

**DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
FY 2013-14 JOINT BUDGET COMMITTEE HEARING AGENDA**

**Thursday, December 6, 2012
1:30 pm – 5:00 pm**

1:30-1:50 INTRODUCTIONS AND OPENING COMMENTS

1:50-2:00 QUESTIONS COMMON TO ALL DEPARTMENTS

1. The JBC occasionally hears complaints that base personal services reductions to capture vacancy savings result in more vacancy savings as managers reduce staff to absorb the reduction and then still experience turnover. Some departments refer to this as the "death spiral." Has your department experienced this problem? How does your department attempt to minimize and avoid the "death spiral?"

2:00-2:45 HEALTH FACILITIES AND 2012 LEGISLATION

Please note the Joint Budget Committee has requested both the Department of Public Safety and the Department of Public Health and Environment address these questions at the hearing.

2. *This question applies to both Departments.* Please discuss the policy/program implications of concurrently implementing H.B. 12-1268 and H.B. 12-1294.
3. What is the role of the Centers for Medicare and Medicaid in the implementation of H.B. 12-1268?
4. *This question applies to both Departments.* Compare how the following aspects of health facilities inspections are currently done by the Department of Public Health and Environment, and how they will be done by the Department of Public Safety:
 - a. Whether inspections follow local or national codes?
 - b. The process used by inspectors when inspecting a building where multiple codes apply?
 - c. Determination used to determine which codes to apply?
 - d. Impact how timely inspections of hospitals are done?
5. *This question applies to the Department of Public Safety.* Please discuss whether the new rules and regulations will be code based only, and why. What will the perspective of the Department of Public Safety be as they go forward with their rule making?
6. What hospitals have expressed concerns over increased federal regulations, and how does the transfer of responsibilities pursuant to H.B. 12-1268 impact these concerns?

2:45-3:00 LOCAL PUBLIC HEALTH FUNDING AND SCHOOL BASED HEALTH CENTERS

7. Please discuss the basis for the requested \$0.05 per capita increase to the per capita bucket of the local public health funding formula for FY 2013-14.
8. What are the public health benefits of a school based health center?
9. Does the Department support additional state funding to enable existing school based health centers to move to full capacity? If so, why? If not, why not?
10. Does the Department support additional state funding for the development and operation of new school based health centers? If so, why? If not, why not?

3:00-3:20 AMENDMENT 35 TOBACCO TAX GRANT PROGRAMS AUDIT

11. Please explain why the audit stated that a need for a computer system to manage tobacco grants has been known since 2008 but, now at the end of 2012, there is still no system in place.
12. What work has the Department done with the Statewide Internet Portal Authority and the Office of Information Technology on the implementation of a computer management system? What issues has the Department encountered to prevent the implementation of the computer system?

3:20-3:30 BREAK

3:30-4:00 ROCKY MOUNTAIN ARSENAL LITIGATION EXPENSES

13. Does the staff recommendation to sponsor legislation which "authorizes sources other than the interest from the principle on the settlement funds is authorized to repay loan from the Hazardous Substance Response Fund and General Fund" satisfy the requirement that the loan be repaid since the loan won't be repaid until the grants are issued? Please address the logistics of the staff recommendation and the need for statutory change.
14. If the proposed legislation references "other sources" as a means to pay back the loan is that sufficient, or does the legislation need to specifically identify what the "other sources" are?
15. How was the \$2.7 million used by the Attorney General's Office? Please include what costs were used for work done by the Office and work done by outside contractors.

4:00-4:10 URANIUM MILLS

16. Please discuss the anticipated restart date for the work associated with the decommissioning of the Cotter uranium mill and the impact on the funding needs for FY 2012-13 and FY 2013-14.
17. Please discuss the anticipated FY 2012-13 and FY 2013-14 needs of the Radiation Program for license application review and, if needed, construction document review and oversight of the Energy Fuels uranium mill.

4:10-4:20 Pesticide Discharge Permitting Program

18. What is the difference between a decision maker and an applicator, and where do these terms come from?
19. What is the difference between a permit and a registration?
20. What is the definition of a "body of water"? What is the origin of this definition and what impact has the definition had on this program?

4:20-4:50 Water Quality Control Division FTE Needs

21. Please discuss how inadequate staffing levels in the Water Quality Control Division impact the Division's ability to meet program requirements set forth by the Environment Protection Agency and state statute and possible consequences if the Division remains understaffed.
22. What, if any, legal liabilities are there with understaffing the Division?
23. What issues is the Division experiencing with the ability to issue permits in a timely fashion?
24. Please discuss what EPA requirements and rules are changing, and how these changes directly impact the need for additional staff?
25. Please discuss the pros and cons of the federal government taking over the duties of the Water Quality Division, and why the federal government shouldn't take over all of this, if federal rules that are driving the need.
26. Please provide, for the past five years, a breakdown on the extent to which the need for FTE is being driven by the following:
 - a. population changes;
 - b. rules implemented by the Water Quality Control Commission, and what these rules are; and,
 - c. changes to permit requirements are driving the need for FTE, and what these changes are?

4:50-5:00 Various Other Program Questions

27. Please discuss what the anticipated impact on the Ryan White AIDS Program and Immunization Program if the General Fund is reduced to these programs as proposed in request four. What conversations has the Department had with the populations served by these programs on the impact of the proposed reductions?
28. Please discuss the State Board of Health rule requiring a percentage of health care providers to receive the flu vaccine, the impact on requirements set forth by hospitals, and what issues/concerns have been expressed by providers over this requirement.

ADDENDUM: OTHER QUESTIONS FOR WHICH SOLELY WRITTEN RESPONSES ARE REQUESTED

1. The Joint Budget Committee has recently reviewed the State Auditor's Office *Annual Report of Audit Recommendations Not Fully Implemented* (October 2012). If this report identifies any recommendations for the Department that have not yet been fully implemented and that fall within the following categories, please provide an update on the implementation status and the reason for any delay.
 - a. Financial audit recommendations classified as material weaknesses or significant deficiencies;
 - b. Financial, information technology, and performance audit recommendations that have been outstanding for three or more years.

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1:50-2:00 QUESTIONS COMMON TO ALL DEPARTMENTS

1. The JBC occasionally hears complaints that base personal services reductions to capture vacancy savings result in more vacancy savings as managers reduce staff to absorb the reduction and then still experience turnover. Some departments refer to this as the "death spiral." Has your department experienced this problem? How does your department attempt to minimize and avoid the "death spiral?"

Response: For the CDPHE, the State contribution from General Funds is relatively small in the Department's personal services lines. Historically, however, cuts have been made to lines that have large appropriations of cash, General Fund or reappropriated funds. While the General Fund savings is low in most cases, the reductions to other funding sources can be significant. Across the board reductions while saving General Fund (\$63,756 in FY 2012-13) the impacts to cash fund and reappropriated fund personal services are higher (\$469,549 cash and \$120,905 reappropriated funds for FY 2012-13). Federal funds are not impacted because we can spend the federal funds we receive. The General, cash and reappropriated fund programs are just as important to the provision of public health and environmental health protection as the federally funded programs.

The Department is facing some very tight personal services lines that are causing concern as the funding and spending authority is managed on an ongoing basis. Staff is concerned that if base personal services reductions continue to be applied (across the board, or to large lines) that staff layoffs will be necessary as the spending authority will not be sufficient to cover all costs – even with the normal turnover rate.

The Department works very carefully to analyze personal services lines on a continuous basis and make adjustments as needed to utilize as much of the available spending authority as possible. This could include holding positions vacant in order to reduce expenditures if they are too high, prioritizing the filling of other positions if expenditures are too low, or potentially reassigning staff from one funding source to another (with job duties changed as appropriate) to manage funding needs. One example of reassignment might be having a person who normally works on mobile sources of air pollution spend some time on stationary sources of air pollution.

2:00-2:45 HEALTH FACILITIES AND 2012 LEGISLATION

Please note the Joint Budget Committee has requested both the Department of Public Safety and the Department of Public Health and Environment address these questions at the hearing.

2. *This question applies to both Departments. Please discuss the policy/program implications of concurrently implementing H.B. 12-1268 and H.B. 12-1294.*

Response:

HB 12-1268:

HB 12-1268 transfers some responsibilities related to health facility inspections from the Colorado Department of Public Health and Environment (CDPHE) to Colorado Department of Public Safety (CDPS), and the two agencies are working collaboratively to implement this bill. Since the passage of the bill, CDPHE and CDPS have actively engaged stakeholders through email updates and two stakeholder meetings, including a day-long session that allowed interested parties to work in small groups targeted to specific stakeholder concerns. Additionally, as per the bill, CDPHE and CDPS submitted a letter to the Centers for Medicare and Medicaid (CMS) on October 1 for approval of the transfer to which a response is pending. The two agencies will continue to work together and with stakeholders toward full implementation upon approval from CMS.

HB 12-1294:

HB 12-1294 seeks to simplify and streamline inspection processes for health facilities.

HB 12-1294 also requires the Departments of Human Services, Public Health and Environment, and Health Care Policy and Financing to develop a plan by December 31, 2012 to resolve the redundant monitoring, compliance, audit certification, and licensing requirements of the three agencies for the regulation of group homes for the developmentally disabled. In addition, the CDPHE was directed to streamline inspections and develop a risk based system.

3. What is the role of the Centers for Medicare and Medicaid in the implementation of H.B. 12-1268?

Response: The Centers for Medicare and Medicaid Services (CMS) has agreed to have the CDPHE provide survey inspections for health facilities. Through this agreement the CMS provides funding for the inspections. CMS must approve the request to allow the Department to use another state agency to do Life Safety Code (LSC) inspections, and modify the agreement with Colorado prior to June 30,

2013. All aspects of the inspection process must comport with section 1864 of the social security act. A future interagency agreement between CDPS and CDPHE must also be approved by CMS.

4. *This question applies to both Departments.* Compare how the following aspects of health facilities inspections are currently done by the Department of Public Health and Environment, and how they will be done by the Department of Public Safety:
- a. Whether inspections follow local or national codes?
 - b. The process used by inspectors when inspecting a building where multiple codes apply?
 - c. Determination used to determine which codes to apply?
 - d. Impact how timely inspections of hospitals are done?

Response:

- a.) CDPHE - LSC inspectors use both CMS adopted (federal) codes and state adopted codes (Board of Health). Currently these two set of codes are identical for the convenience of the facilities. In addition to the federal and state requirements, facilities are responsible for meeting local building and fire codes. These are enforced by the local jurisdictions.
- a) DPS - CMS facilities must be inspected by qualified inspectors using the federally adopted code. Non-CMS facilities shall be maintained in accordance with their local building and fire codes or, if no such local building and fire codes exist, with the building and fire codes adopted by the Division of Fire Prevention and Control. While the edition may vary, the overwhelming majority of local jurisdictions in the State adopt the same national model building and fire codes and these are the same codes adopted by the Division.
- b.) CDPHE - In the event that elements of the codes are dissimilar, the most restrictive code is applied.
- b) DPS - Both CDPS and CDPHE are working through this issue with the stakeholders. In order to address the issues that gave rise to the legislation, it would be necessary to do concurrent plan reviews and address any conflicts in advance of construction. It appears that the stakeholders are in agreement with this approach.

Conflicts between the Life Safety Code (CMS facilities) and the International Code Council (ICC) Building and Fire Codes can be resolved in a variety of ways depending on the circumstances, including approved alternative methods; adopting the more restrictive requirement; or seeking adjudication by the board of appeals and/or CMS (if applicable).

- c.) CDPHE - See "a" above. Facilities have an obligation to meet all codes sets, federal, State and local.

- c) DPS - CMS facilities shall be maintained in accordance with the federally adopted code (currently the Life Safety Code). Non-CMS facilities shall be maintained in accordance with their local building and fire codes or, if no such local building and fire codes exist, with the building and fire codes adopted by the Division of Fire Prevention and Control.

It is important to note that national organizations including the National Association of State Fire Marshals and the International Code Council are working with the Department of Health and Human Services, appealing to Congress to allow for the use of state building and fire codes for CMS facilities.

- d.) CDPHE - For initial construction and substantial remodels the Department offers a fee for service plan review, typically a 30 day process. Plan review can become an extended process dependent upon the need for design modification and deferred submittals. When a facility is in the building process LSC inspectors can be on the site as often as once a week. This allows for inspection of elements that may not be easily inspected when the project is complete. Local jurisdictions provide the certificate of occupancy based on local code for building and fire after their final inspections. The final inspection is scheduled in advance with the facility when an occupancy date is set. We inspect and notify the facility of compliance.

 - d) DPS - Because Division of Fire Prevention and Control inspectors are not centrally-located in Denver, but are located throughout the State, the potential exists (and the goal would be) to increase the timeliness of hospital inspections.
5. *This question applies to the Department of Public Safety.* Please discuss whether the new rules and regulations will be code based only, and why. What will the perspective of the Department of Public Safety be as they go forward with their rule making?

Response: In order to address stakeholders' concerns, the rules and regulations promulgated by the Department of Public Safety must go beyond simply adopting codes. The Department must also address processes for plan reviews and inspections when there is concurrent local authority and how conflicts in codes and interpretations will be addressed.

6. What hospitals have expressed concerns over increased federal regulations, and how does the transfer of responsibilities pursuant to H.B. 12-1268 impact these concerns?

Response: There have been no substantial increases or changes to the Life Safety Code (LSC) requirements (federal) since the adoption of the 2000 edition of the LSC in March of 2003. Transfer of this inspection function does not eliminate any federal regulations.

The leadership of CDPHE, public health programs and the Division had completed extensive discussions with the Colorado Hospital Association and hospitals across the state to understand their concerns and develop relationships to work together moving forward. The Department has personally visited approximately 50 hospitals across the state.

2:45-3:00 LOCAL PUBLIC HEALTH FUNDING AND SCHOOL BASED HEALTH CENTERS

7. Please discuss the basis for the requested \$0.05 per capita increase to the per capita bucket of the local public health funding formula for FY 2013-14.

Response: The \$375,466 is a 5 cent increase per person in Colorado. This increases the State's contribution to \$1.23, closer to the \$1.50 minimum that the State should contribute to match the minimum \$1.50 required by counties to contribute. The ideal request would be minimum \$1.50, which would be \$1,706,578. As this amount seemed too large to request during these fiscal times, the 5 cent increase, \$375,466, was requested as a step forward.

8. What are the public health benefits of a school based health center?

Response: CDPHE and the National Assembly on School-Based Health Care have studied the public health impact of school-based health centers. The following are highlights of this evidence review:

- School-based health centers have higher rates of immunization completion than similarly located Community Health Centers (Federico 2010);

- School-based health center users of mental health services increased their grade point averages over time compared to non-users (Walker, 2010);
- In a 2000 study, high school-aged school-based health center users had a 50 percent decrease in absenteeism and a 25 percent decrease in tardiness two months after receiving mental health and counseling services (Gall, 2000);
- Adolescents with a commercial HMO and school-based health center access in Denver had an after-hours care visit rate to their HMO that was 38-55% less than those without school-based health center access (Kaplan, 1998);
- School-based health centers provide an important source of screening, information, and treatment for sexually transmitted infections (STIs) for adolescents (Braun, 2010 and Joffe, 2008).

9. Does the Department support additional state funding to enable existing school based health centers to move to full capacity? If so, why? If not, why not?

Response: The Department does support the provision of additional state funding to assist school-based health centers in building capacity. The Department also believes that determining full capacity would be best accomplished with the input from existing centers as well as local schools, communities and stakeholders.

Other considerations for building capacity include:

1) Whether current funding for school-based health centers is sufficient. At present, there are 51 school-based health centers in the state. For FY 2012-13, CDPHE's School-Based Health Center Program provides funding to 15 grantees responsible for 43 of these centers. Based on the budgets of the 15 agencies, the average cost to operate a school-based health center is \$294,936 and the average state award for a single center is \$60,000. This represents approximately 20 percent of a center's operational costs. If the Legislature wanted the School-Based Health Center Program to fund 50 percent of these average operational costs (\$147,468) for all 51 centers, such an expansion would require approximately \$7.5 million.

2) The sizable gap in uncompensated primary and behavioral health care. Only 67 percent of youth served by SBHC Program grantees in 2011-12 had a payer source. School-based health centers have

used state grants to leverage outside funding to help close the gap in uncompensated care. Any additional investment of General Funds would allow school-based health centers to mitigate the ongoing challenge of uncompensated care.

10. Does the Department support additional state funding for the development and operation of new school based health centers? If so, why? If not, why not?

Response: Yes, the Department supports continued, thoughtful growth of school-based health centers in Colorado. The above responses highlight the need for health services among the underserved youth populations of the State. Since 2009, the planning and start-up of new school-based health centers has been managed through a \$10.8 million school-based health initiative funded by The Colorado Health Foundation. This initiative concludes in December 2013. The Department will work in partnership with The Colorado Health Foundation and other interested community members to assure a smooth transition back to management of planning and start-up through CDPHE's School-Based Health Center Program.

3:00-3:20 AMENDMENT 35 TOBACCO TAX GRANT PROGRAMS AUDIT

11. Please explain why the audit stated that a need for a computer system to manage tobacco grants has been known since 2008 but, now at the end of 2012, there is still no system in place.

Response: In 2008, the Department recognized that a computer system to manage tobacco grants could enhance the accuracy of grant program information and monitoring of grantee performance data and initiated an effort to acquire one. This led to a partnership with the Governor's Office of Information Technology (OIT), the Office of the State Controller, and other state agencies to develop an enterprise-wide solution. The process of identifying system requirements, the security protocols, and the procurement of the system was a lengthy process, which took until November 2010. The result is the Colorado Grants Management System (COGMS), a configurable web-based system that will manage outgoing grants, from beginning to end.

In 2012, the Prevention Services Division (PSD) implemented a pilot test of COGMS with the three CDPHE grant programs receiving Amendment 35 funds. The system was able to manage the steps of the process from the Request for Application (RFA) posting, grantee application submission, review committee assessments, to award notifications, but not the steps of contract/grant award generation,

grantee payment and reports submissions, and grant close out. The division paused using COGMS to finish the current process of awarding FY 2012 contracts.

However the CDPHE recognizes the importance of using an electronic grants management system to manage the tobacco grants and is conducting LEAN events to standardize and streamline processes related to solicitations and contracts before deciding on the best option to fully automate it.

12. What work has the Department done with the Statewide Internet Portal Authority and the Office of Information Technology on the implementation of a computer management system? What issues has the Department encountered to prevent the implementation of the computer system?

Response: The Department has been working with other state agencies and the Governor's Office of Information Technology (OIT) to develop the Colorado Grants Management System (COGMS). The Prevention Services Division (PSD) of CDPHE and the Criminal Justice Division of the CDPS formed a working group in 2009 to address the need for a statewide grant management system. This group transitioned into the COGMS Steering Committee (GMSSC) to provide oversight and guidance of the grant management system. In June 2009, OIT issued a project charter to maximize operational efficiencies by implementing an electronic GMS for multiple state agencies. This system is designed to automate all aspects of the process, from the announcement of funding availability to grant closeout. In November 2010, the State executed a contract with Grantium Inc. for software for the GMS and began configuration for the first program.

A critical problem of this project from the beginning has been unexpected costs, poor technical support and no clear plan for sustaining COGMS on a long-term basis. Costs include license fees and maintenance, configuration of the system for the grant workflow requirements, COFRS interface, hosting fees, and training for technical developers and end users. The costs to configure the system were much higher than originally estimated, and the amount of staff time also was much higher than original plans. The technical guidance from Grantium was not sufficient for new users to understand the details of the product functionality, and this added time and cost to the project.

In addition, this system will need to interface with the State's financial reporting system. The State is currently working to implement a replacement for the existing Colorado Financial Reporting System (COFRS). Hence, efforts to fully implement an end-to-end, automated solution are contingent on that replacement process. The Department is reluctant to deploy significant resources to customize the State's acquired enterprise-level grants management system around an antiquated financial system which is expected to be replaced within two years.

In 2012 when CDPHE piloted the COGMS for the A35 Grant Programs, there were significant problems with the output at the contract step, due to lack of internal standardization. As a result, there was substantial rework associated with the development of contractual language from the application information. For this reason, the Department decided to step back from COGMS and re-evaluate its processes before automating them.

3:20-3:30 BREAK

3:30-4:00 ROCKY MOUNTAIN ARSENAL LITIGATION EXPENSES

13. Does the staff recommendation to sponsor legislation which "authorizes sources other than the interest from the principle on the settlement funds is authorized to repay loan from the Hazardous Substance Response Fund and General Fund" satisfy the requirement that the loan be repaid since the loan won't be repaid until the grants are issued? Please address the logistics of the staff recommendation and the need for statutory change.

Response: If the statute were changed to allow 'other sources' to be used to repay the HSRF and GF, the process would have to be defined and developed. Currently, the Department manages the repayment to the HSRF and GF through a single simple accounting transfer entry at the end of the fiscal year because the amount is derived from the actual interest earned in the HSRF. If an alternate payback method is approved, the repayment process would be more complex. In addition, the department is concerned about allowing exceptions to the payback of the loan. If exceptions were granted, then the full loan could not be recovered.

14. If the proposed legislation references "other sources" as a means to pay back the loan is that sufficient, or does the legislation need to specifically identify what the "other sources" are?

Response: The proposed legislation need not refer to "other sources." Rather, the proposed legislation should merely remove reference to the interest as the specific source of funds for reimbursement.

15. How was the \$2.7 million used by the Attorney General's Office? Please include what costs were used for work done by the Office and work done by outside contractors.

Response: The \$2.7 million expended was used for injury assessment and damage settlement. In order to determine the injury to the State's natural resources the AGO procured contract services with a variety of consultant contractors that accounted for approximately \$1.34 million of the total

spent. The balance of the expenditure was for AGO in house attorney and overhead costs and an interagency agreement with the CDPHE in the settlement of actual damages.

4:00-4:10 URANIUM MILLS

16. Please discuss the anticipated restart date for the work associated with the decommissioning of the Cotter uranium mill and the impact on the funding needs for FY 2012-13 and FY 2013-14.

Response: Decommissioning of the Cotter uranium mill

The division expects to be given the go ahead to proceed at Cotter in December. Some preliminary work has been given to the contractor as part of the process. It is expected that work will ramp up beginning in January and proceed at a fairly steady and somewhat increasing pace through the end of the current fiscal year. The program anticipates construction and the associated construction oversight activity will begin in April and continue through the end of the fiscal year.

Beginning in SFY 2013-14, construction oversight activities will begin at Cotter and continue through 2014-15.

The table below, in question 17 reflects both the original and revised anticipated expenditures by activity at the two sites.

17. Please discuss the anticipated FY 2012-13 and FY 2013-14 needs of the Radiation Program for license application review and, if needed, construction document review and oversight of the Energy Fuels uranium mill.

Response: Energy Fuels was granted a license for a uranium mill in Montrose County by the Department. That decision was appealed. The hearing required by the appellate judge recently concluded. The judge in that hearing will issue a recommendation to the Department in January. The Department must then make a final licensing decision by April. Depending on that decision, the Department is projecting that document review and possibly some construction oversight activity will begin in the last quarter of this fiscal year.

Document review and construction oversight will continue through 2014-15.

In SFY 2011-12, the division was appropriated at total of \$450,000 for contract document review and construction oversight for the Energy Fuels project. At this time the division anticipates that the current appropriations for both SFY 2012-13 and 2013-14 will be adequate to cover projected costs.

RADIATION PROGRAM - REVISED COTTER/ENERGY FUELS PROJECT NEEDS						
Fiscal Year/Site	Activity Type	Number of Hours		Cost/Hour	Total Cost	
		Original	Revised		Original	Revised
FY2011-12						
Energy Fuels	Document Review	500	0	\$150	\$75,000	\$0
	Construction Oversight	450	0	\$150	\$67,500	\$0
	Totals				\$142,500	\$0
Cotter	Document Review	760	0	\$150	\$114,000	\$0
FY2011-12 Total					\$256,500	
FY2012-13						
Energy Fuels	Document Review	200	700	\$150	\$30,000	\$105,000
	Construction Oversight	1,150	750	\$150	\$172,500	\$112,500
	Totals				\$202,500	\$217,500
Cotter	Document Review	0	500	\$150	\$0	\$75,000
	Construction Oversight	1,400	800	\$150	\$210,000	\$120,000
	Totals				\$210,000	\$195,000
FY2012-13 Total					\$412,500	\$412,500
FY2013-14						
Energy Fuels	Document Review	0	0	\$150	\$0	\$0
	Construction Oversight	700	1,100	\$150	\$105,000	\$165,000
	Totals				\$105,000	\$165,000
Cotter	Document Review	0	260	\$150	\$0	\$39,000
	Construction Oversight	2,100	1,440	\$150	\$315,000	\$216,000
	Totals				\$315,000	\$255,000
FY2013-14 Total					\$420,000	\$420,000
FY2014-15						
Energy Fuels	Document Review		0	\$150	\$0	\$0
	Construction Oversight		450	\$150	\$0	\$67,500
	Totals				\$0	\$67,500
Cotter	Document Review			\$150	\$0	\$0
	Construction Oversight		1,260	\$150	\$0	\$189,000
	Totals				\$0	\$189,000
FY2014-15 Total					\$0	\$256,500
Cumulative Total					\$1,089,000	\$1,089,000

4:10-4:20 Pesticide Discharge Permitting Program

18. What is the difference between a decision maker and an applicator, and where do these terms come from?

Response: These terms come from the EPA National Pollutant Discharge Elimination System (NPDES) permit, and the conforming Colorado permit. A decision maker is any entity with control over the decision to perform pesticide applications. Examples include federal land management agencies, Colorado Division of Parks and Wildlife, mosquito control districts, weed control districts, municipalities, agricultural producers, and other public and private entities. An applicator is any entity who performs the application of a pesticide or who has day-to-day control of the application. Examples include commercial-for-hire applicators, public entities that use their own employees to apply pesticides, and private applicators. For example, if the City and County of Denver decides to perform pesticide applications for the purpose of mosquito control, and they hire Joe's Commercial Pest Control, LLC, "Denver" is the decision maker and "Joe's" is the applicator.

19. What is the difference between a permit and a registration?

Response: A discharge permit is issued in accordance with the Federal Clean Water Act and the Colorado Water Quality Control Act and authorizes the discharge of pesticides (primarily residuals associated with application) to waters. Under the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA), all pesticides used in the United States must be registered (licensed) by EPA or a delegated state. Registration assures that pesticides will be properly labeled and that, if used in accordance with specifications, they will not cause unreasonable harm to the environment. FIFRA also requires that businesses producing pesticides register (or be licensed) with EPA or a delegated state. Registered entities must report the types and amounts of pesticides they produce. FIFRA requires registration for commercial-for-hire applicators, that apply pesticides in return for any form of compensation, and private applicators that apply restricted use pesticides for the purpose of raising an agricultural commodity. Private applicators that apply general use pesticides, (household pesticides) are not required to be registered or licensed under FIFRA.

20. What is the definition of a "body of water"? What is the origin of this definition and what impact has the definition had on this program?

Response: The Colorado Water Quality Control Act requires any person discharging pollutants into "State waters" to obtain a permit. The federal Clean Water Act requires any person discharging pollutants into Waters of the U.S to obtain a permit. As defined in the Colorado Water Quality Control Act, State waters means "any and all surface and subsurface waters which are contained in or flow in or through this state, but does not include waters in sewage systems, waters in treatment works of

disposal systems, waters in potable water distribution systems, and all water withdrawn for use until use and treatment have been completed.” This definition encompasses nearly all water within the State of Colorado, and it is only if the water falls under one of the exceptions that it will not constitute State waters. Waters in irrigation ditches are State waters. Waters can meet the State waters definition even if the water is contained in a ditch or pond that is privately owned. At the core of the State Act is a decision to protect and improve the quality of State waters. The Colorado Constitution recognizes the importance of protecting all State waters, and declares that all State waters are the property of the people of Colorado and are dedicated to their use, subject to appropriation in accordance with the law.

The definition of waters of the U.S. is narrower, and more unclear than the definition of State waters. For some agricultural operations in Colorado, a permit is only required if it would be required under federal law. Federal law requires a permit for discharges to “navigable waters,” which are defined in the federal Clean Water Act as waters of the U.S. A 2006 United States Supreme Court decision addressed the meaning of waters of the U.S., and the outcome was an unclear determination regarding the scope of jurisdictional waters. In the wake of the this decision, Colorado implements the Supreme Court’s decision to require a permit to discharge to waters of the U.S. where (1) the receiving waterway is a traditional navigable water or a tributary to such waters; (2) the receiving waterway is connected by gravity flow to a traditional navigable water or a tributary to such waters; or (3) on a site specific basis where there is a determination that a “significant nexus” exists between the receiving waterway and a downstream traditional navigable water.

In the implementation of the pesticide permitting program in Colorado the Water Quality Control Division encourages any decision maker or applicator of pesticides to consider water bodies to be jurisdictional and to obtain permit coverage. If a case-specific “body of water” determination needs to be made, this can be complicated and fact-specific, and as such a considerable amount of uncertainty can remain.

4:20-4:50 Water Quality Control Division FTE Needs

21. Please discuss how inadequate staffing levels in the Water Quality Control Division impact the Division's ability to meet program requirements set forth by the Environment Protection Agency and state statute and possible consequences if the Division remains understaffed.

Response: Current Division staff resource levels are challenged to provide appropriate regulatory oversight and technical assistance to 2,050 public water systems, 9,982 permitted facilities and over

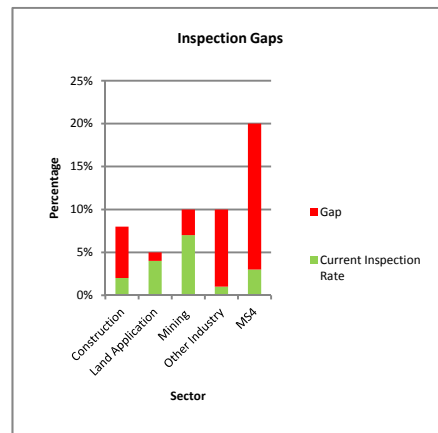
850 individual water bodies to protect the health of Colorado’s citizens, visitors and its environment. The Water Quality Control Division is generally able to fulfill current statutory and regulatory requirements with respect to the most significant public health and environmental risks. However, some requirements and timely performance of some duties are a growing concern as identified below. While it is possible that EPA could take away Colorado’s drinking water primacy and clean water program delegation it is highly unlikely at this time. There is a greater probability that our programs’ federal funds would be cut and EPA will continue to do more direct implementation if the commitments continue to go unmet.

Clean Water Permit Issuance

The Colorado Water Quality Control Act directs the Division to issue a permit within 180 days of receipt of an application and therefore provide services at a level resulting in no permit issuance backlog. However, the Division is not funded at a level to provide this level of service. The Division is directed to renew these permits once every five years. The answer to question #23 below provides additional detail.

Inspections

The Division completes the required numbers of drinking water, sewage and large industrial wastewater facility inspections per year. However, the Division is sometimes unable to assure that violations detected during inspections are corrected meaning that the public health and environmental risks can remain unaddressed. Due to lack of resources and outdated data systems, the Division is not able to adequately support the management of and reporting of inspection results.



In addition, the Division is not able to perform the required number of inspections for other sectors that discharge to State waters. The chart to the right, from the 2011 Request For Information provided to the JBC, indicates the gap in the current level of inspections by sector.

Compliance Oversight

With respect to drinking water regulatory requirements, the Division is not fully implementing rules that require public notification for drinking water violations, and is not able to adequately ensure that compliance sampling is being done in accordance with all regulatory requirements. With respect to the Clean Water Program the Division is not able to measure compliance rates for many permitted discharge sources. The primary means of measuring compliance rates are through required self

reported numerical data and reports, and secondarily through field inspections. Historically, compliance rates with the self-reported requirements have been low. The Division is not able to adequately respond to all monitoring/reporting violations in a timely manner.

Another example is that water and wastewater utilities must gain Division approval for the design of new, expanding, or modified treatment facilities. The Division meets requirements to complete these reviews, but struggles to do so in a timely fashion. The total value of these projects typically exceeds about \$100,000,000 annually, so improving timeliness would have an economic benefit.

EPA establishes national criteria for formal enforcement actions. Delegation agreements with EPA require that the State take timely action to address non-compliance that meets the national criteria. Colorado Statute states that enforcement is appropriate for providing public relief and remedies for water quality violations. Stakeholders have raised concerns about the timeliness of the Division issuance of enforcement notifications but have also requested that the Division increase its compliance assistance efforts. These factors put pressure on the Division's compliance and enforcement services.

State Statute Obligations

One of the biggest challenges facing Colorado is the development of water supply and distribution systems to address growing demands and increasing state population. The Division is required to certify that these new water projects will not have adverse consequences on water quality. The division receives no State or federal funding to fulfill this important obligation. This past year the Division has reallocated staff to work on a major Denver Water supply project and has decided to not complete a federal requirement to identify water bodies that do not meet current water quality standards and protect the designated uses. This is an example of the division's inability to provide all required services due to competing demands. This could put the Division at risk of a third party lawsuit against EPA to compel completion of the list by the Division as required by federal statute.

22. What, if any, legal liabilities are there with understaffing the Division?

Response: Clean Water Program

- Citizen suits, under the Federal Clean Water Act Congress included a mechanism for citizens to directly enforce the provisions of the Act through third party lawsuits against violators when the State or EPA fails to fulfill its regulatory obligations. This can include both failure to renew discharge permits in a timely manner or failure to address violations.

- EPA direct implementation. When the Division is unable to adequately fulfill its obligations, EPA can and does direct implementation, including increased permitting, inspection, and enforcement actions with their penalty structure on the various regulated sectors across the State. This is already happening in Colorado. For example, EPA is undertaking inspection and enforcement of construction stormwater sites.
- While it is possible that EPA could take away Colorado's drinking water primacy and clean water program delegation it is highly unlikely at this time.

Drinking Water Program

- The Drinking Water Program is failing to keep up with EPA requirements of the lead/copper and public notice rules. As stated above this could result in citizen and/or EPA legal actions.

23. What issues is the Division experiencing with the ability to issue permits in a timely fashion?

Response: The Division is experiencing the following issues with the ability to issue permits in a timely fashion:

- Budget and Staffing. The Division issues new permits to new sources, and renewal permits to current sources. Both new and renewal actions are included in the Division's permit backlog reporting. A permit is considered backlogged when it is either not issued within 180 days of receipt or not renewed within 5 years. The Division is currently unable to maintain the backlog at its current level, or to reduce the permit backlog to an acceptable level. There has been a focus on reducing the permit backlog for approximately 20 years. During this time permit backlog improved significantly due to efficiencies gained in the administrative process, such as the use of document templates, better staff training, specific staff production goals, and streamlined public processes. Recently the backlog has leveled and even increased due to resource limitations, a much larger number of permitted entities as compared to 20 years ago, and more permits that warrant complex technical analysis and generate significant public comment.
- New discharge permits. Applicants for new discharge permits consistently express an interest in shorter timelines. The Division currently prioritizes new permits over renewal permits but we are not able to provide permits as quickly as applicants want them.
- Change in the size and nature of the regulated universe. The number of permits has increased and the types of permitted pollutant sources continues to expand as scientific research refines our understanding of potential impacts and public demand for controls increases. The Division is also

now required under the Clean Water Act to issue permits for pesticide application which has opened up a new sector to permitting requirements.

- Complexity of technical analysis. For large and complex new sources, it can be difficult to meet the 180 day time goal due to the level of technical analysis required and amount of public interest. For these types of operations, the Division advises new sources to apply one year in advance of a proposed discharge. In addition, for many smaller sources the permitting process has become more complex as the Division integrates new scientific findings on the potential water quality impacts from these sources.
- Changing business needs and water demands. For example, oil and gas operations have modified their extraction operations and associated water management strategies significantly over the past 20 years. New types of industrial operations emerge and need to be permitted very quickly, such as ethanol production. In addition, increased demands on water generate new and often concentrated waste streams.
- Level of public interest. In this time of static or declining water supply there is increased demand on the supply. At the same time today's public is more informed and engaged. This is particularly true in situations where a downstream entity receives and puts to beneficial use water that is dominated by wastewater effluent.

24. Please discuss what EPA requirements and rules are changing, and how these changes directly impact the need for additional staff?

Response: EPA requirements and rules changes over the recent past have been driven in large part by the following factors.

- EPA losing citizen lawsuits. An example of this is the lawsuit requiring pesticide applicators to obtain a permit for discharges to waters.
- Increased demand by the public for transparency and access to documents and records. This requires that states compile data that are readily available, easily shared and interpreted. This expectation increases the service demands on the Division to compile and provide data in a manner that conforms to the prevailing information technologies. EPA has also focused on increasing public access to water quality data and responding to citizen complaints.
- New and revised scientific findings. In many cases this can result in more protective standards and stringent clean water and drinking water requirements. In addition, low levels of unregulated

contaminants are being detected in wastewater and drinking water. There is increasing public awareness and concern on whether these contaminants should be addressed.

25. Please discuss the pros and cons of the federal government taking over the duties of the Water Quality Division, and why the federal government shouldn't take over all of this, if federal rules that are driving the need.

Response: Over time, the Division has established a relationship with stakeholders that cannot be duplicated by EPA. Should EPA take over Colorado's water quality or drinking water programs, the EPA would largely make decisions with far less stakeholder input. Regulations for Colorado's programs would be adopted with strong influence from EPA headquarters in Washington, D.C. Both programs would become more standardized, and no longer be as responsive to the unique issues or interests of Colorado. EPA would likely only have a Denver office, whereas the Division currently has personnel in Denver, Pueblo, Grand Junction, Buena Vista, and Steamboat Springs. These services to the West Slope and southeastern Colorado would likely be drastically reduced. In addition, given their own general lack of resources, EPA would not spend as much time as the Division working collaboratively with entities to resolve issues during the permitting process or in response to violations. EPA would likely take unilateral action on permits and enforcement cases without providing the regulated entity the opportunity to present and negotiate other options.

Additionally, Colorado would lose the federal drinking water revolving fund capitalization grants of about \$14,000,000 annually. The capitalization grant is used to provide low interest loans to water utilities and very low to no interest loans to small, disadvantaged communities most of which are in rural areas. Thus, without these programs, small, disadvantaged communities primarily in rural areas would be unable to access this important source of funding to help them complete necessary infrastructure projects that provide safe drinking water to their citizens.

It is not only federal rules that drive the Division's work. The Division's mission is to protect and restore water quality for public health and the environment in Colorado. The Division plays an important role in protecting public health and the environment that would be jeopardized by a federal takeover. It is very unlikely that the services that the Division provides in response to spills/releases (Suncor refinery) or drinking water acute situations (Alamosa salmonella outbreak) could be duplicated at the federal level. The Division has staff on call at all times to help respond during these situations the mission, and works with responding and impacted entities on these situations. The Division coordinates effectively with multiple state agencies during emergencies and natural disasters like the Windsor tornadoes.

26. Please provide, for the past five years, a breakdown on the extent to which the need for FTE is being driven by the following:
- a. population changes;
 - b. rules implemented by the Water Quality Control Commission, and what these rules are; and,
 - c. changes to permit requirements are driving the need for FTE, and what these changes are?

Response:

- a. The protection, maintenance, and restoration of Colorado's water resources is a dynamic process that continues to change due to population growth in the state and the attendant pressure on a limited supply, and a regulatory framework that continues to evolve as our understanding and knowledge of water quality issues improves and science and technology advances. In the 2011 RFI, the Division reported that population has grown from 2.9 million in 1980 to over 5 million over the last 20 years, and that current population projections estimate a 39% increase over the next three decades. This will result in increased demands on treatment and control for waters that are discharged and particularly for water that is subsequently used for drinking water.

Another change over time is that past urban growth beginning in the 1970s that was funded primarily by federal construction grants. This funding structure has changed significantly to a system where projects are either entirely privately financed through the discharging entity, or are a combination of public funds. Many of these facilities have reached the end or exceeded their engineered life span and must now incur significant costs to upgrade or replace aging infrastructure. These costs include water distribution, sewage collection, and stormwater conveyance systems. The construction of these changes involves Division activities including facility engineering design reviews, inspections, permitting, compliance oversight, and technical assistance. The Division was, as a whole, understaffed prior to the last 5 years, and has not caught up to the need.

- b. Much of the current Clean Water resources needs are driven by rulemaking hearings that occurred prior to the last five years, including control regulations for major urban reservoirs, groundwater permitting, phase 1 and 2 stormwater permitting, biomonitoring/whole effluent toxicity (WET), water reuse, antidegradation provisions, and revised ammonia water quality

standards. Most of the drinking water rules that are driving resource needs were promulgated more than five years ago. The majority of both the clean water and drinking water rules were required to comply with the Clean Water Act or the Safe Drinking Water Act and EPA regulations.

c.

With respect to rules that were adopted within the last five years, the majority of the Water Quality Control Commission rulemaking actions do not drive the need for additional FTE because they were typically refinement of existing rules. Those that have increased resource demands for the Division are temperature standards and nutrients. In addition, the number of water bodies that are not meeting standards has increased over the years. The list of impaired water bodies is codified by the Water Quality Control Commission. Addressing impaired water bodies increases the Division's workload demands.

d. See response to question #23 above.

4:50-5:00 Various Other Program Questions

27. Please discuss what the anticipated impact on the Ryan White AIDS Program and Immunization Program if the General Fund is reduced to these programs as proposed in request four. What conversations has the Department had with the populations served by these programs on the impact of the proposed reductions?

Response: The Department is requesting to shift some General Fund appropriations to offset anticipated loss of federal Preventive Health Block Grant funding (PHBG) for the Communicable Disease, Environmental Epidemiology and Sexually Transmitted Infection Medication programs. The Department is requesting this shift to protect these critical programs while recognizing the State's challenging General Fund situation. As evidenced by the Listeria outbreak last year, the Communicable Disease program is essential to protecting public health. The return on investment for the Sexually Transmitted Infection Medication program is extremely high in terms of health care cost savings and preventing the spread of disease. The Environmental Epidemiology program is critical to ensuring accurate and appropriate information and response to environmental concerns from organizations and citizens. These three programs are critical to public health and do not have alternative funding sources that are readily available.

The request proposes to offset anticipated federal PHBG reductions with General Fund increases for the three programs. The requested General Fund increases will be offset by commensurate General Fund decreases to two programs; The Immunization Program (\$71,000 reduction) has some alternative

funding sources that will allow them to remain relatively intact. The Ryan White AIDS Drug Assistance program (\$180,000 reduction) anticipates that the General Fund decrease will be offset by cost savings from the transfer of patients to Medicaid in early 2014.

28. Please discuss the State Board of Health rule requiring a percentage of health care providers to receive the flu vaccine, the impact on requirements set forth by hospitals, and what issues/concerns have been expressed by providers over this requirement.

Response: The State Board of Health Rule on influenza immunization of healthcare workers (HCW) was passed by the Board in February of 2012, after an extensive stakeholder process that included input from a wide variety of HCW and healthcare facility organizations.

The goal of the State Board of Health Rule on influenza immunization of healthcare workers (HCW) is to protect vulnerable populations, including the elderly, young children, and those with chronic medical conditions. Each year approximately 1,000 influenza hospitalizations are reported in Colorado. Healthcare facilities and healthcare workers have a shared responsibility to prevent the spread of infection and avoid causing harm to their patients or residents by taking reasonable precautions to prevent the transmission of vaccine-preventable diseases. Vaccination is an essential component to prevent and control the spread of influenza.

Many healthcare facilities in Colorado have already taken steps to protect patients from influenza in their facilities. This rule acknowledges and supports those facilities that have already implemented effective strategies and assists facilities in developing and implementing new policies. Under the rule, facilities are required to:

- 1) Track and report their rates of health care workers who have received the influenza vaccination on an annual basis.
- 2) Achieve a target percentage of their HCWs receive the influenza vaccination. The target rate increases over time from 60% this year, then 75% in year two and finally 90% in year three and all subsequent years. This allows facilities flexibility to put in place policies that best meet the needs of their patients and staff in order to meet the reporting criteria and protect their vulnerable patients from influenza. All facilities meeting the target rates annually have no additional requirements with the Board rule.
- 3) Facilities that do not meet the thresholds are required to take additional steps to increase vaccination rates.
 - a. In the low and moderate risk facilities (i.e. assisted living residences, developmental disability homes, hospice, home health care agencies), the rule requires the facility to

complete an assessment and implement strategies to increase vaccination rates based on their findings.

- b. In the highest risk facilities (hospitals, long term care facilities and ambulatory surgery centers) the rule requires the facility to implement a mandatory vaccination policy that includes a medical exemption and use of masking for unvaccinated staff.

HCWs have expressed their issues and concerns about the new rule:

- During the November 2012 Board of Health meeting, several individuals testified on the impact the rule has had on them personally. Their issues and concerns included:
 - After refusing to receive a vaccination and refusing to wear a mask, per the employer's policy, an individual was terminated.
 - Another chose to resign in lieu of termination after refusing to be vaccinated or wear a mask.
 - Another worked as a unit secretary in an emergency department and had requested a personal or religious exemption from her employer. She was awaiting the outcome of her request but expressed concern that she would also be terminated.
 - Others blamed the rule as the cause for their employer to "go above and beyond" with their employee requirements.
 - Attendees requested that the Board repeal the rule and were given the information on how to initiate the process to petition the Board to take action on the matter.
 - It is important to note that facilities only need to have the target percentage of their HCWs receive an influenza vaccination to meet the requirements of the rule. If a facility meets the target percentage, and has defined procedures to prevent the spread of influenza from its unvaccinated healthcare workers, no other requirements are made of the facility.

- There have been approximately 20-25 calls and emails from HCW concerned that the rule only allows medical exemptions and doesn't consider either religious or personal exemptions from vaccination when facilities fail to meet the target vaccination percentage.
 - During the process to draft the rule, the stakeholders and Board of Health members decided that religious or personal exemptions would not be necessary because facilities only need to have the target percentage of their HCWs receiving an influenza vaccination to meet the requirements of the rule. Even under the highest target rate of 90%, it allows for facilities to accommodate up to 10% of their HCWs that elect not to be vaccinated.
 - As a point of reference, approximately 6% of Colorado children have exemptions (including medical, religious, and personal) from state school immunization requirements
 - HCW have expressed their concerns about risk of termination if they chose to not receive an influenza vaccination for religious or personal reasons

- There have also been approximately 5 calls and emails from HCW expressing concerns on the safety and effectiveness of the influenza vaccine.
 - There is ample evidence that influenza vaccine is both safe and effective.
- There has been one call requesting information about where to obtain a low-cost vaccination.
 - One HCW who did not have health insurance was given a voucher to get a free influenza vaccination at a Walgreen's pharmacy.

ADDENDUM: OTHER QUESTIONS FOR WHICH SOLELY WRITTEN RESPONSES ARE REQUESTED

1. The Joint Budget Committee has recently reviewed the State Auditor's Office *Annual Report of Audit Recommendations Not Fully Implemented* (October 2012). If this report identifies any recommendations for the Department that have not yet been fully implemented and that fall within the following categories, please provide an update on the implementation status and the reason for any delay.
 - a. Financial audit recommendations classified as material weaknesses or significant deficiencies;
 - b. Financial, information technology, and performance audit recommendations that have been outstanding for three or more years.

Response:

Question a. The October 2012 report noted no recommendations classified as material weaknesses or significant deficiencies for the Department for FY's 2007-08 through 2010-11.

Question b. Of the 36 financial, information technology and performance audit recommendations that were received from calendar year 2008 through June 2012, the Department had 36 recommendations from financial audits, and 18 from information technology and performance audits (including all sub-parts), and agreed/partially agreed to all of them. Of these 36 recommendations, 33 have been implemented and 3 are outstanding.

The 2009 finding addresses the On Board Diagnostics (OBD) testing. The Department is proposing to the AQCC converting the current inspection process of vehicles ages 8 through 12 to EPA's OBD inspection criteria. The Department recognizes the advantage of a code based OBD program however this program type cannot be modeled with EPA's emissions model and has not been

implemented in any regulatory program. The Air Quality Control Commission (AQCC) rulemaking hearing is scheduled for December 2012. The Department will continue to evaluate limited code-based OBD.

The two recommendations from the 2010 audit cannot be addressed until March of 2014 when the emissions program again goes to bid for new contractor options. The Department will implement these recommendations in that RFP process.

Colorado Department of Public Health and Environment

Briefing for the Joint Budget Committee

December 6, 2012

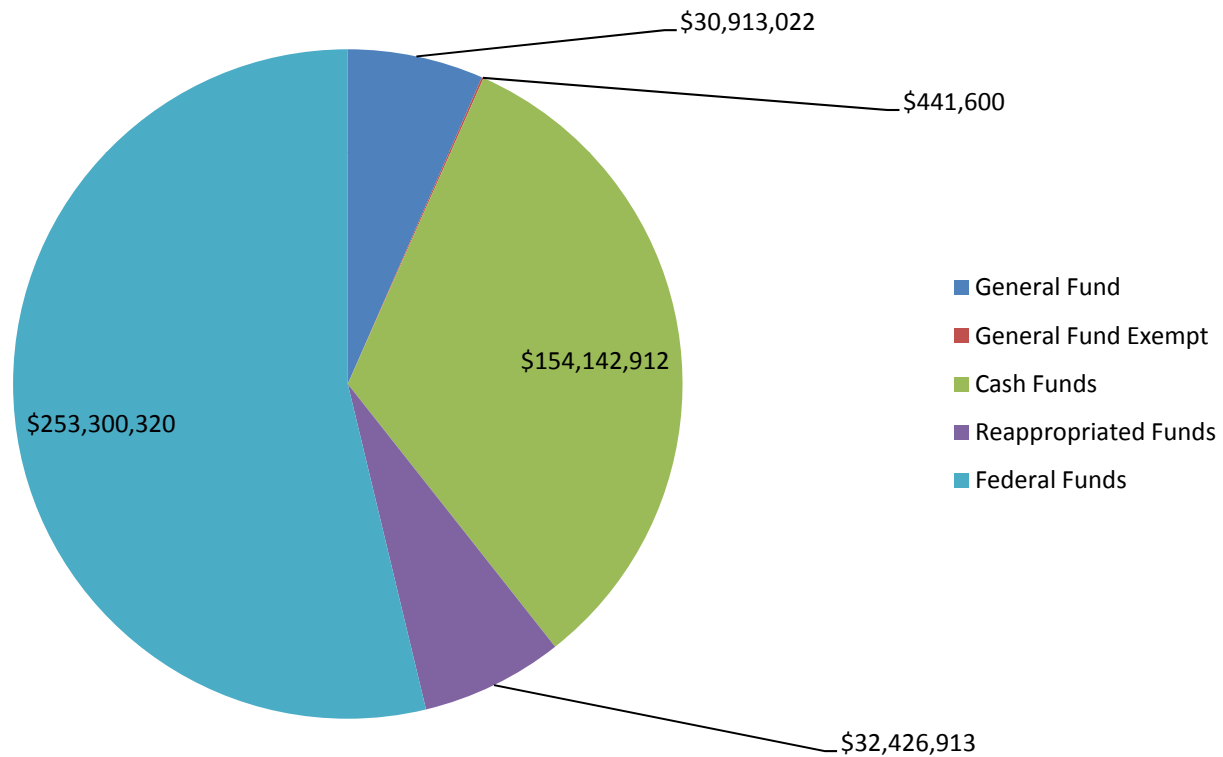
Opening Comments

CDPHE Mission and Vision

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

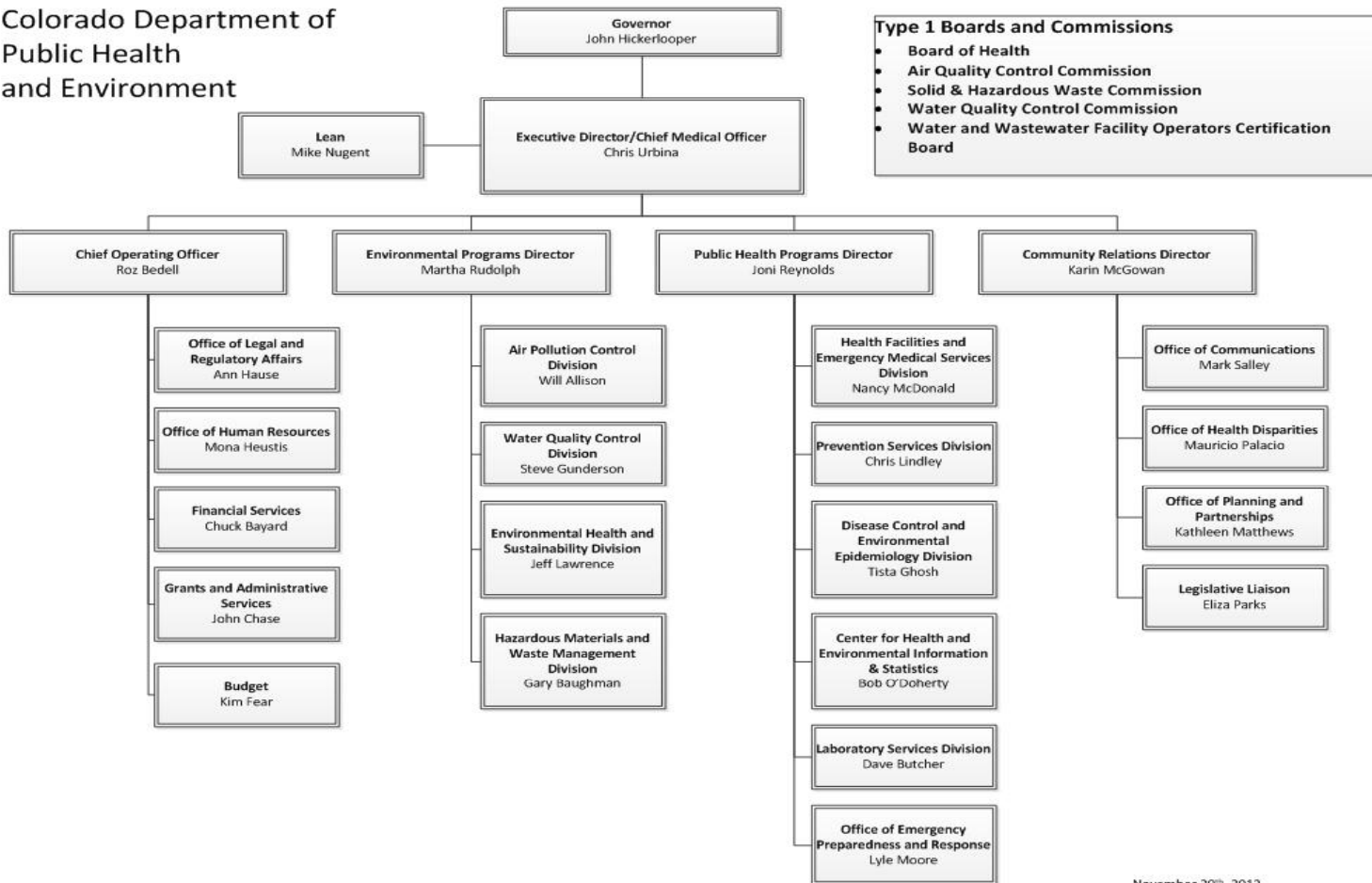
FY 2013-14 Request

- 1,212.1 FTE



Organizational Chart

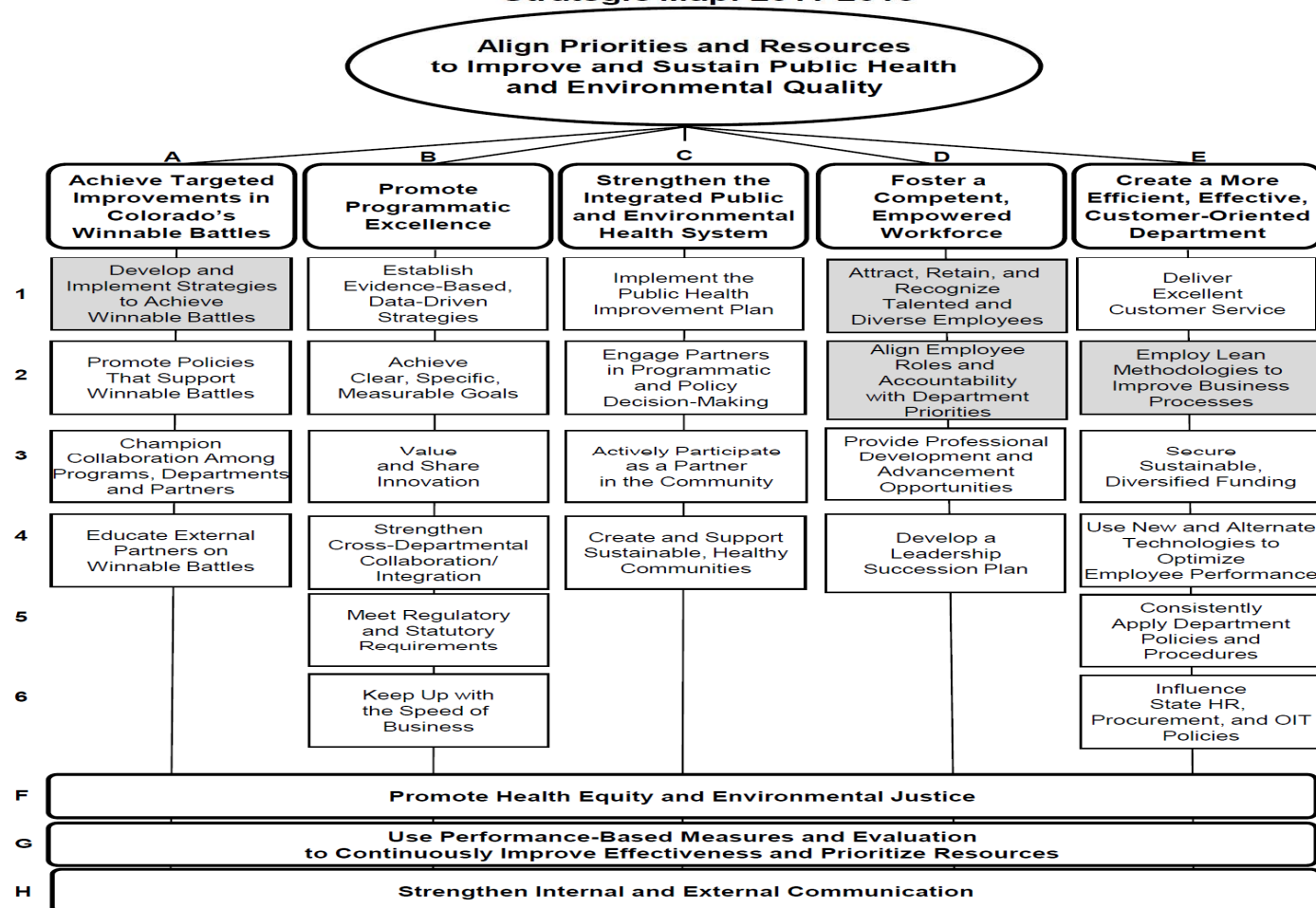
Colorado Department of
Public Health
and Environment



November 20th, 2012

Strategic Plan

Colorado Department of Public Health and Environment Strategic Map: 2011-2016



Colorado's Winnable Battles

- Clean Air
- Clean Water
- Infectious Disease Prevention
- Injury Prevention
- Mental Health and Substance Abuse
- Obesity
- Oral Health
- Safe Food
- Tobacco
- Unintended Pregnancy

Decision Items

- *Financial Risk Management System (FRMS)*
- *Lean*
- *Local Public Health Funding*
- *Nutrients Capital Request*

Hearing Questions 2-6

Health Facilities

- Policy and Program Implications of 1268/1294
- Role of Centers for Medicaid/Medicare Services
- Comparison of CDPHE and CDPS processes
- CDPS new rules and regulations
- Hospital Concerns

Department Successes

- *The Department has done considerable work on the Strategic Priorities identified for focus in the performance year 2012-13*
 - **Develop and implement strategies to achieve winnable battles**
 - **Attract, retain and recognize talented and diverse employees**
 - **Align employee roles and accountability with department priorities**

Department Successes

- **Employ lean methodologies to improve business processes**
- **Health equity and environmental justice**
- **Use performance-based measures and evaluation to continuously improve effectiveness and prioritize resources**
- **Strengthen internal and external communication**

Department Successes

- Oil and Gas permitting
- Solid Waste Self-certification program
- Environmental Leadership Program

Department Successes

Stakeholder Process

- *Comment periods*
- *Stakeholder meetings*
 - *Oil and gas permitting*
 - *Stormwater construction permits*
 - *Pesticide permitting*
- EO5 processes

Challenges

- Federal Funding
- Sequestration
- Oil & gas permits

Challenges

- Pertussis Epidemic and Response
- Federal Vaccine Funding
- Rabies

Hearing Questions 13-15

Rocky Mountain Arsenal

- Superfund site since 1987
- Settlement of Natural Resource Damages
- Original Loan of \$2.7 million from HSRF and GF to pay for:
 - Injury assessment
 - Costs to pursue settlement
- Outstanding balance of \$1.626 million
- Statute requires repayment from interest from settlement funds
- Desire for early repayment to allow access to NRD funds
- Statutory change to authorize repayment

Hearing Questions 16-17

Uranium Mills

- Cotter
- Energy Fuels

Hearing Questions 18-20

Pesticides

- Decision Maker Vs. Applicator
- Permit Vs. Registration
- Definition of Body of Water

Hearing Questions 21-26

Water Quality FTE Needs

- Staffing impacts to services provided
- Legal Liabilities
- Permit Issuance
- EPA Rule Changes
- EPA Assuming Responsibility For Programs
- FTE Needs driven by
 - State rules
 - Population
 - Federal requirements

Questions not addressed elsewhere

- Question 1 Death Spiral
- Questions 8-10 School Based Health
- Questions 11, 12 Amendment 35 Tobacco Audit
- Question 27 – Preventive Block Grant Funding
- Question 28 Board of Health Influenza Requirements

Summary

- Department strategic plan is the department's roadmap for success.

