

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
FY 2022-23 JOINT BUDGET COMMITTEE HEARING AGENDA

Wednesday, December 15, 2021  
10:00 am – 12:00 pm

**10:00-10:15 INTRODUCTIONS AND OPENING COMMENTS**

Main Presenter: Jill Hunsaker Ryan, Executive Director

Supporting Presenters:

- Scott Bookman, Division Director, Disease Control and Public Health Response
- Diana Herrero, Deputy Division Director, Disease Control and Public Health Response
- Rachel Herlihy, State Epidemiologist
- Emily Travanty, Laboratory Director, Disease Control and Public Health Response

**10:15-10:30 COMMON QUESTIONS**

Main Presenters:

- Jill Hunsaker Ryan, Executive Director
- Erick Scheminske, Director of Business Operations

Supporting Presenters:

- Scott Bookman, Division Director, Disease Control and Public Health Response
- Diana Herrero, Deputy Division Director, Disease Control and Public Health Response
- Rachel Herlihy, State Epidemiologist
- Emily Travanty, Laboratory Director, Disease Control and Public Health Response
- Viktor Bojilov, Budget Officer, Administration and Support Division

Topics:

- COVID-19 Remote work planning: Page 1, Question 1 in the packet.
- One-time federal stimulus funds: Page 1, Question 2 in the packet.

**10:30-11:00 GENERAL DEPARTMENT QUESTIONS**

Main Presenters:

- Jill Hunsaker Ryan, Executive Director
- Chris Wells, Division Director, Center for Health and Environmental Data
- Carrie Cortiglio, Division Director, Prevention Services Division
- Sheila Davis, Director, Office of Health Equity

Supporting Presenters:

- Alicia Haywood, Deputy Division Director of Policy and Partnerships, Prevention Services Division

- Alison Maffey, Policy and Communication Unit Supervisor, Prevention Services Division
- Jami Hyakumoto, Grant Manager, Office of Health Equity

Topics:

- Marijuana and Tobacco: Page 3-6, Questions 3-6 in the packet.
- Healthy Kids Survey: Page 6, Question 7 in the packet.
- Health Disparities: Page 7-8, Questions 8-9 in the packet.
- Federal Grants (Alzheimers and Birth Registry): Page 9-0, Questions 10-11 in the packet.

### **11:00-11:30 DEPARTMENT DECISION ITEMS 2-7**

Main Presenters:

- Jill Hunsaker Ryan, Executive Director
- Randy Kuykendall, Division Director, Health Facilities and Emergency Medical Services Division
- Jeff Lawrence, Division Director, Division of Environmental Health and Sustainability
- Erick Scheminske, Director of Business Operations

Supporting Presenters:

- Sean Scott, Deputy Division Director, Division of Environmental Health and Sustainability
- Rachel Roussel-Diamond, Sustainability Unit Manager, Division of Environmental Health and Sustainability
- Christine McGroarty, Fiscal & Administrative Services Branch Chief, Health Facilities and Emergency Medical Services Division
- Donnie Woodyard, EMTS Branch Chief, Health Facilities and Emergency Medical Services Division

Topics:

- R2, R3, R4 EMS and related cash funds: Page 10-14, Questions 12-16 in the packet.
- R5-R6 and indirect cost recoveries: Page 14-16, Questions 17-19 in the packet.

### **11:30-12:00 R1 AIR QUALITY TRANSFORMATION**

Main Presenters:

- Jill Hunsaker Ryan, Executive Director
- Shaun McGrath, Environmental Health and Protection Director
- Michael Ogletree, Division Director, Air Pollution Control Division
- Jim Reasor, Fiscal Services Manager, Air Pollution Control Division

Supporting Presenters:

- Deborah Nelson, Environmental Health and Protection Operations Director

Topics:

- R1 Air Quality Transformation: Page 16-25, Questions 20-36 in the packet.

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
FY 2022-23 JOINT BUDGET COMMITTEE HEARING DISCUSSION QUESTIONS

**Wednesday, December 15, 2021**  
**10:00 am – 12:00 pm**

COMMON QUESTIONS FOR DISCUSSION AT DEPARTMENT HEARINGS

- 1 Please provide an update on how remote work policies implemented in response to the COVID-19 pandemic have changed the Department's long-term planning for vehicle and leased space needs. Please describe any challenges or efficiencies the Department has realized, as well as to what extent the Department expects remote work to continue.

As part of the Polis Administration's "Reimagine State Government" initiative over the past year, the Department has performed a comprehensive review of facilities with an eye toward reducing the Department's footprint and limiting commuting after the pandemic. Prior to March 2020, the Department occupied approximately 355,000 square feet of space in three separate buildings on the Glendale campus. As a result of this review, the Department has begun the process of consolidating Glendale campus operations into two buildings, which will ultimately result in a decrease of over 100,000 square feet of leased space. The Department will accomplish this reduction through a permanent shift toward a hybrid approach encompassing remote and in-person work, shared office space, and a re-examination of how employees approach in-person collaboration.

This shift in space utilization will come with many efficiencies in the coming months and years. For instance, the R-06 Enterprise Telephone System request reflects a permanent reduction in the need for telephonic communications. Similarly, as the Department and the State Buildings Program within DPA work toward a solution for repurposing the Glendale campus's Building C, the Department anticipates a reduction in the need for leased space appropriations.

Concerning vehicle usage, the pandemic has had only a minimal impact on fleet needs. The vast majority of vehicles leased by the Department are used for inspection-related purposes, such as for long-term care facilities, water systems, oil and gas drilling facilities, and milk production facilities. The pandemic has not stopped the need for these inspections, and therefore has had virtually no impact on the use of State vehicles. Despite the sustained use of vehicles, the Department continues to work with DPA, the Colorado Energy Office, and the Governor's Office to accelerate the transition toward more environmentally friendly automobiles.

- 2 Please describe the most significant one-time federal funds from stimulus bills (e.g., CARES Act and ARPA) and other major new federal legislation (e.g., Federal Infrastructure Investment and Jobs Act) that the Department has received or expects to receive. For amounts in new federal legislation that have not yet been distributed, please discuss how much flexibility the State is expected to have in use of the funds.

The Department has identified three one-time federal fund awards that it considers to be the most significant. All three are supplemental Epidemiology and Laboratory Capacity (ELC) awards. Please see below for additional details.

- CARES Act - ELC Enhancing Detection Expansion - \$331,463,532 - These additional resources are intended to “prevent, prepare for, and respond to coronavirus” by supporting testing, case investigation and contact tracing, surveillance, containment, and mitigation. Such activities may include support for workforce, epidemiology, use by employers, elementary and secondary schools, child care facilities, institutions of higher education, long-term care facilities, or in other settings, scale up of testing by public health, academic, commercial, and hospital laboratories, and community-based testing sites, mobile testing units, health care facilities, and other entities engaged in COVID–19 testing, and other activities related to COVID–19 testing, case investigation and contact tracing, surveillance, containment, and mitigation (including interstate compacts or other mutual aid agreements for such purposes).
- ARPA - ELC Reopening Schools: Support for Screening Testing to Reopen & Keep Schools Operating Safely - \$173,450,305 - The objectives and goals of this funding are primarily focused on providing needed resources to implement screening testing programs in schools aligned with the CDC recommendations for K-12. A minimum of 85% of the award must be allocated to directly fund school districts or provide materials (e.g., test kits, PPE, staffing, etc.) and services (e.g., sample collection, laboratory testing, etc.) to increase screening testing in all K-12 schools (public or private) within the recipient’s jurisdiction.
- CARES Act - ELC Enhancing Detection - \$159,509,879 - Resources provided via this award support necessary expenses to implement and oversee expanded testing capacity for COVID-19/SARS-CoV-2, including the ability to process, manage, analyze, use, and report the increased data produced. Recipients will establish a robust SARS-CoV-2 testing program that ensures adequate testing is made available according to CDC priorities, including but not limited to: diagnostic tests, tests for contact tracing, and surveillance of asymptomatic persons to determine community spread. Recipients should ensure that provisions are in place to meet future surge capacity testing needs including point of care or other rapid-result testing for local outbreaks.

The Department has received additional allocations for various purposes that will be detailed in the written response. Funding received directly by CDPHE as the result of new federal legislation has very little flexibility as the specific allowable criteria for expenditures are spelled out within the guidance document for each award.

***NOTE: Additional detail has been requested in a separate written-only response.***

## GENERAL DEPARTMENT QUESTIONS

- 3 *[Sen. Hansen]* Describe the Department's progress on implementing HB 21-1317 (Regulating Marijuana Concentrates).

With scheduled implementation on January 1, 2022, CHED is preparing in numerous ways. Multiple CHED units are collaborating to ready themselves for bill implementation. Communication is happening with Colorado county coroners to educate them on new toxicology result requirements and establish a process to reimburse them for the cost of screening. Staff in CHED and DCPHR's Lab are preparing reports inclusive of marijuana-related hospital visits and toxicology screen results. Additionally, the Medical Marijuana Registry is modifying and communicating changes to the application process, specifically including the ability for marijuana-recommending medical providers to provide new data.

To facilitate collection of additional provider data as required by House Bill 21-1317, an appropriation for a system upgrade to CHED's Medical Marijuana Registry program was included in the bill. An emergency rule change is being requested to align the Board of Health Rule with House Bill 21-1317 and implement the bill's fiscal note adjustment/increase to the application processing fee. Assuming approval is granted in February 2022, additional revenue from the fee increase will be collected to create the cash balance required to perform the system upgrade in FY 2022-23.

Over the past several months, the Marijuana Health Monitoring Program (MHMP) within DCPHR/Lab has explored several analyses of Colorado Hospital Association data to identify the most viable option to meet the requirements set forth in Section 25-3-127, C.R.S. The MHMP is currently in-production of the required report. The MHMP is also working with the department's Office of Strategy, Performance and Innovation to have the report included as part of the department's SMART ACT presentation in January 2022.

- 4 *[Sen. Hansen]* Describe the Department's overall plan for marijuana education, how it relates to HB 21-1317 and the annualization of \$3.7 million back into the Marijuana Education Campaign.

The CDPHE Retail Marijuana Education Program (RMEP) is charged with providing education, public awareness, and prevention messages for retail marijuana to ensure all Colorado residents and visitors understand the parameters of safe, legal, and responsible retail cannabis use. Since the program's inception, this has included social marketing campaigns and grant-funded, evidence-based programs through local communities to complement the campaign efforts and conduct more focused prevention with populations difficult to reach through campaigns alone. Community grants focused on reaching Spanish-speaking families and adults in the lives of LGBTQ youth in FY 2020-21.

As part of FY 2020-21 budget balancing, \$3.7 million cash funds (Marijuana Tax Cash Fund) and 1.7 FTE in RMEP funding was reduced. The reduction continued through FY 2021-22. The

Department is requesting the restoration of the funding beginning with FY 2022-23. RMEP plans to restart social norms change campaigns for cannabis users and tourists, pregnant and breastfeeding people, and youth and trusted adults. The Department plans to restart the evaluation of those campaigns. The funding will hire 1.7 FTE to support the program administration, including a full-time communications specialist who will lead the social marketing campaigns, and a part-time evaluator who will direct the evaluation contracts for the three campaign efforts.

### **Data Informing Decisions about the Plan for RMEP<sup>1</sup>**

Data shows the program was successful in educating marijuana consumers about the parameters of safe, legal, and responsible use from 2015-2020 when the campaigns were in the market. The economic downturn at the beginning of the pandemic (FY 2020-21) led to a significant cut in funding, and the Department paused the entire marijuana consumer campaign. Restored funding will help address ongoing concerns for impacted populations. Needs to be addressed with this restored funding include:

- Past 30-day marijuana use/consumption continues to increase among Colorado adults.
- Nearly half (48%) of adult cannabis consumers consume daily.

Though the program's campaigns were successful in educating pregnant and breastfeeding people about seeking care from a clinician and abstaining from use while pregnant, there's still work to be done:

- Cannabis consumption during pregnancy remains most prevalent among younger moms and those with unintended pregnancies.

Though RMEP has continued to focus on youth prevention efforts with the 20% of funds sustained through FY 2020-21 and FY 2021-22, there are areas of concern in youth cannabis use that require additional focus and attention:

- Marijuana use remained stable among Colorado adolescents since 2005, but how youth usually consume has changed. Dabbing increased (1.4% in 2017 to 3.9% in 2019) and vaping increased (0.7% in 2017 to 2.0% in 2019), while smoking decreased (14.4% in 2017 to 10.6% in 2019) among Colorado high school students.

Key intended outcomes of planned campaigns include:

- Increasing accurate knowledge of the retail marijuana laws.
- Increasing accurate knowledge of the health impacts of marijuana use.
- Shifting behaviors to avoid problematic use of marijuana across the state, like:
  - overconsumption of marijuana-infused products (edibles);
  - unsafe storage of marijuana products in the home;
  - driving while under the influence of marijuana;
  - public use of marijuana products.
- Increasing conversations between pregnant people and health care providers about marijuana use.
- Decreasing marijuana use among pregnant and breastfeeding people.

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<sup>1</sup> <https://marijuanahealthinfo.colorado.gov/health-data>

RMEP staff plan to work closely with the Scientific Review Council created by HB21-1317 to make sure that all findings from their research are present in RMEP public education materials and future campaigns to be developed with FY 2022-23 funding. The RMEP was not given explicit responsibilities within HB21-1317, but staff plan on continued coordinated messages to make sure the public receives consistent and accurate information based on the science.

Existing public education materials reference all research conducted by the Marijuana Health Effects Monitoring Program (MHEMP). The MHEMP facilitates marijuana education and prevention efforts by directly supplying factual, scientific evidence and data regarding adverse health effects and risks of marijuana use to the RMEP. The RMEP incorporates this information into public service messaging used in all retail marijuana education materials and prevention campaigns released by CDPHE.

- 5 *[Rep. Herod]* Some local governments are considering prohibiting sales of certain types of tobacco products. How would these types of changes impact revenue and specific programs and services? Include a breakdown of revenue by county.

The state Tobacco Education Program and the Prevention Early Detection and Treatment Fund (PEDT) programs at CDPHE have historically been funded with Amendment 35 tobacco tax revenue, and did not receive revenue from an excise tax on vape products. Proposition EE, which passed in 2020, added an excise tax to vaping products. That revenue is primarily directed to early childhood efforts until FY 2024-25 when CDPHE tobacco programming is scheduled to see an expansion in funding.

Because the excise tax on these products is new, it is difficult to predict the impact from a local action on flavors, such as a sales ban of flavored vaping products, and on programming.

CDPHE does not track tobacco tax collections by county. The Department of Revenue is the agency charged with managing and estimating changes in revenue.

- 6 *[Sen. Rankin]* Is any of the Department's marijuana or tobacco revenue reappropriated to the Department of Human Services? Does the Department reappropriate any other fund sources to DHS? Describe programs that are similar in scope in both CDPHE and DHS and how the Departments coordinate those programs.

The Department does not reappropriate any funds to the Department of Human Services in the Long Bill (S.B. 21-205).

Programs that are similar in scope between both CDPHE and DHS address similar outcomes but tend to use different strategies and fund different grantees. DHS's Office of Behavioral Health (OBH) Community Prevention and Early Intervention Programs include youth mental health promotion in schools, community-wide substance misuse prevention approaches, and impaired driving prevention. These programs collaborate closely with programs within CDPHE Prevention Services Division's (PSD) Violence and Injury Prevention - Mental Health Promotion Branch and School-Based Health Center program. That collaboration is outlined in the Statewide Strategic Plan



for Primary Prevention. PSD program staff and OBH program staff meet regularly to implement the Strategic Plan through the Funders' Collaborative. CDPHE funds the Colorado School of Public Health to facilitate this group of program managers across state agencies who fund substance misuse prevention.

For any programs where the strategies are identical, CDPHE and CDHS often use interagency agreement contracts to share funds and simplify oversight of the strategy. For example, there is an interagency agreement to send funds from OBH to PSD to expand the reach of the *Forward Together* campaign. The campaign seeks to build stronger relationships among youth, parents, and other adults. Its goal is to ultimately impact multiple health outcomes among youth, including reducing tobacco and marijuana use, improving mental health, and reducing risky sexual behavior. Interagency agreements also send funds from OBH to PSD to fund screening, brief intervention and referral to treatment (SBIRT) within CDPHE's School-Based Health Center Grant Program.

7 [Sen. Rankin] Provide data on how often parents opt out of the Healthy Kids Survey. Describe how parents are notified of the opt out option. What does the Department do with the collected data?

The Healthy Kids Colorado Survey (HKCS) is the state's only comprehensive survey on the health and well-being of young people. The purpose of the survey is to better understand youth health and the factors that help young people make healthy choices. Participation in the HKCS is voluntary. The survey has many levels of consent to participate, including from districts, individual schools, parents/guardians, and youth themselves.

Two weeks prior to survey administration, schools send parents/guardians information about the HKCS including the purpose of the survey, health topics covered, and that participation is voluntary and anonymous. The letter also contains information about consent for participation. In Colorado, 98% of schools that participate in the survey choose to inform parents/guardians using the passive consent method, where parents/guardians opt their child out of participating. Parents/guardians who decide to opt their child out of participating in HKCS do so by returning a signed form to the school. As they contain personally identifiable information on students (i.e., student name), these forms are confidential and not shared with the survey administrators or CDPHE. As such, Department staff do not know how many students are opted out by their parents/guardians.

What Department staff know is the overall student response rate, meaning the number of completed surveys out of the total number of eligible students. In 2019, the average student response rate among sampled schools was 71% for high schools and 83% for middle schools. Students who do not participate in the survey may also include students that were absent on the day of survey administration and students who chose not to participate on their own, in addition to parent opt-outs. The 2021 survey administration is currently underway and student response rates will be available by February 2022.

CDPHE analyzes aggregated regional and statewide HKCS results and shares them publicly via a comprehensive data dashboard linked on [healthykidscolo.org](https://healthykidscolo.org), and through the dashboard's data



request system. The dashboard displays public data at the regional only (one county or subset of multiple counties) and state level and cannot be linked back to schools or students.

Often HKCS results are used by schools, community organizations, and local and state government agencies to secure funding for health and wellness programming for Colorado youth. Schools use their HKCS results to tailor school interventions and programming related to bullying prevention, suicide prevention, health education, and substance use prevention.

- 8 *[Rep. Herod]* Provide a list of organizations that received health disparities grants, and include their goals and outcomes.

Below is the current list of the FY 2022-25 Health Disparities and Community Grant Program Project recipients. Attached as an appendix (Appendix A) document to these questions is the full grantee recipient list along with the goals and anticipated outcomes for each program.

<b>FY 2022-25 Health Disparities and Community Grant Program Projects</b>	
<b>Grantee</b>	<b>Project Title</b>
Center for Health Progress	We Belong: Building Community Power for Safety Among Immigrants in Fort Morgan, CO
Chaffee County Public Health & Environmental Health	Empowering Underrepresented Populations Through Storytelling to Create a Supportive Housing Infrastructure Within a Continuum of Care Model
County of Archuleta, CO	Archuleta Nutrition Security - Health Equity Project
The Family Center/La Familia	Mi Voz (My Voice)
Growing Home	Collaborative for Healthy Adams County
Lake County Build a Generation	Lake County COVID Child Care Recovery Project
Metro Caring	Denver Health Disparities Community Resilience Project
One Colorado Education Fund	Advancing LGBTQ Food Security in Southern Colorado
Project Voyce	Determining Collective Pathways to Economic Stability
San Juan Basin Public Health	Data Equity and Food Systems
Sisters of Color United for Education	Building Health and Housing Equity in Sheridan
The Stapleton Foundation for Sustainable Urban Communities	Advancing Health Equity Through Affordable Housing Policy
Weld County Department of Public Health and Environment	Thriving Weld Housing and Land Use Project
Young African Americans for Social and Political Activism	Y Incubator

- 9 *[Sen. Moreno]* Provide an update on the implementation of S.B. 21-181 and the Health Disparities Grant Program.

Senate Bill 21-181 is designed to eliminate structural barriers to health and well-being experienced by priority populations so that all Coloradans have opportunities to thrive. The legislation outlines three principal strategies to achieve these goals: 1) a grants program for community and grassroots organizations to develop local plans and capacity to achieve health equity; 2) a baseline analysis of root causes of health inequities experienced by priority populations; and 3) the creation of strategic plans to advance health equity across several state agencies. Here is an update on progress in each of these areas.

1) Pursuant to S.B. 21-181, the Office of Health Equity (OHE) grant program was renamed from the Health Disparities Grant Program to the Health Disparities and Community Grant Program (HDCGP). The website, and new materials and documents now reflect the name change.

The Office of Health Equity released a Request for Applications (RFA #35913) to support community and grassroots organizations, including to positively affect social determinants of health to reduce the risk of future disease and exacerbating health disparities in underrepresented populations through policy and systems changes. RFA #35913 specified funding for strategic planning, building the capacity of staff and volunteers, and technical training and assistance within community organizations. Thirty-nine (39) applications were received on December 1, 2021 pursuant to RFA #35913. The screening and review process is underway. The funding period is estimated as April 1, 2022 through June 30, 2023.

Partners in Evaluation & Research (PiER) at Kaiser Permanente Institute for Health Research – current evaluator for the HDCGP – agreed to expand their evaluation efforts to include RFA #35913 grantees beginning January 2022.

Use of State Fiscal Year 22 Funds (\$4.7 Million, State General Fund):

RFA #33306 Grantees - \$2,544,481 has been awarded and contracts are being executed

RFA #35913 Grantees –The RFA closed December 1, 2021 and the budget of \$1,795,519 has not been allocated since applications are currently being reviewed.

SB21-181 Evaluation – A total budget of \$700,000 has been allocated and we are working to execute the contract.

2) With respect to the completion of the root cause analysis reports, the OHE has gathered data on health outcomes and upstream determinants for populations of color in Colorado and has created an outline for the first of a series of reports on priority populations. This report, which will focus on populations of color, will be completed by July 1, 2022. Subsequent reports will focus on other priority populations (i.e., LBGTQ+ population, PWD, people on the lower end of the economic spectrum, the aging community, and rural/frontier communities). Further, the OHE has assembled a workgroup of Health Equity Commissioners who will lead this effort in partnership with the OHE and priority populations.

3) The root cause analysis reports will inform the design of state agency strategic plans to advance health equity.

Several Health Equity Commissioners have raised concerns about (1) current grantmaking mechanisms not accommodating individuals with novel ideas for dismantling structural barriers who may not be affiliated with a grassroots organization and (2) OHE grant opportunities not penetrating deep enough within the grassroots ecosystem. The OHE and the HEC will address these concerns over the next few months.

- 10 *[Rep. McCluskie]* Describe the BOLD grant program, relating to Alzheimers, that the Department is currently overseeing and whether the Department is seeking to pursue the next cycle of grant funding in the fall of 2022. If the Department is seeking to apply for funding where does that matching amount show up in the Department's budget request?

The BOLD Infrastructure for Alzheimer's Act was passed into law on December 31, 2018 and was designed to create a uniform national public health infrastructure with a focus on issues such as increasing early detection and diagnosis, risk reduction, prevention of avoidable hospitalizations, and supporting dementia caregiving. The funding awarded to the Centers for Disease Control and Prevention (CDC) is designed to promote implementation of CDC's Healthy Brain Initiative in select states. Colorado applied for and was awarded a grant in September of 2020 as a capacity-building state. Colorado was not eligible for enhanced funding because the state did not have a state plan for Alzheimer's Disease and Related Dementias and did not have stable funding from the state to support dementia-related work at that time.

CDPHE is using the awarded funds to create a state strategic plan for Alzheimer's Disease and Related Dementias (ADRD) with partners from across the state in the nonprofit sector, community-based organizations, local governments, and other state agencies. The Colorado ADRD State Plan will be finalized by December 2022. Activities in the state plan will be based on the CDC Healthy Brain Initiative recommendations, and tailored to Colorado-specific needs. These activities will include working with health systems and caregivers to prevent avoidable hospitalizations, working to increase early detection and diagnosis and reduce the risk of developing Alzheimer's or Related Diseases, and efforts to support dementia caregivers who often need various supports.

The department did not request funds from the legislature related to this work for FY 2022-23.

- 11 *[Sen. Moreno]* CDPHE was denied continuation of a \$1.2 million federal grant for the birth registry, and the FTE were reassigned. Provide a status update on this issue.

After the loss of the three federal grants totalling \$1.2 million (Autism, Muscular Dystrophy, and Birth Defects Surveillance grants), a workforce evaluation was conducted to determine the current and future skills and competencies needed for the "Colorado Responds to Children with Special Needs" (CRCSN) program.

To align financial resources with business needs, the Center for Health and Environmental Information (CHED) has optimized its state general funds and cash (from fees) to continue to serve

the Center's need to meet the statutory requirements for Newborn Hearing Screening C.R.S. 25-4-1004.7, Newborn Heart Defect-Pulse Oximetry Screening C.R.S 25-4-1004 and Birth Defects Surveillance C.R.S. 25-1.5-101 and 25-1.5-105.

A total of 3.0 FTE were redirected and abolished from CRCSN due to the loss of funding associated with the 3 federal grants that enabled enhanced surveillance activities. Oversight of the remaining program activities, management of the program budget and supervision of 3 remaining positions were absorbed by the Health Statistics and Evaluation Branch Director. CRCSN continues to effectively operate Newborn Hearing Screening Surveillance and Birth Defects Surveillance in Colorado.

## DEPARTMENT DECISION ITEMS #2-#7

- 12 *[Sen. Moreno]* What is the source of funding for the Dairy Protection Cash Fund? Is the R2 request also contemplated by the Department to avoid raising fees (as in R3)? Discuss all Department requests that involve General Fund and are designed to avoid fee increases or decrease fees. Has the Department considered instead accessing the Cash Fund Solvency Fund that was created through S.B. 21-283?

Given the TABOR issues and the economic challenges resulting from the pandemic, the Department does not believe it is a good time to raise fees. However, programs such as the dairy program and the health facilities licensing program are critical to protecting public health. Therefore, the Department believes use of the General Fund is appropriate.

### **Dairy Protection Cash Fund (R-02)**

The source of funding for the Dairy Protection Cash Fund (Fund) is fees paid by milk processing plants and, to a lesser extent, milk transportation companies. The fund only covers 7% of program costs; the remainder is covered by General Fund. The R-02 request is contemplated to avoid raising fees in the immediate future due to COVID-exacerbated economic stresses endured by Colorado's dairy industry. The Department considered and determined S.B. 21-283 is not an appropriate solution because this request is not to manage an unexpected and significant decrease of revenue which will bounce back making repayment to the Solvency Fund possible. The shortfall is due to on-going, year-to-year revenues being insufficient to cover the costs of implementing the program and its associated statutory mandates.

### **Health Facilities General Licensure Cash Fund (R-03)**

The Health Facilities General Licensure Cash Fund receives revenue from a variety of health facility types that pay licensing fees, such as nursing homes and ambulatory surgery centers. The fund supports regulatory activities related to licensing covered facilities such as survey/inspection, complaint investigation, and enforcement on non-compliant facilities. With R-03, the Department will ensure that health facilities are following state regulations for the care and treatment of patients, residents and clients, while at the same time reducing the burden on providers during Colorado's recovery from the COVID-19 pandemic.

### **Emergency Medical Services Account (R-04)**

Colorado residents currently pay a \$2 fee as part of their motor vehicle registrations. The fee is deposited into the Emergency Medical Services Account (EMS Account), a subaccount of the Highway Users Tax Fund (HUTF). These funds are used to coordinate emergency medical and trauma services across the state. The funds support staff, the peer assistance program, provider grants, and grants to Regional Emergency Medical and Trauma Services Advisory Councils (RETACs).

The EMS Provider Grant Program serves emergency medical and trauma service provider agencies, Coloradans and visitors who need emergency medical services. The EMS grants are distributed statewide for emergency medical and trauma service providers to purchase equipment, such as ambulances, stretchers, and heart monitors. Funds also support the cost of personnel, injury prevention and other projects to improve emergency medical and trauma services.

The eleven Regional Emergency Medical and Trauma Services Advisory Councils (RETACs) provide regional planning and coordination services for the emergency medical and trauma service provider agencies in the counties the RETACs represent. Emergency medical and trauma services are provided by hundreds of response agencies and facilities across the state. RETACs work with the different disciplines in an area to coordinate the continuum of patient care from system access through tertiary care.

There are specific statutory requirements to get a loan from the Cash Fund Solvency Fund (C.R.S. 24-30-210):

(I) The primary source of revenue in the cash fund is from fee revenue. Both the Health Facility and Emergency Medical Services Division (HFEMSD) Cash funds (General Licensure and EMS) meet this requirement.

(II) The fee revenue is collected on a multi-year licensing and service period or there has been an unexpected, significant decrease in fee revenue collected. The General Licensure Fund does not meet either of these requirements. Licensing fees are on an annual basis. Revenue has not experienced a decrease, however expenses continue to increase. The EMS Account does meet these requirements.

(III) The cash fund will have a deficit based on current expenditures in the absence of a significant fee increase, unless a loan is made to the cash fund. Both HFEMSD funds meet this requirement. However, the EMS account needed fee increase is estimated at \$1 per year per vehicle registration, or a 50% increase from the current fee (from \$2 to \$3).

The Cash Fund Solvency Fund must be paid back, therefore, the Department does not believe it is fiscally responsible to use the fund when it does not have a way to repay the fund without a future fee increase.

- 13 *[Rep. Herod]* Are there reserves in any of these cash funds relating to request items 2-4, and how are those reserves or balances informing the Department's request for General Fund support?

The Dairy Protection Cash Fund only covers 7% of program costs; the remainder is covered by the General Fund. The R-02 request is contemplated to avoid raising fees in the immediate future due to COVID-related stresses endured by Colorado's dairy industry. Fees to the fund are statutorily set in Section 25-5.5-107, C.R.S.

The Health Facilities General Licensure Cash Fund balance is projected to be in the negative for the foreseeable future without reductions in programmatic expenditures. Fees to the fund are statutorily limited to the consumer price index (CPI) pursuant to Section 25-3-105 (1)(a)(I)(B), C.R.S.

The Emergency Medical Services Account is projected to have a FY 2021-22 uncommitted reserve equal to 7.0 percent of FY 2021-22 expenditures. Fees to the fund are statutorily limited to \$2.0 at the time of registration of any motor vehicle pursuant to Section 42-3-304 (21), C.R.S. In order to manage the fund's solvency, the Department has reduced grants to EMS providers.

- 14 *[Sen. Moreno]* Provide more information about how the Department arrived at \$2.0 million request for R4. The Committee is hearing from local emergency service providers that the overall need is significantly higher. What is the general state of EMS services statewide? Provide a broader summary of how EMS services across the state are funded in general.

In accordance with statute, the State Emergency Medical and Trauma Services (EMTS) Advisory Council has established program guidelines concerning the application for and distribution of grant money from the EMS account and priorities for emergency medical and trauma services grants. EMTS provider grants are permitted in eight categories: EMTS equipment, EMTS vehicles, communications, data collection, personnel and services, injury prevention, recruitment and retention, and others. The council has specifically excluded grants for consumable supplies and pharmaceuticals, land or buildings, aircraft, paid employee leave, clothing, promotional items as well as political expenses and other items not permitted by state fiscal rules. Grants in the personnel and services category have been used to subsidize the cost of paramedics and other response personnel, backfill uncovered shifts when response personnel are away at training, and personnel to implement injury prevention programs or coordinate recruitment and retention projects. The Department has seen an increase in these types of projects in the last several grant cycles. Routine operating expenses such as fuel, tires and regular maintenance are not reimbursable by the grant program but there is a process to request funding for emergency repairs through the funds set aside for emergency grants.

The Department believes that the \$2.0 million General Fund request to support the EMS Provider Grant Program for FY 2022-23 is the best balance between the needs of the providers and the current economic realities. The requested \$2.0 million would restore the provider grant amount to the 2019-20 levels. The department believes that this one-time infusion of funds will provide the minimal grant support necessary while the Division works with stakeholders to explore a longer term solution to strengthen the EMTS system in Colorado.

Colorado's EMTS system includes:

- 84 designated trauma centers
- 45 non-designated trauma centers



- 11 Regional Emergency Medical and Trauma Services Advisory Councils (RETACs)
- 33 licensed air ambulance agencies
- 19,500+ licensed or certified EMS personnel (EMTs, Advanced-EMTs, Paramedics)
- >1 million patient encounters per year
- Approximately 270 EMS agencies
- Approximately 1,500 ground ambulances

Funding for the State EMS system is a patchwork of local, State, federal and private funding. CDPHE does not have access to all EMTS provider financial information, so it is difficult to assess the financial needs of the system. However, the requests for EMTS Provider Grant funding consistently exceed available grant funding which means agencies go without vital staff and equipment, such as ambulances, necessary to save lives. Access to and quality of EMTS services are inconsistent across the State. These funding and access deficits are especially pronounced in rural and frontier communities.

Currently, the EMTS system in Colorado is disjointed. State and county level oversight of different issues leads to gaps and overlapping requirements. The report of the Ketamine Review Committee, released in early December 2021, included a recommendation for “Creating more consistent practices among all emergency medical services and ground ambulances...” The requested \$2.0 million in one-time General Fund is a stop-gap measure while the State grapples with longer term systemic needs.

- 15 *[Sen. Rankin]* How are EMS grants administered? Will matching funding be required? How will the Department ensure that these funds are accessible to those providers most in need?

EMTS provider grants are administered by the Funding Section of the EMTS Branch within the HFEMSD division. Grant awards are announced each year at the end of June and funding is available to the successful grantees as soon as a funding agreement is signed by the grantee and the state as required by department and state procurement rules. The funding section monitors progress through regular reporting and verifies that funds were expended in accordance with the funding agreement.

Grants to EMTS provider organizations require matching funds. The standard cash match is 50% but EMTS provider agencies may request a waiver of the standard cash match requirement to reduce the cash match to as little as 10%. Requests for waiver of the standard 50% cash match are reviewed by a financial waiver committee appointed by the State Emergency Medical and Trauma Services Advisory Council using a standardized scoring tool.

EMTS provider grant funding is accessible to all EMTS provider organizations. Grants are scored based on demonstrated service need, cost effectiveness, applicant qualifications and financial need with priority to applicants with aged or underdeveloped EMTS systems using a two-tiered scoring process that assesses the impact of the grant request at both the regional and state level. Historically, EMTS provider organizations with the greatest need have received the highest scores by regional and state grant reviewers, and are a higher priority for funding awards. The reviewers are state



employees as well as members of the Regional Emergency Medical And Trauma Services Advisory Councils and the State Emergency Medical and Trauma Services Advisory Council. Regional council members represent diverse perspectives across the EMTS community and are appointed through the processes established by the counties that comprise each region. State council members also represent the breadth of the EMTS community and are appointed by the governor. In addition, the department and Regional Emergency Medical and Trauma Services Advisory Councils hold workshops each grant cycle to provide technical assistance for EMTS provider organizations to offer guidance and maximize the opportunity for a successful grant application.

- 16 *[Rep. Hansen]* How will EMS grant funding be allocated given the different types of EMS providers? How would the Department allocate funds in relation to relative needs?

Each different type of EMTS provider organization contributes to the success of the overall EMTS system in Colorado. EMTS provider grant funding is allocated to the highest-scoring applications based on demonstrated service need, cost effectiveness, applicant qualifications and financial need with priority to applicants with aged or underdeveloped EMTS systems using a two-tiered scoring process that assesses the impact of the grant request at both the regional and state level. Regional and state grant reviewers assign scores using a standardized rubric that helps to identify the need in the context of the unique contribution of the applicant to the EMTS system and in comparison to the constellation of other grant projects submitted in the grant cycle.

- 17 *[Sen. Rankin]* What will the new policy analysts outlined in R5 actually be doing?

Over the course of the past decade, CDPHE's operations have increasingly come to the forefront in legislative attention, media scrutiny, and the general interest of the public. Deteriorating air quality, emerging water contaminants, the opioid crisis, concerning suicide rates, and the COVID-19 pandemic have all amplified the importance of the public policy decisions made by CDPHE's leaders, the effective communication of those policies, and the relationships CDPHE maintains with elected officials to ensure the proper implementation of those policies.

Yet while the department's public policy reach has intensified, it has not had sufficient appropriations to ensure that a proper number of qualified, professional policy experts are in place within the Executive Director's Office to facilitate excellent decision-making, coordinate with elected officials, and notify stakeholders of critical decisions.

The Department proposes adding 3.0 FTE policy experts within the CDPHE Executive Director's Office. These additional FTE will support the Executive Director and her senior staff in the following areas:

- Research and analysis of policy proposals that originate from many sources, including division staff, external stakeholder groups, boards and commissions, local public health agencies, other Executive Branch departments, and the General Assembly;
- Management of the annual legislative process, including review and analysis of bills, engagement with Legislators and Legislative Staff, information sharing, and stakeholder management;

- External communications with stakeholder groups, interest groups, and other concerned parties as it relates to rulemaking, performance and dissemination of related cost-benefit analyses, drafting of potential legislation, and the issuance of authoritative guidance by the department; and
- Internal relationship management to ensure that programmatic needs are properly incorporated into public policy.

18 *[Sen. Moreno]* For R5 and R6, does the Department anticipate supporting these positions and systems with indirect cost recoveries in the future, or eventually requesting direct General fund support? If the Department plans to continue relying on indirect cost recoveries, will this result in increased cash fund revenues (thus increasing the required TABOR refund from the General Fund)? Provide some clarification on how the Department's indirect cost recovery fund balance grew to \$5 million.

The Department expects that these two decision item requests will be funded with indirect cost recoveries in perpetuity. However, these items will result in less than a 2% increase in the Department's appropriation for indirect cost recoveries, and as such will have only a marginal impact on future indirect cost collections.

In addition, it should be noted that indirect costs are recovered not only from cash fund sources, but also from federal grants. Historically, through economic growth in our regulated industries and ongoing growth in opportunities to receive federal grants, revenues against which the Department assesses indirect costs grow well more than 2% each year. Therefore, the Department expects that indirect cost revenues will support these two requests without any additional impact to the TABOR limit.

The Department's Indirect Cost Recovery fund balance grew in FY 2020-21 entirely as a result of indirect costs collected on COVID-specific grants. When indirect cost appropriations were set for this past fiscal year, neither the General Assembly nor the Department could have anticipated the unprecedented influx of federal revenues to the Department. Unfortunately, as indirect cost collections grew and the Department's requirements for administrative oversight of those federal programs grew, appropriations to expend indirect recoveries did not. As of the end of FY 2020-21, the balance in the Department's Indirect Cost Recovery Fund was \$4,925,395.

Respectfully, the Department requests that the Committee allow this balance to remain in the fund as the Department works through the financial impacts of the pandemic. Many areas funded through indirect cost recoveries -- including Legal Services paid to the Department of Law, payments to OIT, and payments to DPA -- may increase in future years as COVID-related expenditures work their way into the multi-year rate setting mechanisms. There is a strong likelihood that this fund balance will be necessary to address those increases and avoid a significant increase in indirect rates charged to cash and federal sources.

19 *[Sen. Moreno]* Will the positions outlined in R5 be focused on the implementation of recent legislation, or those policy areas related to the funding the Department is requesting for next year?

The Department expects it to be a mix of both. As noted in the response to #17 above, the positions requested in R-05 will focus on a wide variety of policy areas within the Department, including those for which resources are requested in FY 2022-23 as well as those that have existed in previous years.

## R1 AIR QUALITY TRANSFORMATION

- 20 *[Sen. Moreno]* When the designation for certain attainment regions change, are there any federal funding opportunities that become available?

No, the Department does receive some grant funding to help manage the overall air pollution program but it does not vary based on ozone attainment classification.

- 21 *[Rep. Herod]* Does this attainment area downgrade have other negative effects on the State (e.g., Moody's may use this information when assessing a State's credit rating)?

The Department is unaware of whether nonattainment will affect the State's credit rating. Poor air quality could have adverse economic impacts and negatively impact the Colorado way of life.

The two primary credit rating agencies, Moody's and Standard and Poors, are both beginning to incorporate environmental, social, and governance (ESG) factors into their ratings. Both agencies noted some elevated environmental risks or issues within their ESG scores, noting climate change and the risk of wildfires and floods as well as drought and water scarcity. Neither agency noted any specific non-attainment concerns within their reporting.

### Standard and Poors - Environmental, social, and governance (ESG) factors

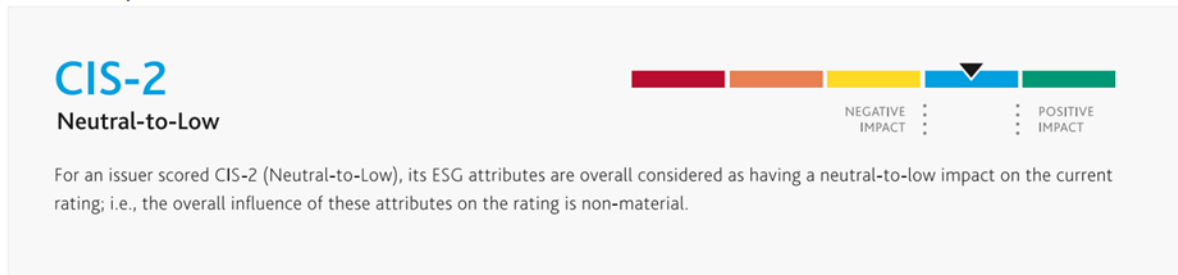
"We view Colorado's environmental risks as elevated given the potential risks for wildfires, and for water scarcity as droughts and limited supplies of Colorado River drinking water compete with a growing population. As the state continues to attract new residents, we expect it to factor this growth into its long-term plans. We consider Colorado's social factors to be stronger relative to those of the sector given the state's strong demographic trends compared with the nation, specifically continued significant population growth and a lower age-dependent population, although rising home prices may slow future growth. Colorado's weak pension funding is a governance risk that lessens state credit quality, although the state has recently adopted reforms that it expects will improve its pension funded ratio over time."

Source: Standard and Poors, November 8, 2021 Report titled Summary: Colorado; Appropriations; Charter Schools; General Obligation; Moral Obligation; Note; School StateProgram

### Moody's - Environmental, social, and governance (ESG) factors

The graphic below demonstrates the positive impact of ESG factors for the state of Colorado.

## ESG Credit Impact Score



Source: Moody's Investors Service

Colorado's ESG Credit Impact Score is neutral-to-low (**CIS-2**) reflecting its neutral-to-low environmental exposures, positive social exposure and neutral-to-low governance profile.

Exhibit 6

## ESG Issuer Profile Scores



Source: Moody's Investors Service

- 22 [Sen. Hansen] Localized lawn and garden electrification programs are very popular. Is the requested amount at the right level given the demand? Has the Department considered using both carrots and sticks? For example, has the Department considered looking at “polluter pays” options as part of this request rather than all General Fund?

Given federal preemption issues for non-road engines (which is the category encompassing lawn and garden equipment), a “stick” approach is challenging. The proposed funding amount (\$5M/year for two years) for lawn and garden electrification programs is scalable based on demand and available resources. It is anticipated that the focus of the program will be in the nonattainment area; however, it could benefit other communities that experience negative local effects from emissions from fuel fired lawn and garden equipment. Though the proposed amount will result in a significant increase in electric lawn equipment usage (currently low), encourage manufacturers and retailers to stock this equipment in Colorado, and also drive stronger public awareness and voluntary behaviors to improve air quality as well as significant air quality improvements in the nonattainment area, the proposed funding will only directly result in the replacement of a small portion of the state’s overall lawn equipment.

- 23 [Sen. Rankin] Provide a schedule for the various rule making processes that have already happened and that are scheduled to happen for HB 21-1266, SB 21-260, SB 21-264 and HB 21-1189. How does the Department plan to solicit public involvement for the *final* rules?

Timeline:

2019

- Adoption of GHG reporting requirements.
- Adoption of oil and gas measures.
- Adoption of the ZEV program.

2020

- Adoption of oil and gas monitoring and flowback control program.
- Adoption of control standards for large engines.
- Regional Haze rulemaking, round 1.

2021

- Adoption of oil and gas pneumatics program.
- Regional Haze rulemaking, round 2.
- GEMM rulemaking.
- Oil and gas rules (December 2021 hearing).

2022 (anticipated)

- GHG APEN requirements.
- Advanced Clean Trucks and low NOx Omnibus rule proposal.
- Clean Heat recovered methane protocol/tracking system.
- Building Efficiency/Benchmarking.
- Severe ozone SIP.

2023 (anticipated)

- Modeling and monitoring requirements for new sources of industrial pollution in DI communities.
- GHG intensity verification rulemaking.
- GEMM II/industrial & manufacturing sector GHG rulemaking.

Generally speaking, the public (including NGOS and the regulated community) have numerous opportunities to comment during development of potential rule-making. The Division prepares an initial economic impact analysis that it submits with the request for hearing, as required by the Air Pollution Prevention and Control Act. The Division updates its initial analysis and prepares a final economic impact analysis when approaching the rulemaking hearing. The Division occasionally updates its final economic impact analysis during the hearing process. The public and other parties to the hearing have the opportunity to provide comments on the Final EIA and any updates to that Final EIA either prior to or at the hearing. Finally, the Division prepares - if requested - a formal Cost Benefit Analysis and Regulatory Analysis under the State Administrative Procedure Act, and submits those in advance of the hearing. In concert with all the stakeholder meetings and discussions, these periodic analyses serve to keep parties apprised of and involved in the economic impacts of the rulemaking.

- 24 [Rep. Ransom] How effective is electric lawn equipment? Is there a margin at which air pollution is decreased? Have they tested electric lawn mowers compared to gas powered mowers in terms of pollution and longevity?

Electric lawn equipment is very effective in reducing air pollution because most gasoline mowers are not maintained, so the engines degrade, increasing emissions and fuel spills over time. The emissions benefit margin probably increases over time for electric mowers over gasoline mowers due to this

lack of maintenance and engine degradation. Electric mowers and other lawn and garden equipment are also very effective at reducing direct personal exposure to harmful emissions.

Reducing emission from lawn and garden equipment is critical to Colorado's efforts to reduce ground level ozone concentrations in the Denver Metro/ North Front Range Non-Attainment area (DM/NFR). While the bulk of ozone concentrations in the area are due to background and sources from outside the state, recent studies show that emissions from lawn and garden equipment account for between 10% and 13% of the locally caused ozone at the three monitors with the highest ozone values in the DM/NFR.

As context, the EPA estimates that hour-for-hour, gasoline powered lawn mowers produce 11 times as much pollution as a new car and one gas lawn mower emits 89 pounds of CO2 and 34 pounds of other pollutants per year. The required act of refilling gasoline powered lawnmowers damages the environment. It is estimated that 17 million gallons of gas are spilled annually while refilling lawn mowers.

Some electric equipment works as effectively as gasoline equipment (i.e., trimmers, blowers, etc.). Gasoline mowers can be better in certain operating conditions like long grass and heavy brush. The battery life can be an issue for commercial operations. However, electric mowers are perfect for normal sized residential yards. Gasoline mowers are more durable than electric mowers with a life of approximately 5 - 10 years versus 3 – 5 years. A gasoline mower typically has a warranty of 2 – 3 years and an electric has a 3 – 5 year warranty.

- 25 *[Rep. McCluskie]* Discuss the impact of wildfires on air quality, and how the requests will help to address these impacts.

Wildfire smoke causes a variety of air quality impacts in Colorado. The primary concern with wildfire smoke is elevated fine particulate levels, which can cause a variety of respiratory and cardiovascular health impacts. According to EPA's 2017 National Emission Inventory (NEI), wildfires accounted for approximately 30% of the fine particulate emissions (PM2.5) in the United States in 2017. In the West, wildfires can, and routinely do, cause exceedances of the PM2.5 National Ambient Air Quality Standard. Wildfires can cause exceedance of state visibility standards and particulate matter standards. Wildfire smoke can also lead to increased formation of ground level ozone in Colorado. While the factors causing ozone formation are incredibly complex, and Colorado faces significant challenges with ozone pollution absent the impacts from wildfire smoke, some of the high ozone levels in the DM/NFR and other parts of the state can be attributed to wildfire smoke. These ozone increases can, and do at times, cause exceedances of the ozone NAAQS. Apart from the impacts of criteria pollutants, wildfire smoke contains a number of hazardous air pollutants, many of which are carcinogenic. Wildfire smoke also creates odor impacts for the exposed population, which can be fairly intense and negatively impact the quality of peoples' lives. Finally, wildfire smoke can significantly degrade visibility greatly diminishing peoples' ability to enjoy Colorado's majestic scenic vistas.

Although funding R-01 does not prevent wildfires, the request includes funding for 3.0 FTE to increase and improve division communication. Providing information about health risk and



protective measures related to wildfire smoke is one example where increased communication could occur. Providing more complete and timely information about potential exposures to harmful levels of wildfire smoke in areas of the state allows Colorado citizens to be better informed and take actions to reduce their exposure to that smoke. This request also includes resources to invest in monitoring, analysis, and modeling to improve our understanding of the various contributors to regional air quality challenges.

- 26 *[Sen. Rankin]* How is the Department defining disproportionately impacted areas? Discuss how the Department interacts and targets rural vs urban DICs.

The Department currently defines “disproportionately impacted community” consistent with the definition in H.B. 21-1266, see Section 24-4-109(2)(b)(II), C.R.S. The Department anticipates the appropriateness of this definition to be a part of the review of the Environmental Justice Action Task Force, which will be working in 2022, with a final report to the Legislature in fall 2022.

- 27 *[Sen. Rankin]* Is the Department likely to be able to fill all of the requested positions? Are all of the new proposed positions needed permanently?

There are a number of factors to consider regarding filling the proposed positions. The current labor market is quite competitive both within Colorado and across the country. From HR industry reports, some employees are reconsidering their employment options, and both tangible benefits (pay, medical benefits) and intangible benefits (flexible schedules, remote work options, work-life balance) are driving additional labor market changes. However, while a few positions have proven challenging to fill, the APCD has had recent success in filling multiple positions from the same hiring pool. The division is partnering with the Department’s Office of Human Resources and DPA to engage in talent acquisition planning, maximize timely and successful recruitment, and review recruitment trends and make adjustments to meet the business needs as required.

Looking ahead, it is anticipated that qualified candidates will be identified and available to fill the majority of vacant positions while recognizing that in some cases, it will be more difficult given some unique position needs and the competitive labor market.

The Decision Item was developed with the Division’s current and long-range needs in mind. With few exceptions, the staffing levels are proposed to serve ongoing needs. Although thoughtful analysis was incorporated into the staffing forecast, the division will evaluate staffing needs again as it gains additional clarity on the resources needed to mitigate the designation of Severe non-attainment of ozone standards.

- 28 *[Sen. Rankin]* Are fees intended to decline over time (e.g., methane emitters)?

The intent is to set fees at levels adequate to cover program direct and indirect costs based on approved appropriations. However, as the state continues to succeed in reducing emissions, it may require periodic fee increases or alternative revenue to ensure the Division can cover necessary program costs. Also, depending on future legislative and rule-making initiatives, the Division may continue to broaden and/or include additional pollutants in the annual emission charges, such as



upcoming implementation of GHG fees, which could potentially allow for a reduction in fees for other pollutants (i.e., broadening the base but lowering fees).

- 29 *[Sen. Rankin]* In what areas can we measure whether or not these initiatives are effective? Where is the low hanging fruit, where changes will have the greatest impact? Can we avoid imposing new regulations in rural areas where they are not likely to have a significant impact?

Colorado has had strong success in improving air emissions through a variety of approaches, including Colorado rule-making and statutory initiatives, implementation of federal standards, voluntary reduction efforts, and technology improvements. Partners have also engaged in public information campaigns to help individuals and businesses find ways to reduce air pollution.

As a general matter, over time Colorado has seen a reduction of emissions of key pollutants from the most significant emission sectors. Specifically, over the past decade the state is seeing lower emissions from key sectors, such as the oil and gas industry, transportation and the electric power industry, with additional future reductions expected from recent and upcoming rulemakings. Within the DM/NFR there has been a significant reduction in ozone precursor emissions over the past decade. After peaking around 2010, GHG emissions across the state have begun to decline, with additional declines projected over the next 10 years and beyond as Colorado moves toward meeting its goals of a 26% reduction in 2025 and a 50% reduction in 2030 relative to 2005 levels.

While Colorado should continue to see an ongoing decline of these pollutants based on already established requirements and programs, more work will need to be done to achieve its 2025 and 2030 goals. In connection with these efforts, Colorado will need to focus on reducing GHG emissions from the transportation, buildings, industrial and oil and gas sectors, and continue its efforts to reduce ozone precursor emissions from oil and gas, transportation and non-road engines and equipment, while also considering emission reduction strategies for smaller sectors. There continue to be significant cost-effective opportunities for emissions reductions in all of these areas.

The current practice tailors rule-making and regulatory standards based on location (rural versus urban). The oversight for ozone will differ, for example, within the DM/NFR non-attainment area compared to rural areas of Colorado. On the other hand, some pollutants (e.g., GHGs) impact the entire state regardless of community size and density.

- 30 *[Sen. Rankin]* We need to determine whether we have a need for the new data systems. What data does the Department currently have, and what data does the Department plan to collect to measure the effectiveness of these initiatives?

The Department collects data for a number of purposes. These data include:

- Air permits
- Air Pollutant Emissions Notices (APENs)
- Compliance and enforcement inspections
- Emissions inventory
- Stationary source billing
- GHG tracking

In addition, the Department collects ambient air monitoring data, including:

- Regulatory air monitoring/long-term air monitoring
- Special air monitoring/special studies
- Air toxics monitoring
- Industry-required air monitoring
- Quality assurance

Currently, different data systems are utilized for different portions of the data. Centralizing, consolidating and bridging enterprise solutions allows for better, simpler and enhanced data analyses. Effectiveness of the data systems will be measured by shorter intake and turn-around times for permits, faster billings, and faster and easier access to emissions inventory data. The Department also seeks to improve the availability of data for interested members of the public.

- 31 *[Rep. Ransom]* There was a “Brown Cloud” in Denver in the 1970s, and it disappeared over time. Describe how that problem was addressed. Compare that history to the current air quality challenges and the Department’s plan to address it.

Air quality in Denver was much worse in the 1970s. Denver routinely had exceedances of the particulate, carbon monoxide and ozone NAAQS. With the advent of unleaded fuels and catalytic converters, vehicle emissions dropped significantly. Fuel injection and computer controls on vehicles continued the decline in vehicle emissions. In addition, reductions in residential wood burning and controls on industry, such as power plants, also reduced air emissions. This led to a large decrease in the "brown cloud." The effectiveness of these emissions reductions led to Colorado now being in attainment for carbon monoxide and PM10 particulates. Additionally, strategies and initiatives such as reducing application of sand on roads and conversion of power plants and vehicle emission standards were effective in mitigating the brown cloud.

However, the brown cloud has never fully disappeared and is still evident, especially during winter inversions. While ozone is the primary concern remaining, exceedances of the level of the PM2.5 particulate NAAQS also occur. As EPA has lowered the level of both the ozone and PM2.5 NAAQS over time, Colorado has not been able to develop and implement emissions reduction regulations quickly enough to keep up with the population and industrial increases, especially with oil and gas development. With motor vehicles, the Department has a limited role in what can be implemented as the Federal government sets those emissions standards.

The Department continues to look at different emissions reductions strategies over a wide range of industries, consumer products and motorized equipment. The Department continues to implement new regulations to reduce emissions.

- 32 *[Rep. Ransom]* The Department was offering a \$45 gift card for members of the public to attend an air quality meeting in person or remotely. What is the source of funding for these gift cards? Does the Department plan to use any of the requested funding for this purpose?

The use of participation incentives has been identified as a best practice for obtaining meaningful community input to further environmental justice. Accordingly, using participation incentives supports the core mission of CDPHE's new Environmental Justice Program. It is a valuable tool to ensure diverse voices are represented in environmental decisions, and to demonstrate that the Department is committed to learning from the perspectives of community members who may not have the time or financial capacity to volunteer otherwise. Careful assessment occurred to ensure offering the gift cards did not have an unintended consequence, gave rise to a conflict of interest or the appearance of a conflict, and followed accounting standards. Although gift cards were available, only a relatively small number of participants requested them following the completion of the recent meetings (14 total from the first four meetings).

The funding source for the gift card incentives is from cash funds as authorized by H.B. 21-1266. The request does not specify that funds will be used for this purpose as the department continues to assess the viability.

- 33 *[Sen. Moreno]* Some local communities have their own “mow down” programs. Is the proposed program intended to replace or complement these local efforts?

The Regional Air Quality Council has a “mow down pollution” program to update gas-powered lawn mowers with electric equipment. Other local governments may have their own similar programs. The proposed program complements and expands existing programs.

- 34 *[Sen. Moreno]* Describe the Department’s plan to build up the employment opportunities for the requested positions. Is it likely the Department will be successful in filling them and conducting the necessary work?

There are a number of factors to consider regarding filling the proposed positions. The current labor market is quite competitive both within Colorado and across the country. From HR industry reports, some employees are reconsidering their employment options, and both tangible benefits (pay, medical benefits) and intangible benefits (flexible schedules, remote work options, work-life balance) are driving additional labor market changes. However, while a few positions have proven challenging to fill, the Department has had recent success in filling multiple positions from the same hiring pool.

Looking ahead, it is anticipated that qualified candidates will be identified and available to fill the majority of vacant positions while recognizing that in some cases, it will be more difficult given some unique position needs and the competitive labor market.

The Department recognizes that it will be challenging to promptly fill all positions if the Decision Item is approved. Given the volume of proposed new positions, the Department will prioritize hires, write job descriptions and seek efficiencies such as filling multiple positions from single postings. Some changes are in place that will already help in this area. The Department is providing additional HR support to the APCD through a recent hire that will be focused primarily on recruitment for the division for the foreseeable future. This hire will provide the increased capacity to support and expedite recruitment, hiring processes and onboarding of staff. To support the overall implementation of the Decision Item, the Department will develop a comprehensive hiring plan to

ensure recruiting activities can be launched as practical in spring 2022 (i.e., after approval of the Decision Item).

- 35 *[Sen. Moreno]* Provide a history of all air quality related fees beginning in 2018, current fees, and proposed fees should this request be approved (including fees relating to enterprises).

Fee by Fiscal Years	FY09-FY18	FY19-FY20 (HB 18-1400)*	FY21 (SB 20-204)	FY22 (SB 20-204)
Air Pollution Emission Notice Fee	\$152.90	\$191.13	\$216.00/application	\$242.00/application
Annual Regulated Pollutants Fee	\$22.90/ton	\$28.63/ton	\$32.00/ton	\$36.00/ton
Annual Hazardous Air Pollutants Fee	\$152.90/ton	\$191.13/ton	\$216.00/ton	\$239.00/ton
APCD Permitting Analysis Rate	\$95.56/hour	\$95.56/hour	\$108.12/hour	\$119.00/hour
Prescribed Fire Planning Document Evaluation Fee	\$76.45/hour	\$95.56/hour	\$108.12/hour	\$119.00/hour
Ozone Depleting Fees	\$29 to \$300	\$29 to \$300	\$29 to \$300	\$29 to \$300
Colorado Air Quality Enterprise Fee	n/a	n/a	n/a	\$1,000,000 total revenue; individual fees vary based on annual emissions
Colorado Clean Fleet Enterprise Fee	n/a	n/a	n/a	n/a - fees will be set by 3/15/22

Senate Bill 20-204 authorized fee increases in FY23 and beyond. House Bill 21-1266 contemplated fee increases beginning in FY24. The Department continues to assess fund performance; the latest analysis indicates fee increases will result in insufficient revenue to cover division direct and indirect costs. Given that current fee revenue is insufficient to cover Division costs, the request does not rely upon cash funds to support the transformation of APCD. The potential future transition of ongoing

Decision Item costs from General Fund to cash funds would necessitate significant fee increases on top of required fee increases already scheduled to occur to ensure implementation of S.B. 20-204 and implementation of H.B. 21-1266.

- 36 *[Sen. Rankin]* In the fiscal notes for bills passed in the last legislative session the Department estimated the number of positions it would need. The Department must have done a subsequent analysis that indicated 175 more FTE would be needed. Share the related analysis.

The 2021 legislative session resulted in several important pieces of legislation that included new statutory requirements and resources to implement those directives, such as H.B. 21-1266 (Environmental Justice Act), H.B. 21-1189 (Air Toxics), S.B. 21-264 (Clean Heat) and S.B. 21-260 (Clean Fleet Enterprise). The FTE requested in the FY23 Decision Item is to address additional needs beyond those required by the 2021 legislation, and is necessary to meet obligations under the Federal Clean Air Act and meet Colorado's ambitious air quality, climate change and environmental justice goals.

When assessing the Division's resource needs, the Division considered the new legislative directives and resources required to implement these directives. Where appropriate, the request harmonizes division operations with the new requirements. Overall, the FY23 Decision Item was developed based on a comprehensive review and evaluation of APCD's overall current and upcoming high priority program and service needs. This analysis indicated that a significant gap in staffing resources and capacity constraints exists within the CDPHE's Air Pollution Control Division, particularly in light of federal mandates (e.g., ozone non-attainment) and high priority initiatives, goals and increased workload demands. The request addresses resource gaps; for FY23 specifically, the unmet workload is:

- Severe designation for ozone non-attainment in the Denver Metro Northern Front Range (2008 ozone standard) - 38.0 FTE
- State Implementation Planning (SIP) and other analysis (2015 ozone standard) - 2.0 FTE
- Environmental Justice - 6.0 FTE
- Climate Change initiatives and regulations - 6.0 FTE
- Community Outreach/Engagement - 4.0 FTE
- Additional staffing to ensure appropriate levels of administration, support and leadership to effectively operate and manage the Division - 7.0 FTE
- Modernization of Data Systems - 6.0 FTE
- Immediate Emission Reductions - 1.0 FTE
- Other Regulatory Issues - 5.0 FTE

# APPENDICES

# Appendix - A

## FY2022-2025 Health Disparities and Community Grant Program Projects

Grantee	Project Title
Center for Health Progress	We Belong: Building Community Power for Safety Among Immigrants in Fort Morgan, CO
Chaffee County Public Health & Environmental Health	Empowering Underrepresented Populations Through Storytelling to Create a Supportive Housing Infrastructure Within a Continuum of Care Model
County of Archuleta, CO	Archuleta Nutrition Security - Health Equity Project
The Family Center/La Familia	Mi Voz (My Voice)
Growing Home	Collaborative for Healthy Adams County
Lake County Build a Generation	Lake County COVID Child Care Recovery Project
Metro Caring	Denver Health Disparities Community Resilience Project
One Colorado Education Fund	Advancing LGBTQ Food Security in Southern Colorado
Project Voyce	Determining Collective Pathways to Economic Stability
San Juan Basin Public Health	Data Equity and Food Systems
Sisters of Color United for Education	Building Health and Housing Equity in Sheridan
The Stapleton Foundation for Sustainable Urban Communities	Advancing Health Equity Through Affordable Housing Policy
Weld County Department of Public Health and Environment	Thriving Weld Housing and Land Use Project
Young African Americans for Social and Political Activism	Y Incubator

Grantee:	Center for Health Progress
Project Title:	We Belong: Building Community Power for Safety Among Immigrants in Fort Morgan, CO
Upstream Determinant of Health to Address:	<ul style="list-style-type: none"> <li>• Community Safety</li> <li>• Social Support</li> </ul>
Project Summary:	Center for Health Progress and partners will build a collective base of community power among immigrant populations in Fort Morgan that can realize policy and systems change to improve community safety around food assistance, healthcare and language access so that immigrants can better prevent cancer, cardiovascular and pulmonary disease.
Intended Population:	Latino and Somali immigrants



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Statewide or Targeted:	Morgan County
Urban, Rural or Both:	Rural

## Measures of Success:

Proposed System or Policy Change:	<p>This project proposes a focus on pursuing policy or systems change that promotes community safety and security in Fort Morgan, especially around food security, healthcare access and immigrant rights, so that immigrants can better prevent cancer, cardiovascular and pulmonary disease. The four core areas of focus will include:</p> <ul style="list-style-type: none"> <li>• Welcoming and Belonging: municipal policy and process changes to promote belonging at the city-level and local policy or protocol changes to encourage more inclusive entrepreneur support.</li> <li>• Food Assistance: improve food bank policies and improve process flows so that recipients feel welcome (i.e., improve language access) and improve farmers' market policies and protocols to encourage inclusiveness and safety.</li> <li>• Healthcare Access: improve clinical policies and protocols to encourage inclusiveness and safety and pass state-level policies to improve immigrant rights and safety and expand health insurance for immigrants.</li> <li>• Language Access: internal policy and protocol changes to improve language access at healthcare clinics, food banks, police system, recreation department and school district.</li> </ul>
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## Anticipated Activities and Outcomes:

<p>FY2022 (7-months):</p> <ul style="list-style-type: none"> <li>• Identify and cultivate a group of core grassroots leaders and formalize their involvement in base building efforts toward the campaign.</li> <li>• Convene a coalition of organizations committed to joining the campaign as partners.</li> <li>• Create a comprehensive, community-based menu of policy and systems change opportunities to lay groundwork to set the campaign policy and systems change agenda.</li> </ul> <p>FY2023 (1-year):</p> <ul style="list-style-type: none"> <li>• Provide training and development for core grassroots leaders to grow their leadership.</li> <li>• Core grassroots leaders identify more core grassroots leaders to continue growing the base.</li> <li>• Launch formal coalition to include the partner organizations and core grassroots leaders in support of the campaign.</li> <li>• Craft policy agenda and begin campaigns for 1-2 systems changes.</li> <li>• Develop narrative for the campaign and corresponding communications plan.</li> </ul> <p>F2024 (1-year):</p> <ul style="list-style-type: none"> <li>• Continue providing training and development for core grassroots leaders.</li> <li>• Offer leadership development training related to campaign topics and skill-building.</li> </ul>
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<ul style="list-style-type: none"> <li>• Execute campaign strategy, including meeting with decision-makers, spreading the narrative reach through media and social media.</li> <li>• Achieve 1-2 identified policy or systems changes.</li> </ul> <p>FY2025 (5-months):</p> <ul style="list-style-type: none"> <li>• If policy or systems changes have not yet been achieved, continue the campaigns.</li> <li>• Reflect on the impact of campaign wins secured and implications on future campaign strategy.</li> <li>• Develop a campaign strategy and sustainability plan with core grassroots leaders and coalition.</li> </ul> <p>Outcomes:</p> <ul style="list-style-type: none"> <li>• A large base of core grassroots leaders who are leading campaigns.</li> <li>• Increased leadership capacity for core grassroots leaders.</li> <li>• Increased alignment across the base around shared values, analysis and narratives that promote community safety and immigrant belonging.</li> <li>• A coalition of community members and organizations, including several core campaign leaders, and organizations who identify priority systems and policy change targets and develop shared strategy and action to win those targets.</li> <li>• A mobilized base around 2-4 policy or systems changes.</li> <li>• Policies and systems changes passed at the institutional, local, regional and state-levels that promote community safety and immigrant belonging around health care access, food access and language access.</li> </ul>
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Grantee:	Chaffee County Public Health and Environment
Project Title:	Empowering Underrepresented Populations Through Storytelling to Create a Supportive Housing Infrastructure Within a Continuum of Care Model
Upstream Determinant of Health to Address:	<ul style="list-style-type: none"> <li>• Housing</li> <li>• Social Support</li> </ul>
Project Summary:	We Are Chaffee empowers underrepresented populations in Chaffee County, through storytelling, to participate in civic discourse about policy and systems changes. Their advocacy will shape the creation of the Chaffee Housing Authority’s supportive housing infrastructure, including community resource navigation and engagement in a Housing First Continuum of Care.
Intended Population:	Low- to moderate-income households, people of color, the aging community, the Spanish speaking community, the LGVTQAI+ community and the disability community.
Statewide or Targeted:	Chaffee County, Colorado
Urban, Rural or Both:	Rural

**Measures of Success:**

Proposed System or Policy Change:	This project seeks to address the disjointed system through which residents of Chaffee County access supportive housing services, bring community partners into a Continuum of Care model of
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	<p>service provision, and adopt a single point of entry to a Housing First model of service provision. Community partners will be engaged through the We Are Chaffee storytelling and advocacy movement, establishing policies, procedures and agreements within the Continuum of Care model and recruiting and empowering community storytellers to highlight the significance of the supportive housing system. The Continuum of Care will results in a supportive housing infrastructure that will be resilient to changes in the housing market and accessible to the most vulnerable populations residing in Chaffee County.</p>
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<p><b>Anticipated Activities and Outcomes:</b></p>	
<p>FY2022 (7-months):</p>	<ul style="list-style-type: none"> <li>● Engage and empower storytellers around themes associated with prioritized policies and systems.</li> <li>● Initiate equitable access to supportive and affordable housing programs for Spanish-speaking residents.</li> <li>● Educate community partners and community members on the Continuum of Care model.</li> <li>● Initiate the creation of a website for the Chaffee County Housing Authority.</li> <li>● Begin to establish tenant selection criteria and other culture-building policies for community-driven housing development.</li> </ul> <p>FY2023 (1-year):</p> <ul style="list-style-type: none"> <li>● Continue to recruit storytellers and highlight the work accomplished in the supportive housing infrastructure.</li> <li>● Identify high-priority documents or information locations related to access of housing and make them available in Spanish.</li> <li>● Maintain regular Continuum of Care meetings and establish Coordinated Entry.</li> <li>● Participate with the Balance of State Continuum of Care.</li> <li>● Establish a Housing Navigator position to assist residents and increase landlord/tenant interactions on the Chaffee Housing Authority website.</li> </ul> <p>FY2024 (1-year):</p> <ul style="list-style-type: none"> <li>● Continue engaging storytellers around themes associated with the successes realized through the We Are Chafee storytelling initiative.</li> <li>● Identify vulnerable populations who may have impaired access to the supportive housing infrastructure, such as people with limited technology, vision, hearing or cognitive impairments or other barriers).</li> <li>● Educate community partners and community members on the benefits of data management through the Balance of State’s Homeless Management Information System and establish MOUs for use of the system.</li> <li>● Continue to expand the purpose and use of the Chaffee Housing Authority website for landlords, tenants, home sellers and home buyers.</li> </ul> <p>FY2025 (5-months):</p> <ul style="list-style-type: none"> <li>● Continue to engage storytellers around themes associated with housing stability.</li> <li>● Address access to supportive housing information to make it accessible to all residents, through online information, in print information and through a Housing Navigator.</li> </ul>

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<ul style="list-style-type: none"> <li>• Apply for homeless prevention and rapid rehousing funding in coordination with the Balance of State Continuum of Care.</li> <li>• Continue to expand the purpose and use of the Chaffee Housing Authority website for landlords, tenants, home sellers and home buyers.</li> </ul> <p>Outcomes:</p> <ul style="list-style-type: none"> <li>• Increase in community engagement through the We Are Chaffee storytelling initiative.</li> <li>• A prioritized list of policies and systems needed to create appropriate supportive housing infrastructure in the Continuum of Care.</li> <li>• Policies adopted or adjusted to create or enhance supportive housing infrastructure.</li> <li>• Systems created to establish or enhance supportive housing infrastructure.</li> <li>• Increase in support for residents who seek supportive housing services through the newly established Continuum of Care.</li> <li>• A widely accessible comprehensive Continuum of Care with a coordinated entry for applicants, resulting in the applicant securing housing supports appropriate for their household.</li> </ul>
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Grantee:	County of Archuleta, CO
Project Title:	Archuleta Nutrition Security - Health Equity Project
Upstream Determinant of Health to Address:	<ul style="list-style-type: none"> <li>• Food security</li> </ul>
Project Summary:	This project will address disparities related to food insecurity as a social determinant of health by supporting the work of the Food System/Food Equity Coalition in Archuleta County and support the study of the healthcare system and barriers to health equity including policy, programs, practices, available resources and others.
Intended Population:	Community members who are disadvantaged due to social and economic circumstances in Archuleta County
Statewide or Targeted:	Archuleta County
Urban, Rural or Both:	Rural

**Measures of Success:**

Proposed System or Policy Change:	This project’s objectives are (a) to address food insecurity by building an equitable community-based food system with the aim of advancing nutrition security, and (b) to identify health disparities and address barriers to healthcare access and utilization with the aim of advancing health equity. The project will follow the “Water of Systems Change, which seeks to advance equity by shifting the conditions that hold a problem in place.” The applicant(s) states this model resonates with their work, since they have learned that policies, practices, and resources that flow within the food and health systems are elements of structural barriers and/or facilitators of system change. They cite that
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	relationships/connections and power dynamics in small communities also have major bearing on systems change. Finally, they identify that mental models have critical bearing on facilitating community engagement in working toward sustainable change and will seek to shift the narrative from “food and hunger” to “food and health.”
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<b>Anticipated Activities and Outcomes:</b>	
FY2022 (7-months):	
<ul style="list-style-type: none"> <li>• Co-design a nutrition security/health equity participatory assessment process.</li> </ul>	
FY2023 (1-year):	
<ul style="list-style-type: none"> <li>• Conduct participatory community nutrition security/health equity assessment including the training of community members in Participatory Action Research.</li> </ul>	
FY2024 (1-year):	
<ul style="list-style-type: none"> <li>• Implement the outcome of the health equity assessment process.</li> <li>• Community nutrition security assessment is used to create an action plan to increase access to affordable nutritious foods and nutrition education initiatives. Emergent ideas will be in cue for pilot testing in cycles of learning as the community looks to promote sustainable efforts for lasting change.</li> </ul>	
<b>Outcomes:</b>	
<b>Short term:</b>	
<ul style="list-style-type: none"> <li>• Meaningful engagement of community partners, groups, and individuals in the nutrition security/health equity assessment process;</li> <li>• Increased knowledge of barriers and strategies in making nutritious foods and health care more accessible to those most affected in Archuleta County;</li> <li>• Increased knowledge of advocacy and policy issues related to nutrition security in advancing health equity;</li> <li>• Increased knowledge of community policy and infrastructure related to healthcare access in advancing health equity;</li> <li>• Integration of the mediators of nutrition security into the visioning and planning discussions of public and private agencies and community groups;</li> <li>• Mutually stronger partnership between the County and the Coalition to advance nutrition security and promote health equity.</li> </ul>	
<b>Long-Term:</b>	
<ul style="list-style-type: none"> <li>• Reduce obesity and metabolic syndrome; Improve early detection/management of disease;</li> <li>• Overcome health disparities in the prevention and early detection of cancer, CVD and pulmonary disease;</li> <li>• All Coloradoans in Archuleta County have an equal opportunity to live in a thriving community and to achieve their full health potential.</li> </ul>	

<b>Grantee:</b>	The Family Center/La Familia
<b>Project Title:</b>	Mi Voz (My Voice)
<b>Upstream Determinant of Health to Address:</b>	<ul style="list-style-type: none"> <li>• Housing</li> <li>• Social Support</li> </ul>
<b>Project Summary:</b>	This project will address health inequities by decreasing housing instability and increasing social connections among Latinx/Hispanix

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	residents living in mobile home parks in Northern Larimer County. Through a two-pronged approach of building community capacity and community-led pursuit of policy/system changes, residents will address power imbalances inherent in mobile home parks.
Intended Population:	Low-income, Latinx/Hispanix residents living in mobile home parks.
Statewide or Targeted:	Northern Larimer County
Urban, Rural or Both:	Urban

## Measures of Success:

Proposed System or Policy Change:	<p>The application capitalizes on the momentum and success of work in advocating for policy and systems change at the local level. These changes will serve to decrease levels of housing instability and subsequent health disparities that result from unstable, unsafe and unsupportive housing while simultaneously building strong social networks among MHP residents. Specifically, over the course of the three-year timeline, three separate systems will be targeted:</p> <ol style="list-style-type: none"> <li>1) Changes to zoning regulations and resident protection policies at the County level that allow for preservation and protection of MHPs and residents (City of Fort Collins adopted zoning regulations in 2020 due to Mi Voz advocacy).</li> <li>2) Converting ownership of MHPs to becoming resident-owned.</li> <li>3) Transforming systems to increase community capacity to influence policy changes that reflect community priorities.</li> </ol>
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## Anticipated Activities and Outcomes:

### FY2022 (7-months):

- Activities focus on mobilizing MHP residents to advance policy and systems work already underway including County land use code changes, local enforcement of new City policies, and creation of Home Owner’s Associations (HOA).
- Leadership development and capacity building activities and training (such as the Leadership Lab) will continue.

### FY2023 (1-year):

- Activities will continue to implement community created strategic plans, leadership development, HOA training and support, and advocacy activities.
- Leadership Lab projects will be implemented in their respective communities.
- Expanding engagement of community residents and breaking down barriers to building social connections.
- Build partnerships to respond to Resident Owned Community (ROC) opportunities as well as work with the City and County to build opportunities for community advocacy.
- Promotora(s) will work in each community to build connections and gather more in-depth needs.

### FY2024 (1-year):

- Continuing advocacy work identified by community members, leadership development, and synthesis of needs assessment.

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<ul style="list-style-type: none"> <li>• Focus on building on social connectedness to build a sense of place along the North College corridor that reflects the Latinx culture.</li> <li>• Leadership Lab projects will be implemented in their respective communities.</li> <li>• Partnership to support ROC offers will continue to be identified, built, and nurtured.</li> </ul>
<p><b>FY2025 (5-months):</b></p> <ul style="list-style-type: none"> <li>• Continuing advocacy work identified by community members, leadership development, and transferring the MHP community specific work to HOAs.</li> <li>• Build individual and community capacity with the ultimate goal of building community leadership to transfer advocacy into the hands of the community.</li> <li>• The last projects identified in the Leadership Lab will be implemented.</li> </ul>
<p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>• Creation of a community-driven/resident-developed strategic plan that outlines the pursuit of converting the MHPs in Larimer County to resident-ownership. Plan development will include resident engagement in policy processes and advocacy as well as intentional multi-sectoral partnership building to ensure a quick response to the 90-day period to submit a ROC offer.</li> <li>• Increase in development and implementation of city and county-level policies that designate land for mobile home parks as part of master plans, affordable housing plans and other relevant planning/zoning updates.</li> <li>• Build social strong social networks and strengthen community resilience within and among mobile home parks to strengthen community ties, leading to empowerment of individuals to advocate and become change agents.</li> </ul>

<b>Grantee:</b>	Growing Home
<b>Project Title:</b>	Collaborative for Healthy Adams County
<b>Upstream Determinant of Health to Address:</b>	<ul style="list-style-type: none"> <li>• Housing</li> <li>• Social Support</li> </ul>
<b>Project Summary:</b>	Working with low-income, BIPOC communities in southwest Adams County, the Collaborative will create a strong, place-based infrastructure to advocate for health equity. System/policy changes will occur within partner organizations and at the City, County, and State level related to affordable housing, food justice and others identified by the community.
<b>Intended Population:</b>	Low-income Black, Indigenous and people of color.
<b>Statewide or Targeted:</b>	Southwest Adams County, including the southern portion of the cities of Westminster, Commerce City, and Thornton, as well as Federal Heights.
<b>Urban, Rural or Both:</b>	Urban

**Measures of Success:**

<b>Proposed System or Policy Change:</b>	The application states that system and policy changes will occur at the organizational partner level as well as at the City, County, and State level. At the organizational partner level, changes in policies, procedures, and practices will occur through each organization’s direct efforts with the community members with whom they work.
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	<p>The changes will result in the three organizations becoming more participant-centered and responsive to the community. The organizations will refine their internal practices and culture around principles of elevating community power. In doing so, organizational practices will change, affecting how the organizations operate and influence people’s health. This project’s change goals are at three distinct levels: 1) Participant Level Goals: Community members will demonstrate an increased sense of belonging and connectedness; increased skills; increased understanding of their civic role and the decision/policy-making structures in community, root causes of poverty, and systems of power &amp; oppression; increased sense of agency; and an increased sense of individual &amp; collective power; 2) Organization Level Goals: Organizational partners will become more participant-centered and responsive to community. The organizations will redefine their internal practices and culture around the principle of elevating community power. They will adapt key organizational components through a participant-centered lens; and 3) Municipal, County, &amp; State Level Goals: Oppressive systems and policies will be disrupted, and system and policy changes relating to housing, food, childcare, and other areas of interest to the community will occur.</p>
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<p><b>Anticipated Activities and Outcomes:</b></p>	
<p>FY2022 (7-months):</p>	<ul style="list-style-type: none"> <li>● Conduct one-on-one and group meetings to identify participants’ strengths and interests in skill-building as well as listening to community concerns, co-creating actions plans with community members,</li> <li>● Assess areas within each organization for opportunities to be more responsive to community, and identifying community members interested in being involved in the Institute and preparing them.</li> <li>● Develop mission, vision, and values for the Institute; formalizing Institute membership process; and developing curriculum for the Institute.</li> <li>● Conduct train the trainer sessions with community members and organizational representatives on the Institute curriculum.</li> <li>● Develop evaluation of the Institute.</li> </ul> <p>FY2023 (1-year):</p> <ul style="list-style-type: none"> <li>● Conduct leadership and advocacy training, coaching community members on how to apply training to enact change, clarifying specific issues to work on, including conducting root cause and power analyses related to the specific issue.</li> <li>● Facilitate relationship building and space for healing.</li> <li>● Develop relationships with staff and elected officials based on power analysis.</li> <li>● Work toward enacting institutional and City, County, and State level changes.</li> </ul> <p>FY2024 (1-year):</p> <ul style="list-style-type: none"> <li>● Continue to grow the base to have broader impact or create issue specific action groups.</li> <li>● Document the work for replicability and begin sustainability planning.</li> </ul> <p>FY2025 (5-months):</p>

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<p>The objective for fiscal year 25 is to wrap up the project and plan for the future.</p> <ul style="list-style-type: none"> <li>• This will include celebrating the successes and determining which aspects to sustain and how to do so.</li> </ul> <p>Outcomes:</p> <ul style="list-style-type: none"> <li>• Increased sense of belonging and connectedness; skills (leadership &amp; advocacy); understanding of civic role in community, root causes of poverty, and systems of power &amp; oppression; sense of agency; and sense of individual &amp; collective power.</li> <li>• Assuming stronger positions of leadership at the City and County level to influence community change and policies which can ultimately have a positive impact on reducing incidences of cancer, cardiovascular and pulmonary diseases.</li> <li>• System based entities such as government organizations are more participant-centered and responsive to the community, and demonstrate refined internal practices and culture of elevating community power.</li> <li>• Increased value and respect of community voice and power by senior staff and elected officials at the City, County, and State level.</li> </ul>
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Grantee:	Lake County Build a Generation
Project Title:	Lake County COVID Child Care Recovery Project
Upstream Determinant of Health to Address:	<ul style="list-style-type: none"> <li>• Child care</li> </ul>
Project Summary:	The Lake County COVID Child Care Recovery Project will address child care as an upstream determinant of health. It will develop a sustainable, affordable child care system for children ages 0-5. It will also create an educational pipeline to support early childhood educators in entering--and remaining--in the field.
Intended Population:	Women, Latinx and low-income
Statewide or Targeted:	Lake County
Urban, Rural or Both:	Rural

**Measures of Success:**

Proposed System or Policy Change:	Develop a sustainable system of high-quality, affordable/subsidized childcare in Lake County for children ages 0-5. Develop a system of educational partnerships between child care centers, the Colorado Mountain College, and Lake County and Cloud City High Schools to support early childhood educators in entering—and remaining—in the early childhood field.
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<p>Anticipated Activities and Outcomes:</p> <p>FY2022 (7-months):</p> <ul style="list-style-type: none"> <li>• Work with the Colorado Mountain College to design a teacher pipeline program connecting early childhood professionals with high school and college students considering early childhood as a career choice.</li> <li>• Facilitate monthly meetings of the Childcare Coalition.</li> <li>• Keep key stakeholders and the community-at-large apprised of the work.</li> </ul>
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## FY2023 (1-year):

- Community Connectors shall conduct a research project and develop an Action Plan to strengthen Lake County’s childcare system for children 0-5.
- Conduct 6 interviews with members of the affected community.
- Review the research findings and present them to the Childcare Coalition.
- Develop a shared vision for a stronger early childhood system.
- Research possible strategies to improve Lake County’s childcare system.
- Create an Action Plan that utilizes systems change to improve Lake County’s childcare system for children 0-5.
- Implement the Action Plan.
- Pilot and evaluate a teacher pipeline program connecting early childhood professionals with high school and college students considering early childhood as a career choice.

## FY2024 (1-year):

- Continue to implement the Action Plan that utilizes systems and policy change to strengthen Lake County’s childcare system for children 0-5.
- Implement a revised version of the teacher pipeline program and/or implement other professional development to encourage community members to enter or remain in the early childhood education field.

## FY2025 (5-months):

- Continue to implement the Action Plan that utilizes systems and policy change to strengthen Lake County’s childcare system for children 0-5.
- Develop a sustainability plan for its teacher pipeline and/or any other professional development that has been designed and piloted in order to encourage community members to enter or remain in the early childhood education field.

## Outcomes:

The role of the project’s Coalition will be to focus urgency around the issue of childcare—by creating space for problem solving, building relationships between diverse stakeholders, and maintaining the momentum of the work. If the project is successful, there will be changes to systems, infrastructure, and policy to improve Lake County’s childcare system and early childhood educator pipeline health in a lasting way—which will also create a community in which children, families, and childcare professionals can all reach their full potential.

The change goals for the three-year grant cycle are identified as follows:

- Build a high-quality system of subsidized childcare (which may include center-based childcare; preschool(s); family, friends, and neighbors networks; and small home-based centers) to meet or approach the community’s childcare needs for children 0-5, year-round.
- Build a system of educational partnerships between child care centers, The Colorado Mountain College, Lake County High School and Cloud City High School to support early childhood educators in entering—and remaining—in the early childhood field.

Grantee:	Metro Caring
Project Title:	Denver Health Disparities Community Resilience Project
Upstream Determinant of Health to Address:	<ul style="list-style-type: none"> <li>• Food security</li> </ul>

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Project Summary:	The Denver Health Disparities Community Resilience Project will focus on the upstream determinant issues associated with food insecurity. Through the intentional and ongoing community engagement efforts led across the Denver area, long-term changes will be made to public and organizational practices, rules, laws and regulatory language that influence people’s lives.
Intended Population:	Women and families, BIPOC and community members for whom English is not their primary language
Statewide or Targeted:	Denver metropolitan area including Denver, Arapahoe, Adams and Jefferson counties
Urban, Rural or Both:	Urban

**Measures of Success:**

Proposed System or Policy Change:	Through the intentional and ongoing community engagement efforts led across the Denver Metropolitan Area, the project will seek to make long-term changes to public and organizational practices, rules, laws, and regulatory language that influence people’s lives.
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**Anticipated Activities and Outcomes:**

<p>FY2022 (7-months):</p> <ul style="list-style-type: none"> <li>● Gather information on food insecurity from community members by conducting listening sessions and interviews to understand ongoing needs in the community.</li> <li>● Analyze and critique current policies and strategize new policy initiatives to better support food security and grow the local food movement.</li> <li>● Convene food access organizations across Denver by collaborating with coalition partners as well as other community-based organizations to address food insecurity and share resources; and mobilize the base around policy work.</li> </ul> <p>FY2023 (1-year):</p> <ul style="list-style-type: none"> <li>● Work with community leaders and frontline workers in key communities.</li> <li>● Develop evaluation tool to assess effectiveness of community organizing.</li> <li>● Develop a policy agenda based on the learnings from community organizing and engagement.</li> <li>● Implement a process for including resident and community-based organizations.</li> <li>● Provide training and development opportunities focused on mobilizing the community around food justice and connect resources/skills/assets/training to fill those needs.</li> </ul> <p>FY2024 (1-year):</p> <ul style="list-style-type: none"> <li>● Collaborate with coalition partners as well as other community-based organization to address food insecurity and share resources.</li> <li>● Mobilize the base around policy work by building public will for policy solutions that address systemic change through storytelling about food justice issues with a strong equity lens.</li> </ul> <p>FY2025 (5-months):</p> <ul style="list-style-type: none"> <li>● Integrate policy agendas with other organizations working on food insecurity.</li> </ul> <p>Outcomes:</p>
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The project seeks to influence changes in policies, practices, resource flows, relationships and connections, power dynamics, and mental models. They seek to achieve this by:

- Building on participating organizations’ combined strengths to ensure that Denver residents can access affordable, healthy, and nutritious food.
- Facilitating partner organizations that will work closely with community organizers to identify barriers to food security that could be addressed through local level (city, county, state) policy change.
- Expanding the Denver Community Food Access Coalition (DCFAC) to include residents and other community-based organizations and government agencies that are dedicated to the vision, purpose, and mission of the DCFAC.
- Building public will for policy solutions that address systemic change through storytelling about food justice issues with a strong equity lens.

Grantee:	One Colorado Education Fund
Project Title:	Advancing LGBTQ Food Security in Southern Colorado
Upstream Determinant of Health to Address:	<ul style="list-style-type: none"> <li>• Food security</li> </ul>
Project Summary:	One Colorado Education Fund (OCEF) will address food insecurity by advocating for SNAP policy changes to expand benefits eligibility for underrepresented populations in Colorado. OCEF will also increase food distribution sites, provide sites with LGBTQ competency training, and increase understanding of why those eligible for SNAP do not enroll.
Intended Population:	LGBTQ, BIPOC and rural community members
Statewide or Targeted:	Primarily Pueblo County, but will also try to reach Archuleta, Baca, Bent, Crowley, Dolores, Huerfano, Kiowa, La Plata, Las Animas, Montezuma, Otero, Prowers and San Juan counties
Urban, Rural or Both:	Rural

### Measures of Success:

Proposed System or Policy Change:	OCEF seeks to increase accessibility to SNAP for LGBTQ and BIPOC Coloradans in rural communities and to change policies for SNAP that limit the benefits participants can receive. SNAP is a critical benefit for people experiencing food insecurity but current regulations create administrative burdens and restricted benefits for participants. OCEF will accomplish this by developing community leadership capacity, building diverse coalitions that center those most impacted by the harm of food insecurity, including BIPOC, transgender, and rural community members, and advocating for state and federal policy changes that increase accessibility to SNAP.
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Anticipated Activities and Outcomes:
FY2022 (7-months):

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<ul style="list-style-type: none"> <li>• Build the Southern Colorado LGBTQ Food Security Coalition</li> <li>• Identify areas for sexual orientation and gender identity data collection</li> </ul>
<p>FY2023 (1-year):</p> <ul style="list-style-type: none"> <li>• Conduct outreach to LGBTQ communities and families in Southern Colorado</li> <li>• Launch a Community Advisory Board that includes members of the affected population and all multisector partners to ensure authentic community engagement</li> <li>• Consult with people who are eligible but not enrolled in SNAP to understand barriers</li> <li>• Develop food distribution training curriculum on LGBTQ needs and competency through solicitation of feedback from partners and affected community to ensure community voice and ownership</li> </ul>
<p>FY2024 (1-year):</p> <ul style="list-style-type: none"> <li>• Train food distribution staff on LGBTQ needs and competency</li> <li>• Identify 2023 policy goals in collaboration with partners and affected community</li> <li>• Increase SNAP enrollment across Southern Colorado</li> </ul>
<p>FY2025 (5-months):</p> <ul style="list-style-type: none"> <li>• Make policy changes to increase accessibility to and enrollment in SNAP</li> </ul>
<p>Outcomes:</p> <ul style="list-style-type: none"> <li>• Increase enrollment in SNAP benefits for LGBTQ people and families</li> <li>• Provide training and information to government eligibility programs and staff on serving LGBTQ people and families</li> <li>• Provide training and information to social service organizations and staff on serving LGBTQ people and families</li> <li>• Collect sexual orientation and gender identity data on food insecurity in Colorado counties</li> <li>• Change state level policies to ensure legal documents match individuals' name and gender markers and include sexual orientation and gender identity in SNAP data collection</li> </ul>

<b>Grantee:</b>	Project Voyce
<b>Project Title:</b>	Determining Collective Pathways to Economic Stability
<b>Upstream Determinant of Health to Address:</b>	<ul style="list-style-type: none"> <li>• Housing</li> <li>• Economic Opportunity</li> </ul>
<b>Project Summary:</b>	The project will catalyze an inclusive economy that works for disenfranchised people across communities. It will specifically address the link between the well-documented racial wealth gap in the metro area and pervasive health inequities and create new pathways for economic stability.
<b>Intended Population:</b>	BIPOC and low-income communities in Denver
<b>Statewide or Targeted:</b>	Globeville and Elyria-Swansea (GES) neighborhoods and expand to Westwood, East Colfax, Park Hill, Commerce City and North Aurora
<b>Urban, Rural or Both:</b>	Urban

**Measures of Success:**

<b>Proposed System or Policy Change:</b>	A comprehensive and evolving set of housing and economic policy recommendations will be collectively researched by organized
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	<p>members and partners in order to formulate and analyze real-time need for shifts in policy that accommodate collective work. Project Voyce, GES Coalition, and Center for Community Wealth Building will work together to collectively implement an aligned strategy that focuses on co-planning, building capacity of local residents, and organizing to achieve housing and economic stability.</p>
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<p>Anticipated Activities and Outcomes:</p>	
<p>FY2022 (7-months):</p> <ul style="list-style-type: none"> <li>● Engage community stakeholders to increase community capacity around collective power.</li> <li>● Train leaders to run the institute,</li> <li>● Conduct collective research with neighbors and youth.</li> <li>● Implement the Cooperative Train the Trainer series to begin to develop the capacity of community leaders to train other community members on economic alternatives.</li> </ul> <p>FY2023 (1-year):</p> <ul style="list-style-type: none"> <li>● Focus on increasing community capacity to build a robust community ownership movement alongside residents of color that increases leadership skills, housing stability, and economic mobility.</li> <li>● Host the initial and a second institute that will give indications of which collective initiatives are blooming.</li> <li>● Trainees and youth interns will take the lead in training others and in building movement for their own efforts toward collective action.</li> <li>● Strengthen the GES-Community Land Trust to be able to create business and housing opportunities that are community and collectively owned.</li> <li>● Create a National Western community-led planning process will be essential to direct future community owned work to lead in that space.</li> </ul> <p>FY2024 (1-year):</p> <ul style="list-style-type: none"> <li>● Focus on implementation of the grassroots built businesses and structures to move forward.</li> <li>● Continue community-led training institutes</li> <li>● Provide technical assistance to support the creation of 7 cooperatives in community. Examples might include a youth food cooperative, a cooperative child care center, micro food, cleaning, or maintenance entrepreneur work together across neighborhoods to acquire critical contracts and build sustainable work.</li> <li>● Tierra Colectiva Community Land Trust will build out housing, business, and community spaces.</li> </ul> <p>FY2025 (5-months):</p> <ul style="list-style-type: none"> <li>● Continue implementing and strengthening collective structures to build permanent, sustainable economies that are built and owned by those that also do the work.</li> </ul> <p>Outcomes:</p> <ul style="list-style-type: none"> <li>● Create training institutes that bring together intergenerational leaders across communities to build critical consciousness and knowledge around collective economics for action.</li> <li>● Address income inequalities and build an economy where everyone can thrive by growing the number of worker-owned businesses, primarily with individuals where single proprietorship is out of reach and strengthening small businesses owned by</li> </ul>	

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<p>people of color, supporting their vision of success and turning the tide on involuntary displacement of legacy neighborhood businesses.</p> <ul style="list-style-type: none"> <li>• Grow the healthy community stewardship of the GES-Community Land Trust, Tierra Colectiva, as an effective way to stabilize families and share learnings with other communities at risk of displacement.</li> <li>• Create youth internships that fuel the institute and collective learning and creation of economic power to continue the work for the long term.</li> </ul>
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<b>Grantee:</b>	San Juan Basin Public Health
<b>Project Title:</b>	Data Equity and Food Systems
<b>Upstream Determinant of Health to Address:</b>	<ul style="list-style-type: none"> <li>• Food systems</li> </ul>
<b>Project Summary:</b>	San Juan Basin Public Health (SJBPH) proposes a project to support a coalition that is addressing disparities in food systems in La Plata County, and to build a regional public health informatics system that delivers actionable data and information to communities and organizations.
<b>Intended Population:</b>	People of color, older adults, and people from rural communities
<b>Statewide or Targeted:</b>	La Plata County
<b>Urban, Rural or Both:</b>	Rural

**Measures of Success:**

<b>Proposed System or Policy Change:</b>	Data Equity and Food Systems (DEFS) project will address system or policy changes using several approaches: 1) Build an SJBPH informatics system, 2) Support food systems coalition work, and 3) Engage community partners through the formation of an informatics advisory committee to ensure usability of informatics system.
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**Anticipated Activities and Outcomes:**

<p><b>FY2022 (6-months):</b></p> <ul style="list-style-type: none"> <li>• Create Informatics Strategic Plan</li> <li>• Attend regular food system meetings</li> <li>• Form an informatics advisory committee</li> <li>• Convene partners for introductory meeting</li> </ul> <p><b>FY2023 (1-year):</b></p> <ul style="list-style-type: none"> <li>• Create technical assistance guide to accessing informatics system</li> <li>• Train SJBPH staff on informatics system</li> <li>• Continue to partner and collaborate with Food Equity Coalition</li> <li>• SJBPH uses power to highlight health-harming conditions in food system using robust informatics tool</li> <li>• Conduct key informant interviews with partners</li> <li>• Develop and deliver trainings/workshops for informatics system to community members</li> <li>• Create technical assistance guide for accessing informatics system</li> </ul>
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<p><b>FY2024 (1-year):</b></p> <ul style="list-style-type: none"> <li>• Continue to partner and collaborate with FEC</li> <li>• SJBPH continues use of power to highlight health-harming conditions in food system using robust informatics tool</li> <li>• Provide final report to advisory committee on informatics system</li> </ul> <p><b>FY2025 (6-months):</b></p> <ul style="list-style-type: none"> <li>• Complete informatics system that can provide up to date, actionable data to community organizations and individuals, particularly related to health inequities</li> <li>• Complete technical assistance guide to using informatics system</li> <li>• Continue to partner and collaborate with FEC</li> <li>• Provide final report to FEC members</li> </ul> <p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>• Create an informatics system built with input from community members that can be used by organizations and individuals to accomplish their goals.</li> <li>• La Plata County residents, from all socio-economic and cultural demographics, will have equitable and sustainable food availability and access.</li> <li>• FEC will facilitate access to food by providing an immediate response to the need for food (short term), and those targeting the improvement of participants’ social cohesion, capabilities, and management of their own food systems (long-term).</li> <li>• Develop and foster community leaders and power-sharing as an effective long-term intervention. There is evidence that community collaboration and multicultural participation can have long-term impacts related to increased food security, which positively affects perceived health and food and health equity objectives.</li> </ul>	
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<b>Grantee:</b>	Sisters of Color United for Education
<b>Project Title:</b>	Building Health and Housing Equity in Sheridan
<b>Upstream Determinant of Health to Address:</b>	<ul style="list-style-type: none"> <li>• Housing</li> <li>• Economic Opportunity</li> </ul>
<b>Project Summary:</b>	Building Health and Housing Equity in Sheridan addresses health disparities related to housing insecurity impacting marginalized residents in Sheridan, Colorado. This multi-sector project will build the capacity and resiliency of residents through education and training. The goal is to increase affordable housing while decreasing incidents of displacement in the community.
<b>Intended Population:</b>	Latinx and other families of color, elders and youth, people who are experiencing homelessness and residents with median incomes below the federal poverty level.
<b>Statewide or Targeted:</b>	Sheridan, CO
<b>Urban, Rural or Both:</b>	Urban

**Measures of Success:**

<b>Proposed System or Policy Change:</b>	The project aims to influence the adoption of city municipal ordinances, policies and practices that generate a baseline of protections for vulnerable residents, stabilizing existing
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	<p>communities and identifying displacement prevention as a city priority. Rent and land control measures will be explored to protect vulnerable residents, especially Latinx and other families of color and elders, residents in Mobile Home RV Parks, and individuals experiencing homelessness. The issue of unstable housing for residents and their families will be addressed by these systems changes through exploring various methods of protections. Additionally, the project will seek to encourage rent control policies that support tenants housing stability and improves health equity. The system changes will impact health outcomes by building community engagement and power to create housing protections that leads to protective factors for health outcomes in residents.</p>
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<p><b>Anticipated Activities and Outcomes:</b></p>	
<p>FY2022 (7-months):</p> <ul style="list-style-type: none"> <li>● Train interested Sheridan residents on civic processes and engagement.</li> <li>● Identify key leaders to join committees, coalitions and other leadership positions in the city through leadership pipelines.</li> <li>● Develop a strategic communication plan to inform renters’ rights and housing standards that meet equity requirements.</li> </ul> <p>FY2023 (1-year):</p> <ul style="list-style-type: none"> <li>● Create an ongoing dialogue to support culture shift and community systems change regarding neighbors, residents, tenants of different cultures, backgrounds, ethnicities to promote a collective advancement of community health equity.</li> <li>● Provide civic engagement training with FLTI for Promotor@ residents in Sheridan to learn about housing issues and opportunities SOCUE and partners in Sheridan learned through community readiness assessments, feedback forms and focus groups that housing issues and opportunities are major concern for residents.</li> </ul> <p>FY2024 (1-year):</p> <ul style="list-style-type: none"> <li>● Generate long-term city-wide housing planning with priority against displacement, accountability and transparency measures.</li> <li>● Conduct a housing and zoning analysis with City of Sheridan planners to identify possible changes to current policies</li> <li>● Investigate the capacity for Sheridan City to implement its own housing department and remove Englewood City from their role in approving housing vouchers or section 8 applications and approvals.</li> </ul> <p>FY2025 (5-months):</p> <ul style="list-style-type: none"> <li>● Pass ordinances, policies and practices led by and informed by residents affected.</li> <li>● Increase renters and tenant protections in the city of Sheridan by advocating for the adoption of protections, ordinances and practices.</li> <li>● Collaborate with Sheridan Planning commission to increase affordable housing measures and reduce barriers for collective residential bargaining in such areas as Mobile homes and RV parks.</li> </ul> <p>Outcomes:</p> <ul style="list-style-type: none"> <li>● The project short-term goal is to increase capacity building through assessment, education and training for Sheridan residents, grassroots community partners,</li> </ul>	

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<p>businesses and City municipality officials around needs, challenges and opportunities for affordable housing and its impact on health outcomes.</p> <ul style="list-style-type: none"> <li>• The long-term goal is to engage resident leaders in continued training to participate in civic engagement and system change efforts on a municipal level to affect policy, ordinance and implementation of residents’ protections to improve health and housing equity in Sheridan, Colorado.</li> <li>• The proposed project will protect residents from potential displacement, while developing resident leadership and resilience.</li> <li>• The achievement of these goals will contribute to the advancement of health equity by building affected populations’ resilience, skills and access to health equity that benefits long-term health outcomes.</li> </ul>
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<b>Grantee:</b>	The Stapleton Foundation for Sustainable Urban Communities
<b>Project Title:</b>	Advancing Health Equity Through Affordable Housing Policy
<b>Upstream Determinant of Health to Address:</b>	<ul style="list-style-type: none"> <li>• Healthcare</li> <li>• Economic security</li> </ul>
<b>Project Summary:</b>	The “be well” initiative will advance health equity through the adoption of a Standard Partnership Policy (SPP) with Northeast Denver Housing. The SPP will allow organizations to provide in-house support services to residents through the development of a “be well” Healthy Living Center.
<b>Intended Population:</b>	African American and Latino residents living in affordable housing communities.
<b>Statewide or Targeted:</b>	Northeast Denver
<b>Urban, Rural or Both:</b>	Urban

**Measures of Success:**

<b>Proposed System or Policy Change:</b>	Working with residents living in affordable housing complexes, affordable housing developers, mental health providers and public health practitioners, be well will establish a Standard Partnership Policy (SPP) within affordable housing properties. The SPP will address practices that make it difficult for residents to access the resources necessary for them to move from poverty to self-sufficiency.
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**Anticipated Activities and Outcomes:**

<p><b>FY2022-2023 (7-months):</b></p> <ul style="list-style-type: none"> <li>• Increase number of residents that are engaged and empowered to represent their community in a leadership capacity.</li> <li>• Facilitate the Block Captain training, a four-week, 8 session course that immerses residents in community health. Upon completion, graduates will be ready to identify barriers to healthy living, understand health disparities, develop solutions, and improve the health of their communities.</li> </ul> <p><b>FY2023-2024 (1-year):</b></p>
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- Launch a Healthy Living Center pilot in one affordable housing complex.
- Secure services to provide health and social support services in the affordable housing complex.
- Create culturally relevant outreach materials about services will be created and disseminated.
- Evaluate all activities and create a report that will be shared with residents, stakeholders, and decision makers. This information will be used to develop the foundation for a SPP and increase the number of community members that set priorities and advocate for policy/systems changes.

FY2024-2025 (1-year):

- Increase number of SPPs in affordable housing developments that result in wrap around social and health services to residents across the state.
- Conduct a Health Impact Assessment (HIA) to document the health impact of the potential SPP. Data will be collected and analyzed and the risk and benefits of those most affected assessed. HIA results will be presented to Block Captains, other key stakeholders and decision makers.
- Identify community-based organizations interested in providing long-term services in HLCs.
- Present the proposed SPP to Northeast Denver Housing (NEDH) developer. The process will be documented and shared throughout the affordable housing community for potential replication.

Outcomes:

Using a Community Based Participatory Approach, collaborative members, project partners and the lead applicant have outlined the following key objectives for the project:

- Increase involvement of residents as advocates to inform policy, systems and environmental change at NEDH affordable housing complexes.
- Improve policy by adopting a SPP that allows for a comprehensive approach to in-house support services.
- Implement *be well Healthy Living Center* at a NEDH complex.
- Establish a replicable model to share among affordable housing developers.

Grantee:	Weld County Department of Public Health and Environment
Project Title:	Thriving Weld Housing and Land-use Project
Upstream Determinant of Health to Address:	<ul style="list-style-type: none"> <li>• Housing</li> <li>• Land-use Planning</li> </ul>
Project Summary:	Weld County's current population is expected to nearly double by 2040, which makes affordable housing a significant concern for all residents, especially low- to moderate-income earners. This project aims to build an engaged community that can promote policy changes to increase affordable, high quality, stable and safe housing options.
Intended Population:	Low to moderate income residents
Statewide or Targeted:	Weld County
Urban, Rural or Both:	Urban

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## Measures of Success:

Proposed System or Policy Change:	<p>The long-term goal of this project is to build an engaged community that can work with municipalities to explore modifying land-use zoning/codes and implementing policies to increase affordable housing options in Weld County. The change goals for the project include:</p> <ul style="list-style-type: none"> <li>● An inventory of acceptable and effective land-use zoning/codes and housing policy options identified through a community-driven process.</li> <li>● An engaged community that has the knowledge, skills, and tools to promote change.</li> <li>● Municipalities to explore modifying land-use zoning/codes and implementing policies to increase affordable housing options in Weld County.</li> </ul>
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## Anticipated Activities and Outcomes:

<p>FY2022 (6-months):</p> <ul style="list-style-type: none"> <li>● Develop a community engagement plan for the review and implementation of land-use and affordable housing policy options.</li> <li>● Develop a municipality engagement plan for the review and implementation of land-use and affordable housing policy options.</li> <li>● Form an Affordable Housing Community Advisory Committee with representation from a geographic and cultural mix of thought and opinion leaders, residents, and community organizers from across Weld County.</li> <li>● Organize a formal workshop to develop capacity of program staff and Affordable Housing Community Advisory Committee members.</li> <li>● Identify and engage municipality stakeholders.</li> <li>● Utilize Weld County Health Equity Report to initiate conversations with municipality stakeholders and affected population about affordable housing concerns.</li> </ul> <p>FY2023 (1-year):</p> <ul style="list-style-type: none"> <li>● Implement the community engagement plan for the review and implementation of land-use and affordable housing policy options.</li> <li>● Implement the municipality engagement plan in partnership with the Weld County Planning Department for the review and implementation of land-use and affordable housing policy options.</li> <li>● Complete the county-wide Housing Needs Assessment in Weld County</li> <li>● Create Weld County Housing Report</li> </ul> <p>FY2024 (1-year):</p> <ul style="list-style-type: none"> <li>● Facilitate community organizing workshops for low- to moderate-income earners around land-use strategies and policies to increase affordable housing options.</li> <li>● Host community summits to recommend appropriate which land-use codes and affordable housing policies (identified as most salient by affected community).</li> <li>● Collaborate with affected population to identify which land-use codes and affordable housing policies to promote.</li> <li>● Engage with County Board of Planning and Zoning and Municipality Boards of Planning and Zoning.</li> </ul>
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# Appendix - A

<p><b>FY2025 (6-months):</b></p> <ul style="list-style-type: none"> <li>Engage with County Board of Planning and Zoning and Municipality Boards of Planning and Zoning.</li> <li>Promote community-identified land-use and affordable housing policy options at county and municipal levels to build broad community support.</li> <li>Implement community organizing campaign that supports proposed municipal and county code changes.</li> </ul> <p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>Increased community engagement.</li> <li>Increased participation from a diverse range of stakeholders.</li> <li>Identification of land-use and housing policy solutions.</li> <li>Creation of a county Housing Report.</li> <li>Development and implementation of city and county-level policies, plans, and other relevant planning/zoning changes.</li> </ul>
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<b>Grantee:</b>	Young African Americans for Social and Political Activism
<b>Project Title:</b>	Y Incubator
<b>Upstream Determinant of Health to Address:</b>	<ul style="list-style-type: none"> <li>Education</li> <li>Economic Opportunity</li> </ul>
<b>Project Summary:</b>	The Y Incubator is the social science incubator purposed to build racially conscious leaders to actualize the vision “to cultivate youth to be civically engaged in community and career.” The Y Incubator will work deeply with BIPOC youth via a fellowship and youth employment model to unveil youth’s civic aptitude, resiliency, unique methods of wellness, and racially conscious leadership toward their trajectory in the public health community-based sector.
<b>Intended Population:</b>	BIPOC Youth
<b>Statewide or Targeted:</b>	Aurora and Denver
<b>Urban, Rural or Both:</b>	Urban

**Measures of Success:**

<b>Proposed System or Policy Change:</b>	This project seeks to address the next level of governance which focuses on practices and processes in partnership with industry organizations anchored in public health while addressing the social determinants of health grounded in racial equity and race-grounded reciprocity (Mackey et al., 2021). The application states that “Big P policy is not the primary lever for the Y Incubator, rather internal policies and practices for partner employer organizations.”
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<b>Anticipated Activities and Outcomes:</b>
<p><b>FY2022 (7-months):</b></p> <ul style="list-style-type: none"> <li>Initiate discussions around curriculum design with school-based community health centers</li> </ul>

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- Recruit Y Incubator Fellows
- Launch Y Incubator Fellow meetings
- Engage YAASPA interns to co-design curriculum based upon their academic and career interests
- Test curricular themes and lessons with youth leaders
- Outline values alignment for readiness assessments to inform organizational policies, processes, and practices-STRIDE and YAASPA
- Create readiness assessment outline

## FY2023 (1-year):

- Engage Y Incubator Fellows in curriculum
- Y Incubator Fellows work in school-based community health centers
- Facilitate training for STRIDE Board
- YAASPA youth leaders interview and engage STRIDE board to mitigate tokenism
- Recruit YAASPA youth on STRIDE board
- Meet and train folks at STRIDE school-based community health centers
- Engage with school partner and district stakeholder
- Connect youth board members to STRIDE school-based community health center teams

## FY2024 (1-year):

- Present and push on school district and school partner readiness to center BIPOC youth leadership and engagement
- Discuss and shift internal organizational policies, practices and practices based upon youth experience and wisdom
- Hone in on necessary anchors for scaling the partnership and further sustaining it with school and district partners

## FY2025 (5-months):

- Honor youth's civic and intellectual labor via celebration

## Outcomes:

1. More resources (money, networks, opportunities, and people) moving into BIPOC communities
2. Increased civic and racial identity development for youth and the organizational partners
3. Deepened partnership across a public health agency and a BIPOC-led grassroots group
4. Emerging local example of education and economic programming and incubator for BIPOC youth





**COLORADO**  
Department of Public  
Health & Environment

# Joint Budget Committee Hearing

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Jill Hunsaker Ryan  
Executive Director





# Mission and Vision



**COLO RADO**

**Department of Public  
Health & Environment**

## **Mission**

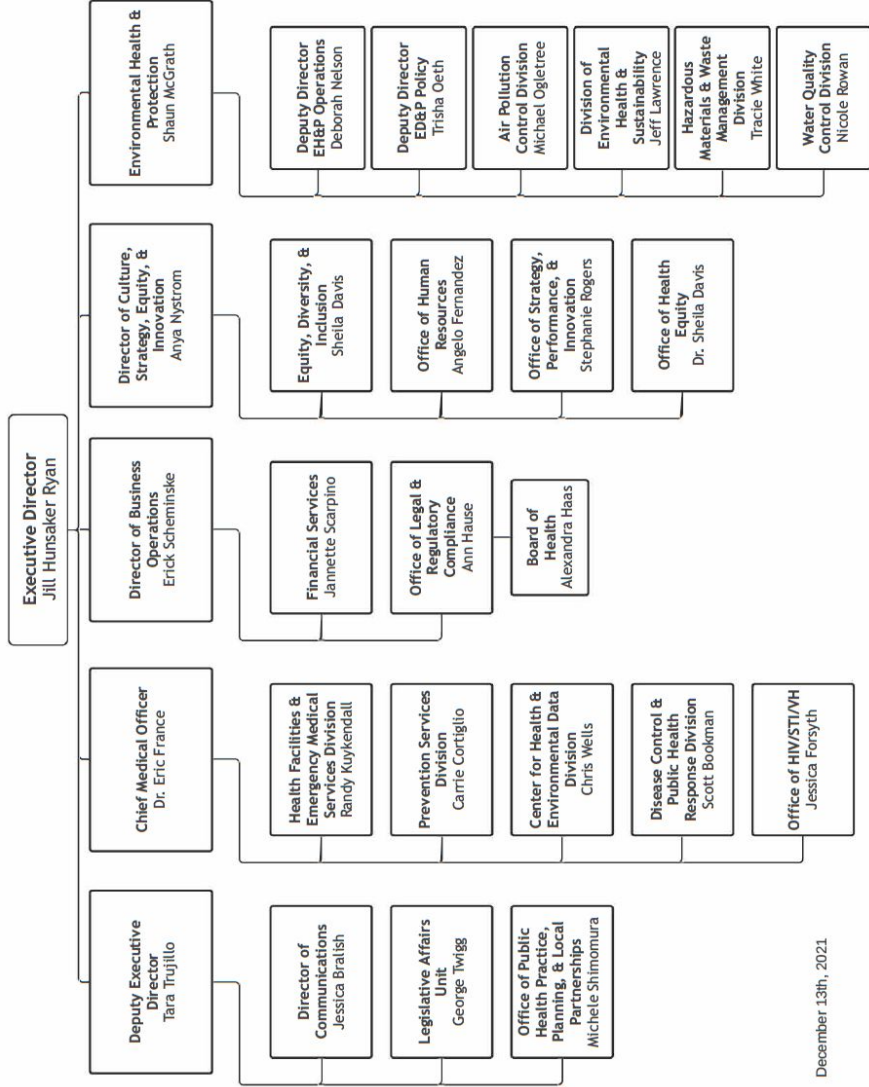
Advancing Colorado's health and protecting the places where we live, learn, work, and play.

## **Vision**

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

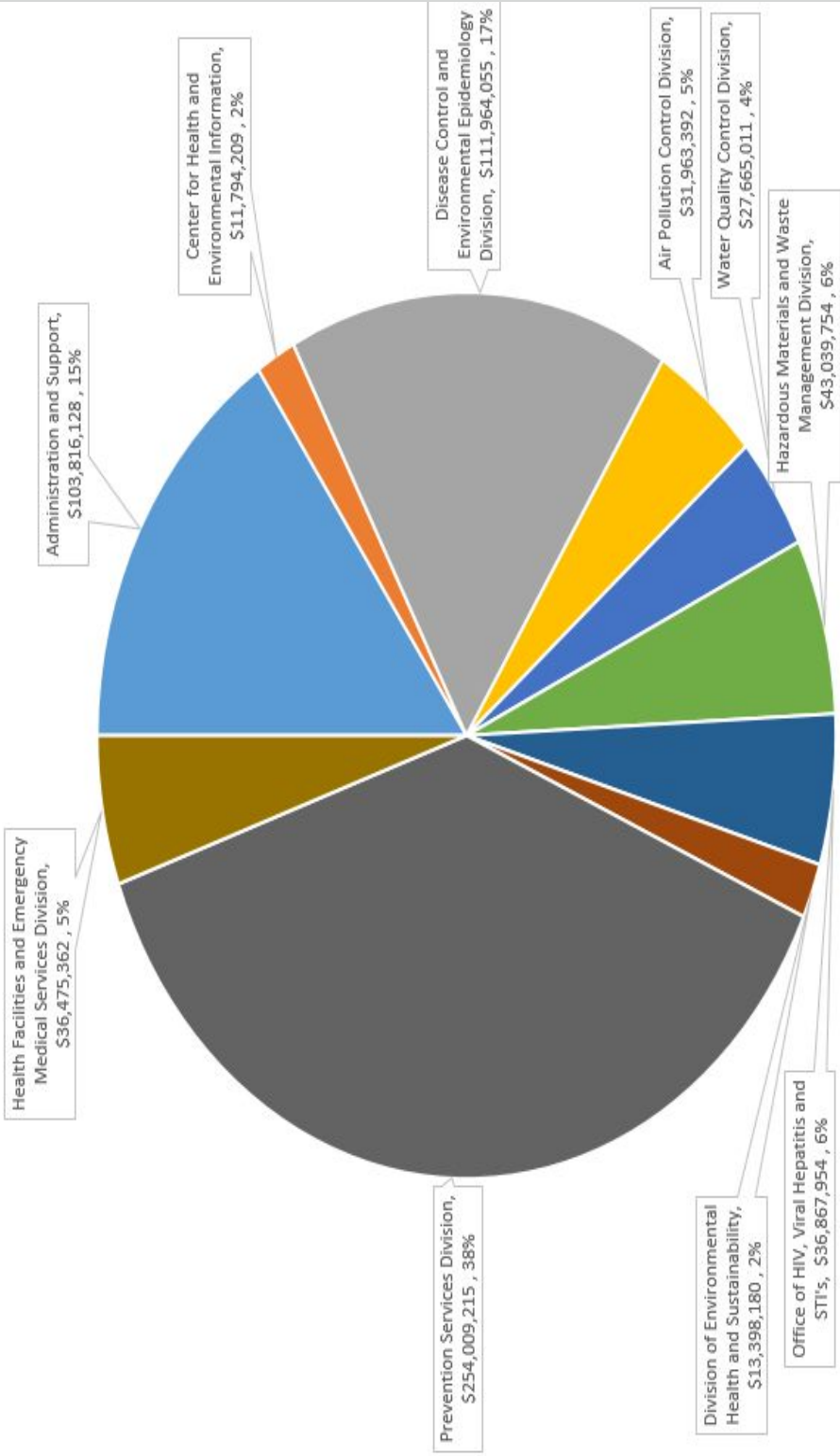


# Organizational Chart





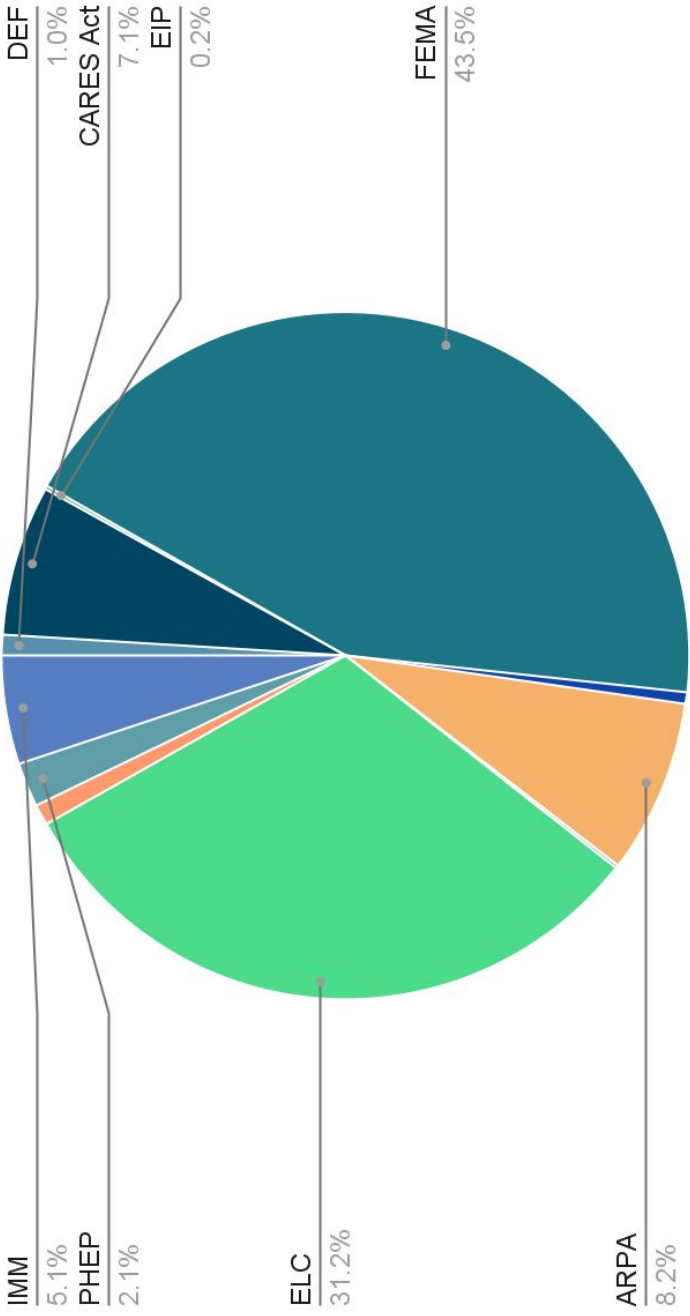
# Budget by Division (In Current Long Bill)





# New COVID-19 Response Funding (outside Long Bill appropriation)

## CDPHE COVID Funding



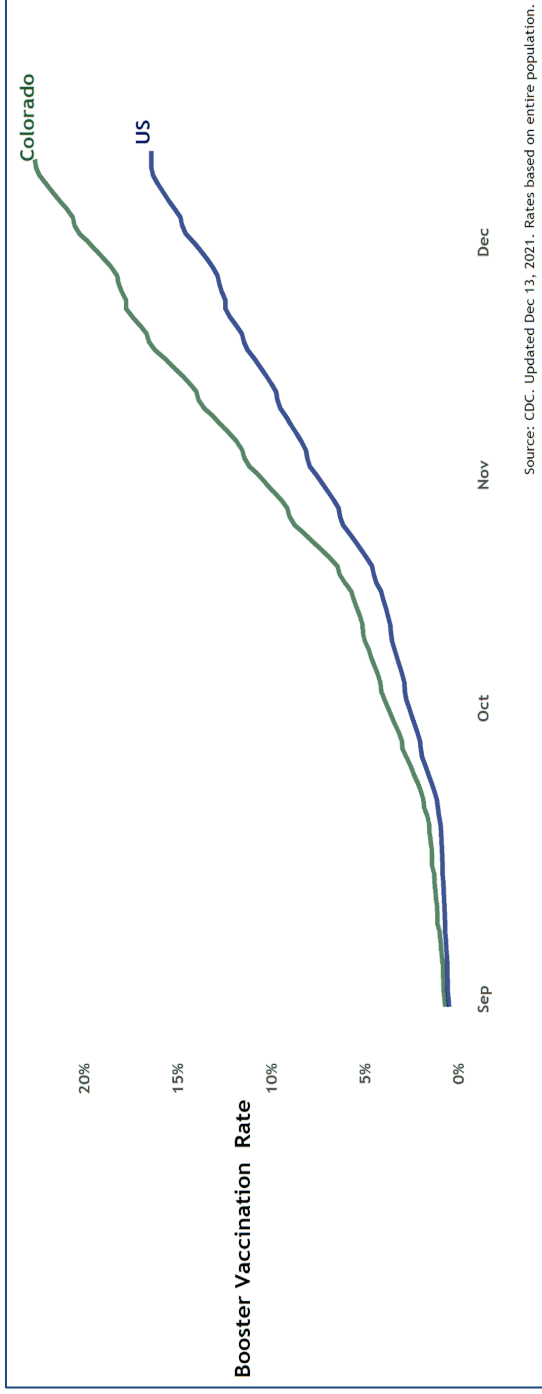


## COVID Response Update

- 1,800 providers administered over 7.2M vaccines to 4.1M Coloradans
- 6 large and 10 medium/small community vaccination sites
- 1,700 equity clinics and 2,150 mobile bus stops to provide over 450,000 vaccines to BIPOC, low income and rural communities
- 7,000 outbreaks managed
- 152 community test sites - 6,900 tests/day; 2.9M tests administered
- 2.9M tests analyzed at the State Lab across 3 shifts
- 1,774 CDPHE response staff/contractors hired



# COVID Response Update



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## R-01 Air Quality Transformation

- \$24.8 million General Fund in FY 2022-23
- \$27.4 million in FY 2023-24
- Fundamental, once-in-a-generation shift in the State’s approach to improving air quality for Colorado’s residents and visitors
- Built around five critical “pillars”
  - Cutting-Edge Regulations - regulatory initiatives will be pursued to help meet Colorado’s ozone, GHG and environmental justice goals
  - Immediate Emissions Reductions - Incentives to transition from gasoline powered to electric engines for lawn equipment
  - Air Quality Science - Additional and updated air quality data is needed to improve overall understanding of air quality, inform strategies and support public communication
  - Community Services - Close a gap in meeting public expectations regarding communication and availability of air quality information
  - Driving APCD Performance - Support more stringent permitting, compliance, enforcement and oversight as required under the Clean Air Act





# FY23 Decision Item Requests

## **R-02 Colorado Dairy Protection**

- \$400,000 GF in FY23 and FY24 to fully fund the CDPHE milk program, which inspects and tests pasteurization equipment in accordance with national standards.

## **R-03 Health Facilities General Licensure**

- \$500,000 GF in FY23 and FY24 to ensure that health facilities such as nursing homes and hospitals are following state regulations for the care and treatment of patients, residents and clients.

## **R-04 Emergency Medical & Trauma Support Services**

- \$2.0 million in FY23 to provide grants to EMS providers, hospitals, and other health care facilities. Grants are used for purposes such as the purchase of ambulances and to subsidize costs for EMS and emergency department hospital staff.



## FY23 Decision Item Requests

### **R-05 Administration Division Policy Staff**

- \$357,580 RF to enhance the Department's effectiveness in policy-related decision-making, coordination with elected officials, and stakeholder engagement.

### **R-06 Enterprise Phone System**

- \$222,125 RF to facilitate transition to a Managed IP Communications telephone system to right-size and replace CDPHE's aging telephonic infrastructure

### **R-07 Provider Rate Increase**

- \$92,316 total funds in support of a Statewide 1.0% provider rate increase



# 2022 Legislative Priorities

## **Air Investment Package**

- Separate from the Decision Item already discussed, the Governor's Air Quality Investment Package includes legislative proposals for CDPHE to implement a \$150 million investment in electric school buses to reduce the exposure of children to diesel emissions, \$7 million to increase oil and gas aerial and ground monitoring, and \$15 million down payment to start replacing the oldest and dirtiest trucks on the roads with low-emissions alternatives.

## **Advancing Waste Diversion Through Market Development in Colorado**

- Creates a Circular Economy Development Center to support existing and new Colorado-based businesses that manufacture products using recycled materials (currently only 12% of recyclables are re-manufactured in-state). Also modifies an existing recycling and composting grant program to address issues that were making it difficult for many local governments and small businesses to apply for funding.

## **Flexibility in Oral Health Funding**

- Expands the allowable uses of funding supporting the State Dental Loan Repayment Program to also support the Oral Health Community Grants Program, which invests in initiatives that reduce racial, economic, and geographic oral disease disparities, especially among children.



| In Conclusion

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**Thank you!**