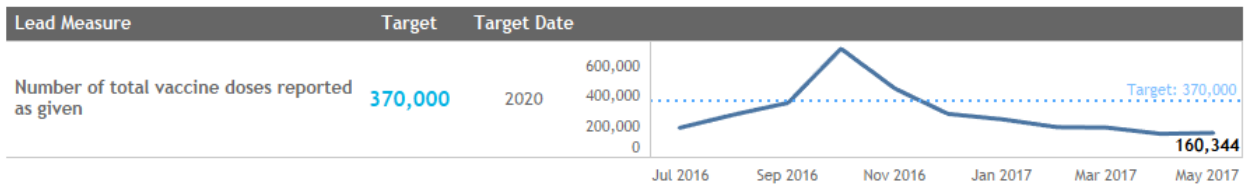
100%



Strategy

5. Support the plans to increase childhood immunization rates (Vision 2018)

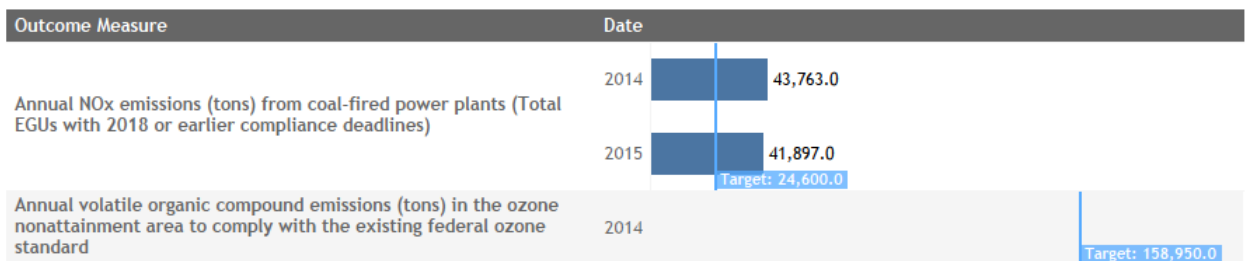
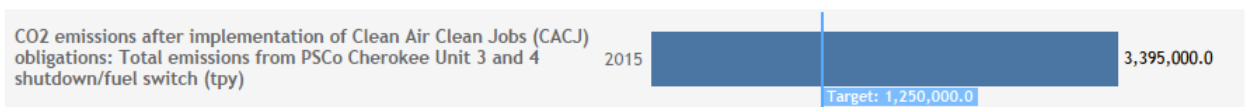
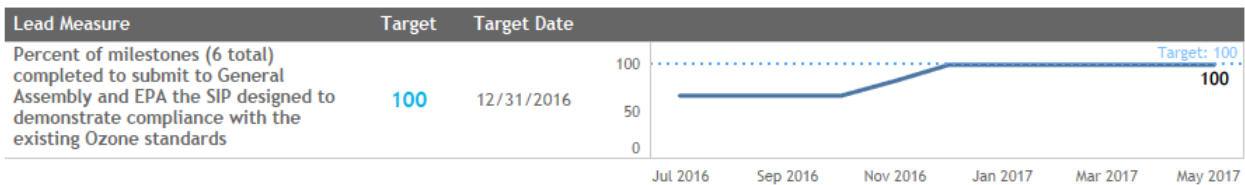
% of activities on track: **75%**
 % of activities on track with challenges: **25%**



Strategy

6. Ensure air quality is improved and protected by reducing pollution across Colorado (Vision 2018)

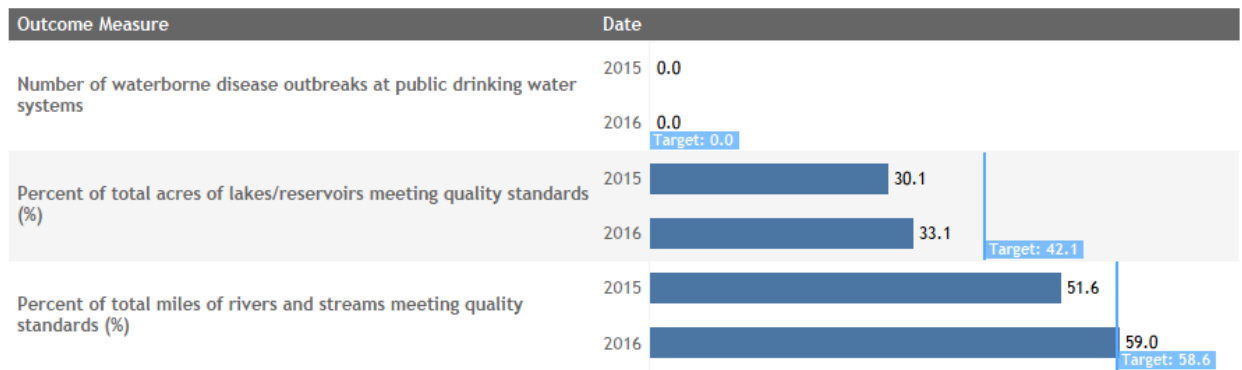
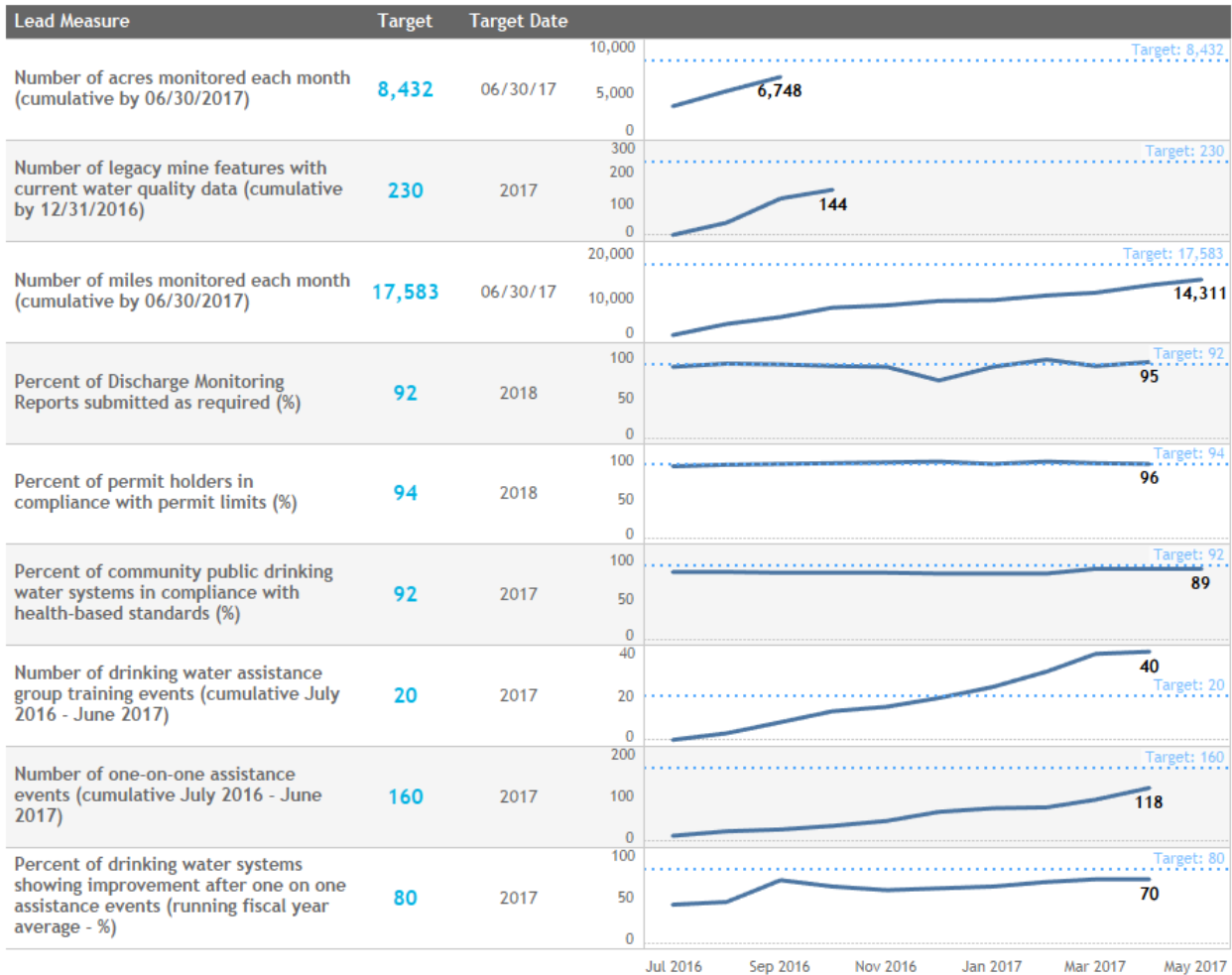
% of activities on track: **67%**
 % of activities on track with challenges: **33%**



Strategy

7. Ensure water quality is improved and protected by reducing pollution across Colorado (Vision 2018)

% of activities on track **50%**
 % of activities on track with challenges **50%**





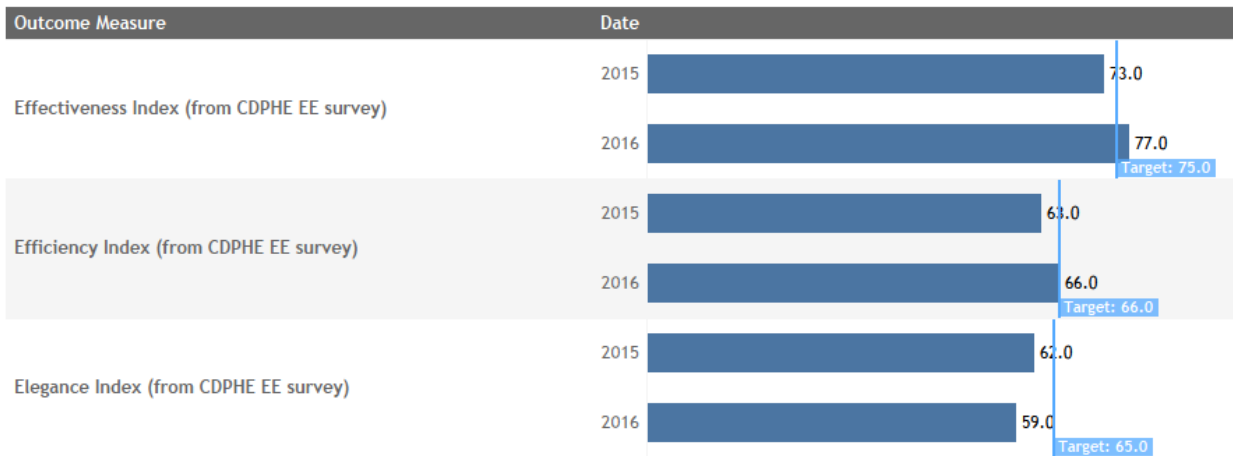
Goal 2: Improve CDPHE's efficiency, effectiveness and elegance

[<-- Back to all goals](#)

Date:

Strategy	% of activities achieved	% of activities on track
2. Support the plans to reduce the impact on daily life of mental illness (Vision 2018, PHIP)		100%
8. Modernize data collection and dissemination		100%
9. Implement quality improvement projects		100%
10. Promote career growth	100%	
11. Recognize employees that exemplify CDPHE's mission and vision		100%
12. Implement the Health Equity and Environmental Justice plan for the department		100%

Click on a strategy to see more details, click again to deselect.





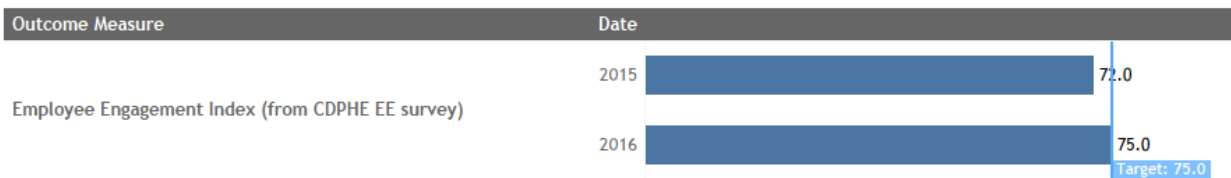
Goal 3: Improve employee engagement

[<-- Back to all goals](#)

Date:

Strategy	% of activities achieved	% of activities on track
2. Support the plans to reduce the impact on daily life of mental illness (Vision 2018, PHIP)		100%
8. Modernize data collection and dissemination		100%
9. Implement quality improvement projects		100%
10. Promote career growth	100%	
11. Recognize employees that exemplify CDPHE's mission and vision		100%
12. Implement the Health Equity and Environmental Justice plan for the department	50%	50%

Click on a strategy to see more details, click again to deselect.



Goal 4: Promote health equity and environmental justice

[<-- Back to all goals](#)

Date:

Strategy	% of activities achieved	% of activities on track
2. Support the plans to reduce the impact on daily life of mental illness (Vision 2018, PHIP)		100%
9. Implement quality improvement projects		100%
10. Promote career growth	100%	
12. Implement the Health Equity and Environmental Justice plan for the department	25%	75%



Goal 5: Prepare for and respond to all emerging issues

[<-- Back to all goals](#)

Date: ▾

Strategy	% of activities on track
8. Modernize data collection and dissemination	100%
9. Implement quality improvement projects	100%
12. Implement the Health Equity and Environmental Justice plan for the department	100%

Strategies and activities

Strategy	Activity	
1. Support the plans to reduce substance use disorder (Vision 2018)	1.1 Execute the medication takeback program (V2018) [click for more]	On Track
	1.2 Youth marijuana education and prevention campaign (V2018)	On Track
	1.3 Targeted youth prevention in-schools	On Track
	1.4 Targeted youth prevention working with community partners	On Track
	1.5 Help fund enhancements to Prescription Drug Monitoring Program (PDMP)	On Track
	1.6 Help fund and evaluate interoperability with Health Information Technology (HIT) systems	On Track
2. Support the plans to reduce the impact on daily life of mental illness (Vision 2018, PHIP)	2.1 Provide targeted outreach, support and tools for working age men (V2018, PHIP)	On Track
	2.2 Increase the number of pregnant and postpartum women screened for pregnancy-related depression (V2018, PHIP)	On Track
	2.3 Support Emergency Department participating in a suicide prevention follow-up project (V2018)	On Track
	2.4 Provide targeted outreach and tools to youth through school programming (V2018)	On Track
	2.5 Expand the implementation of the Colorado Gun Shop Project (V2018)	On Track
	2.6 Partner with health care systems and organizations toward the adoption and implementation of the Zero Suicide Framework. (V2018)	On Track
	2.7 Implement the Mental Health in the Workplace workplan	On Track
3. Support the plans to control the obesity rate for children (Vision 2018, PHIP)	3.1 Administer and monitor I am Moving, I am Learning (IMIL) program (V2018)	On Track
	3.2 Support hospitals participating in the CO Collaborative to become designated Baby-Friendly (V2018, PHIP)	On Track
	3.3 Disseminate Early Childhood Obesity Prevention messaging (V2018, PHIP)	On Track
	3.4 Provide School Health professional development for school districts (V2018)	On Track
	3.5 Develop and implement Healthy Schools Smart Source assessment tool (V2018, PHIP)	On Track

4. Support the plans to control the obesity rate for adults (Vision 2018, PHIP)	4.1 Increase Diabetes Prevention Program (DPP) enrollment and engagement among state employees	On Track
	4.2 Promote weight management programs among employees	On Track
	4.3 Increase the number of covered lives with access to DPP as a benefit (PHIP)	On Track
	4.4 Increase number of hospitals in the Colorado Healthy Hospital Compact	On Track
5. Support the plans to increase childhood immunization rates (Vision 2018)	5.1 Increase school compliance (V2018)	On Track
	5.2 Enhance the Colorado Immunization Information System (CIIS) interoperability (V2018)	On Track
	5.3 Use data to improve immunization rates (V2018)	On Track
	5.4 Use policy to improve immunization rates (V2018)	On Track with Challenges
6. Ensure air quality is improved and protected by reducing pollution across Colorado (Vision 2018)	6.1 Comply with 2015 ozone standard (V2018)	On Track with Challenges
	6.2 Develop Oil and Gas Reasonably Available Control Technology (RACT) State Implementation Plan (SIP) (V2018)	On Track
	6.3 Comply with sulfur dioxide emissions requirements (V2018)	On Track
7. Ensure water quality is improved and protected by reducing pollution across Colorado (Vision 2018)	7.1 Improve river, stream, lake and reservoir water quality (V2018, PHIP)	On Track
	7.2 Protect drinking water (V2018, PHIP)	On Track with Challenges
8. Modernize data collection and dissemination	8.1 Implement the 'Modernize Data Collection & Dissemination' projects	On Track
9. Implement quality improvement projects	9.1 Implement the 'Business Process Improvement' project	On Track
	9.2 Complete a feasibility study for mini-grants program that would financially support improvement/innovation projects	On Track
	9.3 Implement the Accreditation Sustainability Plan	On Track
10. Promote career growth	10.1 Develop and promote using Career Development Plans and ensure professional development information is readily available for employees	Achieved
11. Recognize employees that exemplify CDPHE's mission and vision	11.1 Improve employee satisfaction with the recognition they get for doing their work by improving processes for the current systems and creating new methods that meet..	On Track
12. Implement the Health Equity and Environmental Justice plan for the department	12.1 Health Equity & Environmental Justice Training	Achieved
	12.2 Implementation of a health in all policies approach	On Track
	12.3 Deploy the Safe Drinking Water program for immigrant/refugee communities	On Track
	12.4 Rapid response to customer concerns (air pollution)	On Track

Appendix 2: Strategic Planning Process for 2017-18

Planning Timeline

	March 2016	April 2016	May 2016	June 2016
Key Activities	<p><i>Strategic Planning Committee (SPC) Selection</i></p> <p><i>Communication</i></p>	<p><i>Collect new information and data (for the planning meeting):</i></p> <ul style="list-style-type: none"> <i>• progress on 2016-17 plan (dashboard review)</i> <i>• new customer feedback</i> <i>• employee engagement survey results</i> <i>• list of new initiatives or priorities at CDPHE</i> <p><i>Goal 1 (Governor’s Dashboard Strategies) updated - using the Roadmap provided by the Governor’s Office</i></p>	<p><i>Strategic Plan Development Meeting (for Goals 2-5)</i></p> <p><i>Town hall meetings with staff (review draft plan)</i></p>	<p><i>Finalize the 2017-18 department implementation plan (strategic plan) based on feedback from town hall meetings</i></p> <p><i>Update online dashboard</i></p> <p><i>Update Performance Reporting Forum schedule</i></p>
Key Dates	<p><i>Communication sent to SPC, Executive Leadership Team (ELT), Leadership Team (LT) re: the planning process, expectations and timeline</i></p>	<p><i>SPC, ELT, LT, Senior Management Team (SMT) - asked to help collect information and data for the workshop</i></p>	<p><i>Planning Meeting (5/16/17, 8:30-10:30am)</i></p> <p><i>Town hall meetings (5/30 - 6/1/17)</i></p>	<p><i>Plan deadline 6/21/17</i></p>