

# Colorado Department of Public Health and Environment

## Strategic Plan 2019-2023 and

## Department Implementation Plan FY 2021-22

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Executive Director



**COLORADO**  
Department of Public  
Health & Environment

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# 1. Letter from the Executive Director

When the global pandemic entered Colorado, everything changed. At the Colorado Department of Public Health and Environment, we knew we needed to be bold in the response-- scaling quickly for mass testing and disease investigation, providing technical assistance for infection prevention, tracking possible exposures, and enacting public health orders to limit and slow the spread of disease and finally engaging in a mass vaccination campaign.

A disaster, like the pandemic, only provides greater clarity for why we do what we do in public health. It amplifies the need for prevention, disease control, scientific data, healthy facilities, health equity, and environmental justice. The pandemic further exploited inequities and systemic barriers to health, disproportionately impacting historically marginalized communities. It demonstrates how social determinants of health provide predictable outcomes, something we've known for years. CDPHE has since acknowledged racism as a public health crisis, and we are committed to pursuing every goal with health equity and environmental justice as a priority.

In the year prior to COVID-19, we updated the mission of CDPHE, and today, it's more critical than ever: Advancing Colorado's health and protecting the places where we live, work, learn, and play. We are committed to a healthy and sustainable Colorado where everyone can thrive.

In the year ahead, CDPHE will continue to lead the state in the pandemic response and the deployment of vaccines, while also achieving progress on our wildly important goals. Our strategic goals represent a short- and long- term plan for ensuring the wellbeing of Coloradans. The goals are dynamic, measurable, and community-based because it is abundantly clear that we are all in this together.

- The Department will continue it's pandemic response, striving to reach herd immunity and keeping the reproductive number of the virus below 1.0
- At a time when respiratory disease is sweeping the world, we aim to reduce pollution-- particularly ozone pollution-- ensuring everyone has clean air to breathe.



- At a time when we are witnessing the devastating impacts of climate change, Colorado must continue to lead the nation and take action to contain greenhouse gas emissions in the state.
- At a time when many are in despair and stressors are mounting, we aim to reduce suicides in Colorado.
  
- At a time when advancements in medical science have provided us with more ways to treat and prevent HIV, it is within our reach to end the epidemic by 2030.
- At a time when it is ever more apparent that traditionally marginalized communities are suffering greater loss than other communities, we aim to demonstrate our department-wide commitment to health equity and environmental justice.

The breadth of CDPHE's responsibilities are vast, but we are up to the task. With passion and data-driven science, we'll continue to make a difference for all Coloradans.

Sincerely,  
Jill Ryan

## 2. Department Overview

### Mission

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

### Vision

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

### 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. Jill Hunsaker Ryan is the department’s executive director. The department serves Coloradans by providing public health and environmental protection services that promote healthy people in healthy places. Public health professionals use evidence-based practices in the public health and environmental fields to create the conditions in which residents can be healthy. 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.

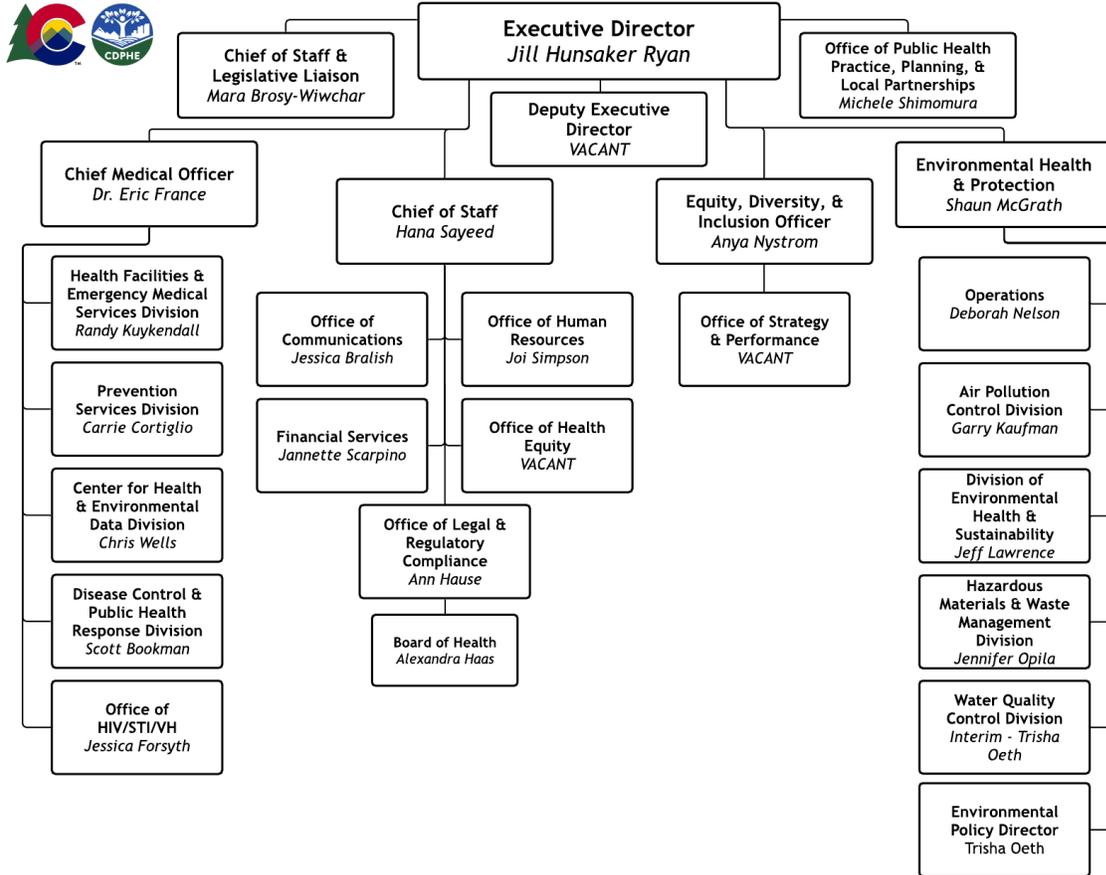
The department pursues its mission through broad-based health and environmental protection programs and activities. These include chronic disease prevention; control of infectious diseases; family planning; injury and suicide prevention; general promotion of health and wellness; provision of health statistics and vital records; health facilities licensure and certification; laboratory and radiation services; emergency preparedness; air and water quality protection; hazardous waste and solid waste management; pollution prevention; and consumer protection.

The department has approximately 1,773 employees with the vast majority working at the offices in Glendale and the State Lab in Denver. Satellite offices are located in Grand Junction and Pueblo.

For fiscal year 2021-22, the department received approximately 90% of its \$625 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](#).

For more information on the divisions, see [Appendix 1: Divisions](#).

# CDPHE Organizational Chart



Jun 8, 2021

# 3. Goals, Strategies, Activities and Measures for FY 2021-22

## Background:

In 2019, four-year goals were selected (July 1, 2019 - June 30, 2023) that align with the major focus of the department's work: Governor Polis' Bold Four priorities, the cabinet working groups' Wildly Important Goals (WIGs), and the statewide public health improvement plan. For FY 2021-22, the department WIGs were revised to best align and support the priorities for the upcoming year.

The situation around responding to COVID-19 is constantly in flux. The team at the Division of Disease Control and Public Health Response has a living document that serves as the plan for this response: [COVID Strategic Plan 2021-22](#).

The goals of the department's strategic plan are supported by other department-wide plans (such as the Quality Improvement Plan, Workforce Development Plan and Emergency Preparedness Plans) and the department's management system. We used guidance and requirements from the SMART (State Measurement for Accountable, Responsive and Transparent Government) Act, Governor's Office, and the Public Health Accreditation Board (PHAB) standards in creating the plan to align to best practices.

For the FY 2019-20 Strategic Plan, the Strategic Planning Committee (a cross-department committee with representatives from every division and staff from varying levels of the organization) created the plan with final review and approval from the Executive Director's Advisory Group. Strategic Planning for FY 2021-22 involved department subject matter experts updating the goals, strategies, activities and measures according to guidance from the Governor's Office. Progress on the 2020-21 Strategic Plan is summarized in [Appendix 2: FY 2020-21 Key Accomplishments](#).

The strategic plan does not reflect all the work of the department, but highlights priorities for specific focus and tracking. The daily work of all staff members, often directed by statute, rules and funding obligations, is critical to CDPHE meeting the department's mission.

# Wildly Important Goals (WIG), Strategies, Activities and Measures for FY 2021-22

## WIG 1: Air Quality - Greenhouse Gas

*Supports the Governor's Bold 4 Priority: Environment, Renewables and Health*



*Supports the Public Health Improvement Plan Priority 4: Climate Action and Air Quality*

### Problem Statement

Global climate change poses a serious threat to human health and the environment. Our warming climate will continue to impact Colorado with more extreme weather events, a longer fire season, prolonged droughts, increases in infectious disease, beetle kill of trees, and other unforeseen disruptions to the fragile ecosystem. These impacts affect communities economically and people's health individually. While climate change is a global problem, it will take an "all hands on deck" approach to address. State level action is a critical piece in responding to this dire threat.

In 2019, Governor Polis and the Colorado legislature established aggressive greenhouse gas emission (GHG) reduction goals of 26% by 2025 and 50% by 2030. The State is expecting a decrease in GHGs based on aggressive strategies as described in the WIG and associated activities.

### WIGs, Strategies & Activities

Lead Division: Air Pollution Control Division

**WIG 1: Reduce Greenhouse Gas (GHG) emissions economy-wide from a 2005 baseline of 137.8 million metric tons (MMT) of CO<sub>2</sub>e (carbon dioxide equivalent) per year to 113.1 MMT of CO<sub>2</sub>e per year by June 30, 2022 and to 106.625 MMT by June 30, 2024.**

**1.1 Strategy: Oversee the development of a cross-departmental blueprint for pollution reduction.**

Activities:

- Finalize blueprint and present to the Air Quality Control Commission (AQCC) by August 2021 for Colorado to achieve GHG reductions in 2025, 2030 and beyond.
- Finalize new GHG inventory by fall 2021.

**1.2 Strategy: Reduce Carbon Dioxide (CO<sub>2</sub>) from transportation.**

Activities:

- Implement Zero Emission Vehicle (ZEV) rule (or alternative) by Jan. 2, 2022.
- Coordinate with transportation agencies on the strategies.

- Propose rulemaking to AQCC by summer 2021 to address GHG emissions from transportation sector.

**1.3 Strategy: Reduce methane emissions from the oil and gas industry and carbon dioxide emissions from the electricity sector.**

Activities:

- Support Public Utility Commission (PUC), municipalities, Colorado Oil and Gas Conservation Commission (COGCC) and the Energy Office in transition to renewable energy.
- Propose a comprehensive GHG reduction strategy to the AQCC for the oil and gas (O&G) sector by fall 2021.
- Increase the O&G touch rates (measured through infrared camera inspections).
- Support ongoing conversion away from coal-fired power plants (required under Regional Haze State Implementation Plan).

**Measures**

**OUTCOME**

Reduce **Greenhouse Gas (GHG) emissions economy-wide** from a 2005 baseline of 137.8 million metric tons (MMT) of CO<sub>2</sub>e (carbon dioxide equivalent) per year to 113.1 MMT of CO<sub>2</sub>e per year by June 30, 2022, and to 106.625 MMT by June 30, 2024.

**LEAD**

Increase the cumulative number of **rulemakings** to address GHG emissions from multiple sectors identified in the blueprint from 2 to 4 by June 30, 2022.

Increase the percent of the **GHG inventory** that is complete from 50% to 100% by June 30, 2022.

**WIG 2: Air Quality - Ozone**

*Supports the Governor's Bold 4 Priority: Environment, Renewables and Health*

*Supports the Public Health Improvement Plan Priority 4: Climate Action and Air Quality*



**Problem Statement**

The Denver Metro/North Front Range Area is out of attainment with federal health-based standards for ozone. High concentrations of ground level ozone negatively impact the health of Colorado's residents through increased rates of asthma, cardiovascular disease, increased hospitalizations, and in some instances premature death. While ozone levels in Colorado have been dropping, they are not decreasing fast enough. As a result, the Denver

Metro/North Front Range Area (DMNFR) was reclassified by the Environmental Protection Agency from a “moderate” ozone nonattainment area to a “serious” nonattainment area in January 2020, with a “severe” designation in the future (potentially as early as January 2022). As a result, Colorado must develop new, more stringent requirements to reduce emissions that cause ground level ozone. Additional emission reduction opportunities exist for the oil and gas industry, mobile sources, and other critical sectors.

**WIGs, Strategies & Activities**

Lead Division: Air Pollution Control Division

**WIG 2: Reduce ozone from 81 parts per billion (ppb) to 78 ppb by June 30, 2022 and 76 ppb by June 30, 2024.**

**2.1 Strategy: Reduce volatile organic compounds (VOC) and oxides of nitrogen (NOx) from the oil and gas industry.**

Activities:

- Explore creating a minor source offset program for VOC and NOx in Denver Metro North Front Range Non-Attainment Area.
- Explore a new and improved emission and permitting database.
- Increase compliance, oversight and enforcement.
- Develop a process to track emission benefits from permitting and inspections.

**2.2 Strategy: Support local agencies and COGCC in oil and gas regulations.**

Activities:

- Provide training and consultations to LPHAs and municipalities.
- Coordinate the submittal and review of air quality monitoring plans under the new rules for preproduction/early production monitoring.

**2.3 Strategy: Reduce VOC and NOx emissions from non-O&G contributors**

Activities:

- Create comprehensive and accurate inventory for non-O&G.
- Revise regulations to establish more stringent requirements for emission reductions.
- Implement Zero Emission Vehicles (ZEV) by January 2, 2022.
- Coordinate with Regional Air Quality Council and other stakeholders to develop new ozone strategies for other sectors, including transportation.

**Measures**

**OUTCOME**

Reduce **ozone** from 81 parts per billion (ppb) to 78 ppb by June 30, 2022, 77 ppb by June 30, 2023, and 76 ppb by June 30, 2024.

**LEAD**

Reduce tons of **NOx and VOC emissions related to new regulatory actions** from 63,519 to 69,869.8 (a 10% reduction) by June 30, 2022 (cumulative to February 2021).

For more data on ozone, access "Ozone exceedance data" on the "[Ozone planning information for industry web page](#)"

## WIG 3: Suicide Prevention

*Supports the Governor's Bold 4 Priority: Health*



*Supports the Public Health Improvement Plan Priority 3: Behavioral and Mental Health*

### Problem Statement

National partners have recognized the need for a comprehensive public health approach to suicide prevention, ensuring collaboration and partnership across sectors. Colorado historically has fallen within the top 10 states in the nation for its suicide rate (21.6 per 100,000 in 2019). Through partnership with local communities, collaboration across state agencies, and prioritization for key programs, the Colorado Office of Suicide Prevention will support a public health approach and partner closely with internal and external stakeholders to track outcome metrics related to suicidal despair.

A prior suicide attempt is a leading risk factor for later death by suicide. Research and data show individuals with a recent discharge from an emergency department are at increased risk for suicide, especially in the month following discharge. Approximately 70% of individuals discharged from emergency departments after a suicide attempt do not attend a follow-up appointment with a mental health provider. National data indicate that 25% of individuals who die by suicide have recently visited an emergency department prior to their death. However, research also shows that non-demand caring contacts are cost effective; reduce the risk for return ED visits, future attempts and suicide deaths; improve patient motivation, reduce barriers to care; and can improve in-person follow up with supportive community-based resources. Prior studies and national modeling also indicate that screening, brief intervention and follow up post-discharge can save 9,200 lives each year (nationally). Colorado will work to increase the annual number of Coloradans provided this life-saving service via the Colorado Hospital Follow Up Project from 3,000 in fiscal year 2020 to 6,000 by June 30, 2022. No single strategy alone will be enough to reduce the suicide rate. Although this is the key measure identified for tracking progress, Colorado will also implement comprehensive community-based strategies across the continuum of prevention, intervention supports, and postvention.

### WIGs, Strategies & Activities

Lead Division: Prevention Services Division

**WIG 3: Increase the annual number of Coloradans provided this life-saving service via the Colorado Hospital Follow Up Project from 3,000 to 6,000 by June 30, 2022 and maintain at 6000 by June 30, 2024.**

### **5.1 Strategy: Implement a framework across state agencies to collaboratively address suicide in Colorado.**

#### Activities:

- Collaborate with other state agencies and local public health agencies on identified opportunities to reduce the suicide rate.
- Implement the strategies identified in the suicide prevention framework and collaborate with the Department of Human Services Behavioral Health Task Force on recommendations.
- Create communication and action plans to track progress across agencies.

### **5.2 Strategy: Increase active analysis and dissemination of suicide-related data.**

#### Activities:

- Increase real-time data collection in emergency departments on suicide attempts and use data to inform prevention/intervention efforts.
- Incentivize coroner and law enforcement agencies to use the Colorado Suicide Investigation Form.
- Improve data collection and reporting to inform prevention strategies and trends for LGBTQ+ populations.

### **5.3. Strategy: Improve health system readiness and response to suicide.**

#### Activities:

- Expand and support the Zero Suicide model implementation within health care settings.
- Reduce risk and provide support for individuals in the aftermath of a mental/behavioral health crisis by sustaining and expanding the Follow Up Project in emergency departments.
- Implement tiered training requirements in rule aligned with the Zero Suicide model for behavioral health facilities.
- Explore prescribing guidelines and other strategies related to reducing opioid and benzodiazepine dependence.

### **5.4 Strategy: Implement and evaluate comprehensive, community-based suicide prevention, intervention and postvention efforts within priority communities.**

#### Activities:

- Implement and evaluate strategies to support priority populations. (LGBTQ+ Coloradans, youth, veterans, middle-aged men, older adults, and priority occupations including emergency responders, construction, and agriculture/ranching).
- Promote and disseminate resources and tools that support men with mental health promotion and help-seeking strategies and screening/referral protocols and tools.
- Sustain and expand the evidenced-based program Sources of Strength in Colorado middle and high schools.
- Increase the availability of evidence-based gatekeeper training (e.g. QPR, SAVE) in veteran services organizations.
- Sustain and expand lethal means safety initiatives (Colorado Gun Shop Project, clinical training).
- Increase economic stability and community connectedness initiatives in the wake of COVID-19.

Measures
<b>OUTCOME</b>
Increase the annual number of Coloradans provided this life-saving service via the <b>Colorado Hospital Follow Up Project</b> from 3,000 to 6,000 by June 30, 2022 and maintain at 6000 by June 30, 2024.
<b>LEAD</b>
Increase the number of hospitals implementing the <b>Follow Up Project</b> protocol each year from 36 to 80 by June 30, 2022.
Increase the number of counties participating in the <b>Gun Shop Project</b> each year from 51 to 64 by June 30, 2022.
Increase the annual number of <b>Colorado 20 Point Head Inspection</b> completions from 6,000 to 7,000 by June 30, 2022.
Increase the number of middle and high schools (funded by CDPHE) implementing <b>Sources of Strength</b> to fidelity each year from 158 to 175 by June 30, 2022.
Increase the number of agencies participating in the <b>Colorado Zero Suicide Learning Collaborative</b> each month from 31 to 45 by June 30, 2022.

## WIG 4: HIV

*Supports the Governor's Bold 4 Priority: Health*



**Problem Statement**

To end the HIV epidemic by 2030, a goal of the federal Health and Human Services Agency, Colorado will need to reduce infections, increase access to care, improve health outcomes for people living with HIV, and reduce HIV-related disparities and health inequities. Communities of color continue to disproportionately represent new HIV diagnoses in Colorado. In 2020, Hispanic/Latinx composed 35% of new diagnoses with a rate of 7.5 per 100,000, and Blacks/African Americans composed 20% of new diagnoses with a rate of 23.9 per 100,000. Concurrent diagnoses (AIDS diagnoses within 30 days of the initial HIV diagnosis) continue to increase proportionately. In 2020, 23% of new diagnoses were considered concurrent diagnoses, of those, 40% identified as Hispanic/Latinx, and 17% identified as Black/African Americans. CDPHE will continue to partner with key providers and community-based organizations to encourage testing and early entry to care.

NOTE: While reported Colorado HIV transmission rates decreased by 35% in 2020, we are monitoring the data to ascertain if decreased rates are due to COVID and decreased HIV testing rates.

## WIGs, Strategies & Activities

Lead: STI/HIV/Viral Hepatitis Office

**WIG 4: Decrease the number of annual newly reported HIV diagnoses from 470 (FY 2019-20 baseline) to 456 by June 30, 2022, and to 423 by June 30, 2024.**

### **4.1 Strategy: Prevent new HIV transmissions by using proven interventions and strategies with a focus on those who are disproportionately impacted by HIV transmission.**

Activities:

- Support HIV targeted testing and ensure these services are primarily offered to disproportionately impacted communities.
- Increase collaboration and partnerships with external providers and other key stakeholders that outreach and provide services to communities with increased risk for acquiring HIV.
- Offer biomedical prevention interventions services including Pre-exposure prophylaxis (PrEP) and support to syringe services programs (SSPs).

### **4.2 Strategy: Treat people with HIV rapidly and effectively to reach sustained viral suppression with a specific focus on communities of color.**

Activities:

- Promote accelerated access to treatment for pregnant women and people of color diagnosed with HIV to support sustained viral suppression.
- Address all potential barriers to care for PLHIV, to include: state drug assistance program (SDAP) enrollments, linkage to care and navigation services. Active referrals will be made to sexual health service providers (SHSP) for mental health, substance abuse and disclosure counseling as well creating an individual risk reduction plan.
- Identify and outreach to PLHIV falling out of care or with lack of evidence of care, not achieving viral suppression based on quarterly out of care data pull.
- Provide continuum of care analyses to quantify the number of people of color LHIV who are linked to care, retained in care, and virally suppressed.
- Prioritize and address cases of pregnant women and people of color who participate in the State Drug Assistance Program who have not recertified eligibility and assist them in completing recertification.

### **4.3 Strategy: Reduce perinatal transmission of HIV.**

Activities:

- Promote routine, early HIV testing for all pregnant women based on data where women are accessing care across the state including traditional and nontraditional points of care.
- Monitor women living with HIV known to be pregnant at time of diagnosis throughout delivery. This will include monitoring of CD4/VL labs throughout pregnancy.

- Conduct Perinatal HIV Case Review, bringing together agencies that serve pregnant women who are living with HIV. In collaboration with stakeholders will undertake rigorous reviews of cases to identify critical system gaps that can contribute to adherence and the risk of vertical transmission to reduce HIV-related disparities and health inequities.

**Measures**

**OUTCOME**

Decrease the number of **annual newly reported HIV diagnoses** from 470 (FY 2019-20 baseline) to 456 by June 30, 2022, and to 423 by June 30, 2024.

**LEAD**

Reduce late **HIV diagnoses in Latinx and Black/African American** from 121 to 110 (a 10% reduction) by June 30, 2022.

Reduce **HIV perinatal transmission** from 2 cases to 0 cases by June 30, 2022.

Increase the percentage of people diagnosed with HIV who are **virally suppressed** from 72% to 73% by June 30, 2022.

Increase the percentage of **HIV funded events** occurring in a prioritized setting from 45% to 52% by June 30, 2022.

Increase the percentage of eligible clients who received a **PrEP prescription** from 19% to 23% by June 30, 2022.

**Department WIG: Equity, Diversity and Inclusion (EDI)**

*Supports the Public Health Improvement Plan Priority 2: Racism as a Public Health Crisis*

**Problem Statement**

Pursuant with the Statewide Executive Order 20-175, departmental investment and accountability to the area of equity, diversity, and inclusion (EDI) is critical. To date, there has been no formal strategic planning process deployed around EDI. Internal efforts and investment is disparate without standards and reporting mechanisms that drive organizational progress towards results. Efforts and activities have included: EDI related workshops and training, development of equity focused resources, investment in employee resource and business groups, and employee surveys that have gleaned information about employee's satisfaction. While well-intentioned, the impact of these efforts have not aligned around a comprehensive strategy with strategic priorities, goals, and outcomes that

coherently communicate a journey toward operationalizing EDI or engage leaders and the workforce in meaningful organizational cultural work to address inequities internally. Additionally, mechanisms of tracking progress have not been instituted to communicate meaningful progress in all areas.

**WIGs, Strategies & Activities**  
Lead: EDO, EDI Officer

**WIG 5: Between July of 2021 and September 30th, 2021, CDPHE will develop and implement 100% of the EDI strategic plan approach which will inform a comprehensive two-year (22-23 and 23-24) EDI strategic plan.**

**Strategy 5.1: Perform Analysis of CDPHE to baseline current state.**

Activities:

- Determine Organizational Readiness & Maturity through meeting with organizational leaders and employee and business groups.
- Review EDI Roundtable qualitative data. Roundtables occurred between January and April of 2021.
- Learn about Data infrastructure and resources for reporting with the Office of Strategy and Performance.
- Review and analyze trends within relevant EDI People data sets (10 indicators)- e.g., EES, EDI pulse survey, workforce demographics disaggregated by race, gender, generation, and by management level.
- Review and Analyze Training data (saturation rate, and training evaluation strategy and survey results)
- Review the HE/EJ Collaborative survey results
- Scan for EDI divisional work plans and progress measures/ metrics.

**Strategy 5.2: Define and build EDI infrastructure.**

Activities:

- Work with the Office of Strategy and Performance to build an EDI dashboard to demonstrate progress on future plan strategies.
- Define a communications plan that outlines workforce communication and engagement around the EDI approach and ongoing involvement.

**Strategy 5.3: Engage Leaders and a segment of the workforce in defining the EDI vision, values, and mechanisms for accountability for CDPHE for sustainable results.**

Activities:

- Facilitate a 3 part leadership visioning series to arrive at intended outputs.
- Facilitate two workforce visioning sessions to glean input into the EDI vision, values, and internal mechanisms for accountability.

**Strategy 5.4: Define the EDI strategic priorities and departmental goals.**

Activities:

- Facilitate session(s) with HR to define EDI recruitment and retention priorities and goals.

- Work with divisional leaders and SMEs to define EDI priorities and goals around leader decision making, continued EDI learning and development, Budget and procurement.
- Leverage racial equity tools to define 2022 divisional health equity and environmental justice goals.

**Strategy 5.5: Implement and begin to track and report on plan progress.**

Activities:

- Leverage the data dashboard and mechanisms for reporting out to track strategic progress.
- Work with divisional leaders to modify and refine strategic goals when needed.

**Measures**

**OUTCOME**

Between July of 2021 and September 30th, 2021, CDPHE will develop and implement 100% of the **EDI strategic plan** approach which will inform a comprehensive two-year (22-23 and 23-24) EDI strategic plan.

**LEAD**

Develop a departmental **EDI dashboard** (from 0-1) by September 30th, 2021.

Hold a series of three leadership **visioning sessions** and two employee visioning sessions by August 31, 2021

# Appendix 1: Divisions

## Administration

Includes: Building Operations, Financial Services, the Office of Human Resources, the Office of Legal and Regulatory Compliance, and the Office of Strategy and Performance. The functions that were previously organized under the Community Relations Divisions are part of Administration.

### Primary processes and customers for the division:

Primary Processes	Description	Customers
Accounting	Financial accounting, management and reporting services.	Vendors, payees, State Controller's and Auditor's Offices, partners, staff.
Board of Health	Promulgates rules and approves funding for grant programs.	Stakeholders, grantees and individuals requesting rulemaking.
Budget	Evaluates budget needs through the point at which those resources are appropriated in the Long Bill or Special Bill.	OSPB, Joint Budget Committee, Office of Legislative Council, staff.
Building Operations	Ensure work spaces are safe, clean and functional for employees and the public.	Contractors, visitors, employees, building owners.
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.	CDPHE staff, local public health agencies, media, and the public.
Contracting & Procurement	Procures and contracts for goods/services, evaluates compliance, assesses LPHA financial systems.	Contractors, grantees, other agencies, staff.
Health Equity	Grant making, contracting, technical assistance and monitoring to promote health equity and environmental justice.	CDPHE staff, local public health agencies, other Colorado state agencies, nonprofit organizations.
Human Resources	Hiring, training, workforce development, coaching, compensation/rewards, employee/labor relations, employee engagement, benefits, ADA and leave management.	Current and future staff.

Internal Audit, Privacy, & Records Management	Assesses program compliance through internal audits, provides department standards, training, and technical assistance for information privacy and record retention.	State Auditor’s Office, staff, Institutional Review Board, researchers, agencies.
Legislative Liaison	Coordinate all aspects of legislative initiatives, starting with requests for proposals for legislative agenda items from divisions through disposition of bills and budget items	State and federal legislators, Governor’s Office, CDPHE staff, other executive agencies.
Local Public Health Planning and Support	Grant management and technical assistance to local public health agencies.	Local public health agencies.
Strategy and Performance	Lead strategic planning and performance improvement efforts.	Staff, local public health agencies.

# Air Pollution Control Division

The Air Pollution Control Division includes the Mobile Sources Program, Administrative Services Program, Planning and Policy, Indoor Environment Program, Stationary Sources Program, Technical Services Program, and the Compliance and Enforcement Program.

## Primary processes and customers for the division:

Primary Processes	Description	Customers
Issuance of environmental permits, certifications and licenses	Includes processes from the time the division receives an application to the final decision regarding the requested document.	Primary customers consist of the following: 1) stationary sources of air pollution, including large industrial sources, commercial operations, and the oil and gas industry; 2) property owners and their contractors who conduct asbestos and lead-based paint abatement; 3) vehicle owners; and 4) the public, local governments, environmental organizations and industry groups.
Conduct environmental inspections	Includes processes from the identification of the facilities to be inspected to the issuance of the inspection report.	
Air Quality Control Commission	Promulgates cost-effective rules to reduce emissions and improve air quality for the protection of public health and the environment.	Participants in rulemaking, permittees and the public.

# Center for Health and Environmental Data

The Center for Health and Environmental Data includes the Health Statistics and Evaluation Branch, Health Information Systems Branch, Colorado Medical Marijuana Registry, and the Vital Records Office.

## Primary processes and customers for the division:

Primary Processes	Description	Customers
Health Statistics and Evaluation	Monitor and evaluate progress toward improvement in Colorado by providing timely, innovative and quality public health data collection, utilization and reporting services.	Federal, state and local public health agencies, hospitals, academic and research institutions, and the public.
Health Information Systems	Develop and promote the increased use of sound applications and databases to collect public health data. Includes public health informatics and noncommunicable disease registries.	Local public health agencies; CDPHE staff; local, state and federal agencies; and the public.
Medical Marijuana Registry	Administers the Colorado Medical Marijuana program by maintaining a confidential database of registered patients, issuing Medical Marijuana Registry cards to qualifying patients, and reviewing petitions for adding debilitating medical conditions for medical use of marijuana.	Patients, physicians, caregivers, and licensed medical marijuana centers.
Vital Records Office	Administers the Colorado Vital Statistics Act by registering and issuing certified copies of all vital events including births, deaths and fetal deaths.	The public, county/local vital records offices, birthing hospitals, and coroners.

# Disease Control and Public Health Response

The Disease Control and Public Health Response (DCPHR) Division was created in 2019 and includes:

- the Disease Control and Environmental Epidemiology Division which detects, investigates and prevents communicable and environmental disease using expertise, science and innovation. The division includes the Immunization Branch, Communicable Disease Branch, Public Health Informatics, Reporting and Refugee Branch, Environmental Epidemiology Branch, Sexually Transmitted Infections/Human Immunodeficiency Virus/Viral Hepatitis Branch, and the Division Operations Branch.
- the Laboratory Services Division which includes the Microbiology, Chemistry, Newborn Screening, Certification and Evidential Breath Alcohol Testing and Marijuana Laboratory Science Programs; and Fiscal, Accessioning, Central, Quality Assurance, Safety and Building Operations Services.
- the Office of Emergency Preparedness and Response which coordinates a statewide network of staff, facilities, and other resources in partnership with local public health agencies and other disciplines and agencies to prepare for and respond to public health and medical emergencies.

## Primary processes and customers for the division:

Primary Processes	Description	Customers
Surveillance of and response to communicable & environmental diseases	Continuous, systematic collection, analysis and interpretation of communicable and environmental disease data needed to plan, implement, communicate and evaluate public health programming and interventions. Surveillance can warn of outbreaks; document the impact of interventions; track progress toward specific goals; and inform public health policy, strategies and communication.	People or communities with, or at risk for, diseases and/or environmental exposures or with concerns about them (includes marijuana & oil and gas activities); local public health agencies; health care providers, hospitals, and clinical laboratories.
Support interventions for disease control	Manage and distribute medications and vaccines for infectious diseases; recommend infection control practices in health care settings; inform and guide providers; educate the public and providers; strengthen policies related to public health.	Local, state and federal agencies; health care systems; community-based and advocacy organizations; the public concerned about diseases.
Maintain health information systems	Maintain and promote the increased use of sound applications and databases to collect complete, accurate and	Government agencies; health systems; clinical labs; hospital associations, schools, advocacy

	confidential health data to facilitate public health actions and improve public health practice.	organizations, academic institutions; public.
Microbiology laboratory testing	Isolation and identification of microorganisms of public health importance.	Clinical Labs, local public health agencies, CDPHE staff, CDC, APHL, State Public Health Labs, Animal Control, veterinarians, and the public.
Chemistry laboratory testing	Testing for organic and inorganic chemical contaminants in water and environmental samples.	CDPHE staff, state & federal agencies, the public, water systems, private construction and environmental firms.
Newborn Screening laboratory testing	Screening all infants in Colorado at approx. 2 days and 2 weeks of age for metabolic conditions that can negatively affect a child's health.	Clinical providers, hospitals, pediatricians, physicians & midwives, the public.
Marijuana laboratory testing	Inspection of retail marijuana testing facilities to ensure compliance with DOR rules.	MED (DOR), marijuana testing facilities, marijuana licensed businesses.
Accessioning	Sample receiving, data entry and customer service.	All LSD programs and customers.
Calibration of equipment	Calibration, support & training for breath alcohol testing instruments.	CBI, law enforcement, district attorneys, defense attorneys.
Certification	Onsite inspections of clinical, forensic and commercial marijuana labs.	Clinical, Forensic and Commercial Labs.
Emergency Preparedness and Response	Oversee federal Public Health Emergency Preparedness and Hospital Preparedness Program grants, and state general funds for planning, training and evaluations.	CDPHE staff, local public health agencies, health care coalitions, and health care providers.

## Office of STI/HIV and Viral Hepatitis:

The Office of STI/HIV/VH includes care and prevention for those living with or people vulnerable to the acquisition of STI/HIV/VH.

### Primary processes and customers for the division:

Primary Processes	Description	Customers
Care Services for PLWH	The Care and Services Program exists to enhance access to a comprehensive continuum of high quality care and treatment services and address factors known to be associated with disengagement from care with the ultimate goal to eliminate barriers to improve access, linkage, and engagement in care to achieve viral suppression. Through direct service provision, Care and Services staff ensure timely access to HIV medications, HIV Medical Care and other support services. The Program has three units: Health Care Access, Linkage to Care, and Client Support.	PLWH via funded partners and through our ADAP program
Surveillance, Data, and Analytics	The purpose of the Surveillance, Data, and Analytics program is to conduct surveillance, analyses, and evaluations for STI/HIV/VH in Colorado by systematically collecting, evaluating, analyzing and when necessary investigating reports of these cases and disseminating data to the public and to health care and prevention planners. Branch surveillance collects case level information. Program staff disseminate data to characterize the scope, burden and progression of the STI, HIV, and VH epidemics. Program staff also conducts comprehensive data activities related to STI/HIV/VH surveillance data analytics objectives, to ensure complete and accurate data and integrated data system  This work has four focus areas: Data Analytics Unit, Program Evaluation Unit, SURRG Unit, Case, Investigation, and Outreach Unit.	People or communities with, or vulnerable to STI/HIV/VH ; local public health agencies; health care providers, hospitals, and clinical laboratories.
Prevention and Field Services	The Prevention and Field Services program provides the highly focused prevention intervention of Partner Counseling and Referral Services. Program staffing consists of Disease Intervention Specialists (DIS), Regional Consultants and Biomedical Coordinator who provide timely investigation follow up to all newly diagnosed cases of HIV, syphilis and prioritized gonorrhea, prioritized chlamydia and Hepatitis C Virus	Local, state and federal agencies; health care systems; community-based and advocacy organizations; the public concerned about diseases.

	<p>(HCV) when co-infected with newly diagnosed HIV. In addition, the unit responds to cluster or outbreak investigations as well as other public health concerns or cases of public health importance that are prioritized and require expert contact tracing and field services. This program is legislatively mandated by CRS Title 25 Article 1 Parts 107 and 122, Article 1.5 Parts 101 and 102, Article 4, Parts 4 and 14. The Program is also legislatively mandated by the federal government under the Ryan White Treatment Extension Act of 2009. The Program has three units: Denver Metro Area Partners Services, Regional Consultants and Biomedical Interventions.</p>	
<p>Training and Capacity Building</p>	<p>The Capacity Building &amp; Training team is charged to develop capacity for conducting effective STI/HIV/VH program activities informed by geospatial and epidemiological science. Thus, the CBT Program continuously invests in the strength, capability of STI/HIV/VH staff, clinical and non-clinical partners to implement formulated prevention, care and treatment activities in the state. The program equips internal staff and external partners with scientific knowledge, socio-behavioral awareness as well as standardized approaches to deliver publicly funded STI/HIV/VH prevention, care and treatment services across Colorado.</p>	<p>Staff, clinical and non-clinical partners</p>

## Division of Environmental Health and Sustainability

The Division of Environmental Health and Sustainability includes the Retail Food Program, Manufactured Food Program, Milk & Dairy Program, Environmental Agriculture Program, the Institutions & Emerging Programs (child care, schools, assisted living residences kitchen inspections), Sustainability and Recycling Programs and the Toxicology and Environmental Epidemiology Office (TEEO). Topics covered by TEEO span from assessing exposure to toxic substances (e.g. lead, mercury, carbon monoxide, pesticides, mold), cancer clusters, and environmental health standards.

### Primary processes and customers for the division:

Primary Processes	Description	Customers
Issuance of environmental permits, certifications and licenses	Includes processes from the time the division receives an application to the final decision regarding the requested document.	Animal feeding operations, food operations and associations and the public.
Conduct environmental inspections	Includes processes from the identification of the facilities to be inspected to the issuance of the inspection report to the provision of compliance and technical assistance and enforcement.	All associated industry members and the public.
Type 1 Boards and Commissions (the division has rules with all four type 1 boards and commissions)	Promulgates cost-effective rules to ensure the safe production of food; safe environments within institutional settings; the proper handling, management and disposal of waste from animal feeding operations to reduce odor and protect water; and the safe disposal of medications.	Participants in rulemaking, permittees and the public.
Promote sustainable practices	The division is involved with a number of activities that foster sustainable development including assessing and recognizing Colorado businesses and entities that go above and beyond environmental compliance and demonstrate environmental leadership; providing funding to increase waste diversion; and assisting other state agencies to establish Greening Government goals.	Private businesses, nonprofits, local and state governments.
Surveillance of environmental impacts	Provide epidemiologic research, surveillance data, toxicology and health risk assessment information. Responds to concerns about environmental and occupational exposures and disease clusters by conducting health risk investigations and evaluating environmental exposures, hazards and health status of communities.	Communities with, or at risk for environmental exposures or with concerns

		about impacts of exposures, local public health agencies; health care providers, hospitals, and clinical laboratories.
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# Hazardous Materials and Waste Management Division

The Hazardous Materials and Waste Management Division includes the Administration Program, Hazardous Waste Program, Radiation Program, Remediation Program, and Solid Waste and Materials Management Program.

## Primary processes and customers for the division:

Primary Processes	Description	Customers
Issuance of environmental permits, certifications and licenses	Includes processes from the time the division receives an application to the final decision regarding the requested document.	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, research organizations, industries and contractors; 5) the public, local governments, interest groups; and 6) anyone with questions on the proper management of waste or radiation.
Conduct environmental inspections	Includes processes from the identification of the facilities to be inspected to the issuance of the inspection report.	
Solid and Hazardous Waste Commission	Promulgates cost-effective rules to safely handle, manage and dispose of solid and hazardous wastes to improve public health and the environment.	Participants in rulemaking, permittees and the public.

# Health Facilities and Emergency Medical Services Division

The Health Facilities and Emergency Medical Services Division includes the Home and Community Facilities Branch; Health Facility Quality Branch; Acute Care and Nursing Facilities Branch; Certification, Licensing, Enforcement and Records Branch; Emergency Medical and Trauma Services Branch; Education and Technical Assistance Branch; and the Fiscal and Administrative Services Branch.

## Primary processes and customers for the division:

Primary Processes	Description	Customers
Regulating and licensing health facilities as designated in statute	Includes supporting the administrative licensing functions as well as the inspection of health care facilities to protect the health and safety of system users.	Hospitals, nursing facilities, assisted living residences and other health facilities and providers licensed and regulated by the division; patients; residents; and families using those facilities.
Performing federal and state facility certification inspections	Perform inspections under agreements with the Centers for Medicare and Medicaid Services and the Department of Health Care Policy and Financing.	
Issuing state credentials for EMS and EMR providers	Issuing state certification/practice credentials for EMS providers and emergency medical responders.	Individuals seeking certification as emergency medical technicians and paramedics, and registration as emergency medical responders.
Issuing air ambulance licenses	Issuing licenses for air ambulance services transporting patients in Colorado.	Air ambulance service providers.

## Prevention Services Division

The division focuses on noncommunicable disease prevention and access to care.

### Primary processes and customers for the division:

Primary Processes	Description	Customers
Provide and administer state, federal and private funding and resources and technical assistance for evidence-based, and population health-focused, programming and policy, systems and environment work	Programs, initiatives and collaborative efforts include, but are not limited to cancer, diabetes and heart disease prevention, screening and management; breastfeeding and early childhood nutrition; oral health; food assistance and nutrition education for mothers, infants and children; school health; preventing violence, suicide and substance use; health care workforce monitoring and loan repayment assistance; child fatality prevention and positive youth development; family planning; maternal child health; care for children with special needs; physical activity, healthy eating and built environment; health systems integration; health information and data collection; and health communication and promotion.	Local public health agencies, nonprofit organizations, tribal governments, health care organizations, universities and colleges, communities, private businesses, schools, faith-based organizations, military installations, cities, counties and towns.
Evaluate and improve program performance	PSD trains all new employees in quality improvement and all staff members have a quality improvement Individual Performance Goal. Several branches have performance management systems. PSD also works with CHED to evaluate programs and measure effectiveness using rigorous public health evaluation methods.	CDPHE staff, local public health agencies, nonprofit organizations, tribal governments, health care organizations, universities and colleges, policy makers, communities, private, federal and state funders.
Promote staff engagement, collaboration, health equity and innovation	PSD teams created resources, including an Inclusive Hiring Guide, a Feedback and Feedforward toolkit, health equity coaching, a stakeholder search engine and award tracker and practices to coordinate regarding food security and connectedness.	

## Water Quality Control Division

The Water Quality Control Division includes the Clean Water Program, Safe Drinking Water Program, and an Administration Section.

### Primary processes and customers for the division:

Primary Processes	Description	Customers

Issuance of permits, certifications and licenses	Receive and process applications to provide a final decision for the applicant.	The public, permittees, public water systems, environmental groups.
Environmental and drinking water inspections	Inspect facilities and issue inspection reports.	
Monitor state surface waters	Monitor and assess water quality to determine if state waters meet targets.	
Implement Safe Drinking Water Act	Review water systems compliance data, issue violations and enforcement orders, and ensure the public is notified as needed.	The public, visitors, public water systems.
Drinking water and wastewater facility projects	Review and approve municipalities planning and design documents to ensure projects will meet the requirements.	The public, permittees, public water systems, environmental groups.
Financial Assistance	Provide low-interest loans to governmental entities for water quality improvement projects and implement federal grants.	
Water Quality Control Commission	Promulgates rules to maintain and improve state waters. Reviews and approves grant funding recommendations.	Rulemaking participants, permittees, public water systems, grant recipients.
Water & Wastewater Facility Operators Certification Board	Promulgates rules and oversees program for water and wastewater operators certification.	Certified operators, water and wastewater treatment plants owners, the public.

## Appendix 2: FY 2020-21 Key Accomplishments

The Colorado Department of Public Health and Environment made great progress on the goals of the 2020-21 plan. The summary below shows an overview of the key accomplishments and the status of each of the priority areas as of May 31, 2021. In addition, a summary of process improvement efforts is listed at the end of this section. For additional details, access the online Strategic Plan Dashboard at: <https://cdphe.colorado.gov/strategic-plan>.

Colorado Department of Public Health and Environment

2020 - 2021 Strategic Plan

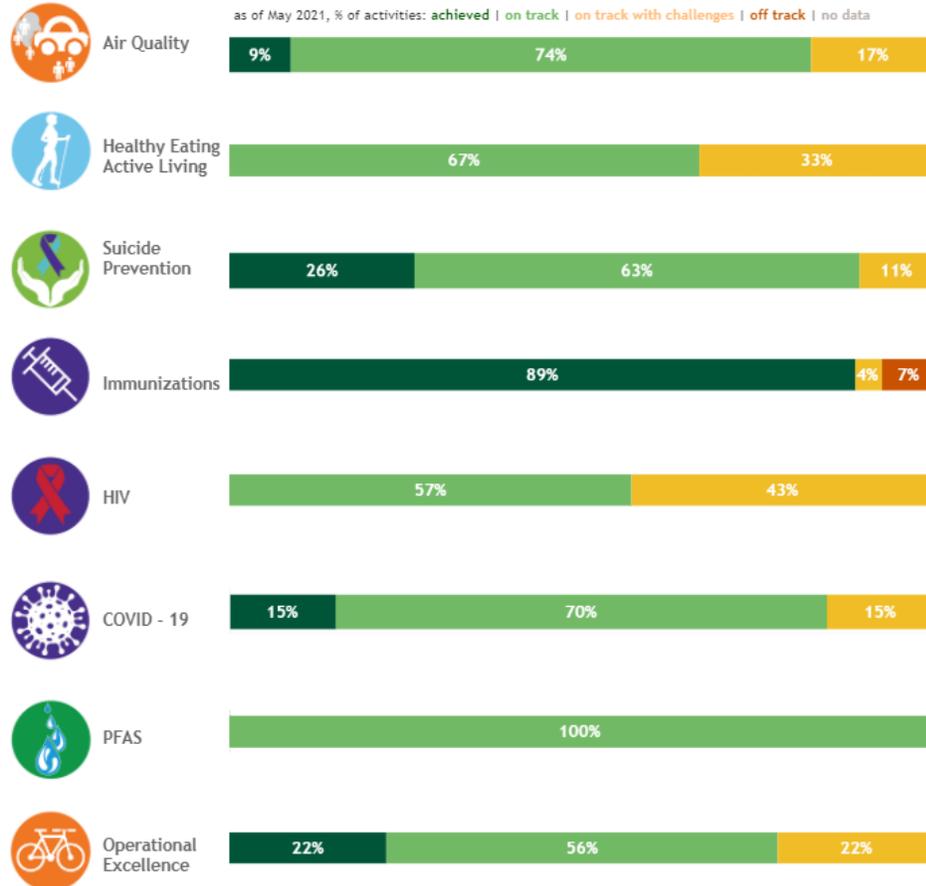
What guides us?

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

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



Our priorities



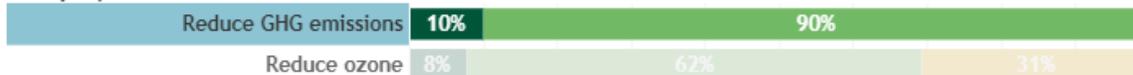


**Priority: Air quality**

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

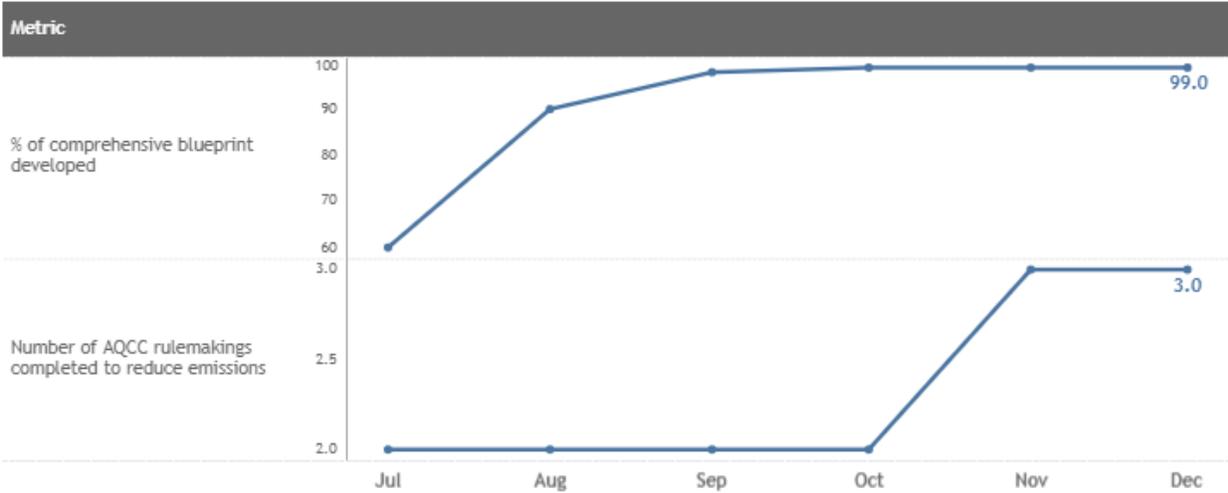
as of May 2021, % of activities: **achieved** | **on track** | **on track with challenges** | **off track** | no data

Wildly Important Goal: (select goal to see results)

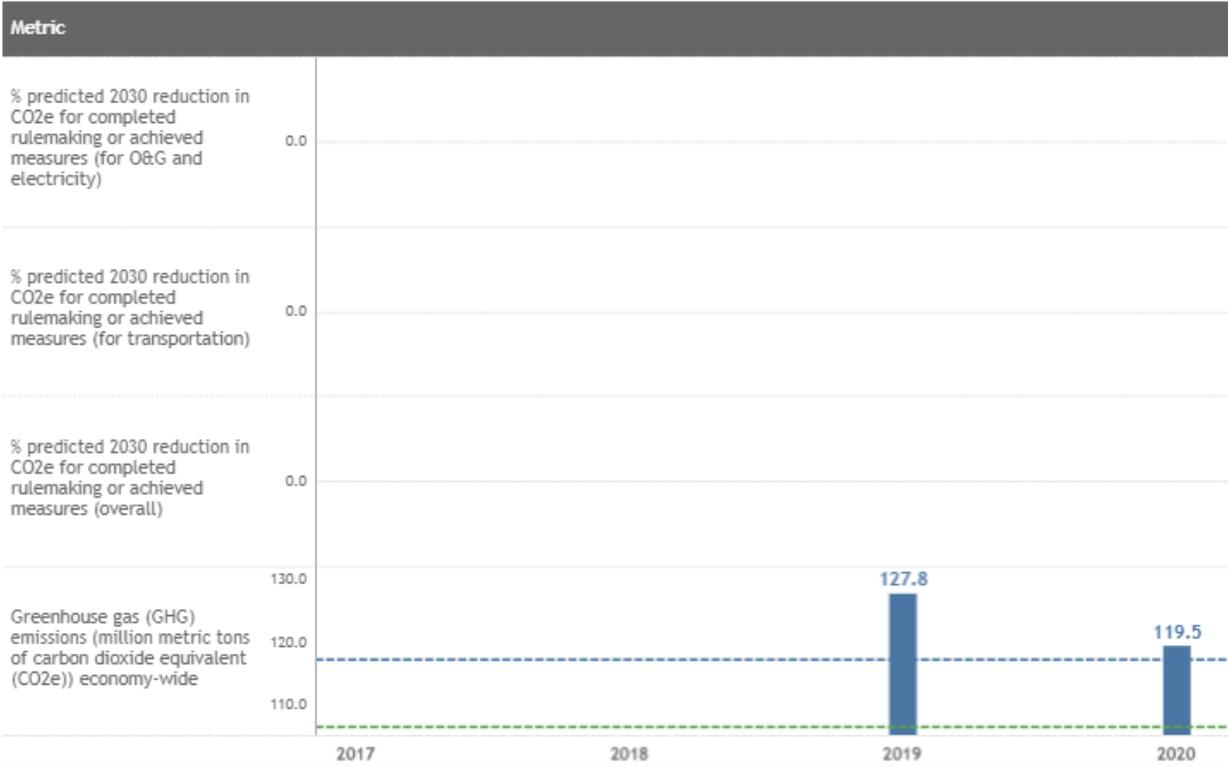


Full description of Goal #1: Reduce Greenhouse Gas (GHG) emissions economy-wide from 125.76 million metric tons of CO<sub>2</sub>e (carbon dioxide equivalent) per year to 117.335 million metric tons of CO<sub>2</sub>e per year by June 30, 2021 and to 106.439 million metric tons of CO<sub>2</sub>e by June 30, 2024.

Strategy	Activity	May 2021
1.1: Oversee the development of a cross-departmental blueprint for pollution reduction.	Air Quality Control Commission (AQCC) to issue a GHG emissions reporting rule by summer 2020.	On Track
	Coordinate with other state departments to create a blueprint by September 30, 2020 for Colorado to achieve GHG reductions in 2025, 2030 and beyond.	Achieved
	Update the GHG emissions inventory by summer 2021.	On Track
1.2: Reduce Carbon Dioxide (CO <sub>2</sub> ) from transportation	Coordinate with transportation agencies on the strategies.	On Track
	Implement Low Emission Vehicle (LEV) rule by Jan. 2, 2021, and Zero Emission Vehicle (ZEV) rule (or alternative) by Jan. 2, 2022.	On Track
1.3: Reduce methane emissions from oil and gas industry and carbon dioxide emissions from electricity sector	Implement oil and gas (O&G) methane and volatile organic compounds (VOC) reduction strategies (including venting and flaring).	On Track
	Increase air monitoring capabilities within the department with additional staff and state-of-the-art technology.	On Track
	Increase the O&G touch rates (measured through infrared camera inspections).	On Track
	Support ongoing conversion away from coal-fired power plants (required under Regional Haze State Implementation Plan).	On Track
	Support Public Utility Commission (PUC), municipalities, Colorado Oil and Gas Conservation Commission (COGCC) and Energy Office in transition to renewable energy.	On Track



### Annual results

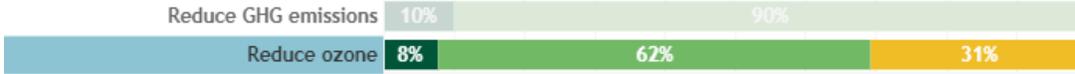




[<- Back to all priorities](#)

as of May 2021, % of activities: **achieved** | **on track** | **on track with challenges** | **off track** | no data

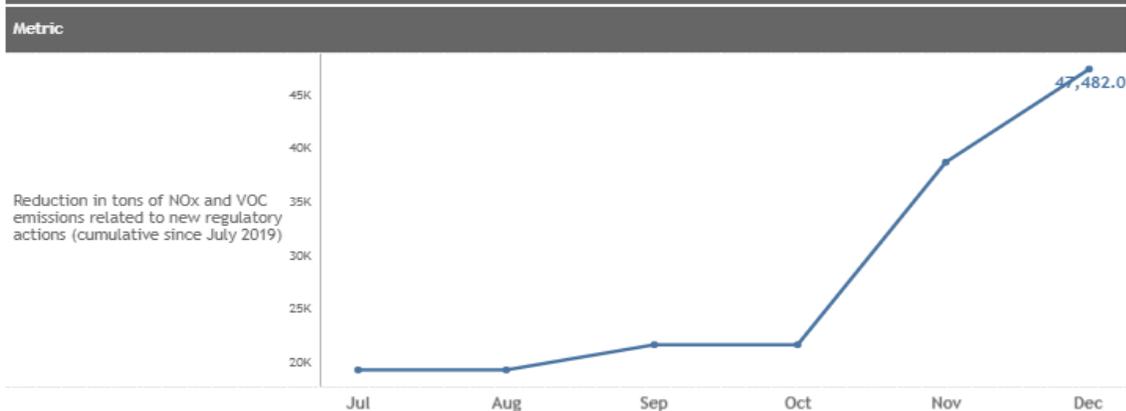
Wildly Important Goal: (select goal to see results)



Full description of Goal #2: Reduce ozone from 80 parts per billion (ppb) to 79 ppb by June 30, 2021 and 74 ppb by June 30, 2024.

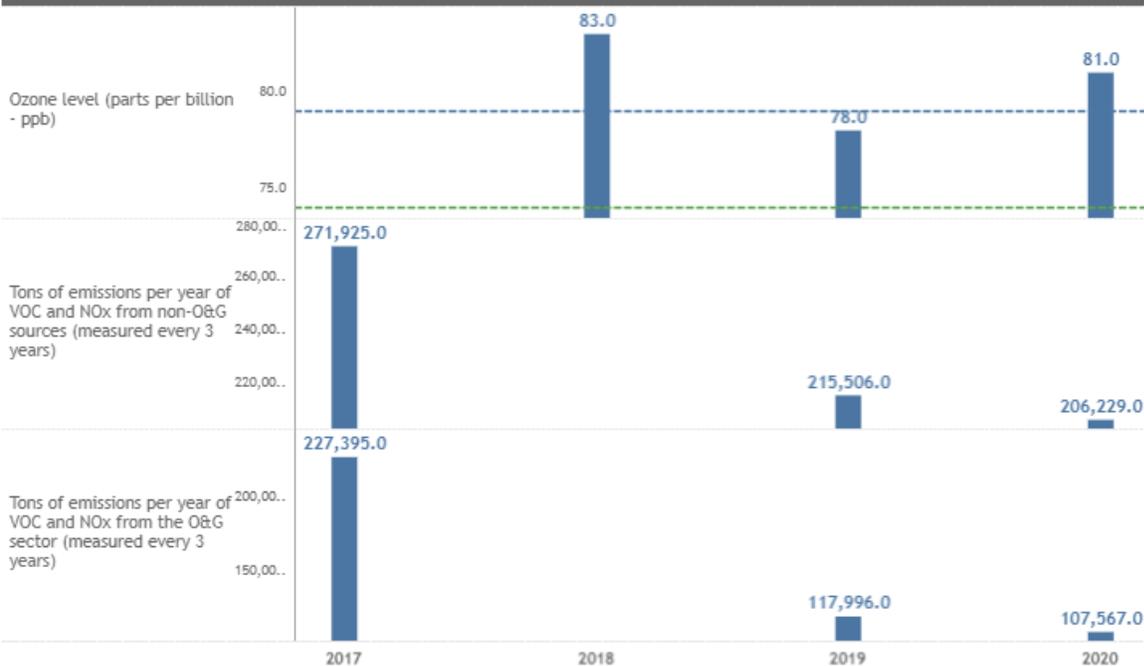
Strategy	Activity	May 2021
2.1: Reduce volatile organic compounds (VOC) and oxides of nitrogen (NOx) from the oil and gas industry.	Create comprehensive and accurate inventory of oil and gas emissions.	On Track
	Develop a process to track emission benefits from permitting and inspections.	On Track
	Explore a new and improved emission and permitting database.	On Track
	Explore creating a minor source offset program for VOC and NOx in the Non-Attainment Area.	On Track with Challenges
	Increase compliance oversight and enforcement.	On Track with Challenges
	Perform regulatory revisions to establish more stringent requirements for engine emissions, venting and flaring.	Achieved
2.2: Support local agencies and COGCC in oil and gas regulations.	Develop air quality strategic plan toolkit/template for local agencies.	On Track
	Develop best practices document with COGCC for local agencies engaging in local O&G control.	On Track
	Provide trainings and consultation to LPHAs and municipalities.	On Track with Challenges
	Survey local public health agencies (LPHAs) and municipalities to assess needs regarding O&G regulations.	On Track
2.3: Reduce VOC and NOx emissions from non-O&G contributors	Create comprehensive and accurate inventory for non-O&G.	On Track
	Implement Low Emission Vehicles (LEV) by Jan. 2, 2021, and Zero Emission Vehicles (ZEV) by Jan. 2, 2022.	On Track with Challenges
	Revise regulations to establish more stringent requirements for emission reductions.	On Track

### Monthly results



## Annual results

### Metric

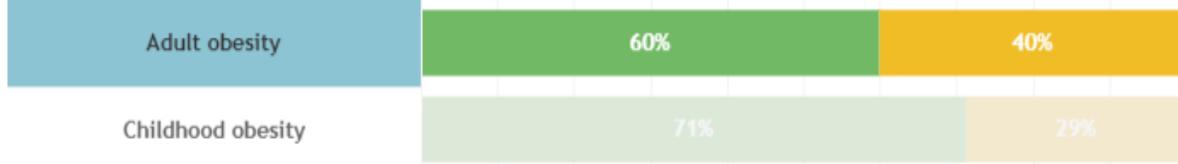




**Priority: Healthy Eating Active Living**

as of May 2021, % of activities: **achieved** | **on track** | **on track with challenges** | **off track** | no data

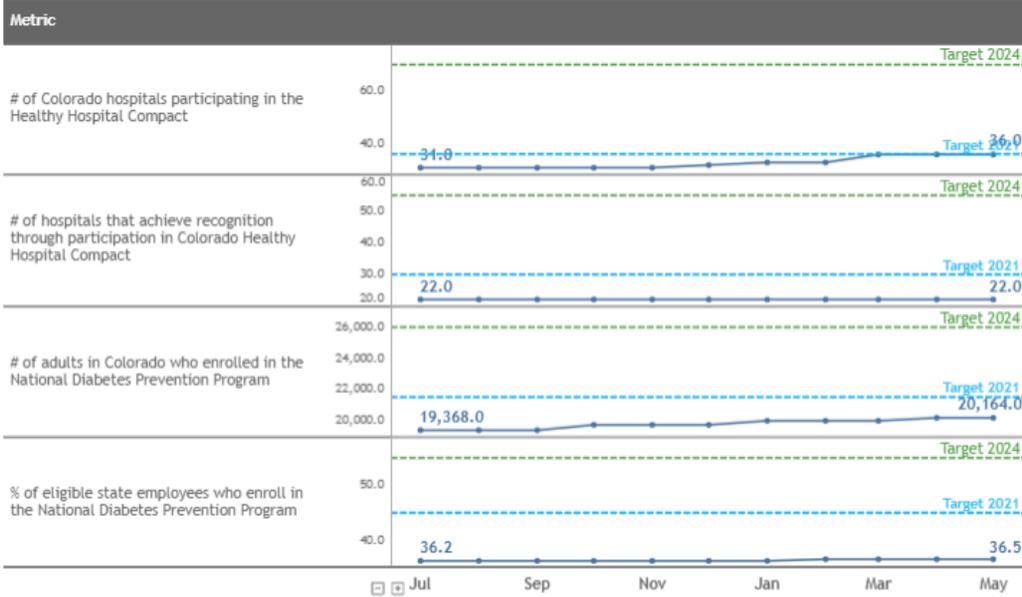
Wildly Important Goal: (select goal to see results)



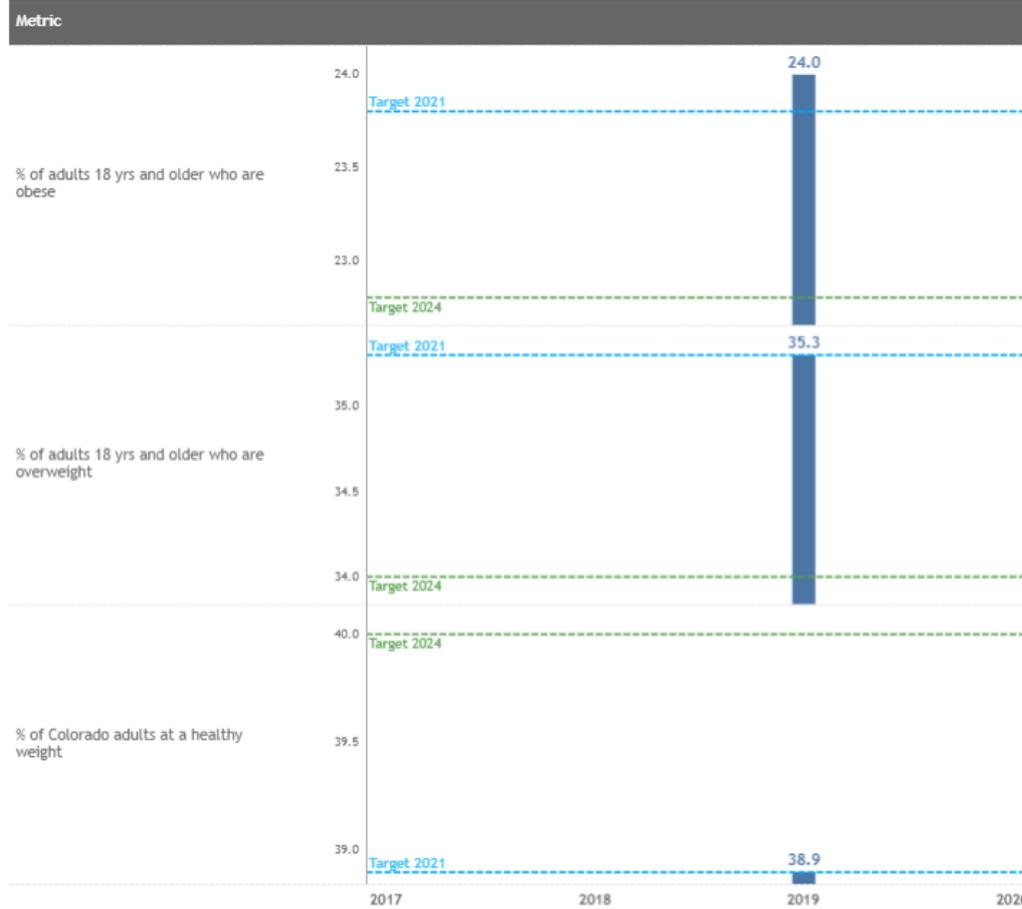
Full description of goal #3: Maintain the prevalence of Colorado adults at a healthy weight at 38.9% by June 30, 2021 and increase the prevalence to 40% by June 30, 2024.

Strategy	Activity	May 2021
3.1: Increase the consumption of healthy food and beverages through education, policy, practice and environmental changes.	Implement food service guidelines in worksites and community settings to increase access to healthy foods.	On Track
	Increase the number of hospitals participating in the Colorado Healthy Hospital Compact that achieve recognition for implementing food service guidelines.	On Track
	Increase the number of hospitals participating in the Colorado Healthy Hospital Compact.	On Track
3.2: Increase the reach of the National Diabetes Prevention Program (DPP) by collaborating with the Department of Health Care Policy and Financing (HCPF) and the Department of Personnel & Administration (DPA).	Engage CDPHE and HCPF leadership to remove existing barriers and ensure the National DPP becomes a covered benefit for Colorado Medicaid recipients.	On Track with Challenges
	Collaborate with the new Wellness & HIPAA Compliance Manager at DPA to establish buy-in for state employee participation in the National DPP through state health plan coverage.	On Track with Challenges

### Monthly results



### Annual results





**COLORADO**  
Department of Public  
Health & Environment

**Priority: HIV**

as of May 2021, % of activities: **achieved** | **on track** | **on track with challenges** | **off track** | no data

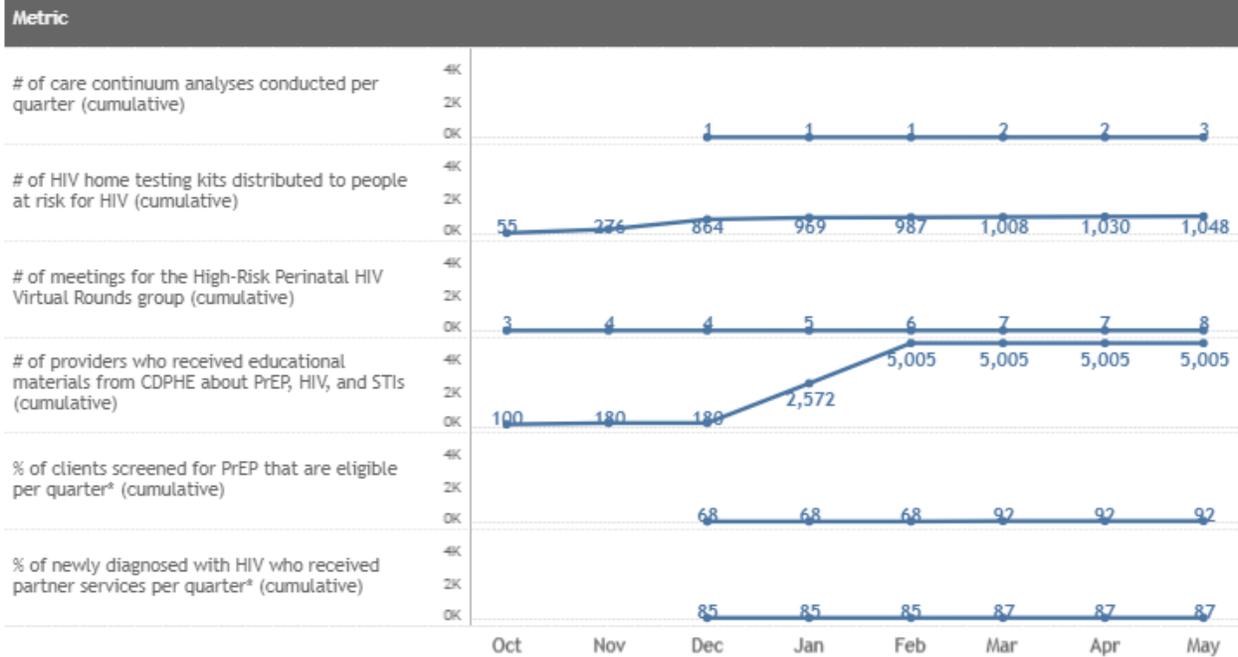
Wildly Important Goal:



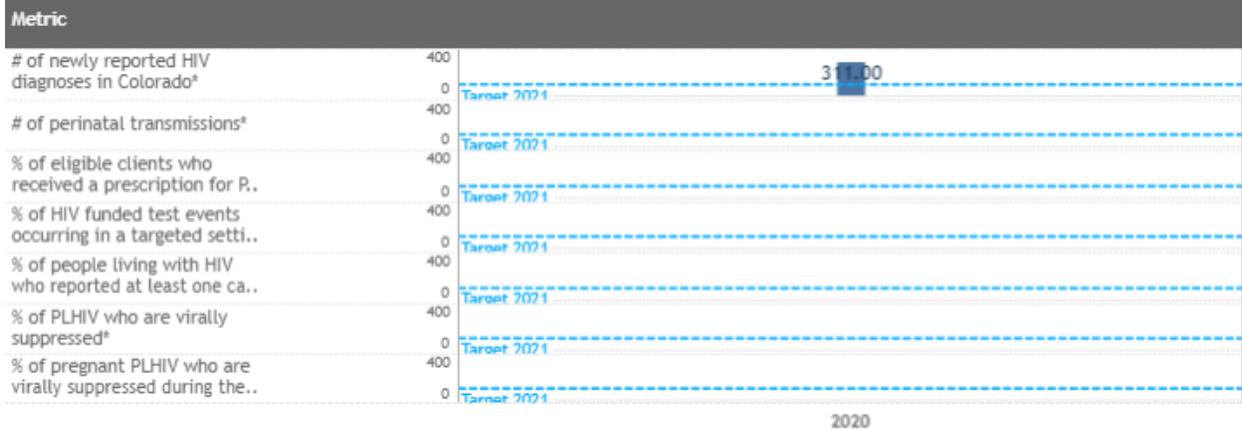
Full description of goal # 8: Decrease the number of annual newly reported HIV diagnoses from 470 to 460 (2% reduction) by June 30, 2021 and to 423 (10% reduction) by June 30, 2024.

Strategy	Activity	May 2021
7.1: Prevent new HIV transmissions by using proven interventions and strategies.	Support HIV targeted testing and ensure these services are primarily offered to disproportionately impacted communities.	On Track with Challenges
	Offer biomedical prevention interventions services including Pre-exposure prophylaxis (PrEP) as well as non-occupational post-exposure prophylaxis (nPEP), syringe access services, and condom distribution.	On Track with Challenges
	Offer timely disease investigation and thorough partner services follow up to all of the newly diagnosed HIV positive clients.	On Track with Challenges
	Prioritize cases identified with acute and/or early HIV or as a result of a cluster investigation.	On Track with Challenges
	Promote HIV testing recommendations of CDC and United States Prevention Task Force (USPTF) and advocate with CO Medicaid to include HIV screening in the "Healthcare Effectiveness Data and Information Set" (HEDIS) measures in 2021.	On Track with Challenges
	Support contracted agencies to deliver services in alignment with CDPHE standards of care, including screening negative clients for PrEP indicators and linking eligible clients to help them be successful in obtaining PrEP.	On Track
	Work to increase collaboration and partnerships with external providers and other key stakeholders that outreach and provide services to communities with increased risk for acquiring HIV.	On Track with Challenges
8.2: Treat people with HIV rapidly and effectively to reach sustained viral suppression.	Address all potential barriers to care for PLHIV, to include: AIDS drug assistance program (ADAP) enrollments, health care access unit (HCAU) referrals and Medicaid enrollment. Active referrals will be made to sexual health service providers (SHSP) for mental health, s...	On Track
	Assess all of PLHIV for Ryan White Services.	On Track
	Disseminate CDC treatment protocol and share quarterly progress on the HIV prevention dashboard with clinicians statewide.	On Track
	Identify and outreach to PLHIV falling out of care or with lack of evidence of care, not achieving viral suppression or experiencing viral failure based on quarterly out of care data pull.	On Track with Challenges
	Offer linkage to care and navigation services to all newly diagnosed clients referred by internal or external partners.	On Track
	Prioritize and address cases of pregnant women and people of color who participate in the State Drug Assistance Program who have not recertified eligibility and assist them in completing recertification.	On Track
	Promote accelerated access to treatment for persons diagnosed with HIV to support sustained viral suppression.	On Track with Challenges
	Provide continuum of care analyses to quantify the number of PLHIV who are linked to care, retained in care, and virally suppressed.	On Track
Sponsor HIV treatment updates and training for clinicians, stakeholders, and community partners	On Track with Challenges	
8.3: Reduce perinatal transmission of HIV.	Conduct Perinatal HIV Review, bringing together agencies that serve pregnant women who are living with HIV. In collaboration with stakeholders will undertake rigorous reviews of cases to identify critical system gaps that can contribute to the risk of vertical transmission..	On Track
	Develop a branch response workflow that ensures the coordination of multiple units and a process that provides a safety net of care.	On Track
	Monitor women living with HIV known to be pregnant at time of diagnosis throughout delivery. This will include monitoring of CD4/VL labs throughout pregnancy.	On Track
	Promote routine, early HIV testing for all pregnant women according to CDC recommendations.	On Track
	Support CDPHE and funded contractors to ensure that best practices and standards of care for pregnant women with HIV are followed.	On Track

## Monthly results



## Annual results





**Priority: Immunizations**

as of May 2021, % of activities: **achieved** | **on track** | **on track with challenges** | **off track** | no data

Wildly Important Goal(s): (select goal to see results)



Full description of Goal #6: Increase the percentage of kindergartners protected against measles, mumps and rubella (MMR) from 91.1% to 92% (624 more kids) by June 30, 2021 and increase to 95% by June 30, 2024.

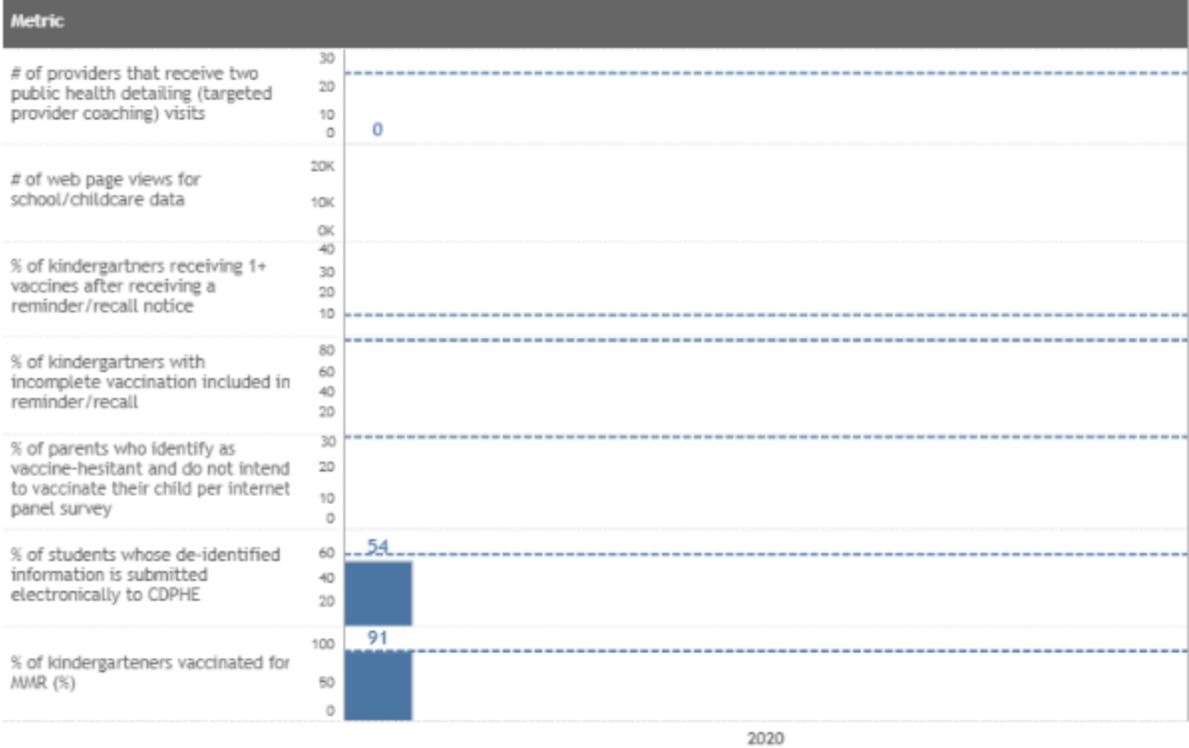
Strategy	Activity	May 2021
5.1: Use available data to identify areas of under-immunization and determine the root cause (due to vaccine hesitancy and/or lack of adequate access to immunizing providers)	Analyze various data sources to identify and prioritize providers for participation in the public health detailing program.	Off Track
	Conduct a follow-up survey of Colorado parents for knowledge, attitudes and beliefs about vaccines.	Achieved
6.1: Use available data to identify areas of under-immunization and determine the root cause (due to vaccine hesitancy and/or la..	Include immunization and exemption information annually as part of CDPHE's State Measurement for Accountable, Responsive and Transparent Government (SMART) Act hearing presentation to the Legislature.	Achieved
6.2: Perform targeted programming to increase immunization rates.	Continue to publicize the school and child care data to inform parental decision-making.	Achieved
	Develop and implement a public health detailing approach to support immunization providers' efforts toward increasing immunization coverage, including enrollment in the Vaccines for Children program.	Off Track
	Distribute \$1.5 million to local public health agencies to support implementation of local, evidence-based strategies that increase or maintain kindergarten MMR immunization rates.	Achieved
	Implement statewide centralized reminder/recall for kindergarten MMR and other routinely recommended vaccines.	Achieved

<p>6.3: Implement legislation and policies that promote complete immunization and exemption data in the Colorado Immunization Information System (CIIS).</p>	<p>Conduct Board of Health rulemaking to implement components of Senate Bill 20-163: School Entry Immunization (if passed).</p>	<p>Achieved</p>
	<p>Develop an interactive online education module that meets SB20-163 requirements (if passed).</p>	<p>Achieved</p>
	<p>Develop new functionality to make CIIS more user-friendly for childcares.</p>	<p>Achieved</p>
	<p>Implement policies that promote collection of standardized immunization and exemption data.</p>	<p>Achieved</p>
	<p>Pursue data-sharing agreements with the Colorado Department of Education and the Colorado Department of Human Services.</p>	<p>On Track with Challenges</p>

## Monthly results



## Annual results





**Priority: Immunizations**

as of May 2021, % of activities: **achieved** | **on track** | **on track with challenges** | **off track** | no data

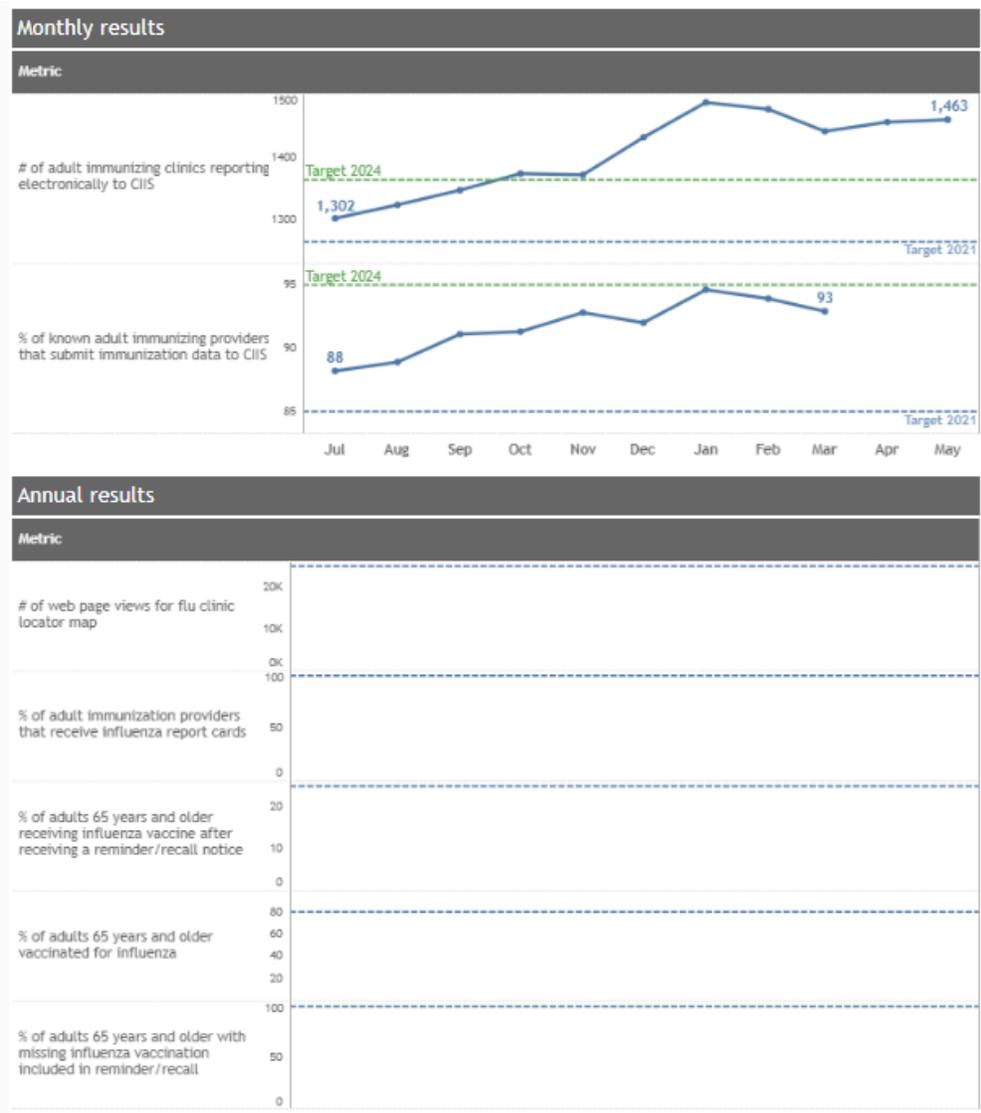
Wildly Important Goal(s): (select goal to see results)



Full description of Goal #7: Increase the percent of adults aged 65 years and older protected against influenza through vaccination from 70.4% to 80% by June 30, 2021 and increase to 82% by June 30, 2024.

Strategy	Activity	May 2021
7.1: Leverage existing and new partnerships to expand access to influenza vaccinations for adults 65 years and older.	Build an adult vaccination program by partnering with interested providers to increase the availability of influenza vaccine.	Achieved
	Convene an interagency Influenza Task Force that focuses on communications/ outreach and deployment of influenza vaccine during the upcoming flu season.	Achieved
	Explore the feasibility of co-locating influenza vaccine clinics with COVID-19 testing sites.	Achieved
	Fund local public health agencies (LPHAs) to promote and provide influenza vaccine in their communities.	Achieved
	Identify, enroll, and onboard adult immunization providers to CIIS, including pharmacies and companies that provide on-site influenza vaccinations.	Achieved
	Implement vaccine strike teams to travel and provide vaccination services in non-traditional settings, including long term care facilities.	Achieved
	Partner with LPHAs, community health centers, Federally Qualified Health Centers (FQHCs) and retail pharmacies to perform mass vaccination drive-through clinics.	Achieved
	Purchase additional adult influenza vaccine off of the federal contract to augment allocation of publicly-purchased adult influenza vaccine for uninsured/underinsured adults.	Achieved

7.2: Perform targeted programming to increase influenza immunization rates	Approach the Colorado Department of Health Care Policy and Financing to explore the feasibility of expanding Medicaid reimbursement for retail pharmacies. Currently, pharmacies may only bill Medicaid for Shingles, Pneumococcal, Td, and Tdap vaccine for patients 19 years and older.	Achieved
	Create and maintain a flu clinic locator map to assist the public in finding a flu clinic near them. Include flu clinic locations in the COVID mobile app as one of the services the public can be connected to.	Achieved
	Develop provider-level influenza report cards for clinics who report adult immunization data to CIIS. Along with providing a snapshot of influenza vaccination coverage, the report cards would also include a list of strategies adult immunization providers could implement to increase immunization rates.	Achieved
	Implement a Consumer Access Portal in CIIS. This secure, online portal will enable individuals to access, save and print official certificates of immunization directly from CIIS. Online access to immunization information can empower individuals to take ownership of their health and inform the decisions they make about vaccinating themselves and their family.	Achieved
	Implement a statewide media/outreach campaign encouraging influenza vaccination.	Achieved
	Implement statewide centralized reminder/recall for influenza vaccine among adults 65 years and older.	Achieved
	Survey long-term care facilities to better understand their plans to provide or secure flu vaccine for residents.	Achieved





as of May 2021, % of activities: **achieved** | **on track** | **on track with challenges** | **off track** | no data

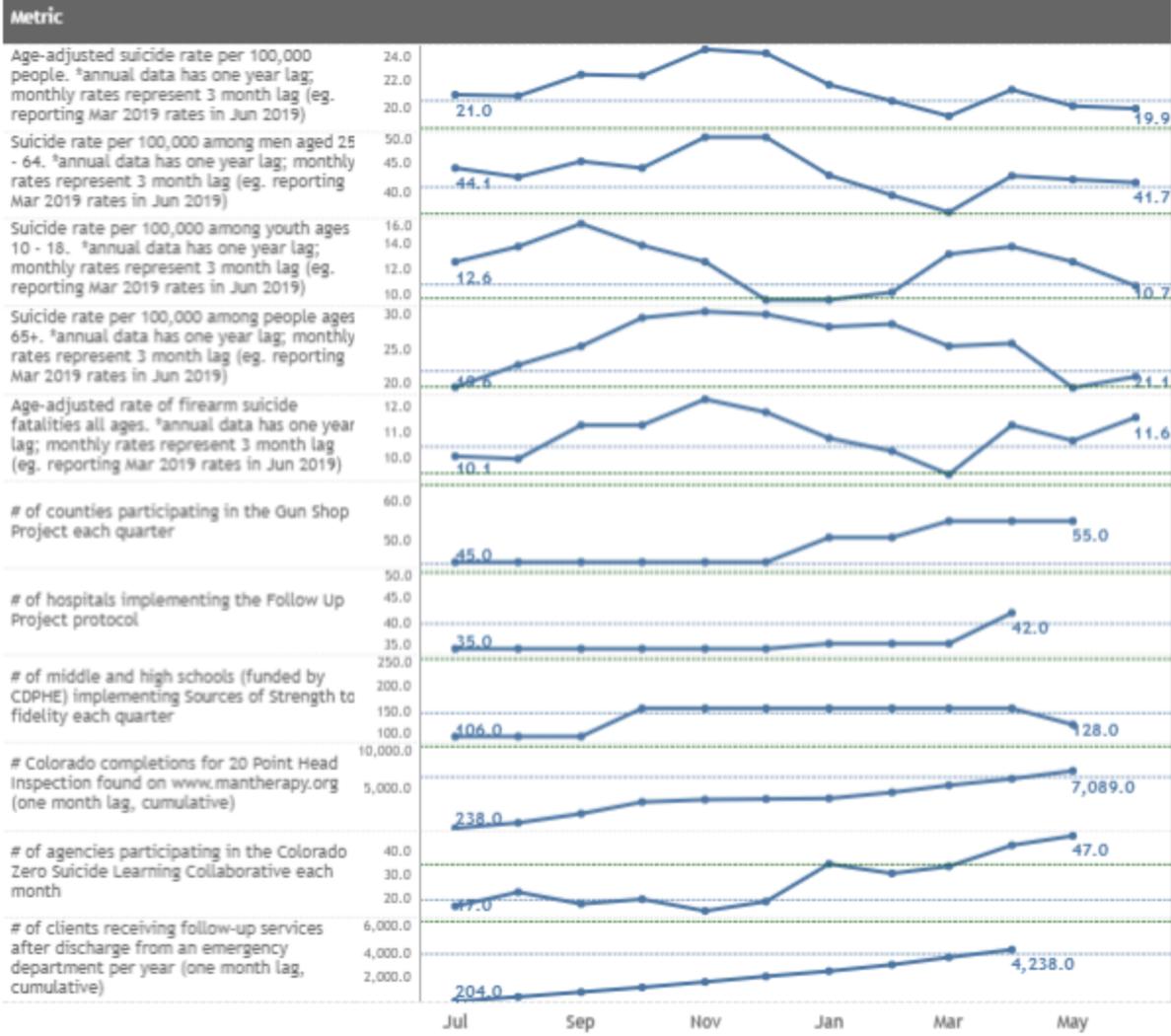
Wildly Important Goal(s):



Full description of Goal #5: Reduce Colorado's suicide rate from 21.6 per 100,000 people in 2018 to 20.5 (a 5% decrease) by June 30, 2021 and 18.36 (a 15% decrease) by June 30, 2024.

Strategy	Activity	May 2021
4.1: Implement a framework across state agencies to collaboratively address suicide in Colorado.	Collaborate with other state agencies and local public health agencies on identified opportunities to reduce the suicide rate.	On Track
	Create communication and action plans to track progress across agencies.	On Track
	Implement the strategies identified in the suicide prevention framework and collaborate with the Department of Human Services Behavioral Health Task ...	On Track with Challenges
4.2: Increase active analysis and dissemination of suicide-related data.	Incentivize coroner and law enforcement agencies to use the Colorado Suicide Investigation Form.	Achieved
	Increase real-time data collection in emergency departments on suicide attempts and use data to inform prevention/intervention efforts.	On Track
4.3: Improve health system readiness and response to suicide.	Create tiered training requirements in rule aligned with the Zero Suicide Model for behavioral health facilities.	Achieved
	Expand and support Zero Suicide model implementation within health care settings.	Achieved
	Explore prescribing guidelines related to benzodiazepines.	On Track
	Reduce risk and provide support for individuals in the aftermath of a mental/behavioral health crisis by sustaining and expanding the Follow Up Pr...	Achieved
4.4: Increase suicide prevention and intervention efforts for priority occupations (including first responders, construction, installation and maintenance, and agriculture and ranching).	Implement and evaluate strategies to support priority industries.	On Track
	Promote and disseminate resources and tools that support men in their workplaces with mental health promotion and help-seeking strategies and scr...	On Track
	Promote and track adoption of the Emergency Medical Services Peer Support Program.	On Track
4.5: Increase suicide prevention and intervention efforts for priority populations at elevated risk for suicide-related indicators (LGBTQ+ Coloradans, youth, veterans, middle-aged men, older adults, and counties with disparate burden).	Implement and evaluate strategies to support priority populations.	On Track
	Improve data collection and reporting to inform prevention strategies and trends for LGBTQ+ populations.	On Track
	Increase economic stability and community connectedness initiatives in the wake of COVID-19.	On Track
	Increase the availability of evidence-based gatekeeper training (e.g. QPR, SAVE) in veteran services organizations.	On Track
	Support suicide prevention infrastructure at local level within disparately impacted counties.	Achieved
	Sustain and expand lethal means safety initiatives (Colorado Gun Shop Project, clinical training).	On Track
	Sustain and expand the evidenced-based program Sources of Strength in Colorado middle and high schools.	On Track with Challenges

## Monthly results



## Annual results





as of May 2021, % of activities: **achieved** | on track | on track with challenges | off track | no data

Wildly Important Goal:



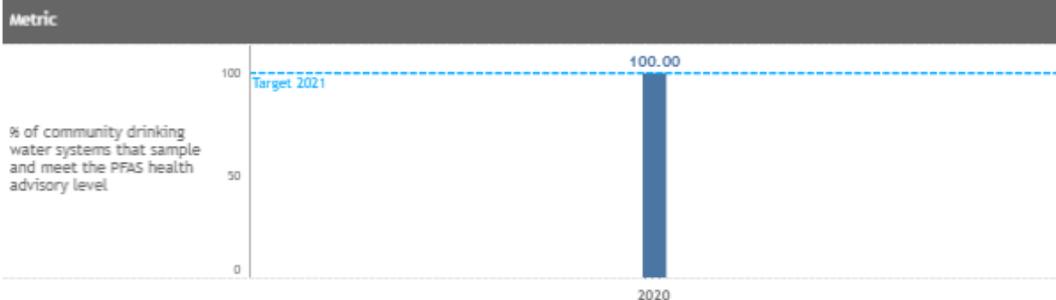
Full Description of goal 10: Maintain the percent of community<sup>a</sup> drinking water systems that sample and meet the health advisory level for PFAS at 100% by June 30, 2021 and June 30, 2024. <sup>a</sup> Also includes schools and large workplaces with their own water systems

Strategy	Activity	May 2021
10.1: Gather and analyze information related to PFAS	Analyze water system data to identify sources of PFAS	On Track
	Assist water systems to analyze treatment options	On Track
	Gather source and release information on PFAS	On Track
	Gather water system data on PFAS	On Track
	Study the health impacts of PFAS	On Track
10.2 Strategy: Establish guidance and assess regulatory standards	Assess possible rulemaking for drinking water	On Track
	Assess possible rulemaking for ground water and surface water	On Track
	Complete narrative standard guidance	On Track
10.3 Strategy: Support PFAS remediation through regulatory and voluntary efforts	Conduct inspections based on the new permit standards	On Track
	Identify areas for voluntary remediation and support voluntary remediation efforts	On Track
	Issue and amend permits	On Track
	Provide education to the public on options to decrease PFAS exposure	On Track
	Support proper disposal and replacement of firefighting foams with PFAS	On Track
	Support water systems with PFAS exposures via technical and communications assistance plus financial assistance as available	On Track

### Monthly results



### Annual results

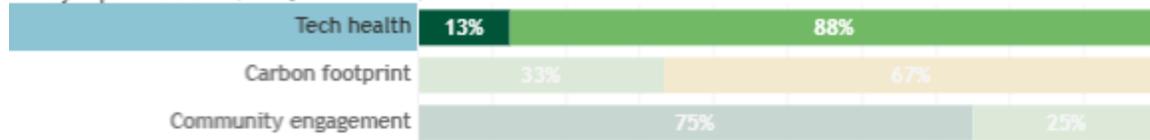




**Priority: Advancing Operational Excellence That Consistently Exceeds Expectations**

as of May 2021, % of activities: **achieved** | on track | on track with challenges | off track | no data

Wildly Important Goal: (select goal to see results)

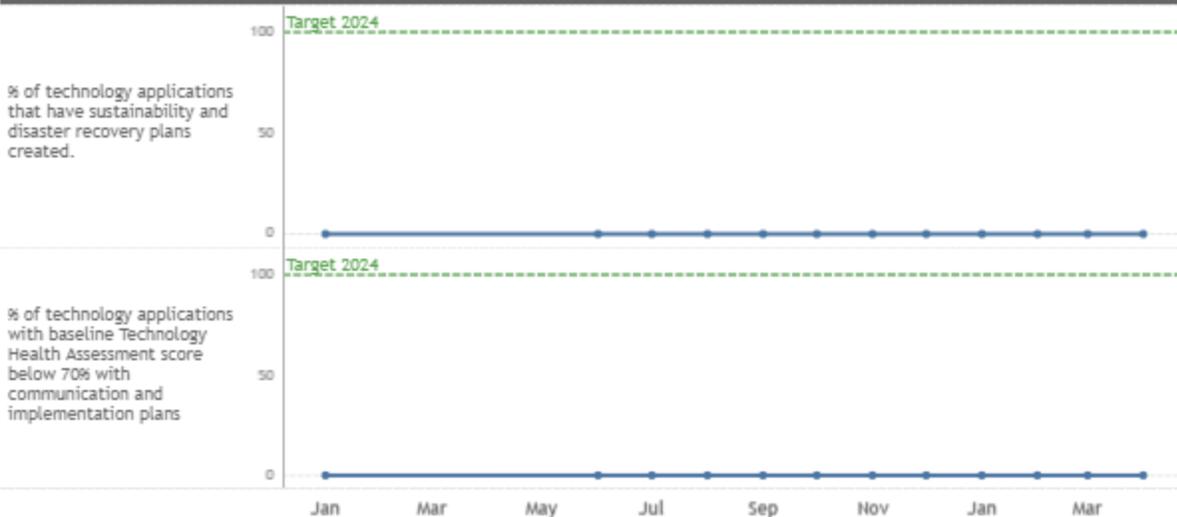


Full description of Goal #11: Increase from 26% to 90% of Department technology applications that have a Technology Health Assessment score of 70% or higher by June 30, 2023.

Strategy	Activity	May 2021
11.1: Implement the CDPHE Digital Transformation Plan.	Annually update the Technology Health Assessment.	Achieved
	Create communication and implementation plans for individual technology applications with scores under 70%.	On Track
	Create sustainability and disaster recovery plans for each technology application. Plans will describe how annual Technology Health Assessment scores do not fall below 70% and identify resources needed to sustain modernization efforts.	On Track
	Implement department wide enterprise solutions.	On Track
	Implement the Technology Debt project in collaboration with OIT.	On Track
11.2: Optimize processes prior to digitizing them.	Ensure procedures to improve processes are included in the Digital Transformation Plan.	On Track
11.3: Improve data dissemination and interoperability methods and timeliness.	Adopt, implement and improve the data-sharing strategies and policies across the Department	On Track
	Continue work on the CDPHE data inventory, including documentation on how and what data should be shared.	On Track

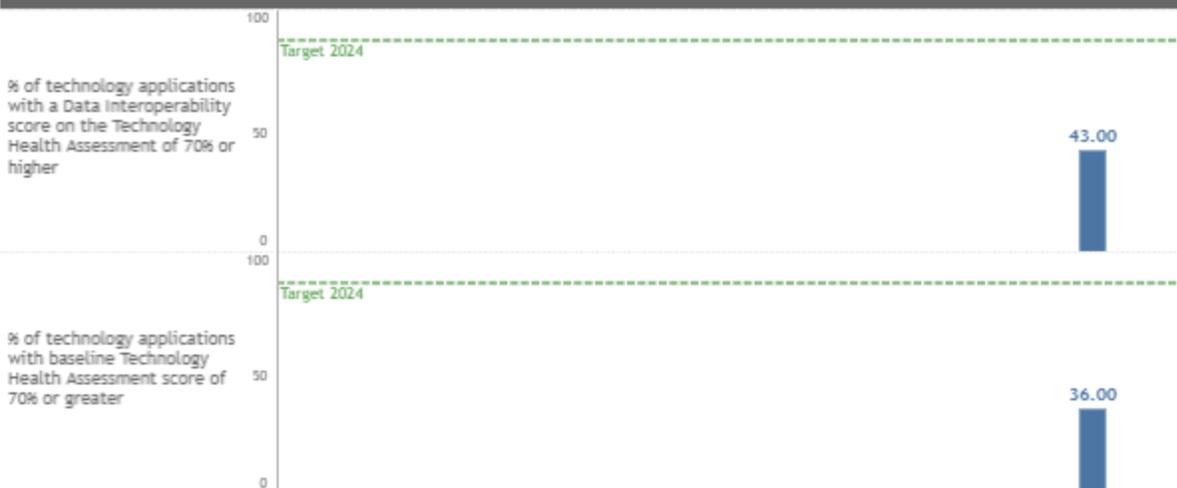
## Monthly results

### Metric



## Annual results

### Metric

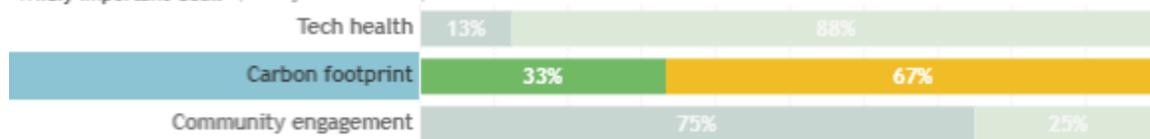




**Priority: Advancing Operational Excellence That Consistently Exceeds Expectations**

as of May 2021, % of activities: **achieved** | **on track** | **on track with challenges** | **off track** | no data

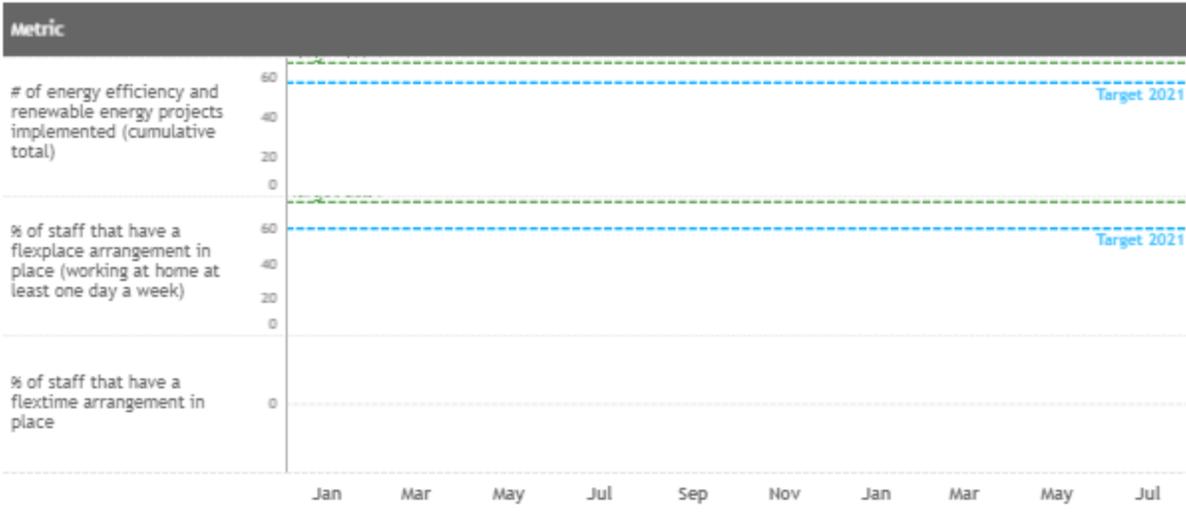
Wildly Important Goal: (select goal to see results)



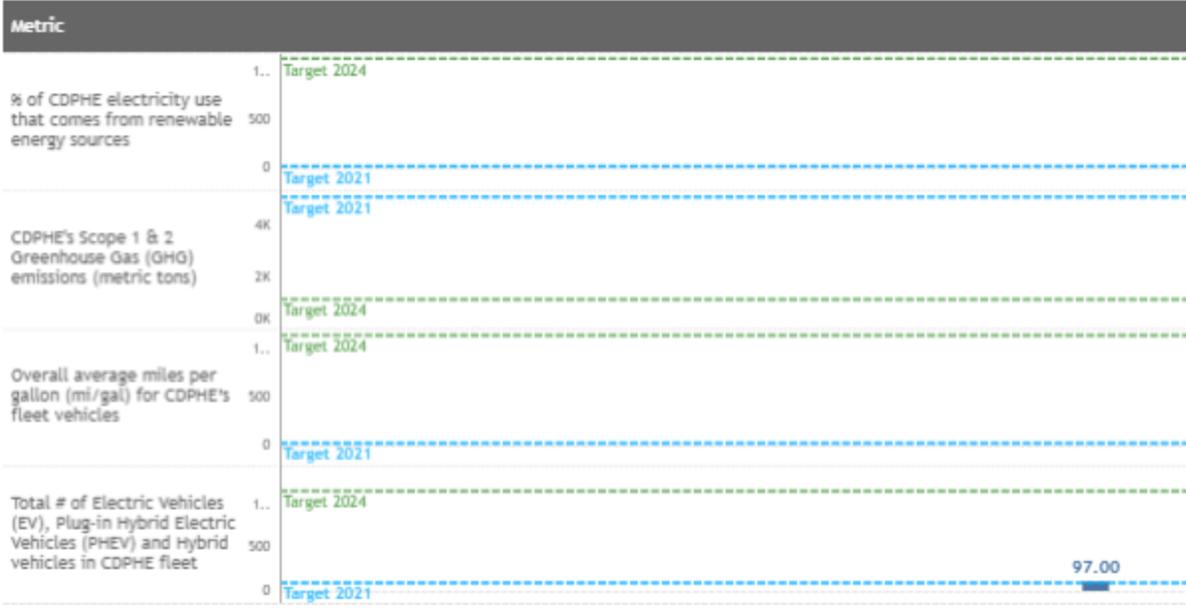
Full description of Goal #12: Reduce CDPHE’s Scope 1 & 2 Greenhouse Gas emissions (GHG) from 6,561 metric tons (in FY2015) to 5,118 metric tons (22% reduction) by June 30, 2021 and 4,462 tons (32% reduction) by June 30, 2024.

Strategy	Activity	May 2021
12.1: Reduce emissions from employee commuting	Fully implement the Flexible Work Arrangements: Flextime, Flexplace and Job Sharing policy and track staff participating in flextime and flexplace.	On Track with Challenges
	Support the CDPHE Transportation Alternatives Committee’s annual work plans that include coordinating Bike to Work Day events, Go-tober and National Bike Month.	On Track
	Update space allocation process to support the Flexible Work Arrangements policy.	On Track
12.2 Strategy: Reduce emissions from CDPHE operations	Develop and adopt a five-year Electric Vehicle (EV) Plan, implement the state’s EV Workplace Charging Policy and apply to become a Colorado EV Wired Workplace.	On Track with Challenges
	Evaluate and seek approval for a subscription to an offsite solar garden for the North Clear Creek Water Treatment Plant.	On Track with Challenges
	Review recommendations from the fleet optimization study and implement solutions as feasible.	On Track with Challenges

## Monthly results



## Annual results





**Priority: Advancing Operational Excellence That Consistently Exceeds Expectations**

as of May 2021, % of activities: **achieved** | **on track** | **on track with challenges** | **off track** | no data

Wildly Important Goal: (select goal to see results)

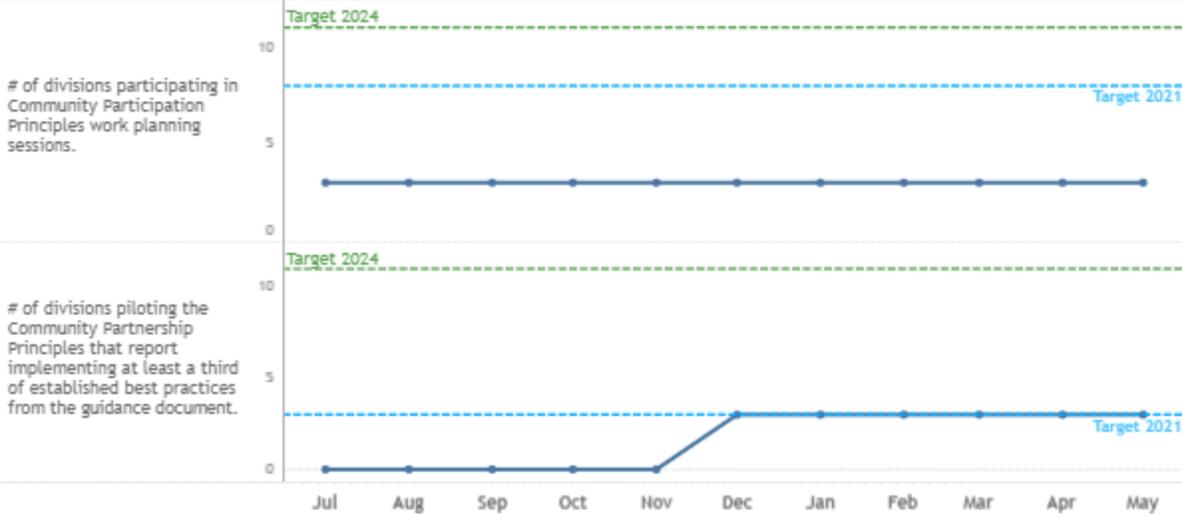


Full description of Goal #13: Implement and pilot the Community Participation Principles into CDPHE Division plans by June 30, 2021 and increase the percent of Divisions using the Community Participation Principles from 0% to 100% by June 30, 2024.

Strategy	Activity	May 2021
13.1: Continue to operationalize the community engagement policy adopted by the department in 2018.	A Work Planning session provided to all divisions by June 30, 2023.	On Track
	By March 2021, the three divisions piloting the Community Partnership Principles report success using multiple best practices from the guidance tool.	Achieved
	Create a Community Participation Principles strategic planning guidance tool by March 2020.	Achieved
	Deliver a Community Participation Principles Work Planning session to three pilot divisions by June 30, 2020.	Achieved

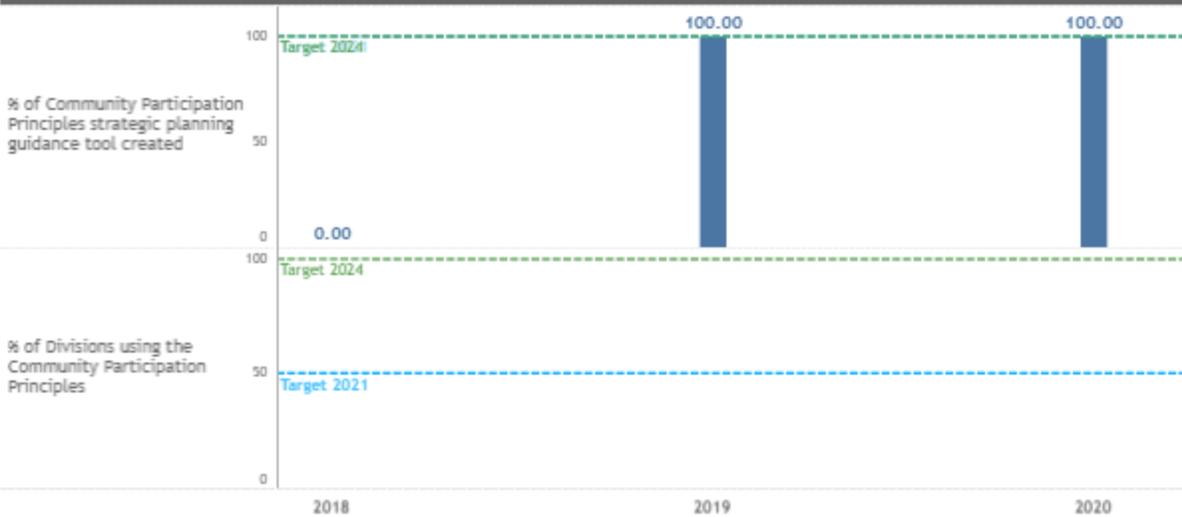
## Monthly results

### Metric



## Annual results

### Metric



### Continuous Process Improvement Impacts:

The [2020 - 2022 CDPHE Quality Improvement Plan](#) was updated in late 2019. The plan has details on the QI/Lean and performance management program at the department.

For FY 2020-21, the following is a summary of process improvement efforts:

- Between July 2020 and June 2021, the department started 12 improvement projects across 4 different divisions.
- 81 staff were involved with the 2020-21 improvement projects.

- 75% of the projects started in FY 2020-21 were completed and the remaining projects are still in progress.
- 17% (2) of the improvement projects were simple (“just do it”, requiring less than 4 hours and involving 1-3 people), 75% (9) were moderately complex (using a facilitator and within the department), and 8% (1) of the projects were very complex (involving other departments and formal facilitation).
- 10 of 12 projects were tied to department digital transformation efforts, such as creating digital forms/reports/workflows in Onbase, improving payroll processes to reduce rework and improve timeliness, improving electronic lab reporting, and developing a standardized and equitable rewards and recognition system.

In addition, the department applied for Reaccreditation through the Public Health Accreditation Board in May 2021, of which the overarching goal and intention is continuous quality improvement across the organization within 12 domains:

1. Conduct and Disseminate Assessments Focused on Population Health Status And Public Health Issues Facing the Community
2. Investigate Health Problems and Environmental Public Health Hazards to Protect the Community
3. Inform and Educate about Public Health Issues and Functions
4. Engage with the Community to Identify and Address Health Problems
5. Develop Public Health Policies and Plans
6. Enforce Public Health Laws
7. Promote Strategies to Improve Access to Health Care
8. Maintain a Competent Public Health Workforce
9. Evaluate and Continuously Improve Processes, Programs, and Interventions
10. Contribute to and Apply the Evidence Base of Public Health
11. Maintain Administrative and Management Capacity
12. Maintain Capacity to Engage the Public Health Governing Entity