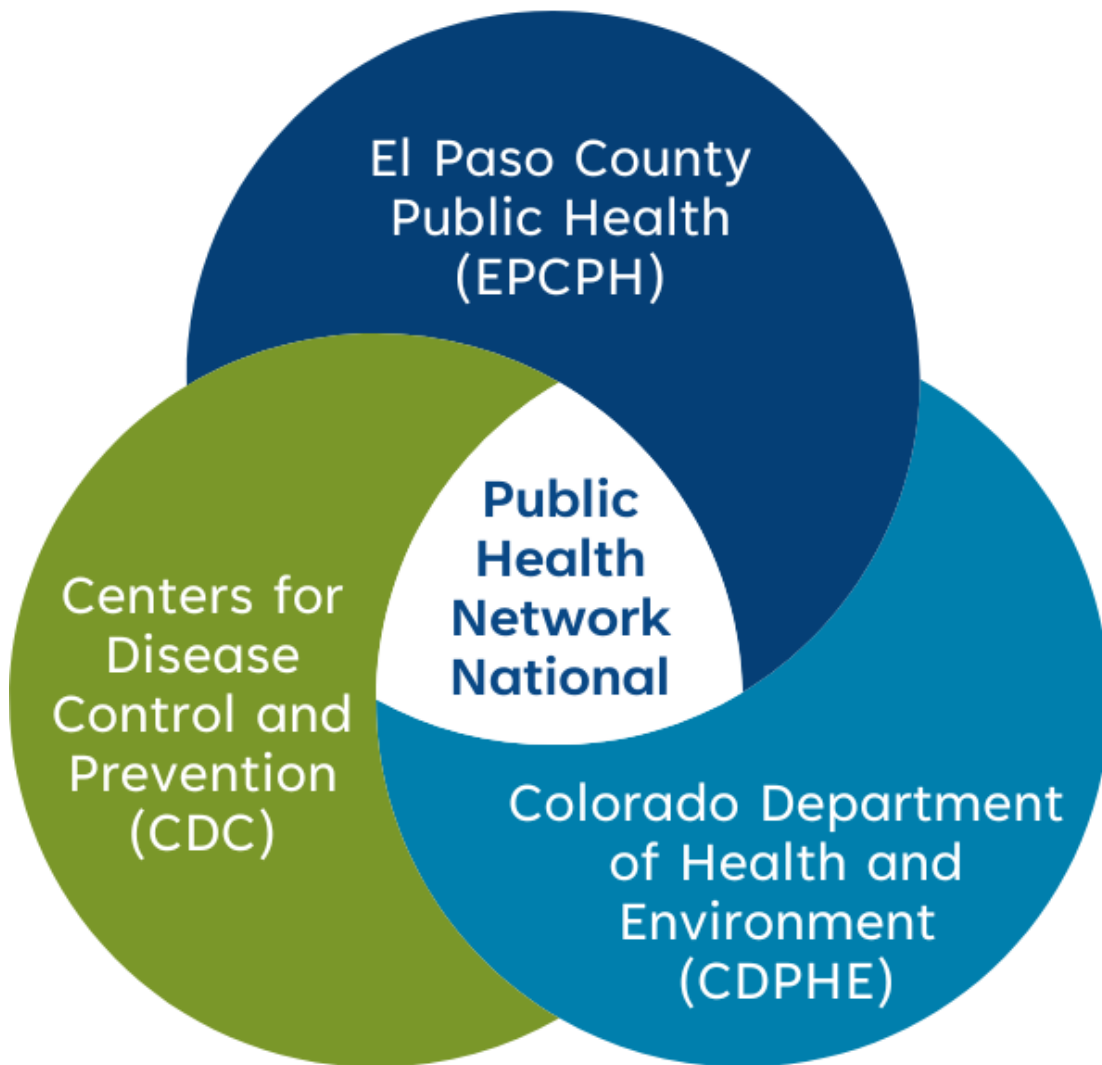




# EL PASO COUNTY PUBLIC HEALTH

## 2025 ADOPTED BUDGET

## National Public Health Network Agencies



El Paso County Public Health (EPCPH) is one of many local public health agencies (LPHAs) that are part of a larger national public health network. This network embodies broad oversight from the Centers for Disease Control and Prevention (CDC). Locally, oversight of Colorado LPHAs is provided by the Colorado Department of Public Health and Environment (CDPHE). The CDC and CDPHE provide substantial funding to EPCPH to support local public health activities.

# Government Finance Officers Association



GOVERNMENT FINANCE OFFICERS ASSOCIATION

## *Distinguished Budget Presentation Award*

PRESENTED TO

**El Paso County Public Health  
Colorado**

For the Fiscal Year Beginning

**January 01, 2024**

*Christopher P. Morill*

**Executive Director**

# 2025 Adopted Budget

## El Paso County Public Health Colorado

### Prepared for:

The El Paso County Board of Health and Citizens of El Paso County, Colorado

### El Paso County Board of Health:

**Ted Collas**, President (citizen-at-large)

**Doris Ralston**, Vice President (representing the business, banking and financial industry)

**Carrie Geitner**, El Paso County Board of Commissioners

**Cory Applegate**, El Paso County Board of Commissioners

**Dave Donelson**, Colorado Springs City Councilmember

**Dr. Debora Chan**, MD (retired physician)

**Glant Havenar**, Mayor of Palmer Lake

**Dr. Richard Vu**, MD (active physician)

**Hunter Barnett** (representing the non-profit, public, or private or public education sector)

### With the Cooperation of the 2025 El Paso County Board of County Commissioners:

**Carrie Geitner**, District 2, Chair

**Holly Williams**, District 1, Vice Chair

**Bill Wysong**, District 3, Commissioner

**Cory Applegate**, District 4, Commissioner

**Cami Bremer**, District 5, Commissioner

### Public Health Executive Team:

**Susan Wheelan**, Public Health Executive Director

**DeAnn Ryberg**, Deputy Director

**Dr. Paul Mayer**, Co-Medical Director

**Dr. Bernadette Albanese**, Co-Medical Director

**Carolyn Gery**, Development Officer

**Michelle Beyrle**, Strategy, Data and Communication Division Director

**Kat McGarvy**, Environmental Health Services Division Director

**Summer South**, Clinical Services Division Director

**Dacia Hudson**, Community Health Promotion Division Director

### Prepared by:

**Nikki Simmons**, CPA, CPFO, Chief Financial Officer

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**Nora Todd**, Budget Analyst

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**Michelle Guenther**, Operations Manager, El Paso County Public Health

**Pamela Preston**, Communication & Public Relations Supervisor, El Paso County Public Health

# Table of Contents

National Public Health Network Agencies .....	1
Government Finance Officers Association .....	2
2025 Adopted Budget .....	3
Table of Contents .....	4
Budget Message .....	8
Board of Health Members .....	9
Organizational Chart .....	14
Profile of Government Overview .....	16
El Paso County Demographics.....	19
El Paso County Population .....	20
Municipal Population and Housing.....	21
El Paso County Labor Force and Unemployment .....	22
Executive Summary.....	23
2024 Public Health Activity .....	23
Agency Plans .....	23
2024 Development opportunities: .....	25
COVID-19 Recovery:.....	26
Budgetary Challenges and Historical Staffing: .....	28
Emerging Threats and Priorities: .....	29
Core Public Health Work:.....	31
2024 Awards and Recognitions.....	34
2025 Budget Development and Process .....	36
Grant Funding Status.....	36
2025 Budget Development and Base Budget.....	38
Performance Management, Goals and Strategies .....	39
2025 Budget Development and Process .....	41
Basis of Accounting and Budgeting .....	42
Debt and Capital .....	43
Capital Projects .....	44
Programs and Services.....	45
Administration and Agency Offices.....	45
Clinical Services .....	47



Community Health Promotion .....	49
Environmental Health .....	52
Disease Prevention, Control and Response Capabilities .....	54
Staffing .....	56
Original Adopted Budget .....	59
Historical Budget Review .....	60
Total Revenue versus Population Growth.....	60
State and Local Support Revenue versus Population Growth.....	62
Number of Full-Time Equivalent Public Health Employees .....	63
Citizens Served Per Public Health Employee.....	63
Population Growth and Public Health Employees .....	64
Current Financial Status.....	65
Operational Reserves 2023 Fund Balance Details .....	65
Projected Financial Status .....	66
Changes from 2025 Preliminary to 2025 Adopted Budget .....	67
2025 Original Adopted Budget Summary.....	68
2025 Original Adopted Budget Revenues.....	69
2025 Original Adopted Budget Expenditures .....	70
Resolution to Adopt and Appropriate the 2025 Public Health Budget .....	71
Attachment B – El Paso County Public Health 2025 Original Adopted Budget Summary.....	72
Financial Breakdown.....	73
Mandates/State Statutes Required .....	74
Fund Balance Policy .....	75
Public Health Director and Executive Team .....	78
El Paso County Public Health – Fund 95 .....	79
Fund 95 Division Summary.....	80
Budget Summary by Program.....	82
Administration and Agency Offices .....	84
Administration .....	84
2024 Performance Measures and Operating Indicators.....	85
Administration Budget Summary .....	90
Public Health Data and Analytics .....	95
2024 Performance Measures and Operating Indicators.....	96
Public Health Data and Analytics Budget Summary.....	97
Business Operations.....	98

2025 Performance Measures and Operating Indicators.....	99
Business Operations Budget Summary .....	100
Workforce Development .....	101
2024 Performance Measures and Operating Indicators.....	102
Workforce Development Budget Summary .....	104
Development Office .....	106
2024 Performance Measures and Operating Indicators.....	107
2025 Performance Measures and Operating Indicators.....	108
Vital Statistics .....	109
Vital Statistics Budget Summary .....	110
Strategy, Data and Communication Division .....	111
2025 Performance Measures and Operating Indicators.....	112
Strategy, Data and Communication Budget Summary .....	114
Clinical Services Division.....	115
2024 Performance Measures and Operating Indicators.....	116
2025 Performance Measures and Operating Indicators.....	118
Clinical Services Budget Summary.....	120
Community Health Promotion Division .....	125
2024 Performance Measures and Operating Indicators.....	126
2025 Performance Measures and Operating Indicators.....	127
Community Health Promotion Budget Summary .....	129
Environmental Health Division.....	137
2024 Performance Measures and Operating Indicators.....	138
2025 Performance Measures and Operating Indicators.....	139
Environmental Health Division Budget Summary.....	141
Disease Prevention, Control and Response Capabilities Programs.....	142
Communicable Disease .....	142
2024 Performance Measures and Operating Indicators.....	143
2025 Performance Measures and Operating Indicators.....	143
Communicable Disease Budget Summary .....	145
Emergency Preparedness and Response .....	147
2024 Performance Measures and Operating Indicators.....	148
2025 Performance Measures and Operating Indicators.....	151
Emergency Preparedness and Response Budget Summary .....	152
Laboratory.....	153

2024 Performance Measures and Operating Indicators.....	154
2025 Performance Measures and Operating Indicators.....	155
Laboratory Budget Summary .....	156
Glossary .....	157



# Budget Message

Dear Board of Health, Board of County Commissioners, and El Paso County residents:

Our primary goal in budgeting each year is to meet ongoing needs while building a healthier, more resilient community. As we plan ahead, El Paso County Public Health (EPCPH) is committed to allocating funding to support the evolving needs of El Paso County residents.

This year's budget process was shaped by the success of our previous strategic efforts and our ongoing commitment to foundational public health work. Over the past year, our agency has laid a strong foundation for the future through the development and implementation of the next five-year cycle of key agency plans, which include the Community Health Assessment (CHA), Community Health Improvement Plan (CHIP), Strategic Plan, Annual Work Plan, Workforce Development Plan, Quality Improvement (QI) plan, Public Health Emergency Operations Plan, and Organization Branding Strategy. These documents provide a guiding framework for our agency's work, in alignment with the foundational public health capabilities and core services. Specifically, our agency is focused on key areas essential to achieving our mission, as outlined in our Strategic Plan:

- **Workforce** – to attract and retain a knowledgeable and skilled workforce to provide services for the residents of El Paso County.
- **Health Data and Communication** – To foster and build trust with stakeholders through the use of relevant, credible and transparent data and communication.
- **Community Trust and Engagement** – To build trust and strengthen relationships between Public Health and residents to expand an understanding of public health.
- **Partnerships** – To develop and maintain strong strategic relationships with cross-sector partners to support the public health system through shared funding, services and collective action.

As we focus on our strategic priority areas, we continue to evaluate our staffing and organizational structure, with the overarching goal of optimizing and streamlining agency infrastructure. This comes at a crucial time, with the end of numerous pandemic grants and funding streams. Our agency is focused on aggressively pursuing funding to meet the community's evolving needs while remaining nimble to align with the federal policy landscape.

Other key priority areas include enhancing data resources, building on the success of previous grant acquisition initiatives, addressing recruitment and retention challenges, tackling staff burnout, and advancing workforce development.

I am immensely proud of our public health team's dedication, skill, and resilience in addressing challenges and meeting the needs of our communities. With the support of the Board of Health, Board of County Commissioners, and countless partners, our agency has achieved significant accomplishments that inspire confidence in our capacity to build long-term resilience.



Susan Wheelan, MBA  
Executive Director | El Paso County Public Health  
El Paso County Public Health | 2025 Adopted Budget

# Board of Health Members



**Ted Collas, M.S., Board of Health President**

Term: April 28, 2021- April 28, 2026

Represents: Citizen-at-large

Ted Collas was appointed to the El Paso County Board of Health following his retirement from the Colorado Springs Fire Department (CSFD) in 2021. During his 36-year career with the CSFD, Ted served as a firefighter, paramedic, company officer, battalion chief, deputy chief, and served his final five years as the Fire Chief. Ted considers his 25 plus years as an Emergency Medical Technician, seventeen of which were at the paramedic level, as his introduction to public health. As Fire chief he oversaw one of the most progressive and effective Community and Public Health programs in the fire service. This division of the CSFD includes Community Assistance Referral and Education Services (CARES), which helps people dependent on emergency medical services (EMS) to provide their routine health care, connect with primary care providers. The Community and Public Health Division is also home to the Community Response Team (CRT) which provides on-scene behavioral health evaluations and medical screenings to patients in crisis, providing them with the care they need rather than traditional hospital evaluation or law enforcement interdiction.

Ted has a deep commitment to service and the well-being of the residents and visitors to the Pikes Peak region as evidenced through his extensive professional and volunteer experience. In addition to his service on the Board of Health, Ted currently serves on the board of the Public Safety Initiative at the University of Colorado at Colorado Springs, which provides high-level professional training for first responders nationwide. He also serves on the board of the Nutrition Camp School Foundations, Inc., which supports programs that promote the health and well-being of children in the Pikes Peak region, as well as serving on the Colorado Springs Christian School Board.

Ted earned an Associate of Science in Fire Science from Honolulu Community College. He also earned a Bachelor of Science in Organizational Management from Colorado Christian University, and a Master of Science in Organizational Leadership from Regis University.



**Doris Ralston, M.P.A., C.H.E.S., Colorado Spring Osteopathic Foundation Executive Director & CEO, Board of Health Vice President**

Term: August 1, 2022 – August 1, 2027

Represents: Business, banking or financial professional

Doris Ralston works as executive director of the Colorado Springs Osteopathic Foundation. She holds a Master of Public Administration degree from UCCS and a bachelor's degree in community health education from East Carolina University. Ms. Ralston served two three-year terms (2013 – 2019) on the Colorado Commission on Family Medicine, a Governor appointed position representing Congressional District 5.

With Ralston at the helm, the Osteopathic Foundation was named the outstanding grant-making organization for 2012 by the Center for Nonprofit Excellence's Partners in Philanthropy.

She was also awarded the John H. Drabing Award for "extraordinary dedication and support" in 2010 and the National Award for Excellence in Financial Development, awarded by the Congress of Lung Association staff at its national meeting. Ms. Ralston continues to volunteer for the American Heart Association in addition to her service on the Board of Health.



**Cory Applegate, El Paso County Commissioner**

Term: January 14, 2025 – January 14, 2030

Represents: El Paso County Board of County Commissioners

Cory Applegate serves District 4 on the Board of County Commissioners. His district encompasses southern and eastern El Paso County, including portions of the City of Colorado Springs, the entire City of Fountain, and unincorporated areas south of Highway 94 such as Security/Widefield, Hanover, Rush, Ellicott, and Yoder. This district also is also home to three strategically significant military installations: US Army Fort Carson, Peterson Space Force Base, and Schriever Space Force Base. Cory moved to Fountain, Colorado in 2005. Elected in November 2024, Cory is the youngest known elected Commissioner in El Paso County history. As a journeyman electrician with ten years' experience in code and commercial construction and maintenance, Cory has a deep understanding of the impacts of regulation and policy on development. His priorities are public safety and infrastructure. Prior to his election to the Board of County Commissioners, Cory served as a member of the Fountain City Council and was a member of the Fountain Planning Commission. He enjoys outdoor sports in his spare time, including hunting, fishing, archery, and recreational shooting. He is a member of Restoration Church in Colorado Springs.



**Hunter Barnett**

Term: December 17, 2024 – December 17, 2029

Represents: Nonprofit, public, or private or public education sector

Hunter Barnett was appointed to the Board of Health in December 2024. He currently works as a Managing Director of New Product Development for UnitedHealth Group's Enterprise Strategy department, building and launching new products and services that benefit UnitedHealth's members and patients.

Hunter brings personal passion and professional experience for metabolic health (especially for children), rural health, and price transparency to the Board of Health.

Serving as the advocate for El Paso County's nonprofit, private or public education community, Hunter has demonstrated years of experience and commitment to a number of organizations, including Junior Achievement, Leadership Program of the Rockies, and Colorado's 2021 Independent Legislative Redistricting Committee. A father of three, two of whom were born prematurely, Hunter is also an active supporter of Newborn Hope, which provides financial support for Colorado families impacted by prematurity.

In 2024, Hunter was recognized by The Aspen Institute as an Aspen Ideas: Health Fellow for his work to promote root cause medicine and whole person health as a better way to prevent, treat, and reverse chronic disease.

Hunter attended the University of Colorado at Boulder, graduating with a Bachelor of Science in Business Administration degree from the Leeds School of Business. He also attended Northwestern University's Kellogg School of Management, earning a Master of Business Administration degree.



**Debora Chan, M.D., M.P.H., FACOG**

Term: September 12, 2023 – September 12, 2028

Represents: Active or retired medical professional

Dr. Chan is a retired physician with several decades of experience serving in various clinical, administrative, and population health roles. She has worked in leadership roles as an active-duty U.S. Army physician, commissioned corps US Public Health Service, as a managing partner in private practice, and as a medical director in public sector administrative management. Her international work

includes Doctors Without Borders in South Sudan, serving as a Harvard University Global Health and Innovations Fellow in Kenya, as well as collaborative private/public sector work in Tasmania, Madagascar and at the Thai/Myanmar border. Her area of clinical specialty is women's health and has maintained board certification in OB/GYN since 1994. She returned to school mid-career for her MPH from Johns Hopkins Bloomberg School of Public Health and has a concentration in Health in Crisis. Special areas of interest in public health include global health equity and asset distribution, distal determinants of health, social norms as determinants of health behavior, and health economics.



#### Dave Donelson, Colorado Springs City Councilmember

Term: July 1, 2021 – July 1, 2025 (Colorado Springs City Council appoints a representative to the Board of Health every two years)

Represents: Colorado Springs City Council

Dave Donelson was appointed to the Board of Health in 2021. He is the Colorado Springs City Council member for District 1. Mr. Donelson is a retired U.S. Army Officer and physician assistant with more than 20 years' experience in medicine — as a U.S. Army Special Forces (Green Beret) Medical Sergeant, paramedic, and then as a physician assistant. He was responsible for the health and medical readiness of all soldiers in his unit. He is an Iraq War veteran with three one-year deployments to Iraq.

After retiring from the Army in 2010 he served the citizens of Colorado Springs as a physician assistant at Peterson SFB Flight Medicine, a small urgent care, and finally as the center director for a men's health clinic. He has a bachelor's degree in physician assistant studies from the University of Nebraska School of Medicine, and a bachelor's degree in political science from the University of New Mexico.



#### Carrie Geitner, El Paso County Commissioner

Term: January 14, 2025 – December 14, 2030

Represents: El Paso County Board of County Commissioners

Commissioner Carrie Geitner was sworn in as the District 2 Commissioner on January 12, 2021. District 2 extends from east side Colorado Springs neighborhoods through Cimarron Hills, Falcon, Peyton, Calhan and Ramah.

Commissioner Geitner believes our collective responsibility is to build our community to fulfill the needs of one another. With a background in communications and outreach, Geitner hopes to build stronger relationships with the community and build trust in local government.

She is the first college graduate in her family, receiving her degree from the University of Central Florida where she majored in English with double minors in psychology and marketing. Shortly after college Geitner met and married her husband, Army Officer and State Representative Tim Geitner. Together they have two sons.

She spent several years in fundraising and community outreach for non-profit organizations including hospice and a school for the blind. She also worked to establish non-profit status and served as president of a newly formed foundation created to support military families and honor fallen soldiers through a memorial wall and park.

Experiencing life as a military spouse, Commissioner Geitner has increased compassion and empathy towards veterans and military families. It's that understanding that has led Geitner to a life of servant leadership.

In 2020, Commissioner Geitner founded a charter school in District 2 and serves as the board president. She also owned and operated a small business.



Richard Vu, M.D.

Term: April 28, 2021 – April 28, 2026

Represents: Active or retired physician

Dr. Richard Vu was appointed to the Board of Health in 2021. Dr. Vu is a board-certified internist, practicing at Matthews-Vu Medical Group. He received his medical degree from Northwestern University Medical School and completed his residency in Internal Medicine at Rush-Presbyterian-St. Luke's Medical Center in Chicago. Dr. Vu has been serving patients in Colorado Springs since 2004.



Glant Havenar, Mayor of Palmer Lake

Term: January 10, 2021 – December 31, 2024

Represents: Elected Official from a municipality other than Colorado Springs

Glant Havenar was appointed to the Board of Health in 2023. She is currently serving as the Mayor of Palmer Lake. She brings over 20 years of experience in leadership roles and in decision-making capacities for various Boards. She will act as a part of a strong team of professionals providing for the health, safety, and welfare of our citizens in the Pikes Peak region. She believes that all people in our community should have a voice in their health care choices, be treated with compassion, and have access to superior health care.

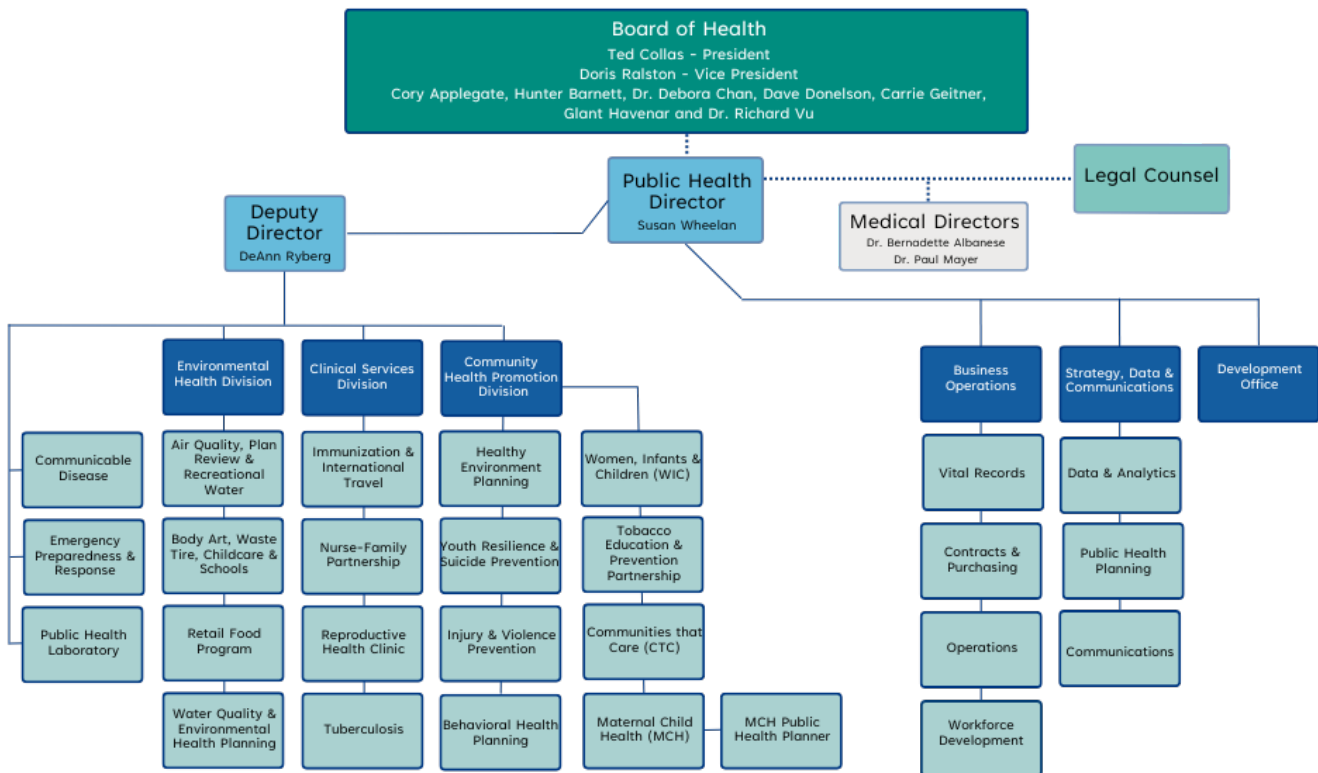
Glant holds a Bachelor in Communications and understands the complexities of often seemingly straightforward issues. Over her multiple years in public service, Glant has gained the insight, training, and the knowledge needed to make or guide excellent choices for our community. Glant's three greatest treasures call her Mom, a role that has formed the core values and the heart of who she is.



# Organizational Chart

## EL PASO COUNTY PUBLIC HEALTH

Updated  
January 2025



## El Paso County Public Health Organizational Chart – October 2024

### El Paso County Board of Health

- Ted Collas
- Doris Ralston
- Cory Applegate
- Hunter Barnett
- Dr. Debora Chan
- Dave Donelson
- Carrie Geitner
- Glant Havenar
- Dr. Richard Vu

### Reporting to the Board of Health

- Public Health Executive Director, Susan Wheelan
- El Paso County Legal Counsel, Lori Seago

### **Individuals, offices or divisions reporting to Public Health Executive Director**

- Public Health Deputy Executive Director, DeAnn Ryberg
- Public Health Co-Medical Director, Dr. Bernadette Albanese
- Public Health Co-Medical Director, Dr. Paul Mayer
- Business Operations
  - Vital Records
  - Contracts & Purchasing
  - Operations
  - Workforce Development
- Strategy, Data and Communications
  - Data & Analytics
  - Public Health Planning
  - Communications
- Development Office

### **Offices or divisions reporting to Public Health Deputy Director**

- Communicable Disease
- Emergency Preparedness & Response
- Public Health Laboratory
- Environmental Health Division
  - Air Quality, Plan Review & Recreational Water
  - Body Art, Waste Tire, Childcare & Schools
  - Retail Food Program
  - Water Quality & Environmental Health Planning
- Clinical Services Division
  - Immunizations & International Travel
  - Nurse-Family Partnership
  - Reproductive Health Clinic
  - Tuberculosis
- Community Health Promotion Division
  - Injury & Violence Prevention
  - Tobacco & Education Prevention Partnership
  - Women, Infants & Children (WIC)
  - Maternal and Child Health (MCH)
  - Healthy Environment Planning
  - Youth Resilience & Suicide Prevention
  - Youth Substance Youth Prevention
  - MCH Public Health Planner
  - Behavioral Health Planning

# Profile of Government Overview

El Paso County, incorporated in 1861 and located in the central part of Colorado, is one of the top growth areas in both the state and the county. The 2025 population forecasts from the Colorado Department of Local Affairs have El Paso County's population projected at 758,146. El Paso County is the most populous county in the state of Colorado and occupies 2,158 square miles. El Paso County Public Health (EPCPH) serves all residents of and visitors to El Paso County with 194 authorized full-time equivalent (FTE) employees, in addition to numerous part-time and contract employees.

EPCPH is governed by a nine-member Board of Health, whose members are appointed by the El Paso County Board of County Commissioners for five-year terms. The Board of Health governs the agency through the establishment of policy, approval of budgets, and the appointment of the public health director.

## Mission

EPCPH's mission is to promote and protect public health and environmental quality across El Paso County through people, prevention and partnerships.

EPCPH serves all residents and visitors of El Paso County, which includes the cities of Colorado Springs, Manitou Springs and Fountain, and the towns of Calhan, Green Mountain Falls, Monument, Palmer Lake, and Ramah. The Institute of Medicine defines public health as "fulfilling society's interest in assuring conditions in which people can be healthy." Public health programs are focused on the general population and

## Vision

EPCPH's vision is for all El Paso County residents to live in thriving communities where every person has the opportunity to achieve optimal health.

## Local Economy

There are several major industries located within El Paso County's boundaries. These include five military installations and their supporting operations, semiconductor companies, automobile dealers, and large retailers, as well as several financial institutions, faith-based organizations, insurance companies, and nonprofit, charitable and cultural organizations. El Paso County is also home to numerous athletic organizations, including the U.S. Olympic and Paralympic Committee – Team USA, which is based in Colorado Springs.

## Foundational Public Health Services

In 2008, the Colorado Public Health Act required the State Board of Health to establish, by rule, the core public health services that each county and district public health agency must provide or assure, as well as establish, minimum quality standards for those public health services. A revised ruling ([6 CCR 1014-7](#)), effective Jan. 1, 2020, now requires state and local health departments in Colorado to assure provision of eight foundational capabilities and five foundational service areas called the Foundational Public Health Services. EPCPH fulfills its statutory requirement of providing these core public health services through the work of its divisions and programs.

While there is some overlap with the 10 Essential Services of Public Health framework, both models serve as best practices to assure that EPCPH is fulfilling its statutory requirements and prioritizing services that meet the needs of all El Paso County residents and communities. The Foundational Public Health Services outlines the responsibilities of public health and the role public health plays in a thriving community. The Foundational Public Health Services framework outlines the subset of services in each public health program area that are foundational to building and maintaining healthy communities, while the Foundational Capabilities are the cross-cutting capacities and expertise needed to support foundational services and public health programs.

**Foundational Public Health Services** The foundational public health services include five key areas focused on community-specific services: communicable disease control; chronic disease and injury prevention; environmental public health; maternal child and family health; access to and linkage with clinical care.

## **El Paso County Strategic Plan Collaboration, Goal and Objectives**

EPCPH is a component of El Paso County's strategic plan, specifically 2022-2023 Objective #4: Health & Safety: Foster partnerships to support community efforts to improve the health and safety of residents.

### **Mandates/State Statutes**

Public health is defined in statute by the Colorado Public Health Act as the prevention of injury, disease, and premature mortality; the promotion of health in the community; and the response to public health and environmental health needs and emergencies.

### **Colorado Public Health Act**

#### **Title 25, Article 1 of Colorado Revised Statutes (CRS)**

- Assessment, Planning and Communication
- Communicable Disease Prevention, Investigation, and Control
- Emergency Preparedness and Response
- Environmental Health
- Prevention and Population Health Promotion
- Vital Records and Statistics (Birth and Death Certificates)
- Administration and Governance

#### **Required duties of all local public health agencies per [C.R.S. 25-1-506](#)**

- Complete a community health assessment.
- Create a community health improvement plan.
- Advise the local board of health on public policy issues necessary to protect public health and the environment.
- Form and lead a Child Fatality Review Team.

# El Paso County Demographics

## El Paso County Demographic and Economic Indicators

Median Household Income	\$89,549
Households	298,973
High School Graduate of Higher, percent of age 25+	95.4%
Bachelor's Degree or Higher, percent of age 25+	44.3%
Employer Establishments (2021)	18,618
Total Employment Rate	60.7%
Average Travel Time to Work (minutes)	23.8

Source: [United States Census Bureau – 2023 ACS 1-Year Estimates](#)

## El Paso County Demographics

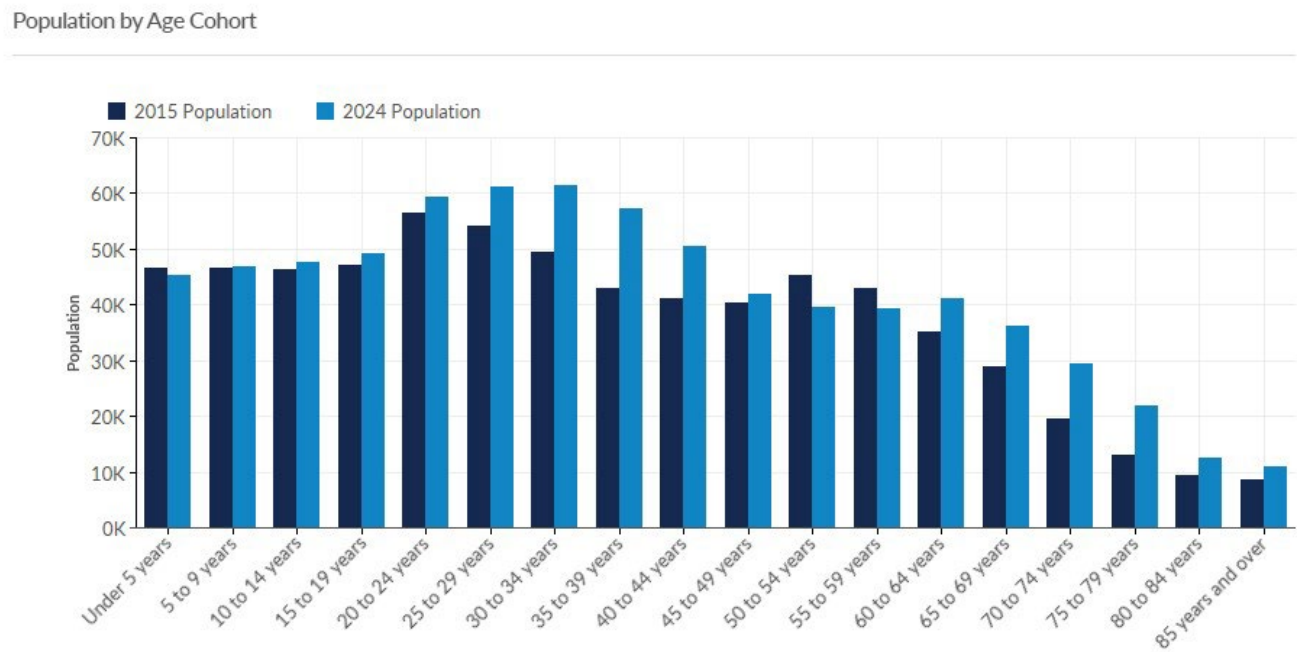
Race	2020	2021	2022	2023
American Indian and Alaska Native	2,387	2,206	1,901	1,680
Asian	18,467	19,039	19,665	22,799
Black or African American	42,116	41,773	40,741	41,937
Hispanic or Latino	124,227	129,324	133,004	142,048
Native Hawaiian and Other Pacific Islander	2,094	1,789	1,860	1,910
White	486,202	488,828	488,923	485,072
Other	1,742	2,549	3,047	4,298
Two or More Races	33,264	37,228	41,182	44,471
<b>Total</b>	<b>710,499</b>	<b>722,736</b>	<b>730,323</b>	<b>744,215</b>

Source: [United States Census Bureau – ACS 5-Year Estimates \(2020, 2021, 2022\) and ACS 1-Year Estimates \(2023\)](#)



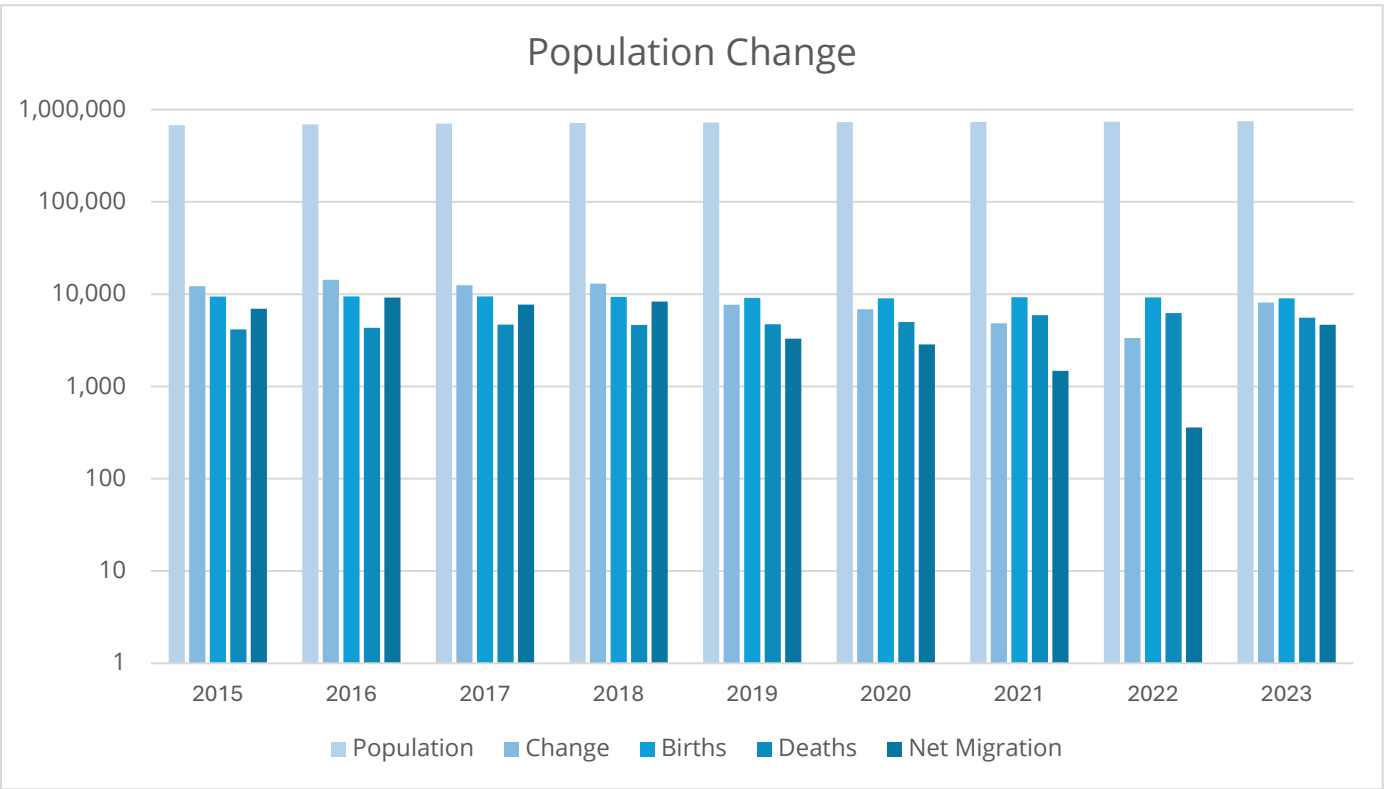
# El Paso County Population

## El Paso County 2024 Population by Age



Source: Lightcast

## El Paso County Change in Population 2015 – 2023



Source: Colorado Department of Local Affairs

# Municipal Population and Housing

## El Paso County & Municipalities Populations 2014 - 2022

	El Paso County	Calhan	Colorado Springs	Fountain	Green Mountain Falls (Part)	Manitou Springs	Monument	Palmer Lake	Ramah	Unincorporated
2014	665,754	782	443,553	27,923	747	4,965	7,244	2,490	121	177,929
2015	677,969	778	451,067	28,270	736	4,932	7,658	2,513	119	181,896
2016	692,295	785	460,505	28,699	759	4,933	8,088	2,551	119	185,856
2017	704,797	785	467,285	28,997	748	4,904	8,914	2,583	119	190,461
2018	717,812	785	474,691	29,480	759	4,877	9,770	2,619	118	194,713
2019	725,497	772	478,506	29,667	708	4,884	10,142	2,632	117	198,070
2020	732,366	761	479,828	29,865	622	4,857	10,497	2,639	111	203,186
2021	737,202	764	482,436	30,007	622	4,864	10,706	2,654	111	205,038
2022	740,552	764	485,143	30,007	622	4,864	10,820	2,658	111	205,563

Source: [Colorado Department of Local Affairs](#)

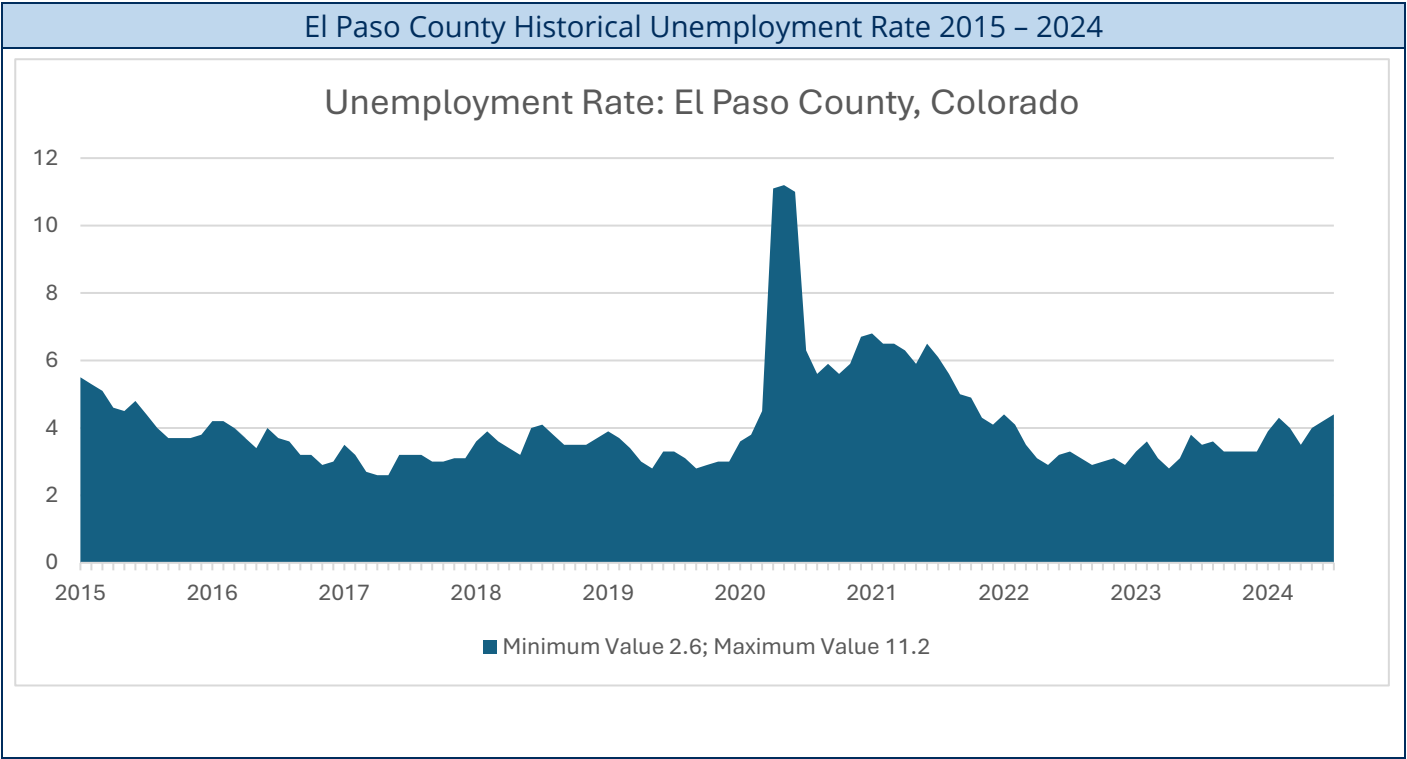
# El Paso County Labor Force and Unemployment

## El Paso County Labor Force Participation by Age 2015 – 2022

Age	2015	2016	2017	2018	2019	2020	2021	2022
16 to 19	13,400	12,997	12,910	12,931	12,575	13,067	14,113	15,122
20 to 24	34,158	35,326	36,077	36,753	37,173	37,750	36,756	36,106
25 to 34	72,196	74,155	76,613	79,578	82,118	83,318	87,238	88,593
35 to 44	61,550	62,800	64,783	67,603	70,020	71,584	75,839	78,016
45 to 54	64,331	64,213	63,969	63,682	62,918	62,028	63,462	63,983
55 to 64	48,750	50,306	52,009	53,015	54,309	55,157	54,885	53,621
65 to 74	13,070	14,186	15,261	16,469	17,623	17,796	18,933	19,308
75+	2,166	2,311	2,500	2,707	2,915	3,205	3,336	3,545

Source: [Colorado Department of Local Affairs](#)

## El Paso County Historical Unemployment Rate 2015 - 2024



Source: [United States Department of Labor – BLS Beta Labs](#)

# Executive Summary

As we focus on our strategic priority areas, we continue to evaluate our staffing and organizational structure, with the overarching goal of optimizing and streamlining agency infrastructure. This comes at a crucial time, with the end of numerous pandemic grants and funding streams. Our agency is focused on aggressively pursuing funding to meet the community's evolving needs while remaining nimble to align with the federal policy landscape.

In 2024, our agency reestablished a strong foundation for the future with the development of the next five-year cycle of our agency's plans. EPCPH solidified the next five-year cycle of key agency plans, which include the Community Health Assessment (CHA), Community Health Improvement Plan (CHIP), Strategic Plan, Annual Work Plan, Workforce Development Plan, Quality Improvement (QI) plan, Public Health Emergency Operations Plan, and Organizational Branding Strategy. These plans will form the guiding framework for our agency's work over the next five years and will highlight key themes such as mental health, wellness and burnout; workforce and retention; and modernizing our health data infrastructure.

This year also brought opportunities for our agency to fully utilize our data infrastructure by being able to pair data visualizations with leading health issues. This was accomplished through the creation and launch of two data dashboards—which are aligned with EPCPH's Strategic Plan and Community Health Assessment—to enhance transparency and increase access to timely, relevant, and credible information.

## 2024 Public Health Activity

### Agency Plans

- **Community Health Assessment (CHA)** - EPCPH released the 2023 CHA, comprised of local data which describes the overall health of El Paso County communities. The goal of the CHA is to identify key health needs and issues through systematic, comprehensive data collection and analysis. This effort is carried out through the work of the Healthy Community Collaborative (HCC), a multi-disciplinary group—led by EPCPH—with more than 60 representatives from local schools, hospitals, nonprofit and for-profit organizations, economic development groups, and engaged citizens. To inform the development of the CHA, EPCPH and the HCC worked together to assess local data on key factors impacting health, including the conditions and places where people live, learn, work, pray, and play, all of which are integral to health, well-being, and quality of life. Input from partners is essential in determining the areas that the community prioritizes.

As part of the CHA process, EPCPH and the HCC identified and analyzed nearly 60 different health indicators. Taking into account community needs and resources, the HCC selected four leading health areas to focus on:

- Barriers to accessing health care
- Suicide

- Drug overdose
  - Housing stability
- **Community Health Improvement Plan (CHIP)** - The Community Health Improvement Plan (CHIP) is a community-driven plan completed every five years as statutorily required by the Colorado Public Health Act. It serves as a strategic roadmap, translating population health data and the identified leading public health issues from the Community Health Assessment (CHA) into strategies to make progress on priority areas. The CHIP also guides the action process and provides a framework for collaboration among stakeholders towards evidence-based decision-making and participation processes. This plan will be presented to the Board of Health for approval in the first quarter of 2025.
  - **Strategic Plan** - EPCPH led a strategic planning process to support building a strong framework to guide our agency work. Our strategic plan provides a clear picture of where our organization is headed, what we plan to achieve, and the methods by which we will accomplish this work.
  - **Workforce Development Plan** – the EPCPH Workforce Development Plan is being updated and will include objectives and strategies to address key areas that were identified in a workforce capacity assessment through the Trailhead Institute. Those areas included:
    - Improve work-life balance and reduce burnout
    - Increase communication and transparency
    - Improve retention and provide career pathways
    - Increase professional development opportunities
 The plan is anticipated to be completed and implemented in 2025.
  - **Quality Improvement Plan-** Quality Improvement (QI) is a structured, evidence-based approach to enhancing organizational processes and outcomes, fostering a culture of continuous improvement. At EPCPH, QI is important for meeting the Public Health Accreditation Board (PHAB) standards and promoting high-quality, effective services for the community. In August 2024, EPCPH completed the development of the 2024-2028 QI Plan, which identifies actionable goals, objectives, and strategies designed to set a strong foundation for advancing agency-wide performance. Additionally, the QI team developed an “Introduction to Quality Improvement” self-paced training which is available to staff online in the agency’s training system. Access to this training supports staff in understanding the importance and impact of QI within public health. Together, these efforts strengthen EPCPH’s ability to innovate, address challenges, and continuously improve the quality of services delivered to the community.
  - **Organizational Branding Strategy-** A branding strategy is a long-term plan used to build a unique identity and image for an organization or agency. It defines how organizations want to be perceived and goes well beyond logos and visuals; it encompasses values, messaging, and the overall experience that a brand provides. In 2023, EPCPH began the process of reevaluating the agency’s overall brand, focusing on the brand purpose and vision, target audience, brand position, visual identity, customer experience, brand consistency and storytelling. An updated organizational branding strategy was launched in 2024 and aims to build a clear identity for EPCPH as well as build trust within our El Paso County communities.

## 2024 Development opportunities:

Each year, EPCPH focuses on evaluating and increasing funding streams to cover costs to meet statutory requirements, paired with increasing service demands and emerging issues due to El Paso County's steadily growing population.

Funding objectives are set through an iterative analysis of the following:

- Shifts in grant funding by program area due to changes at the state and/or national level
- Community health needs as outlined through the Community Health Assessment (CHA)
- Emergent issues
- Impact of COVID-specific grants ending: American Rescue Plan Act (ARPA) and Center for Disease Control and Prevention (CDC) Health Disparities

## Summary of 2024 Development Efforts

Sustaining an agile and resilient public health workforce remains a top priority. This is paramount as funding shifted in 2024, with the sunset of COVID-specific grants such as ARPA. To successfully adapt to these shifts, EPCPH strategically aligned current grant funds to ensure sustained support and minimize disruptions to programming, while continuing to aggressively seek out new funding opportunities.

In 2024, four grants closed totaling \$2,521,947

- CDC Health Disparities Grant: \$2,296,230
- CDPHE Office of Public Health Practice, Planning and Local Partnership (OPHP) Workforce Support: \$80,000
- CDPHE OPHP Workforce RFA: \$141,473
- CDPHE OPHP Rapid Grant: \$4,244

## New Proposals Submitted in 2024

Grant opportunities are identified through multiple efforts including primary research and collaboration with other agency programs and divisions. In 2024, seven grant proposals were submitted. Of the proposals submitted:

- Three proposals were awarded totaling \$849,588 in new funding.

In 2024, EPCPH was successful in securing \$849,588 in new grant funding. This funding also includes a third year of funding for the CDC A2 Foundational Capabilities grant, a collaboration as a sub-award recipient for the Region 16 Opioid funding, and a Colorado Department of Public Health and Environment (CDPHE) OPHP Rapid Grant. In alignment with the agency's strategic plan, this award will impact our communities in the following areas:

- Continuity of service and support for clients served through the Women, Infants and Children program through no disruption in capacity as state funding shifted.



- Expanded capacity of the agency to meet the needs of the retail food sector through sustained funding of the Retail Food Program Manager position.
- Professional development aligned to program needs funded through the CDC and CDPHE grant sources.
- Expansion of the capacity of the Data & Analytics team to conduct qualitative analysis of substance use trends as part of collaborative partnership with Colorado State University.
- Needs assessment of program-specific fees in the Environmental Health (EH) Division to cover cost of service delivery.

### **Secured Funding:**

The CDC Public Health Infrastructure grant of \$7,378,657 is a five-year grant with a closing date of Nov. 30, 2027. The agency is in good standing with CDC, on reporting requirements related to demonstrating progress in performance measures and fiduciary responsibility and is on track to maintain key personnel through the end of the grant period.

### **Agency Impact**

The primary focus of current grants has been to support public health infrastructure and staff, particularly during the successful transition of personnel tied to grants that concluded in 2024. EPCPH secured funding to maintain 22 full-time positions across the agency through the CDC Workforce Funding, with an annual allocation of \$2,928,344. This funding will address emergent personnel needs and support programmatic requirements, particularly for the Care Coordination Program.

### **Future Focused**

As EPCPH looks to 2025, the agency will continue to seek funding to support and sustain agency infrastructure, including monitoring current trends driving the funding and grant landscape. An analysis of grant forecasting highlights the following two areas which will drive future grant opportunities: partnerships and multi-sector collaboration and innovation to expand outreach impact and health outcomes.

### **COVID-19 Recovery**

EPCPH was at the forefront of El Paso County's COVID-19 response, recovery, and resiliency efforts since the agency first began monitoring the novel virus in December 2019. In 2023, there was a marked shift in pandemic response, with the gradual and strategic transition of COVID-19 activities to more routine disease response and operations after the declaration of the end to the federal COVID-19 public health emergency (PHE).

With COVID-19 activity decreasing and transition to routine disease response, EPCPH focused on recovery, which required significant strategic planning to support the workforce and agency in

reorienting and reprioritizing. A retrospective report analyzing what was learned through the COVID-19 response and recovery phases highlighted the need for public health to maintain a level of readiness and capacity to adequately address emergent public health crisis. It also highlighted and identified the need to reduce geographical and transportation barriers to care. As a result, EPCPH successfully prioritized resources to sustain mobile immunization clinic capacity, mobile supplemental nutrition services for the Women, Infants and Children (WIC) program, as well as care coordination services that bring public health services directly to residents throughout El Paso County. EPCPH continues to leverage strategies employed to transform operations rapidly and to evaluate and reimagine service delivery models with the goal of strengthening preventative structures, systems, and infrastructure to support a healthy community.

Several key factors were identified as essential to EPCPH's success during the recovery phase. Central to these efforts has been maintaining strong partnerships within El Paso County. Capacity building was accomplished through a collaborative, community-driven approach. The agency's response was significantly enhanced by the expertise, creativity, and contributions of local individuals and organizations.

These key observations inform the continued calibration of agency resources.

### **Leveraging Multisector Support and Strengths**

- Cross-sector collaboration and partnerships are imperative for any community-wide response effort.

### **Strategic Partnering**

- Intergovernmental partnerships between El Paso County, the city of Colorado Springs the city of Fountain, and military installations are developed intentionally to ensure efficiency across the county is maintained during any orchestrated public health response effort.

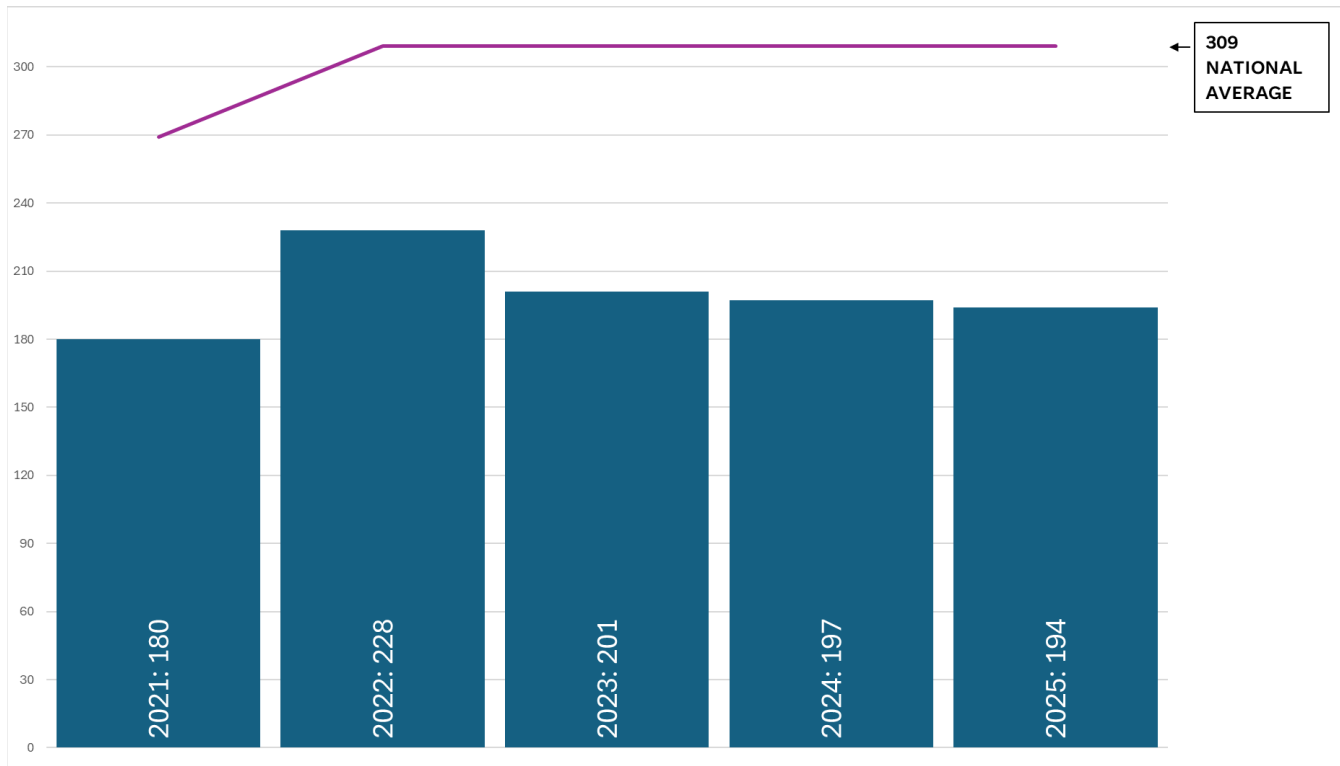
### **A Balanced Approach**

- Economic viability must be considered when engaged in an extended emergency response. EPCPH seeks opportunities to build, strengthen, and sustain collaboration and communication with the EPC business sector. EPCPH Environmental Health division is an exemplar of building and maintaining a strong relationship with local entities through clear communication.

### **Emphasis on an Agile Workforce**

- EPCPH remains focused on evaluating our staffing and organizational structure and streamlining the agency's infrastructure as the agency transitions away from COVID-19 funding.

## Budgetary Challenges and Historical Staffing:



This chart depicts historical staffing from 2021 to 2025. The national average for full-time employees (FTEs) is 309 for counties serving 500,000 to 999,999 populations.

- 2021 – 180 FTE
- 2022 – 228 FTE
- 2023 – 201 FTE
- 2024 – 197 FTE
- 2025 – 194 FTE

### Historical Staffing

To meet the needs of the largest county in the state, there must be an ongoing commitment to retain, maintain, and sustain an agile public health workforce. While EPCPH leadership worked to expand the public health workforce in critical response positions, building the workforce during a pandemic was a challenge due to the time required to onboard and train new staff while managing a sustained response.

Funding through the CDC Public Health Infrastructure grant provides support for EPCPH as it recalibrates staffing post response. This effort encompasses a thorough review of program needs, population growth, and communicable disease data. As part of this analysis, positions are evaluated for efficiency and redundancy with the goal of optimizing agency efficiency with current funding resources.

## Emerging Threats and Priorities:

In addition to the provision of core services, EPCPH navigated several emerging threats and situation in 2024, including an increase in Pertussis (whooping cough) cases, emergency response, mental health and syphilis prevention.

Throughout 2024, El Paso County experienced an increase in pertussis (whooping cough) cases, primarily in school settings.

- Pertussis is a highly contagious vaccine-preventable illness which affects the respiratory tract (nose, throat and lungs) of infected individuals. Complications can range from an ear infection, pneumonia, lung collapse, seizures, brain damage and in severe cases it has the potential to be fatal.
- Under statute, it is the responsibility of local health departments to investigate pertussis within one working day after identification or clinical suspicion in an attempt to mitigate how many people get the disease, prevent further spread and assist with proper care. In total, there were 96 cases of pediatric pertussis in 2024 showing a marked increase from the year prior with six cases in 2023. The last time there was a large increase in pediatric pertussis case was in 2017 with 28 cases reported.

Throughout the year, EPCPH's Emergency Preparedness and Response (EPR) team played pivotal roles in supporting a wide variety of emergency events:

- **January 2024:** When an outbreak of meningococcal disease impacted the front range in early 2024, EPCPH took a proactive approach by collaborating with community partners to offer the quadrivalent meningococcal vaccine to individuals at risk within the local jurisdiction. EPCPH activated an event monitoring status, with the primary goal of maintaining situational awareness and enhancing preparedness.
- **March 2024:** The EPCPH Emergency Preparedness and Response (EPR) team maintained thorough situational awareness throughout the March 2024 snowstorm, delivering timely updates to agency leadership. Although ESF-8 was not activated for assistance during this event, the EPR team stood ready and prepared to respond if required by Pikes Peak Regional Office of Emergency Management (PPROEM).
- **September 2024:** EPR team members took part in a community wide evacuation exercise, organized by PPROEM. This full-scale exercise involved multiple partners focused on facilitating a mass evacuation during a wildfire. Team members engaged by supporting the evacuation center and acting as a player by directly evacuating their home and checking in a pet with the Humane Society at the evacuation center.
- **September 2024:** The EPR team provided support to PPROEM during the Fir Tree Apartment Fire on August 30, 2024, which left over two dozen homes uninhabitable and displaced at least 34 residents. The EPR liaison worked closely with PPROEM to maintain situational awareness and coordinate support, such as the reentry guidance, for those affected by the incident.
- **October 2024:** The Emergency Preparedness and Response (EPR) team participated in the Front Range Public Health Tabletop Exercise (TTX) hosted by the U.S. Space Force. The exercise focused on addressing real-world threats, mitigation strategies, planning, and recovery operations. This

event was notable for being one of the first to involve external partners. The scenario centered on an unplanned, rapid redeployment of military dependents from an overseas base in response to a respiratory disease outbreak in a congregate setting.

- **November 2024:** The Emergency Preparedness and Response (EPR) team recently led a tabletop exercise (TTX) focused on measles, a critical component of our agency's ongoing efforts to enhance preparedness for a potential outbreak within our jurisdiction. Proactive planning is essential to ensure our ability to respond swiftly and effectively if the need arises. The primary objective of this exercise was to engage alternate incident command personnel in a structured discussion of key issues that could arise during a measles response. The session aimed to assess our current response capabilities, identify potential challenges, and foster collaboration to address any gaps or weaknesses in our planning. In addition, the EPR team conducted a call-down notification the evening before the exercise to activate the response team, achieving a 92% response rate. Moving forward, the EPR team will develop an After-Action Report (AAR) to reinforce strengths and pinpoint areas for improvement.

In response to an increase in cases of congenital syphilis, EPCPH's Reproductive Health Clinic (RHC) was awarded funding in 2023 for an innovative syphilis prevention grant. The grant aims to reduce new cases of congenital syphilis by screening, identifying, and treating syphilis in women of reproductive age at the Criminal Justice Center (CJC). In its first year, funding allowed EPCPH to provide a trained public health nurse to provide STI (sexually transmitted infections) screening and treatment protocols in the CJC in coordination with CJC's clinical team. In 2024, the program was expanded with the addition of a second public health nurse, allowing EPCPH to increase the frequency of screening and the number of patients reached.

The Syphilis Prevention Grant has allowed EPCPH to be one of the first LPHAs in the nation to utilize innovative technologies for patient screening through the use of a rapid syphilis/HIV test. EPCPH public health nurses, in coordination with the CJC's clinical team, are able to identify and provide real-time patient care and treatment, improving access to care and allowing for greater impact outcomes for pregnant women and babies. Implementation of testing technologies for syphilis/HIV has garnered national attention, allowing EPCPH the opportunity to lead and model best practices across the nation. In 2024, care was offered to a total of 790 patients through the program. Of those, 449 patients were tested for gonorrhea/chlamydia, 505 patients were tested for HIV/syphilis, and 89 patients were given pregnancy tests.

In 2024, EPCPH published the 2023 Community Health Assessment (CHA), a statutorily required assessment which provides an in-depth analysis of the overall health of communities across El Paso County. Data in the report highlighted how mental health and access to mental health care services was a significant challenge many residents of El Paso County. In 2021, 25 percent of adult Coloradans over the age of 18 reported having any mental illness in the past year. In response to these findings, in July of 2024, EPCPH launched an innovative new digital behavioral health platform, [Pikes Peak Rising 360](#), (PPR360), with the goal of increasing access to behavioral health resources and supporting regional efforts to enhance the mental health and well-being of all El Paso County residents. PPR360 is an online, web-based platform which provides thousands of expert-vetted resources and scientifically validated assessments, all of which are adaptable to different learning styles. It is easily accessible and offers

hundreds of topics and approaches all in one place while allowing individuals to learn new skills, understand their own mental health, and browse the library of thousands of resources, videos, podcasts, apps, books, articles, and more. Between the dates of July 10 and Dec. 27, 2024, Pikes Peak Rising 360 saw 4,740 unique users who visited the site more than 5,850 times. Those users engaged with the platform for an average of 4:45 mins. The users took 1,475 assessments and viewed 110 topics. Over 190 people registered for an account on the site.

## Core Public Health Work:

2024 marked a year grounded in efficiency, optimizing and streamlining workflow processes while being innovative as we move forward. With the completion of several key agency plans, in addition to continuing to fulfill public health statutory obligations to the community through core services, our agency has forged a new and modernized approach to our work.

Highlights of EPCPH's core service work over the past year include the following:

- As a foundational component of our agency's planning and development process, the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) have been completed. EPCPH convenes the Healthy Community Collaborative (HCC)—a group of more than 60 cross-sector partners—which works in tandem to identify, assess and implement strategies to address top community health issues. In 2023, EPCPH and the HCC solidified the top four priority areas for the 2025–2029 CHA and CHIP, which are statutorily required to be completed every five years. These community-driven plans identify the top health needs of El Paso County communities, while also identifying strategies to address these health concerns. The top four priority areas identified by the assessment and HCC prioritization process are suicide prevention, barriers to accessing health care, drug overdose and housing instability. The CHA launched in May of 2024 and the CHIP is anticipated to launch in early 2025.
- Planning and implementation activities for the agency's next five-year iterations of required plans, including the Strategic Plan, Workforce Development Plan and Quality Improvement Plan, were developed. These plans serve as critical tools and framework to guide the work of EPCPH well into the future. From highlighting key agency priorities, goals, and performance measures, to implementing industry best practices to enhance our workforce, to identifying innovative opportunities to improve efficiencies, these fundamental plans collectively provide the foundation of our agency to excel.
- Behavioral health remained a priority for EPCPH in 2024. The agency's focus on improving behavioral health outcomes resulted in the launch of Pikes Peak Rising 360, a digital behavioral health platform with the goal of increasing access to self-help resources. Pikes Peak Rising 360 is an online, web-based platform which provides thousands of expert-vetted resources and scientifically validated assessments all in one place for individuals to learn new skills while gaining a greater understanding of their own mental health.
- In 2023, EPCPH initiated a project to apply for access to the Colorado Department of Public Health and Environment's (CDPHE) Naloxone Bulk Fund supply of Narcan kits. The project aims to reduce opioid fatalities by providing Naloxone (Narcan nasal spray) to individuals at risk of opioid overdoses. The initial project distributed kits to key partners throughout El Paso County. In 2024, EPCPH made Narcan kits available to the public, emphasizing how having a kit is as



essential as having a first aid kit at home. The program distributed 1,500 Narcan kits (3,000 doses) to El Paso County residents throughout the year. Kits were available at all three EPCPH locations (Citizens Service Center, Valley Hi and Public Health South) as well as through other community partners who supported the project and work.

- In 2022, EPCPH was awarded a two-year planning grant from the United States Department of Agriculture (USDA) to develop a regional food system partnership, with the overarching goal of improving communication and cross-sector collaboration. This grant-funded work continued through 2024 and delivered on project deliverables such as hosting a Central Colorado Foodshed Gathering and developing and finalizing a report that outlines findings from assessment activities conducted throughout the grant process (such as focus groups and stakeholder interviews. A report of findings from this grant will be released in early 2025.
- Fountain Valley Communities That Care (FV-CTC) and Fountain Police Department partnered to host two Drug Enforcement Agency (DEA) Drug Take Back Days in 2024, collecting a total of 282 pounds of expired or unused prescription drugs from the community.
- Through the launch of additional mobile clinics, EPCPH's Women, Infants and Children (WIC) program expanded its reach and increased access to services. Working with community partners, WIC provided 188 mobile clinics throughout 2024 across five partner sites. The clinics offer access to appointments, enrollment, and assistance in answering general questions to target areas where families might face transportation or other barriers to access WIC services. WIC worked with traditional and non-traditional partners such as military institutions, and newborn intensive care units.
- In 2024, The Reproductive Health Clinic (RHC) launched a targeted program to combat the rise in congenital syphilis by providing rapid sexually transmitted infection (STI) screening and treatment to incarcerated females ages 18-45 at the El Paso County Criminal Justice Center (CJC). The program's purpose is to reduce the incidence of congenital syphilis, offering rapid testing for syphilis, HIV, gonorrhea, and chlamydia, and increasing access to key resources by connecting participants to the EPCPH Care Coordination team and Reproductive Health Clinic upon release.
- EPCPH is required by state statute (C.R.S. 25-20.5-407) to convene a Child Fatality Review Team (CFRT) to review child fatalities, identify trends and make prevention recommendations, in partnership with the El Paso County Coroner's Office. CFRT is a multi-disciplinary, multi-agency team that conducts fatality reviews of the following cases: accident, youth suicide, undetermined and homicide. CFRT recently completed case reviews for all 2023 child fatalities for 0-17 years of age. In total, the team reviewed 31 child fatality cases.
- EPCPH obtained funding to support an initiative to decrease youth-impaired driving in El Paso County. Programmatic efforts throughout 2024 include sharing data through an innovative gallery walk format, attending community events to enhance community engagement around this key issue, and develop an impaired driving prevention media campaign targeted towards youth. The Community-Based Impaired Driving Prevention Grant is an initiative focused on reducing impaired driving through a communication campaign that aims to change people's behavior by accurately informing them how the majority of their peer group behaves and through education/outreach that is tailored to our community.
- The Communicable Disease (CD) team is responsible for monitoring over 90 reportable communicable diseases. In 2024, CD staff responded to several emerging communicable diseases, including Pertussis, Norovirus, West-Nile virus, E. Coli and Measles.

- In 2024, the Tuberculosis (TB) Clinic evaluated 65 patients, 22 of whom were referred by local health care providers for advanced assessment and testing. Direct consultation was provided on an additional 59 cases, and 117 calls were fielded from community members. The TB Clinic distributes medication and monitors its administration via in-person and video visits or directly observed therapy (DOT).
- The Environmental Health (EH) Division completed a quality improvement fee project related to fee assessment in 2023. In late 2023, the modernized fee structure was approved by the Board of Health with an anticipated implementation date of January 2024. In January, the approved updated fee structure for numerous EH programs was implemented. As part of the project, the EH Division assessed internal and external needs, including the increase in service demands—due to a rapidly increasing population—and evaluated the existing fee structure which had not been evaluated since 2016. The implemented fee structure allowed for the addition of five full-time employees to address the growing needs of the Onsite Wastewater Treatment Systems (OWTS), Child Care and Body Art program, and Retail Food Special Event programs and to significantly improve service time for El Paso County citizens.

## 2024 Awards and Recognitions

### **Government Finance Officers Association Certificate of Achievement for Excellence in Financial Reporting**

For the fifth straight year, the Government Finance Officers Association of the United States and Canada (GFOA) presented EPCPH with the Certificate of Achievement for Excellence in Financial Reporting for its 2022 Annual Comprehensive Financial Report. The Certificate of Achievement is the highest form of recognition in the area of governmental accounting and financial reporting, and its attainment represents a significant accomplishment by a government and its management.

### **Government Finance Officers Association Distinguished Budget Award**

The Government Finance Officers Association (GFOA) also recognized EPCPH with its highest honor for transparency in budgeting with the 2024 Distinguished Budget Presentation Award. The award was in recognition of the 2024 budget book, which marks the fifth consecutive year EPCPH has received this award. It is a rigorous and detailed process to earn this award, and for EPCPH to receive it for five consecutive years is a direct reflection of the commitment to excellence in accounting and budgeting principles.

### **Government Finance Officers Association Outstanding Achievement in Popular Annual Financial Reporting**

The Government Finance Officers Association (GFOA) presented EPCPH with the Outstanding Achievement in Popular Annual Financial Reporting (PAFR Award) for its 2022 Popular Annual Financial Report. This award represents a significant achievement, with eligibility criteria dependent upon submission and receipt of the Certificate of Achievement for Excellence in Financial Reporting for the current fiscal year.

### **Outstanding Community Partnership**

EPCPH was recognized with an award for Outstanding Community Partnership from CommonSpirit's Trauma Services & Injury Prevention Program at the Choose S.A.F.E. (Seatbelts & Safe Speeds; Avoid Alcohol and drugs; Focus; Eliminate Distractions) awards ceremony in May. EPCPH partnered with CommonSpirit Penrose Hospital to help them implement Choose S.A.F.E. programming and outreach at multiple elementary, middle and high schools, which focuses on preventing injuries and fatalities for young drivers, passengers, cyclists and pedestrians.

### **National Association of Counties (NACo) Achievement Award for partnership on RISE (Resilient, Inspired, Strong, Engaged)**

EPCPH was recognized with an Achievement Award from the National Association of Counties (NACo) for co-designing an initiative to support long-term community viability. The award honors innovative

county government programs that strengthen services for residents. This particular award highlights the RISE Coalition, which was founded in 2016 when EPCPH received the El Pomar Foundation's Possibilities grant. The grant provided a seven-year commitment to enhancing Southeast Colorado Springs from within through meaningful, innovative, resident-led change. This same resident-led ownership and empowerment then contributed to the successful transition of RISE to an independent entity that is well established and well prepared to continue meeting the needs of residents.

### **Latina Equity Foundation Award**

EPCPH Executive Director Susan Wheelan received the Latina Leader of the Year Award from the Latina Equity Foundation. Executive Director Wheelan was recognized by the Latina Equity Foundation for her outstanding contributions to advancing public health and her unwavering dedication to improving the well-being of El Paso County communities.

### **EPCPH receives Impact Award from RISE**

EPCPH was presented with an Impact Award from Resilient, Inspired, Strong, Engaged (RISE) Southeast. The Impact Award expressed appreciation for EPCPH's dedication to assuring that every individual has access to essential resources and opportunities for well-being. In 2016, EPCPH received a competitive grant to create RISE Southeast, an initiative designed to create a cross-sector community coalition interested in working with stakeholders in southeast Colorado Springs. In January 2024, RISE Southeast became its own 501(c)3 nonprofit. EPCPH is dedicated to continued partnership and support of RISE Southeast.

# 2025 Budget Development and Process

## Grant Funding Status

County and state per capita funding are allocated to EPCPH to support programs and provide resources to address issues affecting the health and well-being of individuals, families, and communities. Grant contract funding is typically restricted by the grantors, for specific uses detailed in the grant or contract. Grant services include research, development, community-level health interventions, and planning.

With the sunset of funding related to COVID-19 response and recovery, EPCPH continues to write and submit grant applications to federal, state, local and private funders to assure the county has the necessary funding to investigate, plan for and respond to current and emergent health issues and crises.

- In 2024, the EPCPH Development Office submitted seven grant proposals. Of those proposals, three were awarded totaling \$849,588 in new funding with two proposals pending award notification, with a combined request of \$2,164,149. The Development Office continued to prioritize grant funding efforts in 2024 to sustain current multi-year grant funding and increase annual awards with a focus on building resiliency and a sustainable infrastructure. In 2022, the CDC awarded EPCPH a five-year grant—the CDC Public Health Infrastructure Grant—which is intended to address the needs of public health to build and strengthen infrastructure. This \$7.8 million in funding represents the largest grant EPCPH has been awarded in its history and continues to support over 15 FTE positions, in addition to providing professional development support for the workforce.
- The CDCA2 funding for 2024 was finalized in December 2023 and awarded \$791,344 to support building and sustaining key areas related to the foundational capabilities of public health. The funding targeted key agency efforts within the county to support community health. The award period started December 2023 and culminated in November 2024.
- EPCPH was invited to submit a proposal through the Colorado Department of Public Health and Environment (CDPHE) for an Impaired Driving Grant. The awarded proposal, Impaired Driving Prevention in El Paso County, will provide \$100,000 each year for five years to address the high rate of vehicular death caused by impaired driving in El Paso County. The funded efforts will leverage the current work of Fountain-Valley Communities that Care (FV-CTC) to expand this effort to develop youth-led educational campaigns targeting the impact of impaired driving.
- EPCPH is a sub-recipient of the award Colorado State University received as part of the Region 16 Opioid Abatement Grant. EPCPH's role for this proposed project, the Data & Analytics team will dedicate 0.5 FTE (epidemiologist) to 1) identify existing data sources in El Paso for the needs assessment, 2) engage in the development of assessment materials and qualitative tools, and 3) facilitate meaningful connections with prevention programs and organizations for purposes of the needs assessment and a youth messaging campaign. The epidemiologist will help identify and gather local data sources, join monthly meetings, consult with CSU Prevention Resource Center on how the data would be most useful and user friendly, and assist in the editing of the

needs assessment. The epidemiologist will also work with partners to help identify youth communication channels and assist with tailoring community messages.

- EPCPH received funding to support public health planning and local partnerships through the CDPHE Office of Public Health Practice, Planning and Local Partnership (OPHP) Rapid Grant. The total award of \$4,024 funded professional development opportunities for EPCPH team members.

## 2025 Budget Development and Base Budget

Over the course of the year, EPCPH has worked closely with the El Paso County Budget Office to develop the 2025 budget and continue to identify the most effective and efficient strategies for implementation of the phased critical needs support funding. With COVID-19 response closing out and the expenditure of the remaining COVID-19 funding winding down, along with an innovative and forward-looking approach to the future of public health, opportunities to rebuild and recover were driving factors in formulating the budget. In developing the budget, EPCPH considered the following key considerations:

- El Paso County's population has increased from 599,060 in 2008 to an estimated 758,146 in 2025, a growth of approximately 26.6 percent.
- Increasing demand for services across all areas due to population growth.
- Health departments serving populations of 500,000 to 999,999 have an average of 309 full-time equivalents (FTE); in early 2020, EPCPH had 158 FTEs, not including the temporary, fund-limited FTEs hired to assist with the COVID-19 response. Today EPCPH has 194 FTE positions.
- Capacity to respond to emerging issues such as deployment of personnel in response to emergent issues.
- Many grants are restricted and time-limited; reoccurring funding remains flat or experiences short-term increases.
- The need for more sustainable, long-term, and recurring funding.
- Prior to 2021, state funding for core services had remained flat for almost a decade. In 2021, the state approved a three-year funding increase (2021-2024) for core services totaling a little over \$1 million per year. The first year of this funding was through ARPA and restricted use to the COVID-19 response. EPCPH will continue to advocate for sustainable state funding for El Paso County.
- All American Rescue Plan Act (ARPA) funding was fully expended as of December 31, 2024.
- Increases for all staff in 2025, along with funding adjustments which will recognize years of tenure for staff who have been employed with EPCPH for a specific number of years, to ensure they receive higher pay than staff who are new to the agency.
- The need for Americans with Disabilities Act (ADA) digital compliance, Public Health Response and Recovery contingency funding, and a lag in Retail Food Establishment Fee amounts, set by the state, in relation to their costs led to an overall need for use of fund balance (decrease of \$970,015), as full funding was not otherwise available in the budget.



# Performance Management, Goals and Strategies

## Performance Management

Performance Management is a systematic process that helps an organization achieve its mission and strategic goals. It is best practice to use performance standards and measures, progress reports, and ongoing quality improvement to enhance community health. Performance management focuses primarily on results, using data and facts to drive decision-making. Quality improvement focuses on improving processes to increase efficiency.

## Goals and Strategies

The goals selected for each strategic plan area represent overarching achievements and milestones EPCPH will strive to accomplish. These high-level goals are intended to capture progress across the agency as well as within specific programmatic areas. The strategies represent the most impactful ways in which EPCPH can focus the agency and program objectives to meet each goal. Specific objectives are determined each year and set forth in an annual work plan. The annual work plan guides the following:

- Assures the routine work of programs and staff is aligned with the strategic plan.
- Outlines a clearly defined process for measuring progress.
- Provides the opportunity to identify quality improvement (QI) opportunities.

Annual work plans are based on these goals and strategies.

## Workforce Development

Workforce development is essential to having skilled, knowledgeable and talented employees to carry out our mission, and training is a key component to our success in advancing and improving community health. A highly trained and well-supported public health workforce is paramount to fulfilling statutory responsibilities, providing foundational services, and innovating to address emerging demands, including crisis responses.

**Goal:** To attract and retain a knowledgeable and skilled workforce to provide services for the residents of El Paso County.

**Strategy 1:** Enhance a culture of collaboration, learning and growth mindset.

**Strategy 2:** Improve organizational resilience to support the workforce.

**Strategy 3:** Establish recruiting and retention metrics.

**Strategy 4:** Continue building support for funding sustainability.

## Health Data & Communication

Building and maintaining relationships with El Paso County residents by providing reliable and consistent health data and communication to meet the ever-expanding public health needs of our region is a top priority. Data modernization has been a focal point of the agency with the overarching goals of gaining better, faster, actionable insights to guide data-driven decision-making.

Goal: To foster and build trust with stakeholders through the use of relevant, credible and transparent data and communication.

**Strategy 1:** Increase clarity in agency communications.

**Strategy 2:** Promote stakeholder education highlighting agency programs and activities.

**Strategy 3:** Conduct effective emergency and health risk communications.

**Strategy 4:** Modernize data infrastructure and increase access to timely, relevant and actionable local data to support data-driven decision-making.

## Community Trust & Engagement

Trust and engagement are essential for the overall health and well-being of our county. We hold strongly to the value of collaboration, which includes developing relationships that optimize working together to address health-related issues and promote well-being to have the greatest impact.

Goal: To build trust and strengthen relationships between Public Health and residents to expand an understanding of public health.

**Strategy 1:** Develop and support community outreach and education.

**Strategy 2:** Provide opportunities for community input, feedback, and information sharing.

## Partnerships

Partnerships are central to furthering the efforts of our agency. Public health challenges require collaboration and coordination with a wide variety of multidisciplinary partners. Partnerships support collective action leading to a healthier, more resilient community for everyone.

Goal: To develop and maintain strong strategic relationships with cross-sector partners to support the public health system through shared funding, services, and collective action.

**Strategy 1:** Develop and strengthen relationships with partners across all sectors.

**Strategy 2:** Build internal and external capacity for strong partnership engagement.

**Strategy 3:** Increase funding from diverse sources to support core public health services, programmatic services, and innovative strategies.

# 2025 Budget Development and Process

## 2025 PUBLIC HEALTH BUDGET PREPARATION CALENDAR

The following calendar is an estimate of the timelines to prepare the budget and meet statutory deadlines with final approval by the Board of Health. It will also follow the calendar set by Financial Services for coordination of approvals through the Board of County Commissioners.

### January 1, 2024

- Budget year begins
- Monthly Financial Review with Executive Director
- Monthly Financial Report to the Board of Health

### June 26, 2024

- Present to Board of Health (BoH) 2023
  - Audit/Comprehensive Annual Financial Report

### Week of July 15, 2024

- Begin Public Health (PH) budget planning, full-time equivalent (FTE) updates and counts, general additions, deletions, overall strategy discussions

### July 16-18, 2024

- FTE Worksheets sent to PH

### August 1, 2024

- FTE Worksheet due to budget

### August 28, 2024

- 2025 Budget working papers sent out to PH managers

### Week of September 30, 2024

- 2025 Preliminary Budget review with PH leadership

### October 23, 2024

- 2025 Preliminary balanced budget to BoH

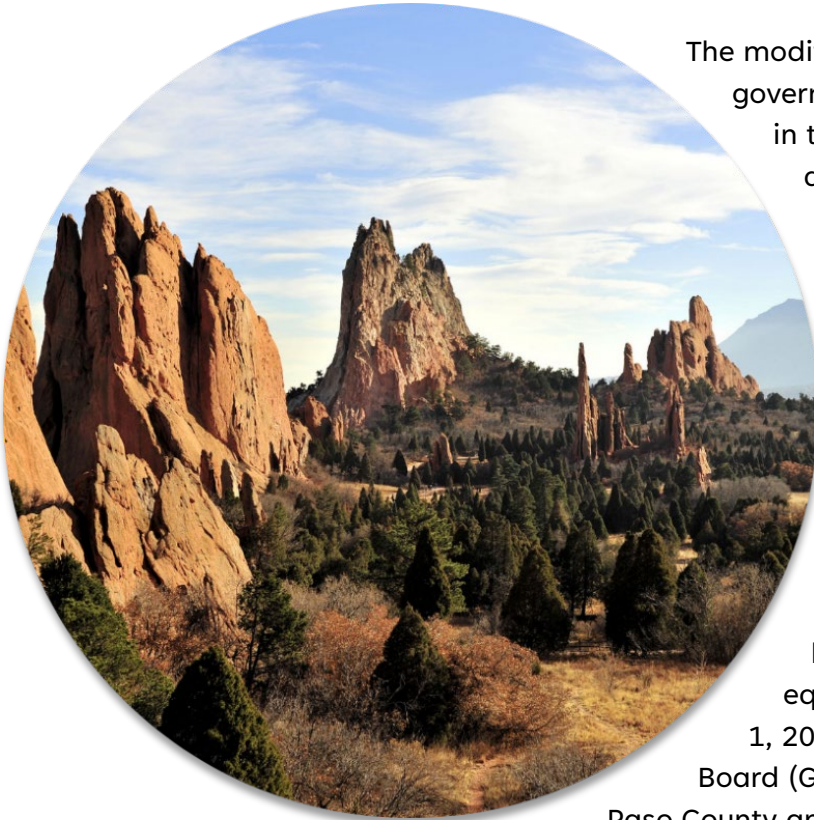
### December 11, 2024

- 2025 PH budget to BoH – (Original Adopted Budget)
- Resolution to Adopt and appropriate the 2025 Budget

## FISCAL YEAR

The EPCPH fiscal year is a calendar year (Jan. 1 – Dec. 31) as required by Colorado Statute CRS 29-1-103(1).

## Basis of Accounting and Budgeting



The modified accrual basis of accounting is used for all governmental fund types. Revenues are recognized in the accounting period in which they become available and measurable. Property tax, when applicable, is reported as a receivable and deferred revenue when the levy is certified, and as a revenue when due for collection in the subsequent year.

The budget is prepared using Generally Accepted Accounting Principles (GAAP) for all funds except that the budget also includes proceeds from long-term financing and capital grants as revenue; expenditures include capital outlays and bond payments. Depreciation on property and equipment is excluded from the budget. On Jan.

1, 2002, the Governmental Accounting Standards Board (GASB) Statement 34 became effective for El

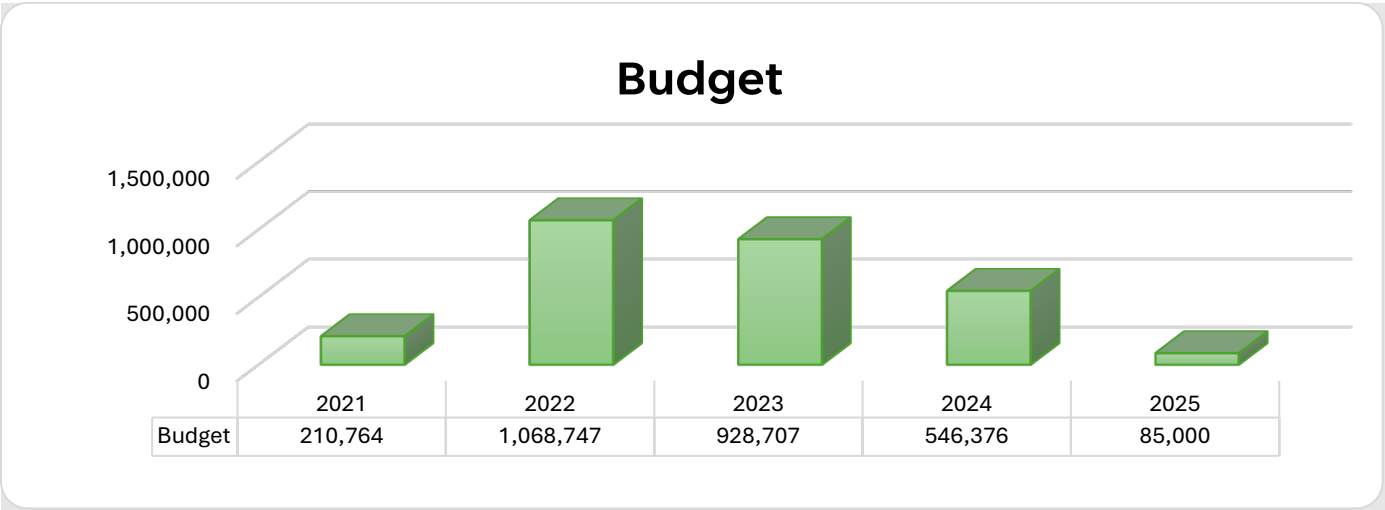
Paso County and requires governments to prepare their statements in a format that will enhance the comprehension and usefulness of financial reports. Governments also need to report capital assets with consideration of depreciation, including infrastructure assets and historical treasures.

Adjustments to the Original Adopted Budget (OAB) may occur throughout the calendar year and shortly into the subsequent calendar year to account for revenues received in excess of the budget and to authorize the expenditure of additional funds. Whenever EPCPH receives unanticipated revenues or revenues not assured at the time of the adoption of the budget and those revenues need to be expended, a supplemental budget appropriation shall be enacted to authorize the expenditure of these unanticipated funds. The budgetary level of control resides with the El Paso County Board of Health which approves all budgetary changes.

# Debt and Capital

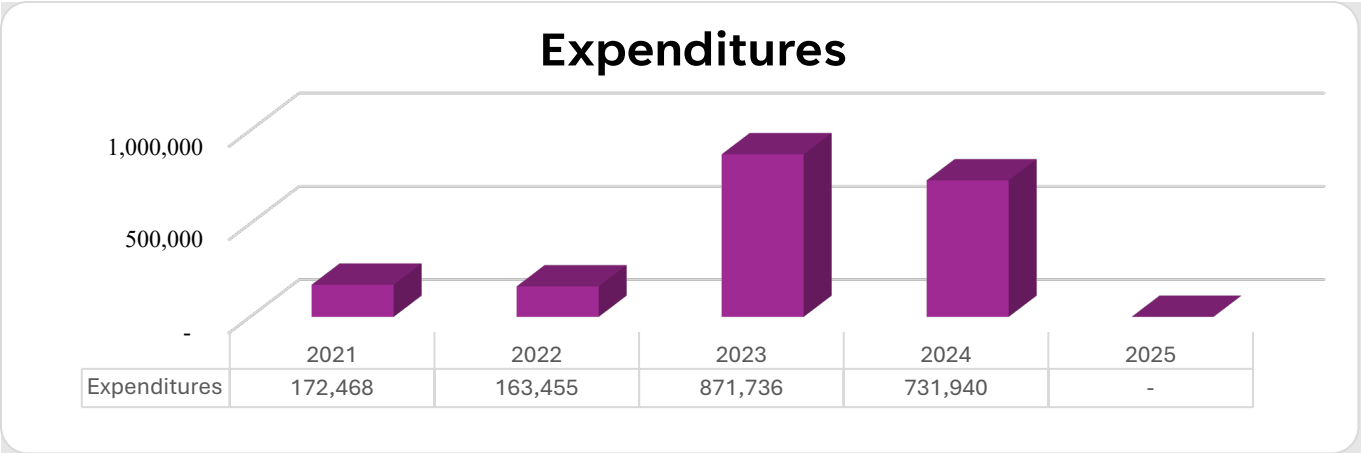
**Debt:** EPCPH does not have any debt, as defined by Colorado statutes.

**Capital:** EPCPH primarily provides health programs and services to the citizens of El Paso County; therefore, personnel and operating costs are a large majority of the expenditures. Capital expenditures result in the acquisition of or addition to EPCPH’s fixed asset inventory. In 2020, EPCPH purchased a building located in the southern part of El Paso County. The location primarily houses the Women, Infants and Children (WIC) program and Fountain Valley Communities that Care.



The graphic above depicts the following:

**Budget:** 2021 - \$210,764      2022 - \$1,068,747      2023 - \$928,707      2024 - \$546,376      2025 - 85,000



The graphic above depicts the following:

**Expenditures:** 2021 - \$172,468      2022 - \$163,455      2023 - \$871,736      2024 - \$731,940      2025 - \$0

# Capital Projects

## El Paso County Public Health South Building

EPCPH invested approximately one and a half million dollars to transform the Public Health South (PHS) building into a functional workspace and public health center for both employees and the community. Renovations were undertaken, including updated paint, flooring, signage, and the addition of cubical workspaces. The addition of smart workspaces, enhancements to security, lighting, and audiovisual systems were implemented to ensure the building meets operational needs. A generator was installed at the site to ensure uninterrupted agency operations in the event of a power outage. All renovations were completed on budget in January 2025.



The building is strategically designed to support public health emergency operations, as demonstrated during the COVID-19 pandemic, when it hosted large-scale vaccination clinics, testing sites, and points of dispensing (PODs). It also features a conference space with a maximum capacity of 500 people, suitable for public meetings, conferences, large-scale conference events and community gatherings.

The flexibility and capacity of PHS continue to enable EPCPH to strengthen community collaborations. Future partnership opportunities include hosting:

- Seminars, conferences, and training sessions
- Emergency Preparedness and Response (EPR) PODs
- El Paso County Board of Health meetings
- Job fairs
- Community outreach events

## Expenditures by Category

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Capital Outlay</i>	\$163,455	\$871,736	\$395,000	\$546,376	\$85,000
<b><i>Total Expenditures</i></b>	<b>\$163,455</b>	<b>\$871,736</b>	<b>\$395,000</b>	<b>\$546,376</b>	<b>\$85,000</b>



## Programs and Services

### Administration and Agency Offices

**El Paso County Public Health (EPCPH) Administration** serves all EPCPH staff and is led by the Public Health Executive Director. Administration is responsible for supporting the Board of Health, strategic planning, workforce development, assuring continuity of day-to-day administrative business and adherence and enforcement of policies and procedures. Administration also manages all operational aspects of EPCPH and serves a liaison to El Paso County Information Technology, Human Resources, Payroll, Finance, Budget and Procurement offices and other County administrative entities. **Funding source: Local, State, and Indirect funding**

**The Office of Communication (OoC)** serves as an in-house marketing, public relations, and advertising office, providing numerous services to support EPCPH in fulfilling its overall agency, division and program goals. The OoC serves both internal and external customers, including the broader El Paso County community. Their role is to provide accurate, timely and credible information on a wide variety of public health issues to the public, community partners, stakeholders, staff and other relevant parties. Communication materials include publication development and support; writing/editorial services; design/layout; web content management; social media strategy and content development; social media marketing; advertising campaigns; internal and external newsletter development and support; event coordination, support, and community outreach; media relations and public relations; media training; emergency/risk communication and issues management; strategic communication planning; video and photography. **Funding source: Local and State funding**

**The Strategic Initiatives Office** was established in 2021 to provide overall leadership and coordination of strategic initiatives. The office leads department efforts to increase internal and external large-scale collaboration, particularly regarding the alignment and implementation of department plans. **Funding source: Local and State Funding**

- Senior public health planner is responsible for managing comprehensive quality improvement initiatives for EPCPH, in addition to assuring compliance with the Public Health Accreditation Board (PHAB) standards for accreditation and re-accreditation process. The senior public health planner assures that standards and measures are met in support of strategic alignment through collaboration with internal agencies and external community partnerships. The senior public health planner also develops and assists with the implementation of performance management and quality improvement plans across the agency. Throughout 2024, these efforts included finalizing the development of the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), which are statutorily required to be completed every five years. To support these efforts, the senior public health planner continuously engaged the Healthy Community Collaborative (HCC), a stakeholder group of community partners working together since 2011 to identify and implement strategies in the CHIP. The HCC consists of over 60 representatives from city and county government, hospitals, community health systems,



nonprofit organizations, schools, and interested citizens who inform and support the development of the CHA and CHIP. The senior public health planner also leads the HCC Steering Committee, which allows for a separate group of community stakeholders to provide guidance, leadership, and oversight of the activities of the HCC. Following disruptions due to COVID-19 response and staffing changes, the senior public health planner reconvened the Quality Improvement (QI) team, focusing on transition strategies for ongoing projects. A QI plan was written and adopted in 2024. This effort aims to fortify and sustain a positive QI culture within the organization.

**Business Operations** has oversight of operations, vital records, and contracts and purchasing. The role of Business Operations is to improve coordination and collaboration across the agency with a focus on business operations and strategic planning. Key goals include the evaluation and improvement of processes, procedures and workflows to increase efficiency and to create a strategic business operations plan. Business Operations supports agency alignment on strategic plans and the creations of program profiles to include a synopsis of program overview, funding, full-time equivalents (FTEs), processes and procedures and contracts. **Funding source: Local and State funding**

- **Operations** is responsible for day-to-day operational aspects of the agency, acting as liaison to El Paso County Facilities and Information Technology (IT), onboarding of new staff and processing of exiting staff, equipment distribution and tracking, building renovations, cubicle reconfigurations, fleet vehicle management, and staffing the EPCPH information desk. **Funding source: Local and State funding**
- **Vital Records** issues certified copies of birth and death certificates that meet stringent state and federal requirements for the recording of vital statistics. Vital Records also issues disposition permits as required by Colorado Statute and assists with individual registrations for burials on private land. Staff also help parents with home birth registrations for children born outside of a designated hospital or birthing center. In 2024, El Paso County Vital Records issued 19,967 birth certificates and 38,089 death certificates. **Funding source: Birth and Death Certificates fees (statewide)**
- **Workforce Development** supports all EPCPH staff, overseeing various activities related to the overall development of the organization's workforce. Workforce Development's responsibilities include identifying and organizing comprehensive training, covering both general and specialized public health competencies, facilitating internships and other workforce learning opportunities, and supporting organizational morale and resiliency. **Funding source: Local and State funding**

**The Development Office** researches and applies for grant and other funding opportunities, liaises with other county agencies and community stakeholders to form meaningful collaborations, and seeks funding for strategic initiatives that support the entire agency. **Funding source: Local and State funding**

**The Public Health and Data Analytics Program (PHDA)** was created in 2019 with additional critical needs funding approved by the El Paso County Board of Commissioners and the Board of Health. This includes partnering across multiple sectors and leveraging data and resources to address the

determinants of health, including social, environmental, and economic conditions that affect the health of individuals and communities.

PHDA combines the disciplines of population epidemiology, biostatistics, data science and informatics to provide timely, accurate, reliable information to EPCPH, the public and community partners. PHDA supports public health line-of-business applications, integrations, reporting and visualizations for public, partner and agency services by maintaining multiple public-facing and internal data dashboards; designing, conducting and analyzing studies and data; providing program and grant evaluation services; supporting internal and external partners in collecting, managing and analyzing data; engaging in public communication efforts; and building EPCPH information technology capacity. PHDA continues to provide subject matter and data expertise on a variety of health topics for internal and external partners. This includes working with El Paso County partners including the Sheriff's Office, Coroner's Office, District Attorney's Office, and Department of Human services to assess and aggregate relevant data and build an infrastructure for data transparency and population health subject matter expertise within the community. **Funding source: Local and State funding**

## Clinical Services Division

**Clinical Services** provides services to help prevent diseases across age and population groups. Clinical Services programs also provide individuals and families with the skills and tools to empower them to achieve optimal health, using evidence-based programs that focus on disease prevention and education.

**The Reproductive Health Clinic (RHC)** provides evidence-based, comprehensive reproductive and sexual health services. Services include but are not limited to screening and treatment of sexually transmitted infections (STIs), breast and cervical cancer screenings, and comprehensive birth control options including the placement of long-acting reversible contraceptives (IUCs, Nexplanons). RHC can help connect pregnant women to OB care in the community in addition to local community resources. If a woman is pregnant and tests positive for any STIs, RHC can offer treatment in addition to linking to care through medical referrals, which includes expedited referrals for high-risk pregnant women. Patients have access to various reproductive and preventive health services at low or no cost depending on the patient's income. As a service provider, EPCPH is responsible for reporting STIs to the Colorado Department of Public Health and Environment. The RHC also refers clients needing more specialized services, such as human immunodeficiency virus (HIV) treatment, mammograms, colonoscopies, etc. to community providers. In 2024, from Jan. 1 through Nov.30, RHC saw 1,771 clients for their reproductive health care needs, inserting 84 long-acting reversible contraceptives (LARCs) and administering 1,157 chlamydia and gonorrhea tests, 1,084 syphilis tests, and 143 PAP smears.

RHC launched a targeted program to combat the rise in congenital syphilis by providing rapid STI screening and treatment to incarcerated females ages 18-45 at the El Paso County Criminal Justice Center (CJC). The program's goal is to reduce the incidence of congenital syphilis, offering rapid testing for syphilis, HIV, gonorrhea, and chlamydia, and increasing access to key resources by connecting participants to the EPCPH Care Coordination team and the RHC upon release.

The Congenital Syphilis Prevention Program addresses the urgent health care needs of populations at increased risk through rapid testing, strong community partnerships, and impactful policy changes. EPCPH's goal is to help reduce the rates of congenital syphilis, improve health outcomes, and build a healthier future for the residents of El Paso County. **Funding source: Federal and State grants, Client Fees, Medicaid, Private Insurance**

**The Immunization Program** provides patient education and immunizations for children and adults of all ages. The program utilizes a variety of funding sources, including grants, Medicaid, private insurance, the Vaccines for Children (VFC) program, and self-pay.

Administering routine vaccines helps keep individuals and families healthy and helps mitigate the spread of vaccine-preventable diseases in our community. This program is also a resource for health care providers, school nurses, and community members who have questions or need more information about vaccines.

In addition, the program provides health education and vaccinations for international travelers who require immunizations prior to travel. This specialized travel clinic offers immunizations not easily obtained from primary care providers in El Paso County and helps prevent international travelers from returning to our community with infectious diseases. The Immunization team also plays a role in coordinated services for refugees by providing needed vaccines for refugees entering the United States. The mobile vaccine team reduces barriers to access by bringing vaccines into communities providing accessible services in coordination with partners including schools, faith-based organizations, the El Paso County Criminal Justice Center, community events and to individuals who are homebound. In 2024, the mobile team administered COVID-19, mpox, meningococcal, influenza, and other routine vaccines out in the community. The Immunization program also responded to vaccine-preventable disease cases and outbreaks by providing vaccines to individuals at-risk during those outbreaks. In 2024, the Immunization program continued to provide mpox, influenza, COVID-19 and meningococcal vaccines to at-risk populations and mitigate the spread of infectious diseases in El Paso County. **Funding source: State, Federal, Grants, Private Insurance, Medicaid, and Client Fees funding**

**The Nurse-Family Partnership (NFP)** is an evidence-based, nationally recognized nurse in-home visitation program which helps improve the health, well-being and self-sufficiency of low-income, first-time parents and their children. Nurses begin home visits with families during pregnancy and continue until the child is 2 years old. Pregnancy outcomes are improved by helping clients engage in effective preventive health practices, including consistent access to prenatal care, improved diet and decreased use or elimination of cigarettes, alcohol and illicit substances. This program provides parents with the tools and resources to support their children's health and development. Families improve their economic self-sufficiency by learning to establish long-term goals, continue their education, and secure employment. In 2024, NFP nurses conducted 2,778 visits in client homes. **Funding source: Medicaid Fees and Grants funding**

**The Tuberculosis (TB) Program** provides medical evaluation, testing, treatment, and case management to qualifying patients with latent (non-infectious) TB and all active (infectious) TB patients who reside in or are visiting El Paso County. The program delivers services to high-risk populations such as recent

immigrants, refugees, clients with HIV, and clients referred to EPCPH by safety net clinics. EPCPH TB provides consultation services to Primary Care physicians and hospitals, staying in close communication with health care providers to identify cases quickly, order isolation for infectious cases, and evaluate contacts and family members who may be at risk. In 2024, the TB Program evaluated 65 patients, 22 of whom were referred by local healthcare providers for advanced assessment and testing. Direct consultation was provided on an additional 59 cases, and 117 calls were fielded from community members. **Funding source: Medicaid, local, State, and Federal funding**

## Community Health Promotion Division

**Community Health Promotion** focuses on reducing chronic diseases and preventing unintentional injuries and violence through system changes, policies, health data, and evidence-based and best practices. This division also promotes optimal health by encouraging healthy behaviors and initiating and convening strategic partnerships in the community to address public health issues through outreach, collective impact models and community coalitions engaged in education, intervention, and prevention.

**The Maternal and Child Health (MCH) Program** includes upstream, population health strategies that improve the lives of the maternal and child population, which is defined as women of reproductive age (15-44 years), children and youth (0-21 years), and children and youth with special health care needs (0-25 years). MCH staff implement strategies to reduce stigma associated with behavioral health conditions, offer trauma-responsive programming to youth-serving organizations and increase healthy childhood outcomes. MCH staff seek to improve access to care for children and youth with special health care needs (CYSHCN) by providing a connection to information and referral services. With 195 referrals in 2024, MCH staff served families and community partners by providing resource navigation, educational information, and outreach. ■

In addition, the care coordinators continue to provide community resource navigation to all individuals in El Paso County. Individualized assistance is offered to help connect residents to community resources such as access to basic needs (food, housing), health-related services (primary care, behavioral health, dental), and more. In 2024, the care coordination program received 1,508 referrals, attended 22 events, distributed 83 Narcan Kits, provided 86 care packages (bus passes, diapers, wipes, hygiene kits), and conducted 75 outreach activities to engage the community. **Funding source: Title V MCH funding. Local, State, and Federal funding**

**The Youth Suicide Prevention (YSP) Workgroup** engages community partners to take collective action to support youth mental health, well-being, and suicide prevention. The vision guiding this work is for youth across all communities, from every background, to be prepared, empowered, and supported to survive and thrive even through difficult times.

In 2024, 30 community partners, representing 19 different entities, developed and supported an action plan to guide the work, and participated in monthly meetings. Based on information gathered from the Child Fatality Review Team and Teen Think Tank data collected from Pikes Peak Suicide Prevention, this

year was focused on increasing mental health literacy, reducing stigma, and increasing knowledge of mental health resources for youth among parents and caregivers. This was accomplished by crafting Mental Health Moments, which are 60 second snippets of information about youth mental health that connect to local resources, to be shared at parent nights, youth sporting events, school performances, and other places where parents and caregivers gather.

As part of Suicide Prevention Awareness Month, ECPH and YSP Workgroup members, along with other community partners, championed Weekends of Hope. Weekends of Hope highlighted four awareness and fundraising events that encouraged residents to take steps for suicide prevention. Through this endeavor, over 970 people registered to attend the four events; 5,025,600 steps were taken for suicide prevention; and more than \$65,000 was raised for local nonprofits and schools to continue providing mental health resources and suicide prevention trainings throughout El Paso County. **Funding source: Local and State funding**

**The El Paso County Child Fatality Review Team (CFRT)** completed case reviews for all 2023 child fatalities among children 0–17 years of age. In total, the team was assigned 33 fatalities and formally reviewed 31 of those cases. The cause of death and age range for each of the El Paso County child fatalities (listed below) are identified by the El Paso County Coroner's Office:

- Suicide Fatalities 10 cases assigned and reviewed
- Infant Fatalities 7 cases assigned and reviewed
- Motor Vehicle Fatalities 6 cases assigned and reviewed
- Homicide Fatalities 6 cases assigned and 4 cases reviewed
- Unintentional Overdose Fatalities 3 cases assigned and reviewed
- Drowning Fatalities 1 case assigned and reviewed
- Total # of 2023 Fatalities 33 cases assigned and 31 cases reviewed

The prevention recommendations, trends, and demographic data from the case reviews are used to implement and support local prevention efforts. This information is also shared with other prevention professionals in the community through the Youth Suicide Prevention Workgroup and the Safe Kids Colorado Springs Coalition. In addition to youth suicide prevention, a few other priority areas for prevention have been identified, including safe sleep environments for infants, bike/pedestrian safety, and firearm injury prevention based on current trends. The addition of a full-time public health planner dedicated to injury and violence prevention has allowed for the expansion of prevention efforts to include these additional priority areas. **Funding source: State (CDPHE) and local (EPC) funding**

**The El Paso County Community-Based Impaired Driving Prevention Grant** is an initiative focused on reducing impaired driving through a framework and communication campaign that aims to change people’s behavior by accurately informing them how the majority of their peer group behaves and through education/outreach that is tailored to our community. This funding was awarded to ECPH in 2023 through the Colorado Persistent Drunk Driving Cash Fund which is a unique grant system that uses the fines charged in a driving under the influence arrest to create grant-funded programs that prevent impaired driving. This grant is used to develop an impaired driving prevention media campaign targeted toward youth (primarily middle school and high school students) with a focus on positive youth development. The goal of this campaign is to encourage youth to use positive peer pressure to influence

other young people to make the safe choice and always drive sober. Other programmatic efforts include sharing data through an innovate gallery walk format and attending community events to engage with citizens and encourage a sense of community responsibility for addressing the issue. **Funding source: State (CDPHE) grant funding**

**The Youth Substance Use Prevention/Fountain Valley Communities That Care (FV-CTC)** engages with parents, community members, youth, and representatives from numerous sectors to prevent and reduce youth substance use through upstream prevention. FV-CTC is in its fourth award year for the Drug-Free Communities grant from the Centers for Disease Control and Prevention, which focuses on prevention efforts for marijuana and prescription drug use, with targeted efforts around opioids and fentanyl. With this funding, FV-CTC and Fountain Police Department partnered to host two Drug Enforcement Agency (DEA) Drug Take Back Days in 2024, collecting a total of 282 pounds of expired or unused prescriptions drugs from the community. The Colorado Trust grant, which was extended through the end of 2024, provided additional funding for the FV-CTC coalition to actively implement a community passport program to encourage Fountain Valley youth to engage with their community by visiting sponsoring business partners. There is robust evidence that youth delay the use of substances when they feel connected to their communities and have youth-oriented environments.

The coalition continues to increase community understanding of complex substance use issues by providing education, implementing campaigns, and working to understand the needs of youth, parents, schools, and other major stakeholders. **Funding source: Local, State, and Federal funding**

**The Tobacco Education and Prevention Partnership (TEPP)** is grant-funded by the Colorado Department of Public Health and Environment (CDPHE). The funding comes from Amendment 35, a tax on cigarettes and other tobacco products. The revenue is designated for health care services and tobacco education to improve the health of all Coloradans. Using evidence-based practices outlined by the Centers for Disease Control and Prevention, TEPP's goals are to:

- Promote cessation of tobacco use among adults and youth.
- Prevent initiation of tobacco use among youth and young adults.
- Protect community health and the environment.

In 2020, Colorado voters approved Proposition EE. That measure increased taxes on cigarettes and tobacco products, created a new tax on nicotine products, and created a minimum price for cigarettes. Prop EE tax revenues have exceeded projections and generated additional revenue for the state. A portion of Prop EE funds are designated to CDPHE's State Tobacco Education and Prevention Partnership (STEPP) and its grantees, which includes EPCPH. As a result, TEPP will receive an additional \$197,788, a 25 percent increase from the original contract amount of \$791,153 for FY25. The new total award amount is \$988,941. The additional funds will be utilized to supplement tobacco prevention, education, and cessation efforts for youth and adults and strengthen program infrastructure. **Funding source: CDPHE**

**The Special Supplemental Nutrition Program for Women, Infants and Children (WIC)** is an evidence-based program resulting in improved birth outcomes, fewer infant deaths, and reduced health care



costs. Registered dietitians and health educators provide supplemental food benefits, nutrition education, breastfeeding support and community referrals to pregnant and postpartum women, infants, and children up to age 5. WIC also conducts depression screening of pregnant and postpartum women, can provide specialty formula, and offers a breast pump loan program. The WIC Breastfeeding Peer Counselor Program supports breastfeeding clients through a text and phone program. Over the past year, WIC had an average monthly client enrollment of 14,265 with an unduplicated enrollment of 21,007.

To accommodate the needs of a geographically large county, WIC has three offices: one in Fountain, one in northwest Colorado Springs, and one in southeast Colorado Springs. All WIC services are free to families who qualify. **Funding source: Federal grant funding**

**Healthy Environment** strengthens existing partnerships and develops new collaborations with colleagues and organizations that span nonprofits, higher education, and government. In 2022, ECPH was awarded a two-year planning grant from the United States Department of Agriculture to utilize a strategic partnership, led by the Public Health Planner – Health Environment, with the overarching goals of improving communication and cross-sector collaboration. Implementation of the grant began in 2023 and was led by a core planning team which included diverse areas of expertise and knowledge, such as public health, food systems consulting, and agriculture. Through a variety of assessment activities throughout 2023 and 2024, including an activity during the convening of a large tri-county stakeholder event (the “Central Colorado Foodshed Gathering”) in March 2024, the partnership gained insight and understanding around opportunities, barriers, and gaps within our regional foodshed. The identified strategies encompass key focus areas, including food access, food distribution, and food production. These strategies, and overall recommendations, to strengthen the food system are being compiled into a report. This report will serve as a foundation and resource for future conversations around the region as new activities, coalitions, initiatives, and efforts evolve. Grant funding has been extended and approved to use through 2025. **Funding source: United States Department of Agriculture**

**Behavioral Health** is responsible for leading behavioral health initiatives and activities as well as strengthening strategic partnerships that promote behavioral health programs and resources. A behavioral health planner position was created in 2022 and has been involved with numerous community efforts and collaboration with several groups, such as the Behavioral Health Action Network, the Criminal Justice Coordinating Council (and its Behavioral Health steering committee), the Healthy Kids Colorado Survey steering committee, and more. The behavior health planner also manages and distributes free Narcan kits and informational materials to the community in efforts to reverse fatal opioid overdoses, many of which are fentanyl involved.

## Environmental Health Division

**Environmental Health (EH)** works to assure the safety of retail food, body art establishments, public swimming pools and spas, child care facilities, schools, air quality, waste tire generators and haulers, drinking water and onsite wastewater treatment systems to prevent disease in those settings.



The **Retail Food Safety Program** helps prevent foodborne illness in El Paso County's retail food establishments through regulatory and educational efforts. In 2024, El Paso County had over 3,105 licensed establishments or vendors which provide food to the public, including restaurants, caterers, grocery stores, convenience stores, school kitchens, mobile food trucks, and special event vendors. EPCPH's environmental health specialists routinely inspect facilities to assure compliance with food safety regulations and to educate food handlers, investigate consumer complaints, and assist with foodborne outbreak investigations. In addition, EPCPH issues retail food establishment licenses and conducts thorough reviews of plans for new and remodeled facilities. Food safety classes are also offered in English and Spanish. **Funding source: Local, State, and License Fees**

The **Body Art Program** protects body art establishment staff and clients from infectious diseases through inspections, education on proper procedures such as cleaning, disinfecting, sterilizing, and handling equipment, as well as enforcement of local public health regulations at body art establishments and temporary events. El Paso County has more than 120 licensed body art establishments. From 2023 to 2024, special events, which are permitted and inspected by EPCPH, increased by 85 percent. In addition, 228 Body Art Competency Exams have been taken which EH staff proctor and grade. **Funding source: License and Exam Fees**

The **Public Swimming Pool (Water Recreation) Program** assures proper pool and spa maintenance and operation to prevent waterborne disease. Environmental health specialists routinely inspect public swimming pools and spas, providing education to assure compliance with Colorado's Safe Swimming Pool and Mineral Baths Regulations. El Paso County has 280 public swimming pools and spa facilities. **Funding source: Plan review and Inspection Fees**

The **Child Care Program** protects children and staff from infectious diseases, including foodborne illness, by inspecting child care facilities and providing education about proper handwashing, best practices, cleaning, sanitization, disinfection, and food handling. El Paso County has more than 390 licensed and inspected child care facilities. Environmental health specialists inspect child care facilities to assure compliance with the Colorado Regulations Governing Health and Sanitation of Child Care Facilities. Staff also investigate consumer complaints, assist with illness investigations, and conduct thorough reviews of plans for new and remodeled facilities. **Funding source: State Funding and Inspection Fees**

The **School Safety Program** works to educate schools about the proper handling and storage of hazardous materials and equipment in high-risk areas, which include science, industrial technology and/or any area that includes the storage and use of chemicals and safety equipment. This is achieved through on-site inspections. Assessment of lower-risk functions of the school, such as sanitizers, disinfectants, hygiene, toileting assistance, pest control, animals in classrooms, health services, etc. is achieved through self-certifications and on-site audits. Environmental health specialists assure compliance with the rules and regulations governing schools in the state of Colorado through the high-risk inspections, self-certifications, audits, and complaint investigations. All 258 schools in El Paso

County complete self-certifications with on-site audits conducted at 15 percent of schools. Of the 258 schools, 64 middle and high schools in El Paso County receive high-risk inspections. **Funding source: Local, State Funding**

The **Air Quality Program** actively responds to air quality complaints for odor, opacity, and dust. Environmental health specialists review control plans and applications to issue open burn and construction activity permits in El Paso County. **Funding source: Contract and Permit Fees**

The **Waste Tire Program** assures that tires from a variety of vehicles that are deemed as waste are properly stored, disposed of, or transported for an end-use by inspecting waste tire generators and haulers. Environmental health specialists inspect generators and haulers to ensure compliance with Section 10 of the regulations pertaining to solid waste sites and facilities. El Paso County has over 340 waste tire facilities. **Funding source: Contract and Grant funding**

The **Onsite Wastewater Treatment Systems (OWTS) Program** protects public health and the environment by preventing human exposure to sewage and works to prevent the contamination of groundwater by ensuring adequate treatment of wastewater through individual OWTS or septic systems. The program accomplishes this by assuring proper placement, design, installation, and maintenance of systems. EPCPH focuses on the OWTS regulation associated with both commercial and residential facilities which are not serviced by a municipal wastewater system. There are nearly 34,000 operating OWTS in El Paso County, more than any other county in Colorado. On an annual basis, EPCPH routinely issues one of the highest numbers of OWTS permits in the state. EPCPH averages 450-500 issued OWTS permits annually. OWTS permits to repair systems remain steady compared to previous years while we have seen a decrease in requests for new home construction. Implementation of operation and maintenance requirements for OWTS systems helps maintain systems functionality reducing the need for permitted repairs. **Funding source: Permits and License Fees**

## Disease Prevention, Control and Response Capabilities

**Communicable Disease (CD) Program** is responsible for interviewing cases and investigating reportable disease events and outbreaks, collecting and analyzing infectious disease data, and managing public health responses to prevent and control the spread of infectious diseases while minimizing their impact on the community. This program provides information and education to guide public health policy and keep both the medical community and the public informed about infectious disease concerns or threats. The program monitors over 90 different reportable diseases and conditions, providing 24/7 expert consultation for health care providers and managing outbreaks associated with a variety of settings such as schools, nursing homes, correctional facilities and other settings. **Funding source: Local and State funding**

**Emergency Preparedness and Response (EPR)** is a nationally recognized program which leads EPCPH staff activities dedicated to preparing for, responding to, and recovering from all-hazard incidents that pose an imminent or potential threat to the health, medical, and environmental well-being of El Paso County residents. Recognizing that disasters and emergencies often have far-reaching public health consequences impacting the local jurisdiction, EPCPH is committed to maintaining a responsive workforce. The establishment of a robust public health emergency preparedness framework is essential, and all staff members must understand their roles and responsibilities within the existing emergency management structure. This understanding is critical for fostering coordination, collaboration, and communication among public health responders. This readiness is cultivated by building public health emergency preparedness (PHEP) capabilities through the continuous preparedness cycle, encompassing planning, organizing, training, exercising, and evaluation.

A pivotal component in this preparedness strategy is Emergency Support Function (ESF) #8, acknowledged in the National Response Framework (NRF) as Public Health and Medical Services. EPCPH assumes the role of ESF-8 lead in support of EPC, as requested and activated by the Pikes Peak Regional Office of Emergency Management (PPROEM). In this capacity, EPCPH is entrusted with assuring the proper coordination of all ESF-8 functions to effectively support incident response. **Funding source: Grants, Local and State funding**

**The Public Health Laboratory** is a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory which provides testing services for EPCPH's programs and clinics as well as services for local Civil Surgeons. The laboratory clinical test platforms include gonorrhea, chlamydia, syphilis, HIV, tuberculosis, and vaginitis. The laboratory is also certified by the Colorado Department of Public Health to perform EPA standardized Bacteriological and Chemical environmental testing. The lab performs over 8,000 drinking water potability and chemical tests yearly for public water systems that are required to meet Colorado Primary Drinking Water Regulations and private well owners of El Paso County and surrounding counties.

As a member of the Laboratory Response Network (LRN), and as a Biosafety Level 3 laboratory, the EPCPH lab works closely with the Colorado Department of Public Health and Environment (CDPHE) Laboratory to incorporate procedures for the detection of potentially threatening microbiological select agents such as plague, tularemia, anthrax and brucella. The laboratory also performed 5,000 plus drug tests and 7,000 plus alcohol tests in collaboration with the pretrial services program which administers personal recognizance bonds for the court system. **Funding source: Local and State funding**

## Staffing

### Full-time Equivalent Positions (FTE's) by Department, Division or Office

Administration	2022 Authorized	2023 Authorized	2024 Authorized	2024 Adj +/-	2025 Authorized
Director's Office	-	-	-	7.00	7.00
Strategic Initiatives Office	-	-	-	-	-
Public Health Data & Analytics	0.50	-	-	3.10	3.10
Public Health Workforce	-	-	-	-	-
Office of Communication	1.00	-	-	4.575	4.575
Operations	-	-	-	7.00	7.00
American Rescue Plan Act - El Paso County	25.40	38.80	44.80	(44.80)	-
American Rescue Plan Act - State	9.00	-	-	-	-
CDC Grant	7.00	9.20	3.00	(3.00)	-
Building Expense-EPCPH South	-	-	-	-	-
CDC Workforce Infrastructure Grant	-	2.00	12.00	6.40	18.40
A2 Foundational Capabilities	-	-	-	6.00	6.00
<b>Administration Total</b>	<b>42.90</b>	<b>50.00</b>	<b>59.80</b>	<b>(13.725)</b>	<b>46.08</b>

Vital Statistics Division	2022 Authorized	2023 Authorized	2024 Authorized	2024 Adj +/-	2025 Authorized
Vital Statistics	5.00	5.00	5.00	-	5.00
<b>Vital Statistics Total</b>	<b>5.00</b>	<b>5.00</b>	<b>5.00</b>	<b>-</b>	<b>5.00</b>

<u>Strategy, Data, and Communication Division</u>	2022 Authorized	2023 Authorized	2024 Authorized	2024 Adj +/-	2025 Authorized
R16 Opioid Abatement Council	-	-	-	0.70	0.70
SDC Administration	-	-	-	1.00	1.00
<b>Strategy, Data, and Communication Division Total</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1.70</b>	<b>1.70</b>

<b>Clinical Services</b>	<b>2022 Authorized</b>	<b>2023 Authorized</b>	<b>2024 Authorized</b>	<b>2024 Adj +/-</b>	<b>2025 Authorized</b>
<b>Tuberculosis Program</b>	2.50	3.50	3.50	(0.20)	3.30
<b>Immunizations</b>	16.60	6.10	5.50	(0.50)	5.00
<b>IMM#3</b>	-	-	-	7.00	7.00
<b>IMM #4</b>	-	5.50	5.50	(5.50)	-
<b>Clinical Services Division Administration</b>	-	-	1.00	1.80	2.80
<b>Nurse Family Partnership Program</b>	10.00	10.00	10.00	0.50	10.50
<b>Reproductive Health Clinic</b>	7.40	6.40	6.00	(0.15)	5.85
<b>Congenital STI Prevention</b>	-	-	1.00	1.20	2.20
<b>Clinical Services Total</b>	<b>36.50</b>	<b>31.50</b>	<b>32.50</b>	<b>4.15</b>	<b>36.65</b>

<b>Community Health Promotion</b>	<b>2022 Authorized</b>	<b>2023 Authorized</b>	<b>2024 Authorized</b>	<b>2024 Adj +/-</b>	<b>2025 Authorized</b>
<b>Southeast Colorado Springs Initiative</b>	1.00	1.00	-	-	-
<b>Impaired Driving Prevention</b>	-	-	0.50	0.10	0.60
<b>Tobacco Education Prevention &amp; Cessation</b>	4.85	5.50	5.50	1.40	6.90
<b>Baby and Me Tobacco Free</b>	-	-	-	0.30	0.30
<b>Maternal and Child Health</b>	4.60	4.80	4.00	0.80	4.80
<b>WIC</b>	37.50	35.40	37.50	(4.40)	33.10
<b>WIC Breastfeeding Peer Counseling</b>	0.50	0.60	0.50	-	0.50
<b>Community Health Promotion Division</b>	3.50	-	-	3.90	3.90
<b>El Paso County Funds to Youth Suicide Prevention</b>	1.00	-	-	-	-
<b>Communities That Care</b>	2.30	2.30	2.60	(0.80)	1.80
<b>Drug Free Communities</b>	0.85	1.20	0.45	0.70	1.15
<b>Regional Food System Partnership</b>	-	-	0.40	(0.40)	-
<b>Colorado Trust Grant</b>	-	-	0.45	(0.45)	-
<b>Community Health Promotion Total</b>	<b>56.10</b>	<b>50.80</b>	<b>51.90</b>	<b>1.15</b>	<b>53.05</b>

<b>Environmental Health Services</b>	<b>2022 Authorized</b>	<b>2023 Authorized</b>	<b>2024 Authorized</b>	<b>2024 Adj +/-</b>	<b>2025 Authorized</b>
Environmental Health Services	32.00	32.80	39.00	(7.05)	31.95
<b>Environmental Health Services Total</b>	<b>32.00</b>	<b>32.80</b>	<b>39.00</b>	<b>(7.05)</b>	<b>31.95</b>

<b>Disease Prevention, Control, and Response Capabilities</b>	<b>2022 Authorized</b>	<b>2023 Authorized</b>	<b>2024 Authorized</b>	<b>2024 Adj +/-</b>	<b>2025 Authorized</b>
Communicable Disease	-	-	-	7.00	7.00
Laboratory	2.50	3.80	4.00	(0.05)	3.95
Emergency Preparedness	5.20	3.90	3.80	1.10	4.90
ELC Grant II	47.05	24.15	-	-	-
ELC 2.2	-	-	-	2.625	2.625
Cities Readiness Initiative	0.75	1.05	1.00	0.10	1.10
<b>Disease Prevention, Control, and Response Capabilities Total</b>	<b>55.50</b>	<b>32.90</b>	<b>8.80</b>	<b>10.775</b>	<b>19.58</b>



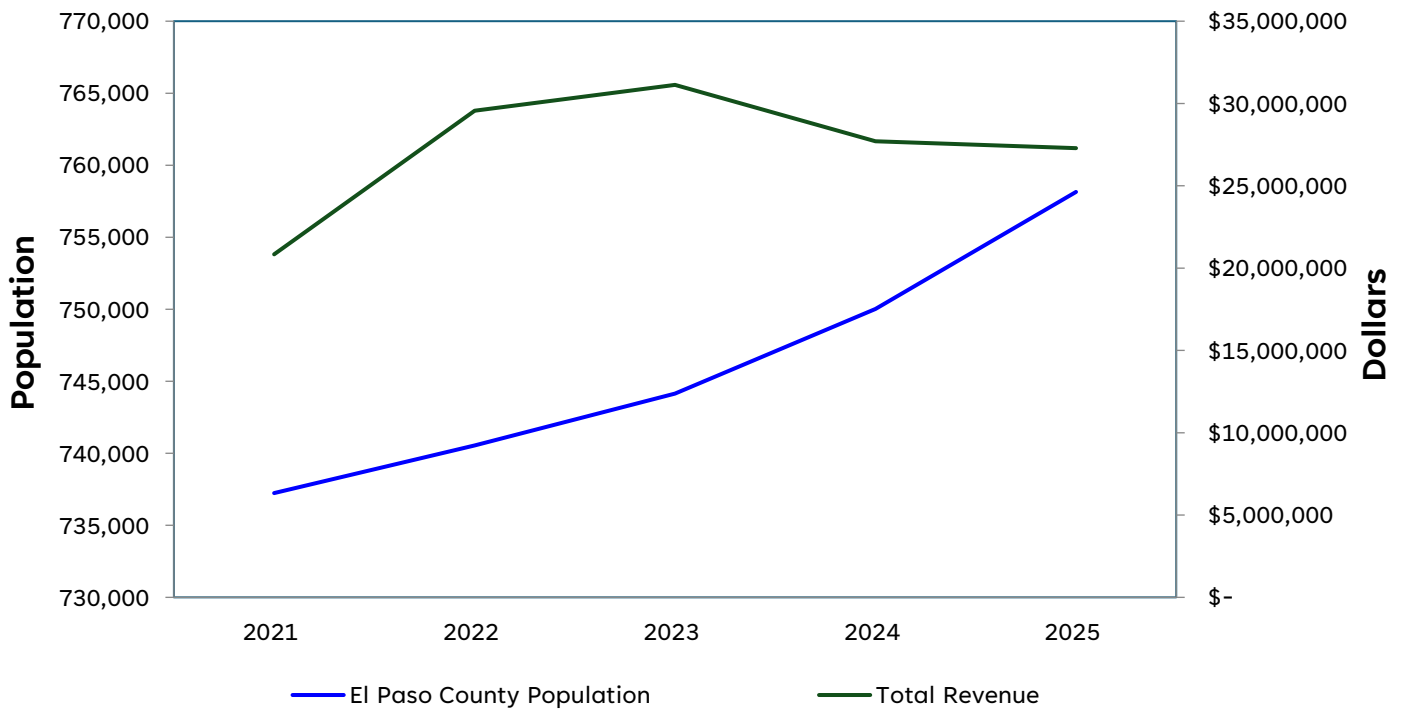


# Original Adopted Budget



# Historical Budget Review

## Total Revenue versus Population Growth



The graphic above depicts two lines, one for El Paso County population and the other for total EPCPH revenue.

- The population line shows an increase in population from 2021 (737,239) to 2025 (758,146).
- The total revenue line depicts an increase in revenue from 2021 to 2022 with a mild increase from 2022 to 2023. 2023 to 2024 had a decline in revenue from the year prior while revenue from 2024 to 2025 stabilized.

For EPCPH's 2025 annual budget, the majority of funds, 50.14 percent, comes from program-specific grants, with 1.04 percent coming from one specific COVID-19 response grant (ELC 2.2) that are time limited. A little more than 15.67 percent will come from licenses, fees, and permits, 1.35 percent from interest income and .15 percent from miscellaneous sources. El Paso County provides 25.36 percent of EPCPH's total funding, and the state of Colorado provides 6.29 percent in per capita funding to the total budget.

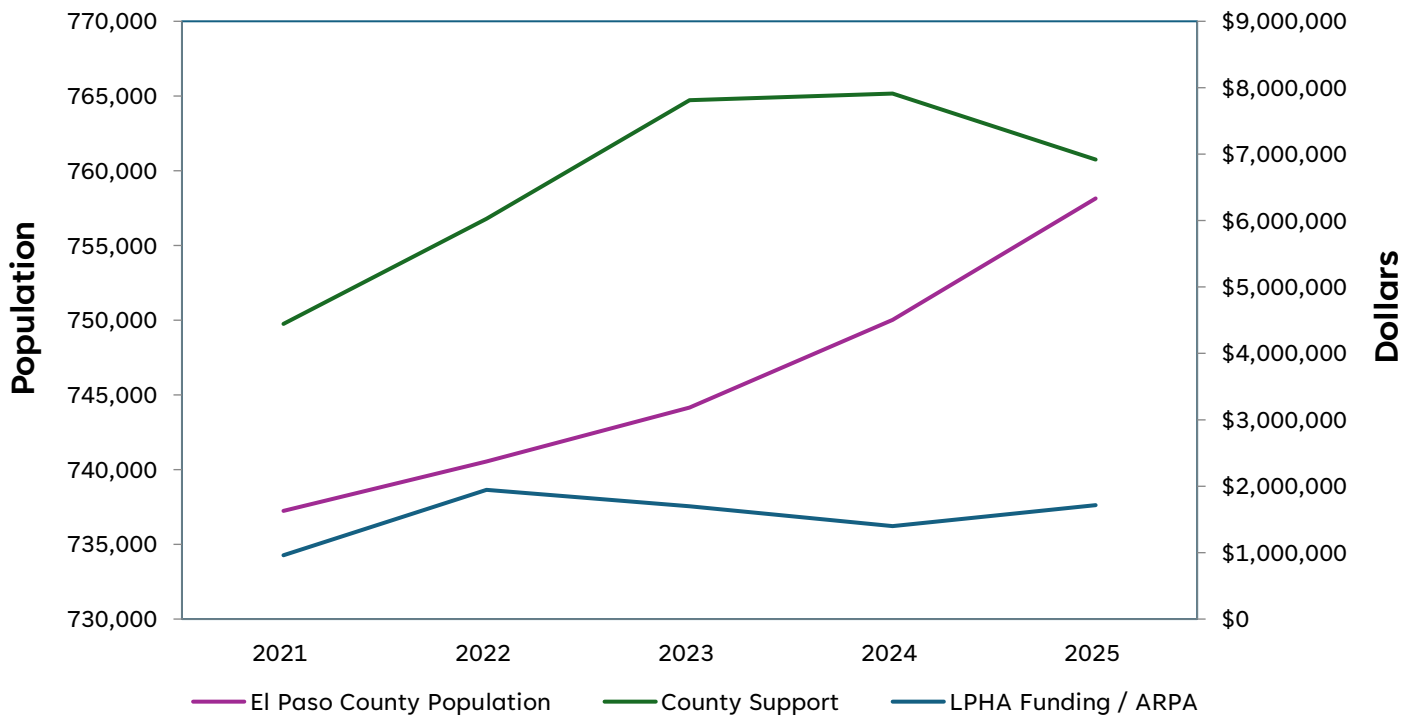
While the COVID-19 and other response-specific funds have provided much-needed support, it is important to note that all but one COVID-19 era funding stream has ended. These limitations have necessitated the use of general funds and fund balance for other personnel costs and resources not covered by this funding. During 2022, three COVID-19 grants came to an end, with additional grants ending in 2023 and 2024. The staff hired with this funding are critical to maintaining ongoing work to protect the health of the community. In 2025, EPCPH plans to continue participating in state-level funding and allocation meetings to ensure EPCPH receives an equitable share of statewide available funds for core public health needs and emergencies; advocate through supporting legislation that

increases state funding to provide core public health services; continue strategic initiatives to secure additional grant funding to meet specific time-limited issues; and strategize with other countywide partners to secure funding to meet other emerging and continuing public health issues in order to prevent and reduce the spread of disease and illness and protect the health and well-being of all residents and visitors in El Paso County.

Included in this budget document are numerous charts and graphs, the five-year financial roadmap, and the final presentation document provided to the Board of Health to request the adoption of the budget. The five-year financial roadmap demonstrates the funding plan and its impact to fund balance.

Great appreciation is given to the El Paso County Board of Commissioners and the El Paso County Board of Health for their strategic guidance, leadership, collaboration, and support of EPCPH in its work to protect our community.

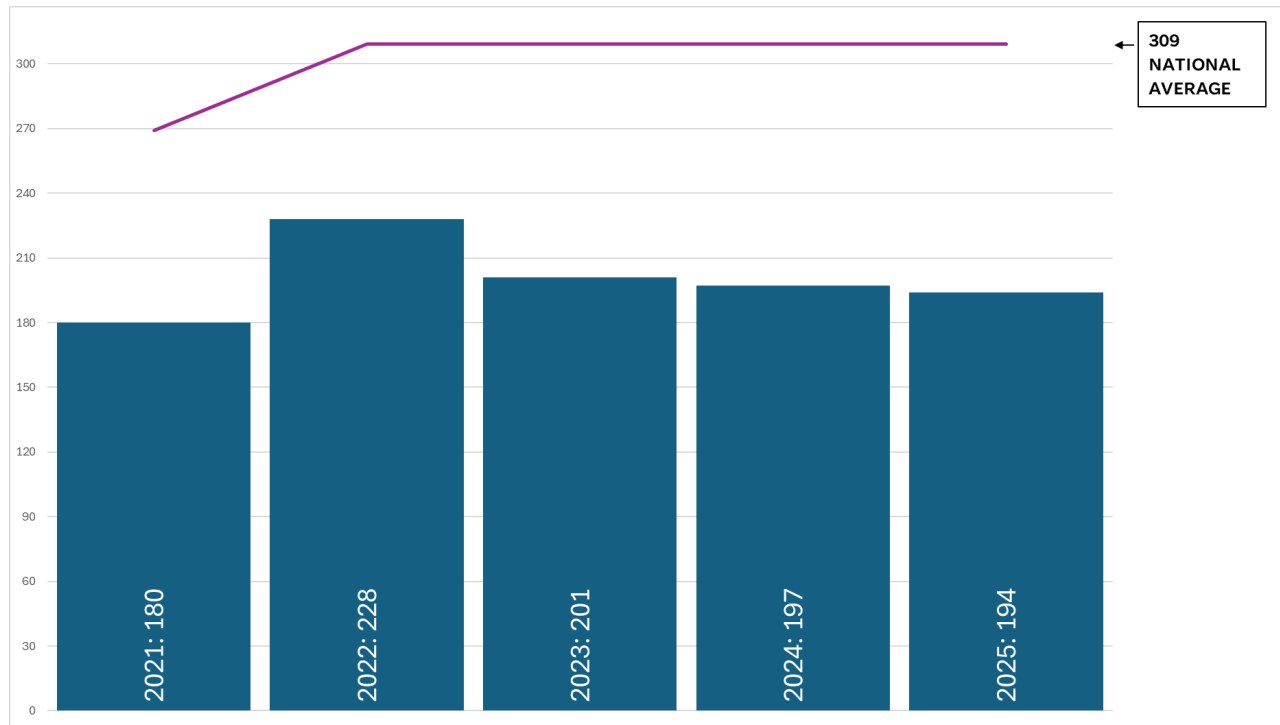
## State and Local Support Revenue versus Population Growth



The graphic above depicts three lines, one for El Paso County population, one for county fiscal support and one for Local Public Health Agency (LPHA) funding.

- The population line shows an increase in population from 2021 (737,239) to 2025 (758,146).
- The county fiscal support line depicts a rise to match population from 2021 to 2022. From 2022 through 2024 fiscal support declines, then picks up slightly from 2024 to 2025.
- The LPHA funding shows an increase in funds from 2021 through 2023. A slight increase from 2023 to 2024, with a marked decline from 2024 to 2025.

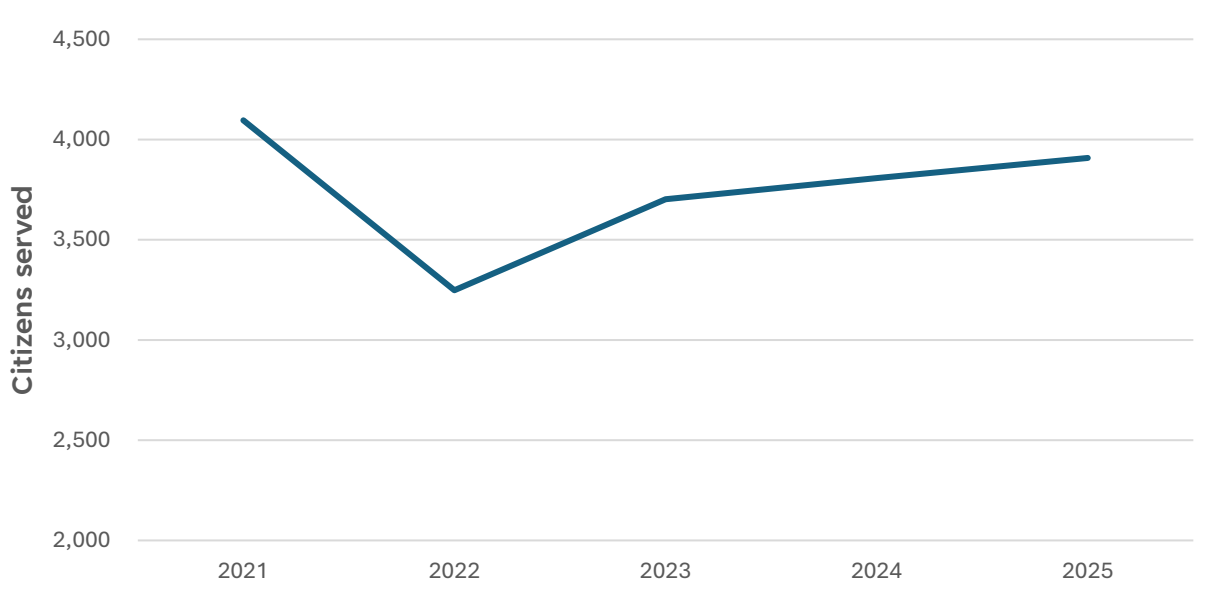
## Number of Full-Time Equivalent Public Health Employees



This chart depicts historical staffing from 2021 to 2025. The national average for full-time employees (FTEs) is 309 for counties serving 500,000 to 999,999 populations.

- 2021 – 180 FTE
- 2022 – 228 FTE
- 2023 – 201 FTE
- 2024 – 197 FTE
- 2025 – 194 FTE

## Citizens Served Per Public Health Employee



The line graph depicts El Paso County citizens served per public health employee.  
For 2021 – 4,096    2022 – 3,248    2023- 3,702    2024- 3,807    2025- 3,908

## Population Growth and Public Health Employees



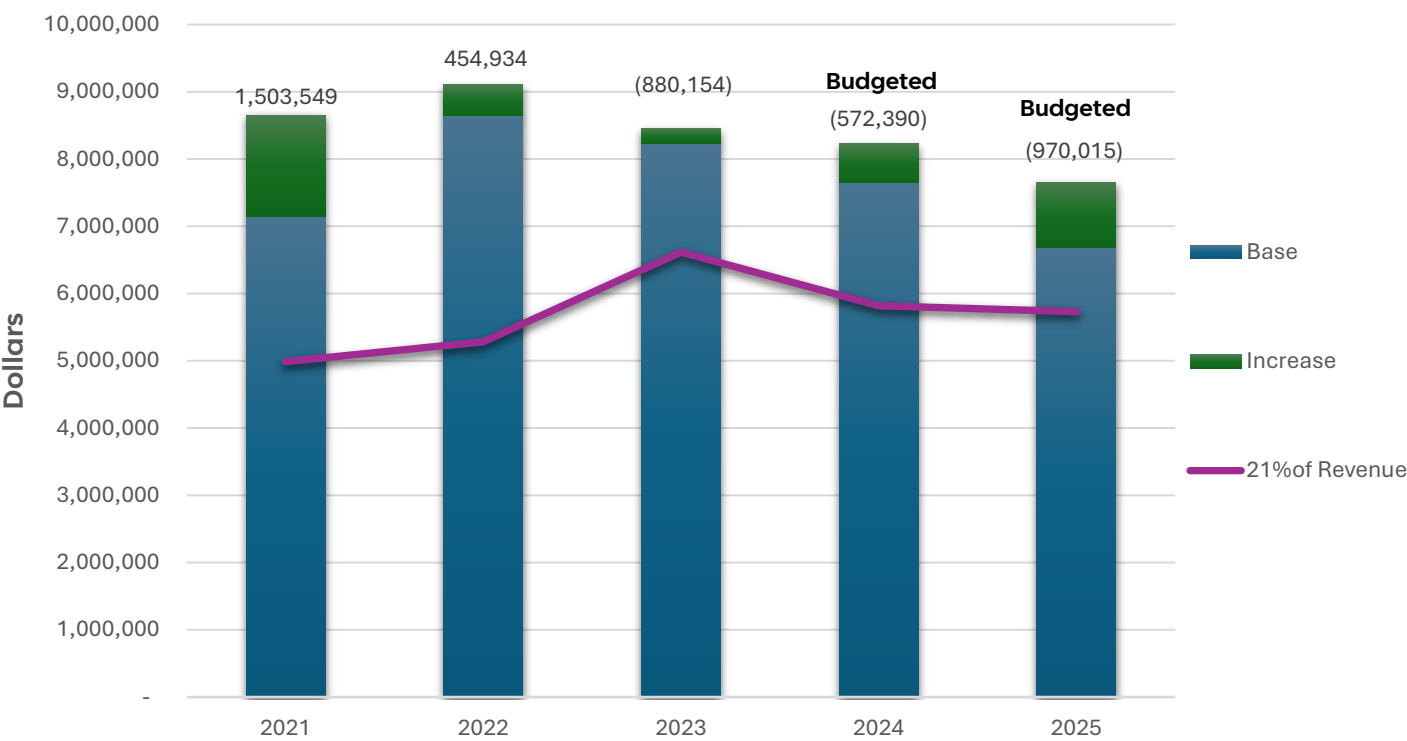
The above bar and line chart compares El Paso County's population growth to public health employees.

- 2021: 737,239 population to 180 public health employees
- 2022: 740,542 population to 228 public health employees
- 2023: 744,151 population to 201 public health employees
- 2024: 750,018 population to 197 public health employees
- 2025: estimated 758,146 population to 194 public health employees

# Current Financial Status

## Operational Reserves 2024 Fund Balance Details

Unassigned Fund Balance	\$7,750,385
Restricted TABOR Reserve	\$364,309
Reserve for Emergency Preparedness	\$114,503
Total Fund Balance as of end of 2023	\$8,229,197
Unassigned as a percentage of 2023 collected revenue	29%
2024 OAB to decrease Fund Balance	\$(572,390)
Projected 2025 OAB decrease Fund Balance	\$(970,015)



The graphic above depicts total budget amounts and outlines the base budget, increase to the budget and the 21 percent revenue threshold.

- 2021: 8,654,417 base budget with 1,503,549 increase and a 21 percent of revenue threshold of 4,988,277
- 2022: 9,109,351 base budget with 454,934 increase and a 21 percent of revenue threshold of 5,283,306
- 2023: 8,229,197 base budget with (880,154) increase and a 21 percent of revenue threshold of 6,615,714
- 2024: 7,656,807 base budget with (572,390) increase and a 21 percent revenue threshold of 5,818,229
- 2025: 6,686,792 base budget with (970,015) increase and a 21 percent revenue threshold of 5,729,632

## Projected Financial Status

	2024 Revised Adopted Budget	2025 Original Adopted Budget
<b>Revenue</b>		
El Paso County	\$ 7,912,001	\$6,918,277
State LPHA Funding	\$1,400,565	\$1,715,927
ELC 2.2	\$784,355	\$284,044
Revenues from Program Specific Grants	\$12,414,285	\$13,680,532
Revenues from Licenses, Fees, and Permits	\$4,846,070	\$4,275,140
Revenue from Interest Income	\$300,000	\$369,491
Revenue from Miscellaneous/Contributions	\$48,576	\$40,550
<b>Total Revenues</b>	<b>\$27,705,852</b>	<b>\$27,283,961</b>
<b>Expenditures</b>		
Personnel Expense	\$21,490,428	\$21,871,326
Operating	\$6,392,813	\$6,297,650
Capital Expense	\$395,000	\$85,000
<b>Total Expenditures</b>	<b>\$28,278,241</b>	<b>\$28,253,976</b>
Net Change in Fund Balance	\$(572,390)	\$(970,015)
Fund Balance - Beginning of Year	\$8,229,197	\$7,656,807
Fund Balance - End of Year	\$7,656,807	\$6,686,792



## Changes from 2025 Preliminary to 2025 Adopted Budget

### Changes since the Preliminary Public Health Budget:

#### Revenue Estimates – Decreased \$60,833

- County Funding Final Adjustment

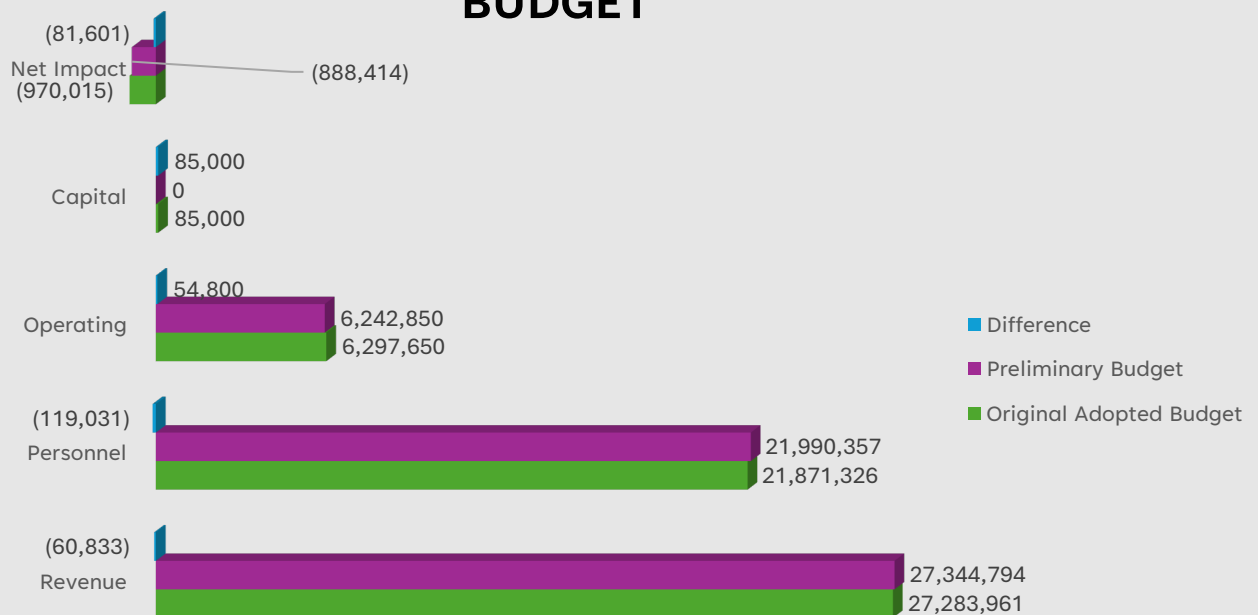
#### Expenditure Estimates – Increased \$20,769

- Personnel – Decrease of \$119,031
- Operating – Increase of \$54,800
- Capital – Increase of \$85,000

#### Planned Use of Fund Balance

- Total budgeted use of Fund Balance is \$970,015

### PRELIMINARY BUDGET vs ORIGINAL ADOPTED BUDGET



The graphic above is a visual depiction of the difference between the Preliminary Budget and the Original Adopted Budget. The information included in the graph is noted above in the document text that precedes the visual.

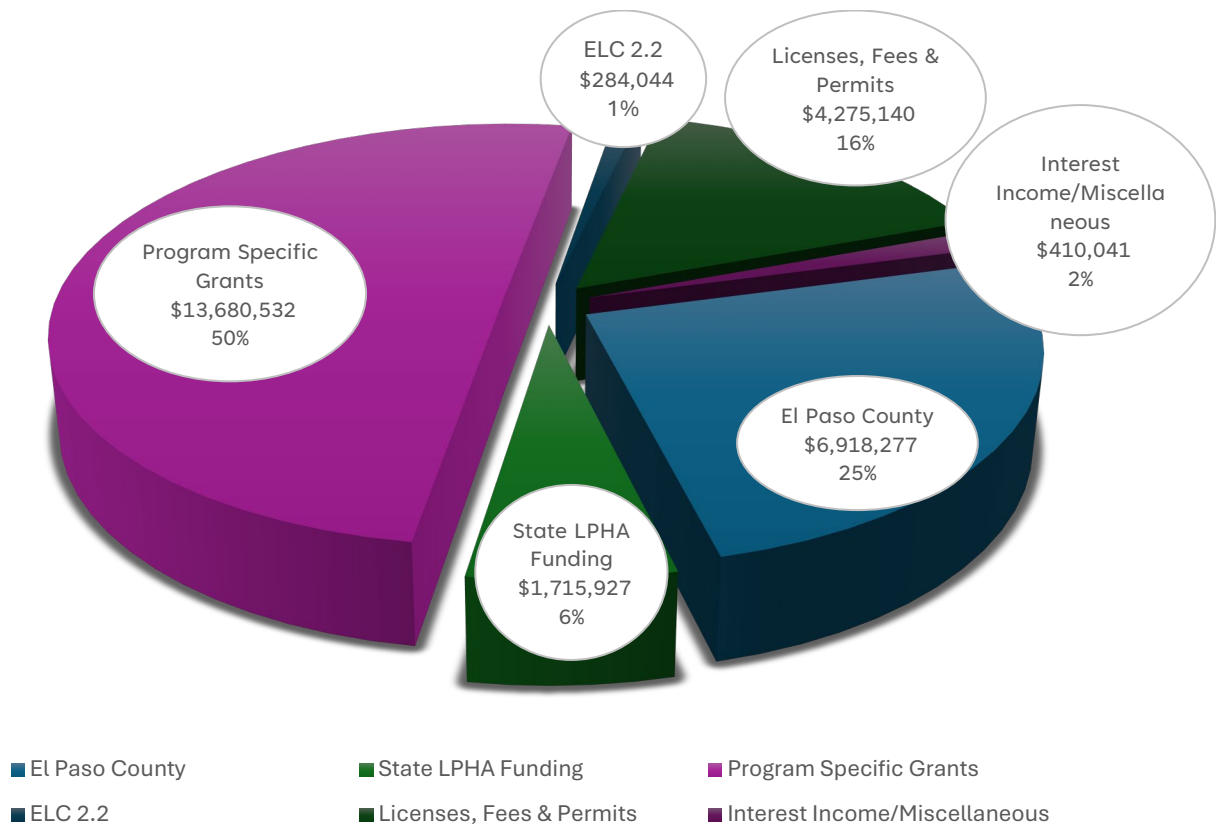
## 2025 Original Adopted Budget Summary

### 2025 Original Adopted Budget

	Original Adopted Budget
<b><u>Revenue</u></b>	
El Paso County	\$6,918,277
State LPHA Funding	\$1,715,927
ELC 2.2	\$284,044
Revenues from Program Specific Grants	\$13,680,532
Revenues from Licenses, Fees, and Permits	\$4,275,140
Revenue from Interest Income	\$369,491
Revenue from Miscellaneous/Contributions	\$40,550
<b><u>Total Revenues</u></b>	<b><u>\$27,283,961</u></b>
<b><u>Expenditures</u></b>	
Personnel Expense	\$21,871,326
Operating	\$6,297,650
Capital Expense	\$85,000
<b><u>Total Expenditures</u></b>	<b><u>\$28,253,976</u></b>
Net Change in Fund Balance	(\$970,015)

## 2025 Original Adopted Budget Revenues

**2025 Budget Revenues \$27,283,961**

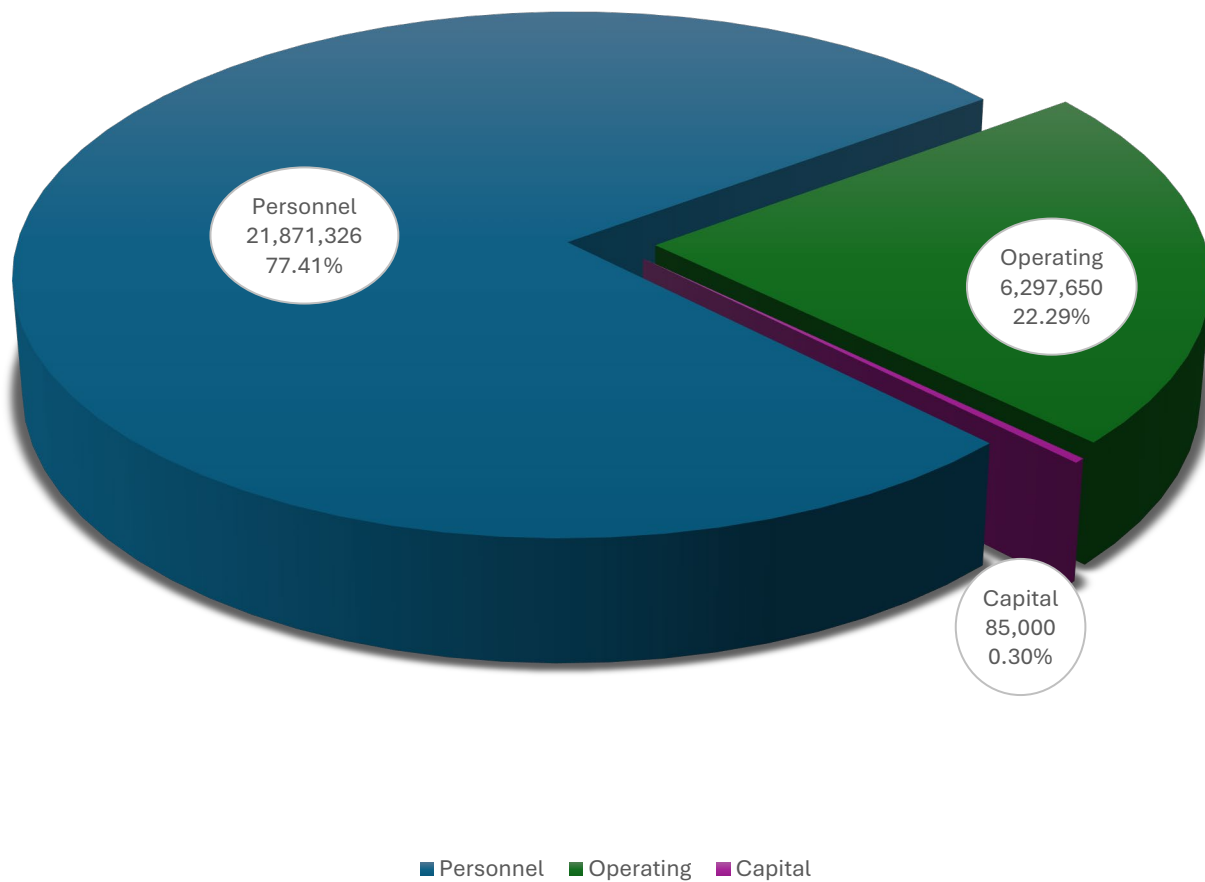


The pie chart above breaks down the 2025 budget revenues.

- Program Specific Grants: \$13,680,532 equates to 50 percent
- Epidemiology Laboratory Capacity (ELC) 2.2: \$284,044 equates to 1 percent
- Licenses, Fees & Permits: \$4,275,140 equates to 16 percent
- Interest Income/Miscellaneous: \$410,041 equates to 2 percent
- El Paso County: \$6,918,277 equates to 25 percent
- State LPHA funding: \$1,715,927 equates to 6 percent

## 2025 Original Adopted Budget Expenditures

**2025 Budgeted Expenditures \$28,253,976**



The pie chart above breaks down the 2025 budgeted expenditures.

- Personnel - \$21,871,326; 77.41 percent
- Operating - \$6,297,650; 22.29 percent
- Capital - \$85,000; 0.30 percent

# Resolution to Adopt and Appropriate the 2025 Public Health Budget

**RESOLUTION NO.: 2024-16**

**SUBJECT: Resolution to Adopt and Appropriate the 2025 Public Health Budget**

**EFFECTIVE DATE: December 11, 2024**

## **RESOLUTION OF THE EL PASO COUNTY BOARD OF HEALTH**

### **RESOLUTION TO ADOPT AND APPROPRIATE THE 2025 EL PASO COUNTY PUBLIC HEALTH BUDGET**

**WHEREAS**, pursuant to Sections 25-1-508 and 511, and Section 29-1-103, C.R.S., the El Paso County Board of Health ("Board of Health") has the power and duty to adopt a budget for El Paso County Public Health ("Public Health") for fiscal year 2025; and

**WHEREAS**, Public Health has recommended that the Board of Health adopt a budget for fiscal year 2025 as indicated in Attachments "A" and "B" hereto, and incorporated herein by reference; and

**WHEREAS**, the Board of Health has conducted a public meeting to consider adoption of said 2025 budget, and has received and considered public input regarding said proposal.

### **NOW, THEREFORE, BE IT RESOLVED BY THE EL PASO COUNTY BOARD OF HEALTH:**

1. That the Board of Health hereby adopts the fiscal year 2025 El Paso County Public Health Budget as indicated in Attachments "A" and "B", which is incorporated herein by reference.
2. That the fiscal year 2025 El Paso County Public Health Budget may be amended from time to time by appropriate action of the Board of Health.

**MOVED, SECONDED AND ADOPTED BY THE EL PASO COUNTY BOARD OF HEALTH AT ITS REGULAR MEETING HELD ON DECEMBER 11, 2024.**

**EL PASO COUNTY BOARD OF HEALTH**

**RESOLUTION NO.: 2024-16**

**SUBJECT: Resolution to Adopt and Appropriate the 2025 Public Health Budget**

**EFFECTIVE DATE: December 11, 2024**

## **RESOLUTION OF THE EL PASO COUNTY BOARD OF HEALTH**

### **RESOLUTION TO ADOPT AND APPROPRIATE THE 2025 EL PASO COUNTY PUBLIC HEALTH BUDGET**

**WHEREAS**, pursuant to Sections 25-1-508 and 511, and Section 29-1-103, C.R.S., the El Paso County Board of Health ("Board of Health") has the power and duty to adopt a budget for El Paso County Public Health ("Public Health") for fiscal year 2025; and

**WHEREAS**, Public Health has recommended that the Board of Health adopt a budget for fiscal year 2025 as indicated in Attachments "A" and "B" hereto, and incorporated herein by reference; and

**WHEREAS**, the Board of Health has conducted a public meeting to consider adoption of said 2025 budget, and has received and considered public input regarding said proposal.

### **NOW, THEREFORE, BE IT RESOLVED BY THE EL PASO COUNTY BOARD OF HEALTH:**

1. That the Board of Health hereby adopts the fiscal year 2025 El Paso County Public Health Budget as indicated in Attachments "A" and "B", which is incorporated herein by reference.
2. That the fiscal year 2025 El Paso County Public Health Budget may be amended from time to time by appropriate action of the Board of Health.

**MOVED, SECONDED AND ADOPTED BY THE EL PASO COUNTY BOARD OF HEALTH AT ITS REGULAR MEETING HELD ON DECEMBER 11, 2024.**

BY: Don L. Fabston  
President  
on behalf of  
Teel Collas,  
President

ATTEST BY: Susan Wheelan  
Secretary

## Attachment B – El Paso County Public Health 2025 Original Adopted Budget Summary

	2024	2024	2025	2025	2025
	Preliminary Balanced Budget	Revised Adopted Budget	Preliminary Balanced Budget	Original Adopted Budget	Changes from Preliminary Balanced Budget
<b>Revenue</b>					
El Paso County	\$7,912,001	\$7,912,001	\$6,979,110	\$6,918,277	(\$60,833)
State LPHA Funding	\$1,400,565	\$1,400,565	\$1,715,927	\$1,715,927	\$0
ELC 2.2	\$784,355	\$784,355	\$284,044	\$284,044	\$0
Revenues from Program Specific Grants	\$12,414,285	\$12,414,285	\$13,680,532	\$13,680,532	\$0
Revenues from Licenses, Fees, and Permits	\$4,021,024	\$4,846,070	\$4,275,140	\$4,275,140	\$0
Revenue from Interest Income	\$300,000	\$300,000	\$369,491	\$369,491	\$0
Revenue from Miscellaneous/Contributions	\$48,576	\$48,576	\$40,550	\$40,550	\$0
<b>Total Revenues</b>	<b>\$26,880,806</b>	<b>\$27,705,852</b>	<b>\$27,344,794</b>	<b>\$27,283,961</b>	<b>(\$60,833)</b>
	2024	2024	2025	2025	2025
	Preliminary Balanced Budget	Original Adopted Budget	Preliminary Balanced Budget	Original Adopted Budget	Changes from Preliminary Balanced Budget
<b>Expenditures</b>					
Personnel Expense	\$21,490,428	\$21,490,428	\$21,990,357	\$21,871,326	(\$119,031)
Operating	\$6,343,713	\$6,392,813	\$6,242,850	\$6,297,650	\$54,800
Capital Expense	\$285,000	\$395,000	\$0	\$85,000	\$85,000
<b>Total Expenditures</b>	<b>\$28,119,142</b>	<b>\$28,278,241</b>	<b>\$28,233,207</b>	<b>\$28,253,975</b>	<b>\$20,768</b>
	2024	2024	2025	2025	2025
	Preliminary Balanced Budget	Original Adopted Budget	Preliminary Balanced Budget	Original Adopted Budget	Changes from Preliminary Balanced Budget
<b>Net Change in Fund Balance</b>	<b>(\$1,238,335)</b>	<b>(\$572,390)</b>	<b>(\$888,414)</b>	<b>(\$970,015)</b>	<b>\$81,601</b>





## Financial Breakdown



## Mandates/State Statutes Required

Public Health is governed by C.R.S. 25-1-506, which requires that each county establish and maintain a county public health agency.

Required duties of all public health agencies:

- Complete a community health assessment
- Create a community health improvement plan (every five years)
- Advise local board of health on public policy issues necessary to protect public health and environment

Provide or arrange for the provision of quality, core public health services:

- Assessment, planning and communication
- Vital records and statistics (birth and death certificates)
- Communicable disease prevention, investigation and control
- Prevention and population health promotion
- Emergency preparedness and response
- Environmental health

# Fund Balance Policy

August 24, 2016

## Adopted Per Resolution 2016-04

### Fund Balance Policy

#### Background

Governmental Accounting Standards Board (GASB) released “Fund Balance Reporting and Governmental Fund Type Definitions” (GASB Statement No. 54). The objective of GASB Statement No. 54 is to be consistent across all governments on how fund balances are reported.

GASB Statement No. 54 addresses two items of governmental reporting: fund types and fund balances.

#### *What is a “Fund Type”?*

- Fund Type- One of 11 classifications into which all individual funds can be categorized.

El Paso County Public Health is a Component Unit of El Paso County which has always reported our Governmental Fund Types in compliance with GASB and our current fund type reporting structure is consistent and in compliance with GASB Statement No. 54. Thus, we are not required to do anything additional to address the fund type section of the GASB.

#### *What is a “Fund Balance”?*

- Fund Balance- A subset of assets and liabilities deemed relevant for purposes of assessing near-term liquidity (similar to working capital). Fund balance includes Non-spendable, Restricted and Unrestricted.

GASB No. 54 required El Paso County to establish a fund balance policy for fiscal year 2011. The desired outcome of this directive is to have in place a plan to maintain a satisfactory level of unrestricted fund balance reserves (which includes committed, assigned, and unassigned funds) to insure a continued strong financial position within the county.

This policy was established Dec. 20, 2011. After implementing this policy over four years, Budget Administration found that the way it was written did not meet El Paso County’s needs and has therefore adopted a revised policy effective Dec. 17, 2015.

El Paso County Public Health has not adopted a formal policy for the maintenance of fund balance nor its use of restricted and unrestricted (committed, assigned, unassigned) fund balance. Informally, the Board of Health has maintained a targeted level of reserves to be 21 percent of annual budgeted expenses intended to cover unforeseeable fluctuation in income and/or expenditures.

With a revised adopted fund balance policy by the county, it is now an opportune time to review the policy of the Board of Health (BoH) and formalize the guidelines to be compatible with El Paso County policy while holding to the specific needs of Public Health.

### **Purpose of this policy**

To establish a policy to maintain a satisfactory level of the Public Health Fund unrestricted fund balance reserves to insure a continued strong financial position. The Government Finance Officers Association (GFOA) recommends a fund balance policy to include the following:

1. Desired minimum level of unrestricted fund balance.
2. Describe the specific circumstances in which the resources accumulated for contingencies may be spent.
3. In the event the unrestricted fund balance must be used, how the Board of Health would replenish the fund balance and over what time frame the replenishment would occur.

### **Basis for fund balance**

GFOA states the “only (accounting) fund typically having a fund balance policy is the General Fund.” This is because all core revenues flow through the General Fund. Thus, the General Fund supports or provides funding as needed to cover shortfalls in the other funds. This basis of accounting is consistent with how El Paso County Public Health operates.

Since Public Health has only one fund it is the primary operating fund, and it accounts for all financial resources of the entity.

The revenues associated with the activity within the Public Health Fund are included as a basis for fund balance percentage calculation. Further, GASB No. 54 states the Fund Balance Policy will focus on the Fund category containing Committed, Assigned, and Unassigned fund balances in our Comprehensive Annual Financial Report.

### **Recommendations for determining basis**

1. The basis of the fund balance reserve shall be unrestricted revenues for the fund as Public Health expenditures are very stable.
2. The fund balance reserve plus the Restricted Tabor Reserve will result in a reserve amount recommended by the Government Finance Officers Association (GFOA) of approximately 16.67 percent the equivalent of two months of Revenues or Expenditures. El Paso County Public Health’s desired level is 18 percent to 21 percent of revenues.
3. That an adequate level of reserve be maintained for cash flow purposes.
4. That a sufficient level of reserves be maintained to carry El Paso County Public Health through low economic periods or fluctuations in anticipated annual revenues.
5. That an adequate level of reserves will be available due to unexpected needs.

## Unrestricted fund balance minimum requirements

The Board of Health has established:

1. The appropriate minimum level of unrestricted fund balance to be maintained is the range of 18 percent to 21 percent of unrestricted revenues.
2. The unrestricted fund balance may be used in the following circumstances:
  - a. Revenues received are at least four percent less than budgeted due to economic conditions impacting the local funding from El Paso County.
  - b. Federally declared natural disasters within the county
  - c. Declared emergencies, such as a disease epidemic, natural disaster or bioterrorism event
  - d. Elimination or significant reduction of core revenue streams, such as:
    - i. State Per Capita revenue
    - ii. Core Public Health Services
      1. Assessment, Planning and Communications
      2. Environmental Health
      3. Vital Statistics
      4. Communicable Disease Prevention
      5. Public Health Emergency Preparedness and Response
3. Board of Health determined emergency one-time cost
4. Fund balance will be use in the order of: unassigned, assigned, and committed
5. The unrestricted fund balance will be replenished using the following methods:
  - a. Adjust the financial projection so that spending is adjusted down (or economic recovery predicted), and desired levels of unrestricted fund balance are replenished.
  - b. Natural disaster use is replenished when anticipated reimbursement will be received from state/federal government.
  - c. Fund balance will be replenished in the order of: committed, assigned, and unassigned.
6. The unrestricted fund balance will be replenished using the following timeline:
  - a. The amount that needs to be replenished will be adjusted in the financial projection to be brought to the minimum required level over a maximum of five budget years.
7. The highest level of decision-making authority to establish, modify and rescind commitments is the Board of Health by Resolution.
8. The officials authorized to assign Board of Health approved amounts for specific purposes are the Public Health Executive Director and Budget Officer.

## Responsibilities

Administration & Financial Services shall be responsible for the preparation and notification to the Board of Health, the status of unrestricted fund balance reserves on an annual basis, noting any exceptions to the levels as defined in the policy.

## Public Health Director and Executive Team

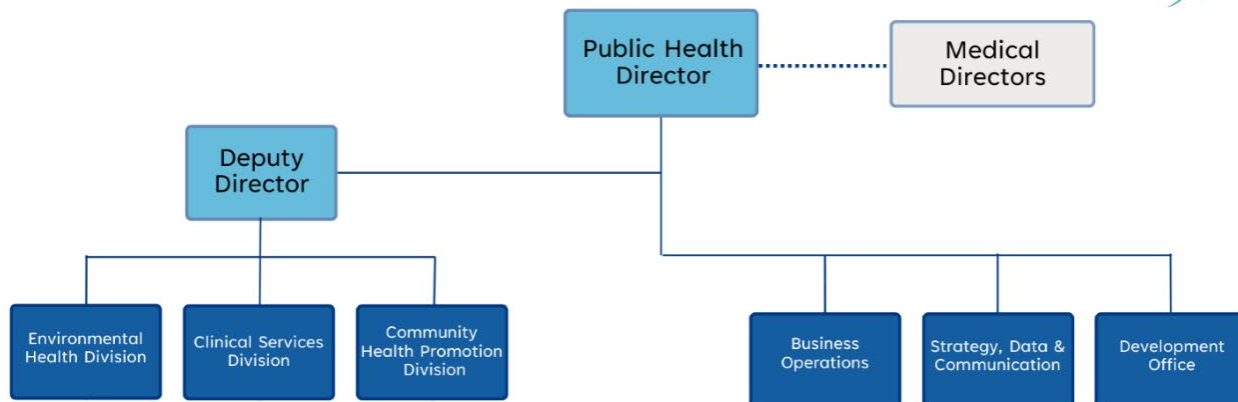


**Susan Wheelan, MBA**

Executive Director of Public Health  
El Paso County Public Health  
El Paso County, Colorado

## El Paso County Public Health Executive Team

### EL PASO COUNTY PUBLIC HEALTH EXECUTIVE TEAM



- Public Health Executive Director
- Public Health Medical Directors
- Public Health Deputy Director
- Business Operations
- Strategy, Data & Communication

- Development Office
- Environmental Health Division
- Clinical Services Division
- Community Health Promotion Division



## El Paso County Public Health – Fund 95

El Paso County Public Health (EPCPH) reporting consists of one single fund, Fund 95. Fund 95 is comprised of seven divisions. Within each division there are related programs. The financial section provides a division summary and individual summaries of each of the programs that make up Fund 95. The programs within Fund 95 are funded by state, county, federal funds, and related fees.

With a dedicated staff, each of these programs support the mission and vision of EPCPH, promoting and protecting public health and environmental quality and assuring that all El Paso County residents live in thriving communities where everyone has the opportunity to achieve optimal health.



## Fund 95 Division Summary

### Revenues

<i>Revenues by Division</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Administration Division</i>	\$7,233,922	\$11,664,871	\$12,718,260	\$13,232,450	\$12,295,209
<i>Vital Statistics Division</i>	\$987,711	\$955,666	\$1,060,144	\$1,060,144	\$966,300
<i>Strategic, Data, and Communication Division</i>	\$0	\$0	\$0	\$0	\$42,287
<i>Clinical Services Division</i>	\$3,834,438	\$4,339,426	\$4,130,600	\$4,742,785	\$4,613,568
<i>Community Health Promotion Division</i>	\$5,507,246	\$5,496,469	\$5,833,398	\$5,833,398	\$5,610,083
<i>Environmental Health Division</i>	\$1,894,456	\$1,779,750	\$2,895,504	\$2,895,504	\$2,256,804
<i>Disease Prevention, Control, and Response Division</i>	\$5,699,069	\$2,762,955	\$1,067,946	\$1,519,991	\$1,499,710
<b>Total Revenues</b>	<b>\$25,156,842</b>	<b>\$26,999,137</b>	<b>\$27,705,852</b>	<b>\$29,284,272</b>	<b>\$27,283,961</b>

### Personnel

<i>Personnel by Division</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Administration Division</i>	\$2,521,123	\$4,919,631	\$6,378,527	\$5,658,815	\$4,061,386
<i>Vital Statistics Division</i>	\$547,805	\$558,259	\$521,107	\$521,107	\$568,937
<i>Strategic, Data, and Communication Division</i>	\$0	\$0	\$0	\$0	\$257,286
<i>Clinical Services Division</i>	\$2,986,965	\$3,403,464	\$3,960,485	\$4,916,429	\$4,949,477
<i>Community Health Promotion Division</i>	\$4,875,316	\$5,185,740	\$5,539,922	\$5,956,133	\$6,113,043
<i>Environmental Health Division</i>	\$2,874,668	\$3,293,119	\$4,026,749	\$3,523,780	\$3,447,304
<i>Disease Prevention, Control, and Response Division</i>	\$4,564,406	\$2,372,780	\$1,063,637	\$2,032,447	\$2,473,894
<b>Total Personnel</b>	<b>\$18,370,284</b>	<b>\$19,732,993</b>	<b>\$21,490,427</b>	<b>\$22,608,711</b>	<b>\$21,871,327</b>

### Operating

<i>Operating by Division</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Administration Division</i>	\$2,418,480	\$3,998,062	\$3,555,846	\$3,674,278	\$3,172,574
<i>Vital Statistics Division</i>	\$385,844	\$369,049	\$457,227	\$454,967	\$345,632
<i>Strategic, Data, and Communication Division</i>	\$0	\$0	\$0	\$0	\$0
<i>Clinical Services Division</i>	\$969,618	\$1,243,649	\$921,733	\$1,083,906	\$1,166,929
<i>Community Health Promotion Division</i>	\$745,098	\$654,267	\$773,943	\$718,773	\$680,507
<i>Environmental Health Division</i>	\$316,495	\$361,294	\$381,983	\$381,983	\$366,300
<i>Disease Prevention, Control, and Response Division</i>	\$1,328,833	\$629,542	\$302,083	\$387,668	\$565,707
<b>Total Operating</b>	<b>\$6,164,368</b>	<b>\$7,255,864</b>	<b>\$6,392,815</b>	<b>\$6,701,575</b>	<b>\$6,297,649</b>



## Capital

<i>Capital by Division</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Administration Division</i>	\$163,455	\$871,736	\$395,000	\$546,376	\$85,000
<i>Vital Statistics Division</i>	\$0	\$0	\$0	\$0	\$0
<i>Strategic, Data, and Communication Division</i>	\$0	\$0	\$0	\$0	\$0
<i>Clinical Services Division</i>	\$0	\$0	\$0	\$0	\$0
<i>Community Health Promotion Division</i>	\$0	\$0	\$0	\$0	\$0
<i>Environmental Health Division</i>	\$0	\$0	\$0	\$0	\$0
<i>Disease Prevention, Control, and Response Division</i>	\$0	\$0	\$0	\$0	\$0
<b><i>Total Capital</i></b>	<b>\$163,455</b>	<b>\$871,736</b>	<b>\$395,000</b>	<b>\$546,376</b>	<b>\$85,000</b>
<b><i>Total Expenditures</i></b>	<b>\$24,698,108</b>	<b>\$27,860,593</b>	<b>\$28,278,242</b>	<b>\$29,856,662</b>	<b>\$28,253,976</b>

## Fund Balance

<i>Fund Balance</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Change in Fund Balance</i>	\$458,734	\$(861,456)	\$(572,390)	\$(572,390)	\$(970,015)
<i>Adjustments Made</i>	\$(3,800)	\$(18,698)	\$0	\$0	\$0
	\$454,934	\$(880,154)	\$(572,390)	\$(572,390)	\$(970,015)
<i>Estimated Fund Balance – Beginning of Year</i>	\$8,654,417	\$9,109,351	\$8,229,197	\$8,229,197	\$7,656,807
<i>Estimated Fund Balance – End of Year</i>	\$9,109,351	\$8,229,197	\$7,656,807	\$7,656,807	\$6,686,793

## Budget Summary by Program

### 2025 Division Budget Summary by Program

#### Administration and Agency Offices

<i>Program Number</i>	<i>Department/Division/Office</i>	<i>Revenue</i>	<i>Expenditures</i>
5310001	Directors Office	\$9,008,195	\$422,499
5310006	Public Health & Data Analytics	\$0	\$441,698
5310022	Public Health Workforce	\$0	\$0
5364086	Office of Communication	\$0	\$559,584
5365087	Operations	\$0	\$2,114,394
5366098	Emergency Response	\$0	\$300,000
5366101	Building Expenses-EPCPH South	\$25,000	\$166,130
5366103	CDC Workforce Infrastructure Grant	\$2,470,670	\$2,470,668
5366195	A2 Foundational Capabilities	\$791,344	\$843,987
	<b>Total</b>	<b>\$12,295,209</b>	<b>\$7,318,960</b>

#### Vital Statistics

<i>Program Number</i>	<i>Department/Division/Office</i>	<i>Revenue</i>	<i>Expenditures</i>
5322018	Vital Statistics	\$966,300	\$914,569
	<b>Total</b>	<b>\$966,300</b>	<b>\$914,569</b>

#### Strategic, Data and Communication

<i>Program Number</i>	<i>Department/Division/Office</i>	<i>Revenue</i>	<i>Expenditures</i>
5310012	R16 Opioid Abatement Council	\$42,287	\$81,993
5310031	SDC Administration	\$0	\$175,293
	<b>Total</b>	<b>\$42,287</b>	<b>\$257,286</b>

#### Clinical Services

<i>Program Number</i>	<i>Department/Division/Office</i>	<i>Revenue</i>	<i>Expenditures</i>
5321007	Tuberculosis	\$102,500	\$485,253
5321008	Immunizations	\$1,295,079	\$1,187,072
5321012	IMM #3	\$612,185	\$1,012,969
5330022	Clinical Services Division	\$0	\$438,649
5332028	Nurse Family Partnership Program	\$1,608,105	\$1,668,651
5336035	Reproductive Health Clinic	\$587,827	\$891,929
5336036	Congenital STI Prevention	\$407,872	\$431,883
	<b>Total</b>	<b>\$4,613,568</b>	<b>\$6,116,406</b>

## Community Health Promotion

<i>Program Number</i>	<i>Department/Division/Office</i>	<i>Revenue</i>	<i>Expenditures</i>
5310001	Impaired Driving Prevention	\$120,000	\$124,508
5310006	Tobacco Education Prevention & Cessation	\$988,941	\$1,071,408
5310022	Baby & Me Tobacco Free	\$18,800	\$29,195
5364086	Maternal and Child Health	\$615,272	\$741,612
5365087	WIC	\$3,273,628	\$3,696,584
5366098	WIC Breast Feeding Peer Counseling	\$148,767	\$153,687
5366101	ADM-HLTH Promo & Disease Prevention	\$27,500	\$529,940
5366103	Communities that Care	\$292,175	\$292,214
5366195	Drug Free Communities	\$125,000	\$154,402
	<b>Total</b>	<b>\$5,610,083</b>	<b>\$6,793,550</b>

## Environmental Health Services

<i>Program Number</i>	<i>Department/Division/Office</i>	<i>Revenue</i>	<i>Expenditures</i>
5351073	Environmental Health Services	\$2,256,804	\$3,813,604
	<b>Total</b>	<b>\$2,256,804</b>	<b>\$3,813,604</b>

## Disease Prevention, Control and Response Capabilities

<i>Program Number</i>	<i>Department/Division/Office</i>	<i>Revenue</i>	<i>Expenditures</i>
5321005	Communicable Disease	\$25,000	\$843,912
5326020	Laboratory	\$412,818	\$696,266
5366091	Emergency Preparedness	\$606,408	\$784,360
5366100	Cities Readiness Initiative	\$171,440	\$182,824
5366295	ELC 2.2	\$284,044	\$532,239
	<b>Total</b>	<b>\$1,499,710</b>	<b>\$3,039,601</b>
	<b>Fund 95 Total</b>	<b>\$27,283,961</b>	<b>\$28,253,976</b>

# Administration and Agency Offices

## Administration

### Purpose Statement

Provide cross-agency leadership and internal support to all staff and programs of El Paso County Public Health (EPCPH), and provide transparent information, support and services to El Paso County residents, community partners and stakeholders.

### Overview

EPCPH's Administration consists of multiple offices that provide day-to-day administrative and operational support to all staff and the Board of Health. Cross-agency leadership is provided by the Director and Deputy Director. Administration also provides internal and external communication; develops and implements effective policies and strategies to address issues in partnership with community stakeholders; and issues birth and death records for Colorado residents. Additionally, the development officer supports the entirety of the department regarding funding opportunities, monitoring, and reporting.



### Areas of Service/Programs

- Director's Office
- Public Health Workforce
- Office of Communication
- American Rescue Plan Act – El Paso County
- Building Expenses – EPCPH South
- American Rescue Plan Act –State (All Funds Expended June 2022)
- Public Health Data & Analytics
- Vital Statistics
- Operations
- Strategic Initiatives Office
- Centers for Disease Control and Prevention (CDC) Grant/ Development Office
- CDC Workforce Infrastructure Grant
- A2 Foundational Capabilities

### Objectives

- Provide leadership and administrative support to all staff, including workforce recruitment, retention and development
- Provide administrative support for the El Paso County Board of Health
- Ensure continuity of day-to-day administrative business and adherence to and enforcement of agency and county policies and procedures
- Support operational aspects of the agency
- Ensure coordination among staff and El Paso County IT, HR, Payroll, Budget, Finance, Procurement and Facilities

- Support marketing, public relations and advertising for all agency, initiatives, internal programs and divisions
- Provide credible, timely and relevant information to the public, community partners stakeholders, and staff on a wide array of public health issues
- Monitor the status of current and emergent health-related issues and develop and implement effective policies and strategies to address these issues in partnership with community stakeholders
- Issue birth and death records for all vital events occurring in Colorado
- Develop, monitor, and advise on grant activities

## 2024 Performance Measures and Operating Indicators

### **Workforce Development: Strengthen EPCPH's Workforce to Improve Public Health and Environmental Quality**

***Workforce Development Strategy 1: Provide trainings that develop and strengthen public health core competencies***

Objective: Develop a comprehensive Professional Development Plan to meet the needs of employees' core competencies, improve job satisfaction, retention; and employee wellness by providing access to Lyda Hill (Resilience Center) professional development, training and growth opportunities for staff.

Measure: Plan finalized, implemented and reviewed for progress on a quarterly basis. Staff survey feedback – additional wellness and training opportunities.

Target: Staff survey feedback; quarterly reports on status and progress; increase in retention rates.

Actual: NOT MET

***Workforce Development Strategy 2: Improve organizational capacity to support our workforce***

Objective: Develop, implement, and monitor a Workforce Development Plan that is informed by employee surveys and external data sources, to retain and more effectively recruit staff.

Measure: Plan published and reviewed quarterly.

Target: Quarterly reports on status and progress

Actual: MET

***Workforce Development Strategy 3: Improve organizational capacity to support our workforce***

Objective: Develop methodology to track and report attrition and vacancy rates on a monthly, quarterly and yearly basis to evaluate staffing trends.

Measure: Methodology established and reports viewed at least monthly.

Target: Monthly, quarterly, and annual reports

Actual: MET

***Workforce Development Strategy 4: Provide technology, tools and trainings to improve skills and create organizational efficiencies.***

Objective: Increase collaboration across departments to accurately track all training, certifications, and professional development and identify certification program areas that are aligned to data obtained nationally, statewide, locally and directly from employee feedback.

Measure: Tracking database established, certification/training areas clearly identified and written into action plans.

Target: Quarterly reports on the status and progress

Actual: NOT MET

**Communication Goal 1: Strengthen EPCPH's Capabilities to Provide Information on Public Health Issues and Public Health Functions to External Partners**

***Strategy 1: Provide opportunities for media relations training, maintain relationships with media partners, and seek new partnerships with diverse media outlets.***

Objective: Expand opportunities to provide public health information to the media and improve capabilities to respond to media inquiries.

Measure: Number of staff who complete media spokesperson training.

Target: By Dec. 31, 2024, a minimum of 8 public health staff across diverse programs and divisions will complete a media spokesperson training.

Actual: MET

**Strategy 2:** *Increase use of digital media to promote public health messages and enhance health marketing materials.*

Objective: Support increased use of digital media and improve access to public health information through a redesigned public health website that is more modern, easy to navigate, and ADA-compliant.

Measure: Website launch complete

Target: In the first quarter of 2024, successfully launch new redesigned and revamped public health website. As part of the public launch, this includes internal and external communication to enhance awareness and understanding of the new modern site.

Actual: MET

## **Communication Goal 2: Strengthen EPCPH's Internal Communication Capabilities**

**Communication Strategy 1:** *Increase knowledge and understanding of EPCPH's brand guidelines to raise brand awareness of public health.*

Objective: Increase understanding of EPCPH's updated brand guidelines, raise awareness about the importance of a consistent brand, and support the successful implementation of new brand guidelines throughout the agency.

Measure: Number of trainings

Target: By July 31, 2024, provide a minimum of four trainings to public health staff on the brand guidelines. Training opportunities can include Town Hall, division, programs, team meetings, or other opportunities as identified.

Actual: MET



### **Communication Strategy 2:**

Objective: Develop a new staff website/SharePoint that is easy to use and navigate and meets cybersecurity criteria.

Measure: Complete/not complete

Target: By the end of the first quarter of 2024, successfully build and launch a new internal staff website/SharePoint.

Actual: MET



### **Communication Strategy 3:**

Objective: Increase employee feedback, engagement and connections in the internal NewsPHlash newsletter.

Measure: Complete/not complete

Target: By the end of the first quarter of 2024, develop, deploy and analyze employee feedback survey specific to the newsletter.

Actual: MET

**Strategic Initiatives Office Strategy 1:** Increase cross-program collaboration and communication to improve internal and external customer service.

Objective: Convene a quality improvement (QI) team to support the development of a QI plan for the agency.

Measure: QI Plan completed

Target: Complete/Not complete

Actual: MET

**Strategic Initiatives Office Strategy 3:** Increase staff use and awareness of internal staff website for information sharing, operational updates, staff accomplishments, and awareness of agency activities.

Objective: Develop and implement a strategic plan and accompanying annual work plan that includes strategies and activities for reaching agency goals.

Measure: Strategic plan and annual work plan developed

Target: Complete/not complete

Actual: MET

**Community Partnerships Goal: Develop and maintain strong relationships with key community partners to support public health or assure the provision of public health services.**

***Strategic Initiatives Office Strategy 2:*** Expand ECPH participation on key community collaborations, coalitions, committees, or other work groups that can influence health outcomes and policy, including those that address the social determinants of health.

Objective: Using a collaborative process that includes community feedback and input from the Healthy Community Collaborative (HCC), complete and publish the Community Health Assessment (CHA) and develop a rollout plan that includes a public launch event. Complete and publish the Community Health Improvement Plan (CHIP) and accompanying implementation plan. The CHIP will consist of a plan to address the four priority areas identified in the CHA: housing, barriers to care, drug overdose and suicide prevention.

Measure: CHA and CHIP published

Target: Complete/not complete

Actual: NOT MET; CHIP draft is complete but pending Board of Health approval

## Administration Budget Summary

### Administration Division Summary

#### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Federal Reimbursements</i>	\$2,644,744	\$4,401,193	\$4,772,328	\$1,423,704	\$0
<i>EPC Funds to Public Health</i>	\$1,317,832	\$2,781,022	\$3,139,673	\$6,639,673	\$6,918,277
<i>State LPHA Funding</i>	\$2,312,604	\$1,776,895	\$1,355,565	\$1,638,379	\$1,715,927
<i>Licenses, Fees and Permits</i>	\$0	\$0	\$0	\$0	\$(1)
<i>Program Specific Grants</i>	\$813,203	\$2,237,252	\$3,125,724	\$3,205,724	\$3,262,015
<i>Interest Income</i>	\$117,998	\$436,336	\$300,000	\$300,000	\$369,491
<i>Contributions &amp; Donations</i>	\$0	\$0	\$0	\$0	\$0
<i>Other Misc</i>	\$27,542	\$32,173	\$24,970	\$24,970	\$29,500
<b>Total Revenues</b>	<b>\$7,233,922</b>	<b>\$11,664,871</b>	<b>\$12,718,260</b>	<b>\$13,232,450</b>	<b>\$12,295,209</b>

#### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Personnel</i>	\$2,722,913	\$3,790,740	\$4,738,161	\$4,176,238	\$3,096,977
<i>Personnel Benefits</i>	\$1,338,644	\$1,819,703	\$1,953,253	\$1,639,489	\$1,763,866
<i>Personnel Reimbursement Indirect</i>	\$(2,582,073)	\$(1,878,987)	\$(1,598,573)	\$(1,598,573)	\$(2,002,182)
<i>CIPS - EBMS</i>	\$170,583	\$227,174	\$227,174	\$227,174	\$236,261
<i>CIPS - Budget/AFS</i>	\$636,733	\$797,564	\$817,303	\$817,303	\$539,862
<i>CIPS - Health Department</i>	\$234,323	\$163,437	\$241,209	\$299,365	\$323,915
<i>CIPS - Security</i>	\$0	\$0	\$0	\$97,819	\$102,687
<i>Operating</i>	\$2,992,767	\$4,417,467	\$4,073,854	\$4,192,286	\$3,543,083
<i>Operating Reimbursement Indirect</i>	\$(574,287)	\$(419,405)	\$(518,008)	\$(518,008)	\$(370,509)
<i>Capital Outlay</i>	\$163,455	\$871,736	\$395,000	\$546,376	85,000
<b>Total Expenditures</b>	<b>\$5,103,058</b>	<b>\$9,789,429</b>	<b>\$10,329,373</b>	<b>\$9,879,469</b>	<b>\$7,318,960</b>

## Director's Office (5310001)

### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>EPC Funds to Public Health</i>	\$1,317,832	\$2,781,022	\$3,139,673	\$6,639,673	\$6,918,277
<i>State LPHA Funding</i>	\$1,301,960	\$1,246,220	\$1,355,565	\$1,255,509	\$1,715,927
<i>Program Specific Grants</i>	\$0	\$0	\$0	\$0	\$0
<i>Interest Income</i>	\$117,998	\$436,336	\$300,000	\$300,000	\$369,491
<i>Other Misc</i>	\$2,360	\$4,195	\$3,100	\$3,100	\$4,500
<b>Total Revenues</b>	<b>\$2,740,150</b>	<b>\$4,467,773</b>	<b>\$4,798,338</b>	<b>\$8,198,282</b>	<b>\$9,008,195</b>

### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Personnel</i>	\$69,082	\$20,465	\$0	\$837,990	\$83,984
<i>Personnel Benefits</i>	\$218,945	\$210,009	\$0	\$240,936	\$310,454
<i>Personnel Reimbursement Indirect</i>	\$(2,582,073)	\$(1,878,987)	\$(1,598,573)	\$(1,598,573)	\$(2,002,182)
<i>CIPS - EBMS</i>	\$170,583	\$227,174	\$227,174	\$227,174	\$236,261
<i>CIPS - Budget/AFS</i>	\$636,733	\$797,564	\$817,303	\$817,303	\$539,862
<i>Operating</i>	\$2,284,689	\$2,713,725	\$2,758,628	\$2,842,662	\$1,511,982
<i>Operating Reimbursement Indirect</i>	\$(521,526)	\$(326,437)	\$(300,265)	\$(300,265)	\$(257,862)
<b>Total Expenditures</b>	<b>\$276,434</b>	<b>\$1,763,512</b>	<b>\$1,904,267</b>	<b>\$3,067,227</b>	<b>\$422,499</b>

## Office of Communication (5364086)

### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<b>Total Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Personnel</i>	\$7,480	\$0	\$0	\$185,416	\$328,369
<i>Personnel Benefits</i>	\$7,672	\$0	\$0	\$82,941	\$166,165
<i>Operating</i>	\$23,491	\$100,105	\$48,500	\$55,426	\$65,050
<b>Total Expenditures</b>	<b>\$38,643</b>	<b>\$100,105</b>	<b>\$48,500</b>	<b>\$323,783</b>	<b>\$559,584</b>

## Emergency Response (5366098)

### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Program Specific Grants</i>	\$28,537	\$0	\$0	\$0	\$0
<b>Total Revenues</b>	<b>\$28,537</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Personnel</i>	\$16,907	\$0	\$0	\$0	\$0
<i>Personnel Benefits</i>	\$3,039	\$0	\$0	\$0	\$0
<i>CIPS - Health Department</i>	\$5,405	\$0	\$0	\$0	\$0
<i>Operating</i>	\$3,186	\$0	\$0	\$0	\$300,000
<b>Total Expenditures</b>	<b>\$28,537</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$300,000</b>

## Building Expenses – EPCPH South (5366101)

### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Other Misc</i>	\$22,012	\$24,596	\$21,870	\$21,870	\$25,000
<b>Total Revenues</b>	<b>\$22,012</b>	<b>\$24,596</b>	<b>\$21,870</b>	<b>\$21,870</b>	<b>\$25,000</b>

### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Personnel Benefits</i>	\$0	\$0	\$0	\$0	\$1
<i>CIPS - Health Department</i>	\$0	\$0	\$0	\$97,819	\$102,687
<i>Operating</i>	\$257,494	\$175,386	\$360,861	\$360,861	\$91,089
<i>Operating Reimbursement Indirect</i>	\$(52,761)	\$(92,968)	\$(217,743)	\$(217,743)	\$(112,647)
<b>Total Expenditures</b>	<b>\$204,733</b>	<b>\$82,419</b>	<b>\$143,118</b>	<b>\$240,937</b>	<b>\$81,130</b>

### Capital

<i>Capital by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>PHS Bldg/Cap Bld Modifi</i>	\$0	\$581,481	\$0	\$0	\$85,000
<i>Building Improvements</i>	\$69,951	\$0	\$395,000	\$395,000	\$0
<i>Security System</i>	\$0	\$0	\$0	\$0	\$0
<i>Aesthetic Project</i>	\$25,108	\$0	\$0	\$0	\$0
<i>PHS-Building Improvements</i>	\$0	\$13,595	\$0	\$0	\$0
<b>Total Capital</b>	<b>\$95,058</b>	<b>\$595,076</b>	<b>\$395,000</b>	<b>\$395,000</b>	<b>\$85,000</b>

### EPC-ARPA (5366092)

#### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>EPC Funds to Public Health</i>	\$2,644,744	\$4,401,193	\$4,772,328	\$1,423,704	\$0
<b>Total Revenues</b>	<b>\$2,644,744</b>	<b>\$4,401,193</b>	<b>\$4,772,328</b>	<b>\$1,423,704</b>	<b>\$0</b>

#### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Personnel</i>	\$1,654,196	\$2,810,811	\$3,532,588	\$511,996	\$0
<i>Personnel Benefits</i>	\$691,455	\$1,240,247	\$1,466,138	\$258,955	\$0
<i>Operating</i>	\$230,696	\$314,922	\$350,000	\$350,000	\$0
<i>Capital Outlay</i>	\$68,397	\$35,213	\$0	\$151,376	\$0
<b>Total Expenditures</b>	<b>\$2,644,744</b>	<b>\$4,401,193</b>	<b>\$5,348,726</b>	<b>\$1,272,327</b>	<b>\$0</b>

### ARPA-State (5633094)

#### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>EPC Funds to Public Health</i>	\$1,010,644	\$530,675	\$0	\$382,870	\$0
<b>Total Revenues</b>	<b>\$1,010,644</b>	<b>\$530,675</b>	<b>\$0</b>	<b>\$382,870</b>	<b>\$0</b>

#### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Personnel</i>	\$567,020	\$213,977	\$0	\$233,907	\$0
<i>Personnel Benefits</i>	\$222,193	\$16,369	\$0	\$90,806	\$1
<i>CIPS - Health Department</i>	\$170,792	\$53,118	\$0	\$58,156	\$0
<i>Operating</i>	\$50,639	\$5,765	\$0	\$0	\$(1)
<i>Capital Outlay</i>	\$0	\$241,447	\$0	\$0	\$0
<b>Total Expenditures</b>	<b>\$1,010,644</b>	<b>\$530,675</b>	<b>\$0</b>	<b>\$382,870</b>	<b>\$0</b>

## Strategic Initiatives Office (5310004)

### Revenues

Revenues by Category	2022 Actual	2023 Actual	2024 OAB	2024 Revised	2025 OAB
<b>Total Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

### Expenditures

Expenditures by Category	2022 Actual	2023 Actual	2024 OAB	2024 Revised	2025 OAB
Personnel	\$0	\$0	\$0	\$41,961	\$0
Personnel Benefits	\$0	\$0	\$0	\$16,231	\$0
Operating	\$0	\$1,418	\$5,000	\$5,000	\$0
<b>Total Expenditures</b>	<b>\$0</b>	<b>\$1,418</b>	<b>\$5,000</b>	<b>\$63,192</b>	<b>\$0</b>

## CDC Grant (5366096)

### Revenues

Revenues by Category	2022 Actual	2023 Actual	2024 OAB	2024 Revised	2025 OAB
Program Specific Grants	\$772,402	\$1,304,796	\$448,455	\$448,455	\$0
<b>Total Revenues</b>	<b>\$772,402</b>	<b>\$1,304,796</b>	<b>\$448,455</b>	<b>\$448,455</b>	<b>\$0</b>

### Expenditures

Expenditures by Category	2022 Actual	2023 Actual	2024 OAB	2024 Revised	2025 OAB
Personnel	\$406,826	\$440,332	\$236,960	\$236,960	\$0
Personnel Benefits	\$192,692	\$220,045	\$98,520	\$98,520	\$0
CIPS - Health Department	\$58,126	\$66,025	\$33,548	\$33,548	\$0
Operating	\$117,019	\$578,915	\$79,427	\$79,427	\$0
<b>Total Expenditures</b>	<b>\$774,663</b>	<b>\$1,305,317</b>	<b>\$448,455</b>	<b>\$448,455</b>	<b>\$0</b>



## Public Health Data and Analytics

### Purpose Statement

Collect, maintain, analyze, and communicate public health data and metrics to provide timely, reliable and actionable information to inform El Paso County Public Health (EPCPH) strategies and to enhance cross-sector community partnerships.

### Overview

The Public Health Data and Analytics (PHDA) program combines the disciplines of population epidemiology, biostatistics, data science and informatics to provide current, accurate, reliable information to Public Health and community partners. PHDA supports EPCPH line-of-business applications, integrations, reporting and visualizations for public, partner and agency services.



### Objectives

- Create and maintain public-facing and internal dynamic data dashboards to facilitate understanding and situational awareness of public health topics.
- Provide subject matter expertise in population epidemiology, biostatistics, and informatics.
- Design, conduct and analyze primary studies and data; assess and analyze secondary data.
- Provide program and grant evaluation services.
- Support internal and external partners in collecting, managing, and analyzing data and information.
- Provide quantitative and qualitative research and presentation support.
- Engage and support public communication efforts.
- Build public health information technology capacity.

## 2024 Performance Measures and Operating Indicators

**Strengthen EPCPH's capabilities to collect, analyze, share, and use data to make timely and information-driven decisions.**

**Strategy 2:** Improve internal capabilities to collect and provide data for community health assessments.

Objective – Create a catalogue of internal data systems to enhance and streamline the ability to collect, analyze, share and use internal data.

Measure: Completed/not completed

Target: By Dec. 31, 2024, PHDA will survey programs/data subject matter experts to create a catalogue of internal data systems.

Actual: MET

**Strategy 3:** Expand internal resources for data collection, storage and analysis.

Objective 1: To streamline internal data and project requests and enhance team efficiencies, create a centralized form and structure for which public health staff can submit requests to PHDA.

Measure: Complete/not complete

Target: By Dec. 31, 2024, create, implement, and launch a form and accompanying structure for public health staff to submit data/project requests.

Actual: MET

Objective 2: Establish and build out data governance and infrastructure to support consistent and accurate data management.

Measure: Complete/not complete

Target: by Dec. 31, 2024, create and implement a consistent structure to store projects and datasets.

Actual: NOT MET

**Strategy 4:** Regularly disseminate important and emerging health information to community partners.

Objective: Publish and maintain the in-progress Determinants of Health Dashboard that will serve as supporting tool to increase awareness of the Community Health Assessment, align with action plans for the Community Health Improvement Plan and provide unfiltered access to information for the public.

Measure: Complete/not complete

Target: By Dec. 31, 2024, launch and maintain the Determinants of Health dashboard.

Actual: NOT MET

## Public Health Data and Analytics Budget Summary

### Public Health Data and Analytics (5310006)

#### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
Other Misc	\$3,170	\$3,382	\$0	\$0	\$0
<b>Total Revenues</b>	<b>\$3,170</b>	<b>\$3,382</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

#### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
Personnel	\$1,402	\$2,218	\$0	\$200,299	\$ 288,517
Personnel Benefits	\$2,648	\$857	\$0	\$101,930	\$125,481
Operating	\$5,098	\$2,218	\$38,862	\$31,936	\$27,700
<b>Total Expenditures</b>	<b>\$9,148</b>	<b>\$5,293</b>	<b>\$38,862</b>	<b>\$334,165</b>	<b>\$441,698</b>

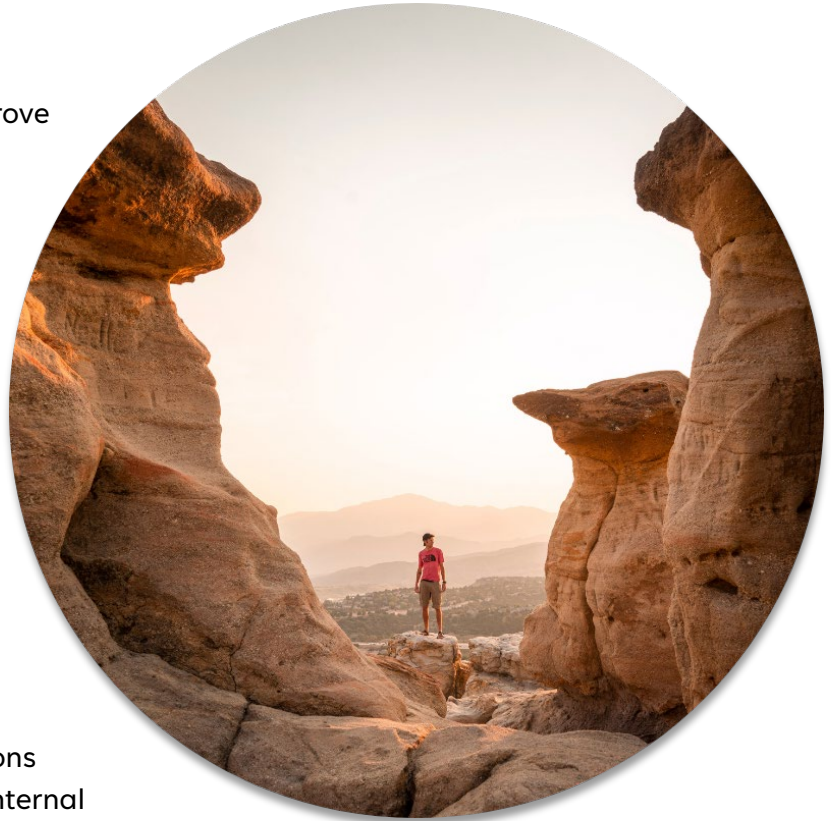
## Business Operations

### Purpose Statement

Lead and strengthen the coordination of organizational efforts across the agency to increase strategic planning capabilities, improve communications, and support purposeful alignment of projects with the agency strategic plan.

### Overview

Business operations was formed in 2023 and is a modification of the previous administrative division combining agency operations, contracts and procurement, and vital records into one centralized area. Business operations provides operational support across the agency in addition to maintaining agency policies, procedures, and processes. Business operations coordinates with other divisions to support internal communications, contracts and procurement, IT and AV support, equipment purchasing, and employee onboarding.



### Objectives

- Improve and coordinate internal communication across the agency through streamlined and efficient processes and standardization of formats.
- Develop agency strategic business operations plan to focus on improving efficiency, budget strategies, coordination of agency wide objectives, and forward-thinking capabilities.
- Create profiles for every program that act as centralized repositories for program history, budget, funding sources and opportunities, associated contracts and grants, important dates and sunsets, and personnel resources
- Evaluation of cross agency processes and procedures and implementation of process improvement changes.
- Evaluation of agency staffing and workflows to maximize resource utilization and employee support.

## 2025 Performance Measures and Operating Indicators

**Workforce Development Goal: To attract and retain a knowledgeable and skilled workforce to provide services for the residents of El Paso County.**

**Strategy 2:** Improve organizational resilience to support the workforce.

Objective	Measure	Target
Develop and implement a training series for managers and supervisors to empower supervisory staff through targeted training, skill-building, and leadership development initiatives.	Completion of supervisor targeted training series with a focus on professional development.	By December 31, 2025, identify and implement a targeted training series for managers and supervisors to support professional development.

**Strategy 2:** Improve organizational resilience to support the workforce.

Objective	Measure	Target
Create standard operating procedures for the operations team to enhance productivity and efficiencies.	38 processes identified.	By December 31, 2025, complete review of all operations processes with updated SOPs on SharePoint for universal access.

**Strategy 4:** Continue building support for funding sustainability.

Objective	Measure	Target
Develop a framework for PH approach to fee analysis process as an agency.	Completion of framework to include applicable programs and fees, cost recovery approach, and review cycle.	By December 31, 2025, complete a framework for agency approach to fee analysis process.

## Business Operations Budget Summary

### Operations (5365087)

#### Revenues

Revenues by Category	2022 Actual	2023 Actual	2024 OAB	2024 Revised	2025 OAB
Total Revenues	\$0	\$0	\$0	\$0	\$0

#### Expenditures

Expenditures by Category	2022 Actual	2023 Actual	2024 OAB	2024 Revised	2025 OAB
Personnel	\$0	\$0	\$0	\$403,324	\$438,240
Personnel Benefits	\$0	\$0	\$0	\$184,059	\$241,705
Operating	\$8,191	\$69,539	\$39,580	\$73,978	\$1,434,448
Total Expenditures	\$8,191	\$69,539	\$39,580	\$661,361	\$2,114,393

### Business Operations Director Grant (5310021)

#### Revenues

Revenues by Category	2022 Actual	2023 Actual	2024 OAB	2024 Revised	2025 OAB
Program Specific Grants	\$0	\$0	\$0	\$80,000	\$0
Total Revenues	\$0	\$0	\$0	\$80,000	\$0

#### Expenditures

Expenditures by Category	2022 Actual	2023 Actual	2024 OAB	2024 Revised	2025 OAB
Personnel	\$0	\$0	\$0	\$80,000	\$0
Total Expenditures	\$0	\$0	\$0	\$80,000	\$0



## Workforce Development

### Purpose Statement

Facilitate, enhance and support workforce development efforts across the agency through strategic planning and comprehensive training that is rooted in public health core competencies and data to support employee wellness and engagement.

### Overview

Workforce Development was established in 2023. It was made possible by the support of funding through the Centers for Disease Control and Prevention (CDC) Grant OE22-2203, Public Health Infrastructure Grant (PHIG). Workforce Development supports all EPCPH staff by identifying and coordinating training programs that cover both general and specialized public health competencies. Workforce Development focuses initiatives that align with workforce and strategic planning to improve organizational morale, resiliency, and retention while promoting a culture of learning and collaboration.



### Objectives

- Provide guidance and direction for workforce development planning and strategic initiatives
- Identify gaps and needs related to staff professional development
- Promote employee engagement and a collaborative culture within the agency
- Identify, track and lead efforts to increase staff retention
- Enhance the employee experience through intentional onboarding, offboarding and career progression planning



## 2024 Performance Measures and Operating Indicators

### **Workforce Development Goal: Strengthen ECPH workforce to Improve Public Health and Environmental Quality**

**Strategy 3:** improve organizational Capacity to support our workforce

Objective 1: Develop, implement and monitor a Workforce Development Plan that is informed by employee surveys and external data sources, to retain and more effectively recruit staff.

Measure: Plan published and reviewed quarterly

Target: Quarterly reports on status and progress

Actual: MET

Objective 2: Develop a comprehensive Professional Development Plan to meet the needs of employees' core competencies, improve job satisfaction, retention and employee wellness by providing access to Lyda Hill (Resilience Center) professional development, training and growth opportunities for staff.

Measure: Plan finalized, implemented and reviewed for progress on a quarterly basis; staff feedback survey; additional wellness and training opportunities.

Target: Staff survey feedback; quarterly reports on status and progress; increase in retention rates.

Actual: NOT MET

**Strategy 4:** Provide technology, tools, and trainings to improve skills and create organizational efficiencies.

Objective 1: Develop methodology to track and report attrition and vacancy rates on a monthly, quarterly and yearly basis to evaluate staffing trends.

Measure: Methodology established, and reports viewed at least monthly.

Target: Monthly, quarterly, and annual reports.

Actual: MET

Objective 2: Increase collaboration across departments to accurately track all training, certifications, and professional development and identify certification program areas that are aligned to data obtained nationally, statewide, locally, and directly from employee feedback.

Measure: Tracking database established, certification/training areas clearly identified and written into action plans.

Target: Quarterly reports on status and progress.

Actual: NOT MET

## Workforce Development Budget Summary

### Public Health Workforce (5310022)

#### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Program Specific Grants</i>	\$12,264	\$78,106	\$112,230	\$112,230	\$0
<b><i>Total Revenues</i></b>	<b>\$12,264</b>	<b>\$78,106</b>	<b>\$112,230</b>	<b>\$112,230</b>	<b>\$0</b>

#### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Personnel</i>	\$0	\$5,337	\$0	\$0	\$0
<i>Personnel Benefits</i>	\$0	\$2,275	\$0	\$0	\$0
<i>CIPS - Health Department</i>	\$0	\$1,755	\$0	\$0	\$0
<i>Operating</i>	\$12,264	\$68,739	\$112,230	\$112,230	\$0
<b><i>Total Expenditures</i></b>	<b>\$12,264</b>	<b>\$78,106</b>	<b>\$112,230</b>	<b>\$112,230</b>	<b>\$0</b>

### CDC Grant (5366096)

#### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Program Specific Grants</i>	\$772,402	\$1,304,796	\$448,455	\$448,455	\$0
<b><i>Total Revenues</i></b>	<b>\$772,402</b>	<b>\$1,304,796</b>	<b>\$448,455</b>	<b>\$448,455</b>	<b>\$0</b>

#### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Personnel</i>	\$406,826	\$440,332	\$236,960	\$236,960	\$0
<i>Personnel Benefits</i>	\$192,692	\$220,045	\$98,520	\$98,520	\$0
<i>CIPS - Health Department</i>	\$58,126	\$66,025	\$33,548	\$33,548	\$0
<i>Operating</i>	\$117,019	\$578,915	\$79,427	\$79,427	\$0
<b><i>Total Expenditures</i></b>	<b>\$774,663</b>	<b>\$1,305,317</b>	<b>\$448,455</b>	<b>\$448,455</b>	<b>\$0</b>

## A2 Foundational Capabilities (5366195)

### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Program Specific Grants</i>	\$0	\$362,954	\$791,344	\$791,344	\$791,344
<b><i>Total Revenues</i></b>	<b>\$0</b>	<b>\$362,954</b>	<b>\$791,344</b>	<b>\$791,344</b>	<b>\$791,344</b>

### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Personnel</i>	\$0	\$0	\$0	\$475,771	\$492,462
<i>Personnel Benefits</i>	\$0	\$0	\$0	\$176,516	\$229,988
<i>CIPS - Health Department</i>	\$0	\$0	\$71,940	\$71,940	\$108,367
<i>Operating</i>	\$0	\$362,954	\$0	\$0	\$13,170
<b><i>Total Expenditures</i></b>	<b>\$0</b>	<b>\$362,954</b>	<b>\$71,940</b>	<b>\$724,227</b>	<b>\$843,987</b>

## CDC Workforce Infrastructure Grant (5366103)

### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Program Specific Grants</i>	\$0	\$491,396	\$1,773,695	\$1,773,695	\$2,470,670
<b><i>Total Revenues</i></b>	<b>\$0</b>	<b>\$491,396</b>	<b>\$1,773,695</b>	<b>\$1,773,695</b>	<b>\$2,470,670</b>

### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Personnel</i>	\$0	\$297,600	\$968,613	\$968,613	\$1,465,405
<i>Personnel Benefits</i>	\$0	\$129,903	\$388,595	\$388,595	\$690,074
<i>CIPS - Health Department</i>	\$0	\$42,539	\$135,721	\$135,721	\$215,548
<i>Operating</i>	\$0	\$23,782	\$280,766	\$280,766	\$99,641
<b><i>Total Expenditures</i></b>	<b>\$0</b>	<b>\$493,823</b>	<b>\$1,773,695</b>	<b>\$1,773,695</b>	<b>\$2,470,668</b>

### Purpose Statement

Lead and strengthen coordination of organizational efforts in their development of long and short-term plans and bring alignment with strategic initiatives. Assure compliance with accreditation to include performance management in order to achieve department goals and objectives.

### Overview

The Development Office provides strategic funding support for the agency. This work encompasses the analysis of funding gap needs, identification of potential grant sources, and the procurement as well as administration of targeted grant awards. Key areas are identified each quarter to align with emergent needs across divisions and programs and it is these focal areas that define the efforts of the team.



### Objectives

- Provide guidance and direction for procurement of federal, state, and private grants
- Develop grant process and strategic funding plan
- Collaborate across the agency on program-specific grant opportunities
- Monitor and advise on grant activities

## 2024 Performance Measures and Operating Indicators

### Funding for Agency and Community Partners Goal 2: Provide Technical Support for Funding to Key Community Partners

**Strategy 1:** Increase grant training opportunities for partner agencies.

Objective: Leverage partnership-focused funding to provide grant workshops for community partners.

Measure: Quantitative metrics to include number of workshops provided, number of participants and Participant Feedback Survey.

Target: Conduct (4) quarterly workshops open to community partners and implement community partnerships surveys as part of workshop activities.

Actual: NOT MET

**Strategy 4:** Build relationships with key foundation partners, academic institutions, and business leaders to support public health activities and funding.

Objective 1: Develop and implement a funding strategy with community partners to maximize collaborative efforts.

Measure: Evidence of cross-sector funding collaboration to include number of grants with partnering organizations and evidence of community impact linked to leading community health issues.

Target: Partner with community partners on three-five cross-sector funding proposals as backbone agency or sub-recipient.

Actual: NOT MET

Objective 2: Develop, implement, and disseminate an internal process to apply for funding opportunities.

Measure: Finalized Development Office Funding Process with integrated stakeholder feedback.

Target: Workshop/training completed for all departments by July, 2024.

Actual: NOT MET

## 2025 Performance Measures and Operating Indicators

**Workforce Goal: To attract and retain a knowledgeable and skilled workforce to provide services for the residents of El Paso County.**

**Strategy 2:** Improve organizational resilience to support the workforce.

Objective	Measure	Target
Assess partnerships to support optimization of programmatic efforts.	Examples of utilization of existing technical assistance supports.	By June 2025, a draft report and dissemination plan will be presented to PHET and include: the Identification and implementation of aligned professional development supports and activities through technical assistance and/or with key partners as resource.

**Strategy 4:** Continue building support for funding sustainability.

Objective	Measure	Target
Develop dynamic and strategic funding plan aligned to EPCPH key priority areas.	Identification of metrics relative to current funding landscape. Quarterly internal reports documenting current resources and metrics.	By December 2025, Development Officer will have presented three quarterly reports to the PHET team.



# Vital Statistics

## Purpose Statement

Vital statistics records are used to gather population data and analyze trends in key life events aiding and informing public health policies.

## Overview

A vital statistics office is a government agency that collects, maintains, and issues certified copies of important records such as birth and death certificates. These records are used to gather population data and analyze trends in key life events, including births and deaths.



## Objectives

- Providing access to certified copies of birth and death record documents.

## Vital Statistics Budget Summary

### Vital Statistics Division Summary

#### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
Licenses, Fees and Permits	\$982,271	\$950,420	\$1,054,214	\$1,054,214	\$960,000
Program Specific Grants	\$5,440	\$5,006	\$5,780	\$5,780	\$6,000
Other Misc	\$0	\$240	\$150	\$150	\$300
<b>Total Revenues</b>	<b>\$987,711</b>	<b>\$955,666</b>	<b>1,060,144</b>	<b>\$1,060,144</b>	<b>\$966,300</b>

#### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
Personnel	\$269,969	\$304,568	\$296,896	\$296,896	\$307,058
Personnel Benefits	\$127,412	\$152,086	\$145,057	\$145,057	\$171,483
CIPS - Health Department	\$150,424	\$101,606	\$79,154	\$79,154	\$90,396
Operating	\$385,844	\$369,049	\$457,227	\$454,967	\$345,632
<b>Total Expenditures</b>	<b>\$ 933,650</b>	<b>\$927,309</b>	<b>\$978,334</b>	<b>\$976,074</b>	<b>\$914,568</b>

### Vital Statistics (5322018)

#### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
Licenses, Fees and Permits	\$982,271	\$950,420	\$1,054,214	\$1,054,214	\$960,000
Program Specific Grants	\$5,440	\$5,006	\$5,780	\$5,780	\$6,000
Other Misc	\$0	\$240	\$150	\$150	\$300
<b>Total Revenues</b>	<b>\$987,711</b>	<b>\$955,666</b>	<b>\$1,060,144</b>	<b>\$1,060,144</b>	<b>\$966,300</b>

#### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
Personnel	\$269,969	\$304,568	\$296,896	\$296,896	\$307,058
Personnel Benefits	\$127,412	\$152,086	\$145,057	\$145,057	\$171,483
CIPS - Health Department	\$150,424	\$101,606	\$79,154	\$79,154	\$90,396
Operating	\$385,844	\$369,049	\$457,227	\$454,967	\$345,632
<b>Total Expenditures</b>	<b>\$933,650</b>	<b>\$927,309</b>	<b>\$978,334</b>	<b>\$976,074</b>	<b>\$914,569</b>

# Strategy, Data and Communication Division

## Purpose Statement

Drive informed decision-making, foster organizational alignment, and enhance internal and external stakeholder engagement to advance strategic public health priorities and improve health outcomes.

## Overview

The Strategy, Data and Communication (SDC) Division leverages data-driven insights, strategic planning, and clear, compelling communication to empower leadership, teams, and external partners to achieve mission-driven goals with clarity and impact. By integrating analytics, innovation, and storytelling, the SDC Division ensures that EPCPH remains agile, forward-thinking, and effectively positioned for long-term success in support of community health.



## Areas of Service/Programs

- Strategic Initiatives
- Data & Analytics
- Communication

## Objectives

- Provide accurate, timely, and credible information on a wide variety of public health issues to the public, community partners, stakeholders, and staff.
- Provide guidance and direction for department strategies, initiatives, and planning.
- Lead department performance management, to include developing the agency's Strategic Plan and Annual Work Plan.
- Convene and facilitate the Healthy Community Collaborative to develop the Community Health Assessment (CHA) and Community Health Improvement Plan (CIHP) every five years, in addition to leading department Quality Improvement initiatives.
- Lead Public Health Accreditation Board activities to support reaccreditation every five years, an annual report, and regular monitoring activities.
- Provide subject matter expertise in population epidemiology, biostatistics, and informatics.

- Support internal and external partners in collecting, managing and analyzing data and information.
- Support public health line-of-business applications, integrations, reporting and visualizations for the public and partners.
- Build public health information technology capacity.
- Provide media relations, public relations, and emergency/risk communication.
- Provide expertise to guide the agency in media relations, public relations, and emergency/risk communication.
- Support the agency in fulfilling its overall mission, vision and goals through outreach and dissemination of information across a wide variety of channels and platforms.

## 2025 Performance Measures and Operating Indicators

**Health Data & Communication Goal: To foster and build trust with stakeholders through the use of relevant, credible and transparent data and communication.**

**Strategy 1:** Increase clarity in agency communications.

Objective	Measure	Target
Ensure all Portable Document Format (PDF) documents are digitally accessible for users with sensory, cognitive, and mobile disabilities on the Public Health website according to Web Content Accessibility Guidelines (WCAG) version 2.1.	Complete/not complete	By July 1, 2025, all agency plans and PDFs on the public health website must be verified as digitally accessible by going through a document remediation process.

Objective	Measure	Target
Conduct internal training for public health staff on ADA digital accessibility and expectations according to WCAG's accessibility guidelines.	Complete/not complete	By July 1, 2025, each public health division will have attended ADA digital accessibility training.

Objective	Measure	Target
To ensure the public health website is meeting all WCAG guidelines, conduct quarterly website audits.	Complete/not complete	By December 31, 2025, audits will be performed on the main webpage and "About" page, two main menus, two sub-pages, and the public health "news" page.

**Strategy 2:** Promote stakeholder education highlighting agency programs and activities.

Objective	Measure	Target
Enhance proactive media relations by building relationships with media partners and generating exclusive pitches and story ideas.	Complete/not complete	By Dec. 31, 2025, solidify current contacts—including editor, station manager and beat reporter—for a minimum of four local media partners and reach out a minimum of three times per year to each outlet.

**Strategy 4:** Modernize data infrastructure and increase access to timely, relevant and actionable local data to support data-driven decision making.

Objective	Measure	Target
Expand mapping capabilities to support internal stakeholders with population data.	Complete/not complete.	By December 31, 2025, develop 3 maps describing the county's population using ArcGIS.

**Partnerships Goal:** To develop and strengthen relationships with partners across all sectors.

**Strategy 2:** Build internal and external capacity for strong partnership engagement.

Objective	Measure	Target
Develop a comprehensive internal workgroup comprised of subject matter experts across the agency to support timely completion of key Public Health Accreditation Board (PHAB) activities and deliverables.	<ul style="list-style-type: none"> <li>By September 2025, ensure at least 75% completion of tasks for the 10 PHAB domains.</li> <li>By December 2025, ensure 90% completion of 10 PHAB domain.</li> </ul>	By December 31, 2025, establish and maintain an internal PHAB reaccreditation workgroup with subject matter experts from each division to achieve near-final completion of reaccreditation requirements.

**Workforce Goal:** To attract and retain a knowledgeable and skilled workforce to provide services for the residents of El Paso County.

**Strategy 1:** Enhance a culture of collaboration, learning and growth mindset.

Objective	Measure	Target
Engage team members from different divisions across the agency to foster collaboration on shared projects and goals, while strengthening the agency's culture of continuous quality improvement.	<ul style="list-style-type: none"> <li>Complete/not complete.</li> </ul>	By September 2025, complete a cross-divisional QI project that supports a division-specific or agency-wide improvement need.

## Strategy, Data and Communication Budget Summary

### Strategy, Data and Communication Division

#### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
State LPHA Funding	\$0	\$0	\$0	\$0	\$42,287
Licenses, Fees and Permits	\$0	\$0	\$0	\$0	\$(1)
Program Specific Grants	\$0	\$0	\$0	\$0	\$1
<b>Total Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$42,287</b>

#### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
Personnel	\$0	\$0	\$0	\$0	\$183,533
Personnel Benefits	\$0	\$0	\$0	\$0	\$73,753
<b>Total Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$257,285</b>

### SDC Administration (5310031)

#### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<b>Total Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

#### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
Personnel	\$0	\$0	\$0	\$0	\$127,997
Personnel Benefits	\$0	\$0	\$0	\$0	\$47,296
<b>Total Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$175,293</b>

### R16 Opioid Abatement Council

#### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
State LPHA Funding	\$0	\$0	\$0	\$0	\$42,287
<b>Total Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$42,287</b>

#### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
Personnel	\$0	\$0	\$0	\$0	\$55,536
Personnel Benefits	\$0	\$0	\$0	\$0	\$26,457
<b>Total Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$81,993</b>



## Clinical Services Division

### Purpose Statement

Provide clinical and preventive care services to individual, families and at-risk populations to prevent disease and improve health outcomes across El Paso County.

### Overview

The Clinical Services Division provides direct clinical services and evidence-based programs that give individuals and families the resources and skills to live the healthiest lives possible. Clinical services programs primarily serve low-income, uninsured, and underinsured populations. Programs include Nurse-Family Partnership (NFP), Reproductive Health Clinic, Tuberculosis and Immunizations.



### Programs

- Tuberculosis Program
- Immunizations
- IMM #4
- Clinical Services Division
- Nurse-Family Partnership Program
- Reproductive health Clinic
- Congenital Sexually Transmitted Infections (STI) Prevention
- IMM #2 (Ended June 2022)
- IMM #3 (Ended June 2023)
- Healthy Children and Families (Ended December 2021)

### Objectives

- Provide vaccines to both insured and uninsured members of the community (children and adults)
- Support school immunizations audits and help health care providers maintain proper immunization practices
- Refer clients needing more specialized services to a community provider
- Provide counseling, education and vaccinations for international travelers who require immunizations prior to departing for business, recreation, or mission trips
- Provide in-home nurse visits to help improve the health, well-being and self-sufficiency of low-income, first-time parents and their children
- Improve pregnancy outcomes by helping women engage in effective preventive health practices, including consistent access to prenatal care, improved diet, and decreased or discontinued use of cigarettes, alcohol, and illegal substances



- Provide parents with the tools and resources to support their children’s health and development
- Provide reproductive health services to women and men, including evidence-based interventions
- Report sexually transmitted infections (STIs) to the Colorado Department of Public Health and Environment (CDPHE)

## 2024 Performance Measures and Operating Indicators

### **Workforce Development: Strengthen EPCPH’s workforce to improve public health and environment**

*Strategy 1:* Provide trainings that develop and strengthen public health core competencies.

Objective: Provide continuing education and training opportunities to clinical services division staff to maintain quality of services provided and compliance with adverse event policy.

Measure: Number of trainings provided, and number of staff attended

Target: By December 31, 2024, at least two trainings will be conducted for clinical staff to practice response to adverse events and one training on Bloodborne Pathogens/Infection Control will be provided to all staff.

Actual: MET

### **Technology, informatics, data analysis: Strengthen EPCPH’s capabilities to collect, analyze, share, and use data to make timely and information-driven decisions**

*Strategy 4:* Regularly disseminate important and emerging health information to community partners

Objective: Conduct outreach to community groups to provide vaccine education, prioritizing those with barriers to care.

Measure: Number of outreach events

Target: By December 31, 2024, a minimum of three outreach events will be conducted.

Actual: MET

## **Communication Goal 2: Strengthen EPCPH's internal communication capabilities**

*Strategy 1:* Increase cross-program collaboration and communication to improve internal and external customer service.

Objective: Provide clinical cross-training in the areas necessary to increase surge capacity critical public health responses (e.g., tuberculosis).

Measure: Referral/interview processes conducted

Target: By December 31, 2024, identify staff to be cross-trained and complete eight referral/interviews (two per quarter).

Actual: MET

## **Community Partnerships Goal: Develop and maintain strong relationships with key community partners to support public health or assure the provision of public health services.**

*Strategy 2:* Expand EPCPH staff participation on key community collaborations, coalitions, committees, or other work groups that can influence health outcomes and policy, including those that address the social determinants of health.

Objective: Participate in community collaboratives that help address health outcomes around reproductive and sexual health.

Measure: Attend/participate in community partner meetings.

Target: Attend/participate in at least two community partnership collaboratives.

Actual: MET

## **Health Equity Goal 2: Remove barriers to health care and community resources to improve health outcomes among health disparate populations.**

*Strategy 1:* Increase EPCPH service locations in geographic areas with high need for service.

Objective: Increase access to clinical services including immunization and reproductive health services.

Measure: Increase immunization clinics provided outside of the Citizens Service Center location and expand the number of services provided in the Reproductive Health Clinic. Explore the feasibility of providing reproductive health services at the Public Health South location.

Target: Two immunization clinics held at Public Health South and 24 outreach clinics held at partner and community venues. One new Reproductive Health Service provided.

Actual: MET

## 2025 Performance Measures and Operating Indicators

**Workforce Goal: To attract and retain a knowledgeable and skilled workforce to provide services for the residents of El Paso County.**

**Strategy 1:** Enhance a culture of collaboration, learning and growth mindset.

Objective	Measure	Target
Provide the training and education necessary for Nurse-Family Partnership (NFP) nurses to help increase initiation and maintenance of breastfeeding in NFP participants for the first 6 months, in accordance with standards set by the NFP National Services Office.	<ul style="list-style-type: none"><li>• Conduct 2 intra-agency breastfeeding trainings with WIC program</li><li>• Certify all NFP nurses as Certified Lactation Consultants</li></ul>	By 12/31/2025, the NFP Division Manager will coordinate two intra-agency breastfeeding trainings with ECPH's WIC program in 2025 and Train and certify all NFP nurse home visitors as Certified Lactation Counselors or an equivalent certification in order to help increase the rates of breastfeeding initiations and maintenance in NFP clients (currently at 53.4%), in the first 6 months.

**Strategy 4:** Continue building support for funding sustainability.

Objective	Measure	Target
Improve cost recovery in RHC and IZ through fee analysis and adjustment.	<ul style="list-style-type: none"><li>• Completion of fee analysis</li><li>• Updated/adjusted clinic fees.</li></ul>	By 12/31/2025, RHC and IZ Division Managers will complete a clinic fee analysis and implement adjusted fee schedule.

**Community Trust and Engagement Goal: To build trust and strengthen relationships between Public Health and residents to expand an understanding of public health.**

**Strategy 1:** Develop and support community outreach and education.

Objective	Measure	Target
Increase awareness of RHC program and services available to the community through community outreach participation.	<ul style="list-style-type: none"><li>• Participate in at least 3 community outreach events</li><li>• Survey visitors on program/services awareness.</li></ul>	By 12/31/2025, RHC will participate in a minimum of 3 community outreach events and administer program/services awareness surveys during events.

**Strategy 2:** Provide opportunities for community input, feedback, and information sharing.

Objective	Measure	Target
To protect the privacy and security of EPCPH's patient's health information through updated HIPAA policies, processes and procedures.	<ul style="list-style-type: none"> <li>Review and update all EPCPH HIPAA policies, processes and procedures.</li> <li>Conduct at least one internal audit.</li> <li>Facilitate at least 1 HIPAA compliance training for EPCPH.</li> </ul>	By 12/31/2025, CSD Division Director will review and update all EPCPH HIPAA policies, processes and procedures, conduct at least one internal audit and facilitate at least 1 additional HIPAA compliance training for EPCPH.

**Partnerships Goal:** To develop and strengthen relationships with partners across all sectors.

**Strategy 3:** Increase funding from diverse sources to support core public health services, programmatic services, and innovative strategies.

Objective	Measure	Target
To support the funding of the Tuberculosis (TB) program and its activities through the implementation of standardized billing processes and procedures with Medicaid.	<ul style="list-style-type: none"> <li>Implementation of structured processes and procedures for billing in TB, including Medicaid.</li> </ul>	By 12/31/2025, the TB Supervisor will collaborate with CSD Biller to create comprehensive processes and procedures for billing in TB, including Medicaid.

## Clinical Services Budget Summary

### Clinical Services Division Summary

#### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Licenses, Fees and Permits</i>	\$492,627	\$914,952	\$721,450	\$721,450	\$833,319
<i>Program Specific Grants</i>	\$3,340,233	\$3,423,364	\$3,407,750	\$4,019,935	\$3,779,999
<i>Contributions &amp; Donations</i>	\$1,578	\$1,111	\$1,400	\$1,400	\$250
<b><i>Total Revenues</i></b>	<b>\$3,834,438</b>	<b>\$4,339,426</b>	<b>\$4,130,600</b>	<b>\$4,742,785</b>	<b>\$4,613,568</b>

#### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Personnel</i>	\$1,834,015	\$2,122,845	\$2,562,585	\$3,181,673	\$3,028,734
<i>Personnel Benefits</i>	\$793,639	\$914,722	\$1,053,984	\$1,390,840	\$1,395,453
<i>CIPS - Health Department</i>	\$359,311	\$365,897	\$343,916	\$343,916	\$525,290
<i>Operating</i>	\$969,618	\$1,243,649	\$921,733	\$1,083,906	\$1,166,930
<b><i>Total Expenditures</i></b>	<b>\$3,956,584</b>	<b>\$4,647,113</b>	<b>\$4,882,218</b>	<b>\$6,000,335</b>	<b>\$6,116,407</b>

### Tuberculosis Program (5321007)

#### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Licenses, Fees and Permits</i>	\$1,588	\$215	\$2,500	\$2,500	\$500
<i>Program Specific Grants</i>	\$102,805	\$117,776	\$100,500	\$100,500	\$102,000
<b><i>Total Revenues</i></b>	<b>\$104,393</b>	<b>\$117,991</b>	<b>\$103,000</b>	<b>\$103,000</b>	<b>\$102,500</b>

#### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Personnel</i>	\$211,064	\$257,124	\$267,484	\$296,235	\$260,695
<i>Personnel Benefits</i>	\$89,735	\$113,458	\$113,186	\$127,508	\$124,507
<i>CIPS - Health Department</i>	\$0	\$0	\$0	\$0	\$72,765
<i>Operating</i>	\$20,010	\$38,834	\$20,735	\$20,735	\$27,286
<b><i>Total Expenditures</i></b>	<b>\$320,809</b>	<b>\$409,416</b>	<b>\$401,405</b>	<b>\$444,478</b>	<b>\$485,253</b>

## Immunizations (5321008)

### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Licenses, Fees and Permits</i>	\$319,749	\$648,100	\$492,000	\$492,000	\$562,000
<i>Program Specific Grants</i>	\$546,758	\$639,921	\$782,838	\$1,008,742	\$733,079
<b><i>Total Revenues</i></b>	<b>\$866,507</b>	<b>\$1,288,021</b>	<b>\$1,274,838</b>	<b>\$1,500,742</b>	<b>\$1,295,079</b>

### Expenditures

<i>EXPENDITURES</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Personnel</i>	\$133,769	\$292,832	\$388,956	\$944,501	\$365,324
<i>Personnel Benefits</i>	\$112,264	\$159,386	\$171,737	\$380,539	\$182,862
<i>CIPS - Health Department</i>	\$0	\$0	\$0	\$99,893	\$0
<i>Operating</i>	\$309,135	\$594,744	\$360,011	\$372,109	\$638,886
<b><i>Total Expenditures</i></b>	<b>\$555,168</b>	<b>\$1,046,963</b>	<b>\$920,704</b>	<b>\$1,797,042</b>	<b>\$1,187,072</b>

## IMM #3 (5321012)

### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Program Specific Grants</i>	\$744,201	\$309,079	\$0	\$612,185	\$612,185
<b><i>Total Revenues</i></b>	<b>\$744,201</b>	<b>\$309,079</b>	<b>\$0</b>	<b>\$612,185</b>	<b>\$612,185</b>

### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Personnel</i>	\$247,010	\$59,002	\$0	\$275,739	\$582,580
<i>Personnel Benefits</i>	\$78,871	\$16,729	\$0	\$183,400	\$262,142
<i>CIPS - Health Department</i>	\$82,005	\$11,545	\$0	\$0	\$159,568
<i>Operating</i>	\$336,315	\$221,803	\$0	\$153,046	\$8,679
<b><i>Total Expenditures</i></b>	<b>\$744,201</b>	<b>\$309,079</b>	<b>\$0</b>	<b>\$612,185</b>	<b>\$1,012,969</b>

## Clinical Services Division (5330022)

### Revenues

Revenues by Category	2022 Actual	2023 Actual	2024 OAB	2024 Revised	2025 OAB
<b>Total Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

### Expenditures

Expenditures by Category	2022 Actual	2023 Actual	2024 OAB	2024 Revised	2025 OAB
Personnel	\$4,539	\$20,977	\$70,953	\$241,847	\$ 306,358
Personnel Benefits	\$950	\$1,635	\$28,688	\$104,928	\$116,611
Operating	\$27,166	\$67,527	\$7,700	\$7,700	\$15,680
<b>Total Expenditures</b>	<b>\$32,655</b>	<b>\$90,139</b>	<b>\$107,341</b>	<b>\$354,475</b>	<b>\$438,649</b>

## Nurse Family Partnership Program (5332028)

### Revenues

Revenues by Category	2022 Actual	2023 Actual	2024 OAB	2024 Revised	2025 OAB
Licenses, Fees and Permits	\$10,443	\$21,315	\$16,800	\$16,800	\$21,819
Program Specific Grants	\$1,177,319	\$1,376,584	\$1,478,463	\$1,478,463	\$1,586,286
<b>Total Revenues</b>	<b>\$1,187,762</b>	<b>\$1,397,899</b>	<b>\$1,495,263</b>	<b>\$1,495,263</b>	<b>\$1,608,105</b>

### Expenditures

Expenditures by Category	2022 Actual	2023 Actual	2024 OAB	2024 Revised	2025 OAB
Personnel	\$599,233	\$722,731	\$818,145	\$818,145	\$871,648
Personnel Benefits	\$259,273	\$311,207	\$333,919	\$333,919	\$404,398
CIPS - Health Department	\$199,996	\$242,008	\$206,335	\$206,335	\$241,045
Operating	\$120,032	\$125,555	\$122,540	\$122,540	\$151,560
<b>Total Expenditures</b>	<b>\$1,178,534</b>	<b>\$1,401,500</b>	<b>\$1,480,939</b>	<b>\$1,480,939</b>	<b>\$1,668,651</b>



## Reproductive Health Clinic (5336035)

### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Licenses, Fees and Permits</i>	\$160,847	\$245,322	\$210,150	\$210,150	\$249,000
<i>Program Specific Grants</i>	\$395,405	\$347,137	\$323,902	\$323,902	\$338,577
<i>Contributions &amp; Donations</i>	\$1,578	\$1,111	\$1,400	\$1,400	\$250
<b>Total Revenues</b>	<b>\$557,830</b>	<b>\$593,570</b>	<b>\$535,452</b>	<b>\$535,452</b>	<b>\$587,827</b>

### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Personnel</i>	\$412,657	\$416,555	\$460,837	\$460,837	\$453,264
<i>Personnel Benefits</i>	\$162,189	\$178,462	\$194,487	\$194,487	\$218,984
<i>CIPS - Health Department</i>	\$4,194	\$0	\$0	\$0	\$0
<i>Operating</i>	\$148,549	\$161,644	\$159,950	\$159,950	\$219,681
<b>Total Expenditures</b>	<b>\$727,589</b>	<b>\$756,661</b>	<b>\$815,274</b>	<b>\$815,274</b>	<b>\$891,929</b>

## Congenital STI Prevention (5366036)

### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Program Specific Grants</i>	\$0	\$93,953	\$386,147	\$386,147	\$407,872
<b>Total Revenues</b>	<b>\$0</b>	<b>\$93,953</b>	<b>\$386,147</b>	<b>\$386,147</b>	<b>\$407,872</b>

### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Personnel</i>	\$0	\$44,148	\$83,600	\$83,600	\$188,865
<i>Personnel Benefits</i>	\$0	\$14,872	\$33,740	\$33,740	\$85,947
<i>CIPS - Health Department</i>	\$0	\$13,610	\$21,016	\$21,016	\$51,912
<i>Operating</i>	\$0	\$21,322	\$247,790	\$247,790	\$105,159
<b>Total Expenditures</b>	<b>\$0</b>	<b>\$93,953</b>	<b>\$386,146</b>	<b>\$386,146</b>	<b>\$431,883</b>

## Emergency Response TB (5310096)

### Revenues

Revenues by Category	2022 Actual	2023 Actual	2024 OAB	2024 Revised	2025 OAB
Total Revenues	\$0	\$0	\$0	\$0	\$0

### Expenditures

Expenditures by Category	2022 Actual	2023 Actual	2024 OAB	2024 Revised	2025 OAB
Personnel	\$0	\$269	\$0	\$0	\$0
Personnel Benefits	\$0	\$21	\$0	\$0	\$0
Total Expenditures	\$0	\$290	\$0	\$0	\$0

## IMM #4 (5321013)

### Revenues

Revenues by Category	2022 Actual	2023 Actual	2024 OAB	2024 Revised	2025 OAB
Program Specific Grants	\$349,860	\$538,913	\$335,900	\$109,996	\$0
Total Revenues	\$349,860	\$538,913	\$335,900	\$109,996	\$0

### Expenditures

Expenditures by Category	2022 Actual	2023 Actual	2024 OAB	2024 Revised	2025 OAB
Personnel	\$192,444	\$309,208	\$472,610	\$60,769	\$0
Personnel Benefits	\$77,359	\$118,952	\$178,227	\$32,319	\$0
CIPS - Health Department	\$73,117	\$98,734	\$116,565	\$16,672	\$0
Operating	\$6,940	\$12,220	\$3,007	\$36	\$0
Total Expenditures	\$349,860	\$539,113	\$770,409	\$109,796	\$0

## IMM #2 (5321011)

### Revenues

Revenues by Category	2022 Actual	2023 Actual	2024 OAB	2024 Revised	2025 OAB
Program Specific Grants	\$23,886	\$0	\$0	\$0	\$0
Total Revenues	\$ 23,886	\$0	\$0	\$0	\$0

### Expenditures

Expenditures by Category	2022 Actual	2023 Actual	2024 OAB	2024 Revised	2025 OAB
Personnel	\$33,299	\$0	\$0	\$0	\$0
Personnel Benefits	\$12,997	\$0	\$0	\$0	\$0
Operating	\$1,471	\$0	\$0	\$0	\$0
Total Expenditures	\$47,767	\$0	\$0	\$0	\$0

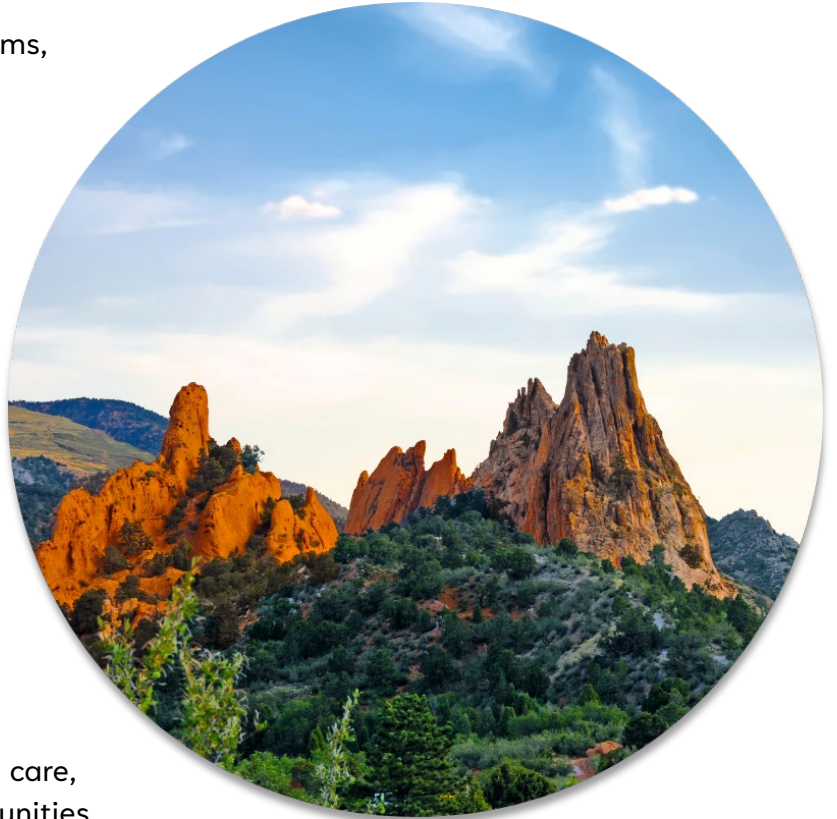
# Community Health Promotion Division

## Purpose Statement

Promote the development of community systems, partnerships, and upstream public health prevention actions to reduce chronic diseases and improve the population's health over individuals' lifespan.

## Overview

To achieve the division's purpose, staff utilize data, evaluation, planning, and partnerships to collectively collaborate on best practice strategies and activities. Programs work with community members, policymakers, and coalitions to promote upstream public health prevention efforts. These collective efforts will increase access to healthy foods, physical activity opportunities, smoke and tobacco-free environments, health care, support systems, housing, schools, and communities.



## Programs

- Impaired Driving Prevention
- Tobacco Education Prevention & Cessation
- Maternal and Child Health (MCH)
- Women, Infants, and Children (WIC)
- WIC Breastfeeding Peer Counseling
- Disease Prevention and Health Promotion
- Communities That Care
- Drug Free Communities
- Regional Food System Partnership
- Colorado Trust Grant
- Southeast Colorado Springs Initiative (Ended December 2023)
- Youth Resilience and Suicide Prevention (Ended December 2022)
- Youth Health and Development (Ended December 2022)

## Objectives

- Develop systems to increase collaboration, effective communication, and continuous quality improvement
- Identify resources and funding to help communities within the county increase quality of life and healthy aging
- Promote healthy child and youth behaviors and development to improve lifelong health outcomes

- Collaborate with community members to support youth initiatives focused on prevention, policy and system changes
- Decrease vaping and smoking within the county
- Support the emotional, behavioral, and physical well-being of children and youth with special health care needs
- Provide supplemental food benefits as well as child development and nutrition education to qualifying women and their children
- Provide breastfeeding counseling and lactation support to pregnant and postpartum women
- Take collective action in support of youth mental health and suicide prevention
- Prevent youth substance use and abuse, violence, and poor mental health outcomes
- Provide public health consultation and education for health care providers and the public
- Build and maintain relationships with school districts in El Paso County

## 2024 Performance Measures and Operating Indicators

### **Communication Goal 1: Strengthen EPCPH's capabilities to provide information on public health issues and public health functions to external partners.**

Strategy 3: Expand the agency's participation in an annual health marketing schedule for planned approach to develop and implement health promotion activities.

Objective: Provide training and educational opportunities to community members and partner organizations.

Measure: Number of trainings provided

Target: By December 31, 2024, staff will provide at least 20 training opportunities (i.e. adverse childhood events, tobacco prevention, Narcan administration, etc.) to external partners.

Actual: MET

### **Health Equity Goal 1: Increase public awareness of health equity issues, its systematic causes, and opportunities to foster health equity.**

Strategy: Increase community awareness of root causes of health equity and evidence-based solutions that address health equity.

Objective: Improve access to, and awareness of, health care, health equity and social determinants resources through information and resource activities, care coordination, and workgroups.

Measure: Number of referrals, number of workgroups convened, number of community engagement activities.

Target: By December 31, 2024, information and resource activities and care coordination services continue to be provided to at least 500 individuals via referrals to the care coordination program. A minimum of 10 workgroups or outreach events will be convened.

By March 31, 2024, utilize a YSP workgroup meeting to share Teen Think Tank data and facilitate a conversation with stakeholders about implementation of youth’s recommendations from the report.

By December 31, 2024, facilitate a minimum of three Community Voice Collaborative meetings and facilitate a minimum of one community engagement activity related to MCH topics.

Actual: MET

**Health Equity Goal 2: Remove barriers to health care and community resources to improve health outcomes among health disparate populations.**

*Strategy 1:* Increase ECPH service locations in geographic areas with high need for service.

*Objective:* Continue to decrease barriers to WIC program enrollment and increase participation through WIC mobile services and virtual appointments.

*Measure:* Number of clinics held and the number of partner sites

*Target:* By December 31, 2024, WIC mobile clinic will have completed at least 50 clinics across at least four partner sites.

Actual: MET

2025 Performance Measures and Operating Indicators

**Partnerships Goal: To develop and strengthen relationships with partners across all sectors.**

**Strategy 2:** Build internal and external capacity for strong partnership engagement.

Objective	Measure	Target
Utilize co-location model to reduce disparities by maintaining and mobile clinic partnerships in areas of the community with the highest need. Additionally, complete an asset map/gap analysis to be poised to expand in the future.	Number of partnership agreements, Number of clients served at each location.  Completed asset/gap analysis.	By December 31, 2025, maintain partnerships and mobile clinics with at least five co-locating sites to decrease barriers and increase WIC accessibility.  By December 31, 2025, complete an asset/gap analysis to identify needs for other co-location sites.

**Community Trust and Engagement Goal: To build trust and strengthen relationships between Public Health and residents to expand an understanding of public health.**

**Strategy 1:** Develop and support community outreach and education

Objective	Measure	Target
Improve access to, and awareness of care coordination, Maternal and Child Health (MCH) resource navigation and workgroups through community engagement activities.	Number of referrals, Number of community engagement activities, Number of workgroups convened, Number of educational activities	<p>By December 31, 2025, resource navigation and care coordination services continue to be provided to at least 600 individuals via referrals to the care coordination program.</p> <p>By December 31, 2025, participate in at least 10 outreach events or community engagement activities.</p> <p>By December 31, 2025, facilitate a minimum of three Community Voice Collaborative meetings and facilitate a minimum of 10 educational activities related to MCH.</p>

**Health Data & Communication Goal: To foster and build trust with stakeholders through the use of relevant, credible and transparent data and communication.**

**Strategy 2:** Promote stakeholder education highlighting agency programs and activities.

Objective	Measure	Target
Provide training and educational opportunities to community members and partner organizations to equip them with the knowledge and skills to effectively collaborate on health initiatives and address community health needs.	Number of trainings provided	By December 31, 2025, staff will provide at least 20 training opportunities (i.e. Adverse Childhood Events, Tobacco Prevention, Narcan administration, etc.) to external partners.

## Community Health Promotion Budget Summary

### Community Health Promotion Summary

#### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Program Specific Grants</i>	\$5,501,420	\$5,487,030	\$5,818,778	\$5,818,778	\$5,610,083
<i>Other Misc</i>	\$5,825	\$9,439	\$14,620	\$14,620	\$0
<b><i>Total Revenues</i></b>	<b>\$5,507,246</b>	<b>\$5,496,469</b>	<b>\$5,833,398</b>	<b>\$5,833,398</b>	<b>\$5,610,083</b>

#### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Personnel</i>	\$2,625,154	\$2,861,057	\$3,196,357	\$3,485,949	\$3,397,712
<i>Personnel Benefits</i>	\$1,305,635	\$1,433,065	\$1,509,404	\$1,636,023	\$1,828,737
<i>CIPS - Health Department</i>	\$944,527	\$891,618	\$834,161	\$834,161	\$886,594
<i>Operating</i>	\$745,098	\$654,267	\$773,943	\$718,773	\$680,507
<b><i>Total Expenditures</i></b>	<b>\$5,620,413</b>	<b>\$5,840,007</b>	<b>\$6,313,865</b>	<b>\$6,674,906</b>	<b>\$6,793,550</b>

### Impaired Driving Prevention (5310011)

#### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Program Specific Grants</i>	\$0	\$14,905	\$100,000	\$100,000	\$120,000
<b><i>Total Revenues</i></b>	<b>\$0</b>	<b>\$14,905</b>	<b>\$100,000</b>	<b>\$100,000</b>	<b>\$120,000</b>

#### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Personnel</i>	\$0	\$7,457	\$35,848	\$71,696	\$43,758
<i>Personnel Benefits</i>	\$0	\$2,996	\$15,707	\$31,415	\$21,928
<i>CIPS - Health Department</i>	\$0	\$2,410	\$9,234	\$9,234	\$12,408
<i>Operating</i>	\$0	\$2,041	\$39,211	\$39,211	\$46,414
<b><i>Total Expenditures</i></b>	<b>\$0</b>	<b>\$14,905</b>	<b>\$100,000</b>	<b>\$151,556</b>	<b>\$124,508</b>



## Tobacco Education Prevention & Cessation (5324024)

### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Program Specific Grants</i>	\$771,839	\$736,476	\$791,153	\$791,153	\$988,941
<b><i>Total Revenues</i></b>	<b>\$771,839</b>	<b>\$736,476</b>	<b>\$791,153</b>	<b>\$791,153</b>	<b>\$988,941</b>

### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Personnel</i>	\$304,745	\$326,690	\$362,730	\$362,730	\$458,267
<i>Personnel Benefits</i>	\$135,905	\$157,691	\$166,620	\$166,620	\$243,395
<i>CIPS - Health Department</i>	\$116,917	\$111,698	\$94,807	\$94,807	\$132,544
<i>Operating</i>	\$217,433	\$140,443	\$122,709	\$122,709	\$237,202
<b><i>Total Expenditures</i></b>	<b>\$774,999</b>	<b>\$736,522</b>	<b>\$746,866</b>	<b>\$746,866</b>	<b>\$1,071,408</b>

## Baby & Me Tobacco Free (5324034)

### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Program Specific Grants</i>	\$0	\$0	\$0	\$0	\$18,800
<b><i>Total Revenues</i></b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$18,800</b>

### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Personnel</i>	\$0	\$0	\$0	\$0	\$16,487
<i>Personnel Benefits</i>	\$0	\$0	\$0	\$0	\$9,908
<i>Operating</i>	\$0	\$0	\$0	\$0	\$2,800
<b><i>Total Expenditures</i></b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$29,195</b>

## Maternal and Child Health (5331032)

### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Program Specific Grants</i>	\$636,829	\$564,976	\$615,272	\$615,272	\$615,272
<b><i>Total Revenues</i></b>	<b>\$636,829</b>	<b>\$564,976</b>	<b>\$615,272</b>	<b>\$615,272</b>	<b>\$615,272</b>

### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Personnel</i>	\$341,205	\$301,884	\$338,566	\$408,581	\$403,962
<i>Personnel Benefits</i>	\$144,324	\$132,424	\$131,494	\$162,586	\$181,746
<i>CIPS - Health Department</i>	\$122,097	\$101,841	\$84,188	\$84,188	\$110,640
<i>Operating</i>	\$54,208	\$21,895	\$41,138	\$41,138	\$45,264
<b><i>Total Expenditures</i></b>	<b>\$661,834</b>	<b>\$558,044</b>	<b>\$595,386</b>	<b>\$696,493</b>	<b>\$741,612</b>

## WIC (5334032)

### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Program Specific Grants</i>	\$3,332,574	\$3,448,649	\$3,463,512	\$3,463,512	\$3,273,628
<i>Other Misc</i>	\$825	\$9,439	\$14,620	\$14,620	\$0
<b><i>Total Revenues</i></b>	<b>\$3,333,399</b>	<b>\$3,458,089</b>	<b>\$3,478,132</b>	<b>\$3,478,132</b>	<b>\$3,273,628</b>

### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Personnel</i>	\$1,591,638	\$1,894,123	\$2,088,028	\$2,159,685	\$1,829,690
<i>Personnel Benefits</i>	\$850,116	\$998,527	\$1,056,090	\$1,087,499	\$1,089,690
<i>CIPS - Health Department</i>	\$621,174	\$602,227	\$563,111	\$563,111	\$551,471
<i>Operating</i>	\$291,708	\$270,608	\$283,275	\$228,105	\$225,733
<b><i>Total Expenditures</i></b>	<b>\$3,354,636</b>	<b>\$3,765,486</b>	<b>\$3,990,504</b>	<b>\$4,038,400</b>	<b>\$3,696,584</b>

## WIC Breastfeeding Peer Counseling (5334033)

### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Program Specific Grants</i>	\$141,160	\$149,935	\$148,767	\$148,767	\$148,767
<b>Total Revenues</b>	<b>\$141,160</b>	<b>\$149,935</b>	<b>\$148,767</b>	<b>\$148,767</b>	<b>\$148,767</b>

### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Personnel</i>	\$90,460	\$97,783	\$111,137	\$111,137	\$97,893
<i>Personnel Benefits</i>	\$18,403	\$20,524	\$20,795	\$20,795	\$22,345
<i>CIPS - Health Department</i>	\$28,703	\$27,087	\$23,629	\$23,629	\$16,929
<i>Operating</i>	\$7,578	\$6,590	\$9,663	\$9,663	\$16,520
<b>Total Expenditures</b>	<b>\$145,145</b>	<b>\$151,984</b>	<b>\$165,224</b>	<b>\$165,224</b>	<b>\$153,687</b>

## Disease Prevention & Health Promotion – Administration (5342051)

### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Program Specific Grants</i>	\$0	\$27,750	\$27,500	\$27,500	\$27,500
<b>Total Revenues</b>	<b>\$0</b>	<b>\$27,750</b>	<b>\$27,500</b>	<b>\$27,500</b>	<b>\$27,500</b>

### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Personnel</i>	\$39,907	\$0	\$0	\$112,072	\$325,440
<i>Personnel Benefits</i>	\$29,087	\$0	\$0	\$48,410	\$150,536
<i>Operating</i>	\$32,242	\$31,179	\$56,660	\$56,660	\$53,965
<b>Total Expenditures</b>	<b>\$101,236</b>	<b>\$31,179</b>	<b>\$56,660</b>	<b>\$217,142</b>	<b>\$529,941</b>

### Communities That Care (5344053)

#### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Program Specific Grants</i>	\$305,339	\$224,450	\$290,375	\$290,375	\$292,175
<b><i>Total Revenues</i></b>	<b>\$305,339</b>	<b>\$224,450</b>	<b>\$290,375</b>	<b>\$290,375</b>	<b>\$292,175</b>

#### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Personnel</i>	\$124,441	\$99,095	\$166,463	\$166,463	\$138,716
<i>Personnel Benefits</i>	\$57,373	\$52,454	\$77,787	\$77,787	\$67,236
<i>CIPS - Health Department</i>	\$47,094	\$34,947	\$43,745	\$43,745	\$38,904
<i>Operating</i>	\$78,016	\$38,417	\$32,672	\$32,672	\$47,359
<b><i>Total Expenditures</i></b>	<b>\$306,923</b>	<b>\$224,914</b>	<b>\$320,667</b>	<b>\$320,667</b>	<b>\$292,215</b>

### Drug Free Communities (5344055)

#### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Program Specific Grants</i>	\$121,865	\$99,548	\$125,000	\$125,000	\$125,000
<b><i>Total Revenues</i></b>	<b>\$121,865</b>	<b>\$99,548</b>	<b>\$125,000</b>	<b>\$125,000</b>	<b>\$125,000</b>

#### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Personnel</i>	\$48,974	\$48,605	\$30,633	\$30,633	\$83,499
<i>Personnel Benefits</i>	\$23,450	\$26,447	\$13,817	\$13,817	\$41,955
<i>CIPS - Health Department</i>	\$8,542	\$7,505	\$7,961	\$7,961	\$23,698
<i>Operating</i>	\$46,960	\$17,002	\$18,900	\$18,900	\$5,250
<b><i>Total Expenditures</i></b>	<b>\$127,925</b>	<b>\$99,560</b>	<b>\$71,311</b>	<b>\$71,311</b>	<b>\$154,402</b>

### Regional Food System Partnership (5366102)

#### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Program Specific Grants</i>	\$0	\$41,929	\$120,080	\$120,080	\$0
<b><i>Total Revenues</i></b>	<b>\$0</b>	<b>\$41,929</b>	<b>\$120,080</b>	<b>\$120,080</b>	<b>\$0</b>

#### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Personnel</i>	\$0	\$8,718	\$34,539	\$34,539	\$0
<i>Personnel Benefits</i>	\$0	\$2,753	\$13,710	\$13,710	\$0
<i>Operating</i>	\$0	\$44,732	\$81,879	\$81,879	\$0
<b><i>Total Expenditures</i></b>	<b>\$0</b>	<b>\$56,203</b>	<b>\$130,128</b>	<b>\$130,128</b>	<b>\$0</b>

### Colorado Trust Grant (5366104)

#### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Program Specific Grants</i>	\$0	\$117,370	\$137,119	\$137,119	\$0
<b><i>Total Revenues</i></b>	<b>\$0</b>	<b>\$117,370</b>	<b>\$137,119</b>	<b>\$137,119</b>	<b>\$0</b>

#### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Personnel</i>	\$0	\$27,800	\$28,413	\$28,413	\$0
<i>Personnel Benefits</i>	\$0	\$11,215	\$13,384	\$13,384	\$0
<i>CIPS - Health Department</i>	\$0	\$3,902	\$7,486	\$7,486	\$0
<i>Operating</i>	\$0	\$74,454	\$87,836	\$87,836	\$0
<b><i>Total Expenditures</i></b>	<b>\$0</b>	<b>\$117,370</b>	<b>\$137,119</b>	<b>\$137,119</b>	<b>\$0</b>

### ***Southeast Colorado Springs Initiative (5310009)***

#### **Revenues**

<b><i>Revenues by Category</i></b>	<b><i>2022 Actual</i></b>	<b><i>2023 Actual</i></b>	<b><i>2024 OAB</i></b>	<b><i>2024 Revised</i></b>	<b><i>2025 OAB</i></b>
<i>Program Specific Grants</i>	\$82,477	\$61,041	\$0	\$0	\$0
<b><i>Total Revenues</i></b>	<b>\$82,477</b>	<b>\$61,041</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

#### **Expenditures**

<b><i>Expenditures by Category</i></b>	<b><i>2022 Actual</i></b>	<b><i>2023 Actual</i></b>	<b><i>2024 OAB</i></b>	<b><i>2024 Revised</i></b>	<b><i>2025 OAB</i></b>
<i>Personnel</i>	\$47,206	\$48,901	\$0	\$0	\$0
<i>Personnel Benefits</i>	\$28,900	\$28,033	\$0	\$0	\$1
<i>Operating</i>	\$6,380	\$6,906	\$0	\$0	\$(1)
<b><i>Total Expenditures</i></b>	<b>\$82,486</b>	<b>\$83,840</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

### ***Youth Suicide Prevention (5343052)***

#### **Revenues**

<b><i>Revenues by Category</i></b>	<b><i>2022 Actual</i></b>	<b><i>2023 Actual</i></b>	<b><i>2024 OAB</i></b>	<b><i>2024 Revised</i></b>	<b><i>2025 OAB</i></b>
<i>Other Misc</i>	\$5,000	\$0	\$0	\$0	\$0
<b><i>Total Revenues</i></b>	<b>\$5,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

#### **Expenditures**

<b><i>Expenditures by Category</i></b>	<b><i>2022 Actual</i></b>	<b><i>2023 Actual</i></b>	<b><i>2024 OAB</i></b>	<b><i>2024 Revised</i></b>	<b><i>2025 OAB</i></b>
<i>Personnel</i>	\$36,578	\$0	\$0	\$0	\$0
<i>Personnel Benefits</i>	\$18,078	\$0	\$0	\$0	\$1
<i>Operating</i>	\$8,872	\$0	\$0	\$0	\$(1)
<b><i>Total Expenditures</i></b>	<b>\$63,528</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## EPC Funds to Youth Suicide Prevention (5343154)

### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Program Specific Grants</i>	\$109,338	\$0	\$0	\$0	\$0
<b><i>Total Revenues</i></b>	<b>\$109,338</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Operating</i>	\$1,702	\$0	\$0	\$0	\$0
<b><i>Total Expenditures</i></b>	<b>\$1,702</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>



## Environmental Health Division

### Purpose Statement

Work to assure safe environments using science-based risk assessments, policy development, inspections, consultation, education and enforcement of regulations designed to protect the food we eat, the water we drink, the air we breathe and the places where we live, work and play.

### Overview

The Environmental Health Division is critical to the development of a healthy, economically vibrant and safe community. As part of its regulatory oversight, it focuses on sanitary practices and working with industries to prevent disease and reduce the risk of environmental health hazards. This is accomplished through plan reviews, inspections and responding to citizen complaints of retail food establishments, on-site wastewater treatment systems, land use planning, body art facilities, child care facilities, schools, public pools, spas, public and private drinking water testing, waste tire generators and air quality investigations.



### Objectives

- Provide education on safe food handling practices in retail food establishments to prevent foodborne illness
- Prevent the spread of disease through education and regulatory enforcement
- Assure safe body art practices through licensing and enforcement of local public health regulations
- Assure proper treatment of wastewater to prevent groundwater contamination
- Prevent the spread of infectious diseases, including foodborne illness, in child care and school facilities through inspections, education on hazards, and education about proper hand washing, sanitization, food handling and proper handling/storage of toxic and hazardous materials.
- Prevent waterborne illness through education and inspection of public swimming pools and spas
- Protect air quality by responding to complaints and issuing construction activity and open burn permits
- Assure proper disposal of waste tires by inspecting waste tire generators and haulers
- Assure new and existing retail food establishments meet the Colorado Retail Food Establishment Rules and Regulations by conducting plan reviews

## 2024 Performance Measures and Operating Indicators

**Workforce Development Goal: Strengthen EPCPH workforce to improve public health and environmental quality.**

**Strategy 3:** Improve organizational capacity to support our workforce.

*Objective:* To provide additional capacity leading to reduced turnaround times, improved service to our community, and reduction of burnout for current team members, hire additional EH staff.

*Measure:* By July 1, 2024, hire and onboard six additional FE (five EHS and one admin) in EH.

*Target:* Response time reduced

*Actual:* NOT MET

**Technology, Informatics, Data Analysis Goal: Strengthen EPCPH's capabilities to collect, analyze, share and use data to make timely and information driven decisions**

**Strategy 4:** Regularly disseminate important and emerging health information to community partners.

*Objective:* Collaborate with industry partners to disseminate information about the 2022 Food Code prior to its implementation.

*Measure:* Food Code updates will be shared with affected license holders no later than the effective date of the new code's adoption.

*Target:* Compete/not complete

*Actual:* MET

**Communication Goal 2: Strengthen EPCPH's internal communication capabilities**

**Strategy 1:** Increase cross-program collaboration and communication to improve internal and external customer service.

*Objective:* To improve the efficiency of communication and response efforts, and to facilitate effective investigations and interventions, develop and implement a foodborne outbreak protocol.

*Measure:* Develop a foodborne outbreak protocol and convene quarterly meetings involving the communicable disease and environmental health programs around this topic.

*Target:* Complete/not complete

*Actual:* MET

## 2025 Performance Measures and Operating Indicators

**Partnerships Goal: To develop and strengthen relationships with partners across all sectors.**

**Strategy 2:** Build internal and external capacity for strong partnership engagement.

Objective	Measure	Target
<b>Partnerships:</b> Enhance and streamline industry partnerships by developing transparent, clear, and consistent division communications.	<ul style="list-style-type: none"><li>- Establish a minimum cadence of communication updates per program.</li><li>- Increase proactive programmatic communications and industry updates.</li></ul>	By Dec. 31, 2025, develop standardized process for industry communications across all Environmental Health programs.

**Workforce Goal: To attract and retain a knowledgeable and skilled workforce to provide services for the residents of El Paso County.**

**Strategy 1:** Enhance a culture of collaboration, learning and growth mindset.

Objective	Measure	Target
Develop and promote a culture of collaboration within Environmental Health Division. Enhancing staff connection through incorporating staff feedback to improve staff retention	<ul style="list-style-type: none"><li>• Create opportunities where staff feel they are able to connect with each other through team meetings, electronic submissions, visual display of progress.</li><li>• Facilitate opportunities to intentionally work with other members outside of staff's normal assignment area.</li><li>• Ensure managers actively promote peer-to-peer recognition and model culture.</li><li>• Regularly gather feedback from staff on culture and recognition platforms and make adjustments as needed</li></ul>	By July 1, 2025, develop staff recognition program that incorporates peer-to-peer recognition, prioritizes a system where staff can openly acknowledge and appreciate each other's contributions.

**Health Data & Communication Goal: To foster and build trust with stakeholders through the use of relevant, credible and transparent data and communication.**

**Strategy 4:** Modernize data infrastructure and increase access to timely, relevant and actionable local data to support data-driving decision-making.

Objective	Measure	Target
Ensure all program data within Health Space is accurate, consistent, and complete. Standardization of data will allow for efficient analyses and Informed data-drive decision making.	<ul style="list-style-type: none"><li>• All Division Mangers and program Lead Specialist to review programmatic data, removing duplicates, updating records and ensuring programmatic assignment tasks are accurately reflected quarterly.</li><li>• Realize improved response times and efficient data review in response to community data request</li></ul>	<ul style="list-style-type: none"><li>• By Dec. 31, 2025, ensure consistent and standardized data entry by all staff.</li></ul>

## Environmental Health Division Budget Summary

### Environmental Health Division Summary

#### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
State LPHA Funding	\$67,500	\$45,000	\$45,000	\$45,000	\$95,000
Licenses, Fees and Permits	\$1,726,518	\$1,651,093	\$2,762,006	\$2,761,806	\$2,063,002
Program Specific Grants	\$97,398	\$81,256	\$88,498	\$88,498	\$98,302
Other Misc	\$3,040	\$2,401	\$0	\$200	\$500
<b>Total Revenues</b>	<b>\$1,894,456</b>	<b>\$1,779,750</b>	<b>\$2,895,504</b>	<b>\$2,895,504</b>	<b>\$2,256,804</b>

#### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
Personnel	\$1,999,073	\$2,255,045	\$2,805,021	\$2,432,878	\$2,290,929
Personnel Benefits	\$875,595	\$1,036,274	\$1,221,728	\$1,090,902	\$1,156,375
CIPS - Health Department	\$0	\$1,801	\$0	\$0	\$0
Operating	\$316,495	\$361,294	\$381,983	\$381,983	\$366,300
<b>Total Expenditures</b>	<b>\$3,191,163</b>	<b>\$3,654,414</b>	<b>\$4,408,732</b>	<b>\$3,905,763</b>	<b>\$3,813,604</b>

### Environmental Health Services (5351073)

#### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
State LPHA Funding	67,500	45,000	45,000	45,000	95,000
Licenses, Fees and Permits	1,726,518	1,651,093	2,762,006	2,761,806	2,063,002
Program Specific Grants	97,398	81,256	88,498	88,498	98,302
Other Misc	3,040	2,401	\$0	200	500
<b>Total Revenues</b>	<b>\$ 1,894,456</b>	<b>\$ 1,779,750</b>	<b>\$ 2,895,504</b>	<b>\$ 2,895,504</b>	<b>\$ 2,256,804</b>

#### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
Personnel	\$1,999,073	\$2,255,045	\$2,805,021	\$2,432,878	\$2,290,929
Personnel Benefits	\$875,595	\$1,036,274	\$1,221,728	\$1,090,902	\$1,156,375
CIPS - Health Department	\$0	\$1,801	\$0	\$0	\$0
Operating	\$316,495	\$361,294	\$381,983	\$381,983	\$366,300
<b>Total Expenditures</b>	<b>\$3,191,163</b>	<b>\$3,654,414</b>	<b>\$4,408,732</b>	<b>\$3,905,763</b>	<b>\$3,813,604</b>



# Disease Prevention, Control and Response Capabilities Programs

## Communicable Disease

### Purpose Statement

Detect, investigate, control, and prevent infectious diseases and disease outbreaks. Communicable Disease staff collect, analyze, and report on infectious disease data, and provide public health consultation and education for health care providers and the public.

### Overview

The Communicable Disease program focuses on preventing the spread of infectious diseases and promotes optimal health through evidenced-based models. This program focuses on monitoring, investigating, and responding to over 90 different reportable diseases and conditions per state regulations; outbreak management; 24/7 consultation for health care providers; epidemiology and data collection/analysis; and monitoring emerging diseases.



### Programs

- Communicable Disease
- Epidemiology, Laboratory and Capacity 2 (ELC 2) (ended June 2023)
- Epidemiology, Laboratory and Capacity (ended June 2022)

### Objectives

- Work to detect, investigate, control, and prevent infectious diseases and disease outbreaks
- Collect, analyze and report infectious disease data
- Provide public health consultation and education for health care providers and the public
- Work with internal and external partners to plan and prepare for disease introduction and mitigation strategies

2024 Performance Measures and Operating Indicators

**Technology, Informatics, Data Analysis Goal: Strengthen EPCPH’s capabilities to collect, analyze, share and use data to make timely and information driven decisions.**

**Strategy 4:** Regularly disseminate important and emerging health information to community partners.  
*Objective:* Disseminate the bi-monthly “What’s Going Around” report to community partners.  
*Measure:* On-going bi-monthly email  
*Target:* Complete/not complete  
*Actual:* MET

**Communication Goal 2: Strengthen EPCPH’s internal communication capabilities**

**Strategy 1:** increase cross-program collaboration and communication to improve internal and external customer service.  
*Objective:* Facilitate and convene internal stakeholder meeting to review expectations and roles for addressing zoonotic conditions in the advance of seasonal increase.  
*Measure:* Annual zoonotic meeting held in April  
*Target:* Completed by April 30, 2024  
*Actual:* MET

2025 Performance Measures and Operating Indicators

**Health Data and Communication Goal: To foster and build trust with stakeholders through the use of relevant, credible and transparent data and communication.**

**Strategy 4:** Modernize data infrastructure and increase access to timely, relevant and actionable local data to support data-driving decision-making.

Objective	Measure	Target
Along with the Public Health Data Analytics Team, draft agency-wide guidelines for data suppression and release.	Presentation of draft guidelines to PHET.	Release of final version of data suppression guidelines no later than December 31, 2025.



Objective	Measure	Target
Create data dashboards for reportable enteric diseases.	Presentation of data dashboards for review to PHDA and PHET. Date of presentation.	By December 31, 2025, finalize approved dashboards.

**Workforce Goal: To attract and retain a knowledgeable and skilled workforce to provide services for the residents of El Paso County.**

**Strategy 1:** Enhance a culture of collaboration, learning and growth mindset.

Objective	Measure	Target
Provide training opportunities for CD staff to further job satisfaction and engagement, while providing additional depth of knowledge in the program.	<p>Program leadership to provide mentorship on facilitation of the Colorado Epidemiology Conference to be held on May 8, 2025.</p> <p>At least two staff to complete agency-provided spokesperson training. Dates training completed.</p> <p>All three DIS to receive training on diseases currently investigated by the epidemiologists to include WNV, pertussis, Lyme, and malaria. Dates of trainings to be documented.</p>	<p>By December 31, 2025, CD staff to hold the 2025 Colorado Epidemiology Conference and Pre-Conference Training.</p> <p>By December 31, 2025, additional staff to complete spokesperson training.</p> <p>By December 31, 2025, DIS will be able to do case investigation for WNV, pertussis, Lyme, and malaria.</p>

## Communicable Disease Budget Summary

### Communicable Disease (5321005)

#### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Program Specific Grants</i>	\$0	\$0	\$0	\$0	\$25,000
<b>Total Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$25,000</b>

#### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Personnel</i>	\$13,280	\$0	\$0	\$437,260	\$535,858
<i>Personnel Benefits</i>	\$6,187	\$0	\$0	\$164,516	\$260,779
<i>Operating</i>	\$70,677	\$40,567	\$39,788	\$39,788	\$47,275
<b>Total Expenditures</b>	<b>\$90,144</b>	<b>\$40,567</b>	<b>\$39,788</b>	<b>\$641,564</b>	<b>\$843,912</b>

### ELC 2.2 (5366295)

#### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Federal Reimbursements</i>	\$0	\$0	\$0	\$284,045	\$284,044
<b>Total Revenues</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$284,045</b>	<b>\$284,044</b>

#### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Personnel</i>	\$0	\$0	\$0	\$134,350	\$198,549
<i>Personnel Benefits</i>	\$0	\$0	\$0	\$78,684	\$97,313
<i>CIPS - Health Department</i>	\$0	\$0	\$0	\$0	\$55,888
<i>Operating</i>	\$0	\$0	\$0	\$71,011	\$180,489
<b>Total Expenditures</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$284,045</b>	<b>\$532,239</b>

## ELC Supplemental 2 (5366095)

### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Federal Reimbursements</i>	\$3,912,417	\$1,586,918	\$0	\$0	\$0
<b><i>Total Revenues</i></b>	<b>\$3,912,417</b>	<b>\$1,586,918</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Personnel</i>	\$1,862,196	\$731,337	\$0	\$0	\$0
<i>Personnel Benefits</i>	\$856,386	\$344,894	\$0	\$0	\$0
<i>CIPS - Health Department</i>	\$712,162	\$226,168	\$0	\$0	\$0
<i>Operating</i>	\$481,674	\$284,520	\$0	\$0	\$0
<b><i>Total Expenditures</i></b>	<b>\$3,912,417</b>	<b>\$1,586,918</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Emergency Preparedness and Response

### Purpose Statement

Strengthen the local public health system's capability to prepare, respond, and recover from threats and emergencies impacting the health of the public.

### Overview

EPCPH's EPR program leads activities by which EPCPH staff will prepare, respond to, and recover from all-hazards incidents or events that pose an imminent or potential threat to the health, medical, and environmental needs of El Paso County residents. EPCPH must sustain a workforce that is ready to respond by building public health emergency preparedness (PHEP) capabilities through a continuous preparedness cycle of planning, organizing, training, exercising, and evaluation.



### Programs

- Emergency Preparedness
- Cities Readiness Initiative
- Emergency Response (ended December 2022)

### Objectives

- Based on the hazards identified within the local jurisdiction, EPCPH prepares for vulnerabilities by building public health emergency preparedness (PHEP) capabilities through a continuous preparedness cycle of planning, organizing, training, exercising, and evaluation with community-wide partners throughout the four phases of the emergency management cycle (preparedness, response, recovery and mitigation).
- Maintain the agency's all hazards Public Health Emergency Operations Plan (PHEOP) which has been developed for use by EPCPH and outlines basic procedures and strategies that incorporate the comprehensive framework of the national incident management system (NIMS) as the standard for incident management within EPCPH.
- Collaborate with external partners through a whole community planning approach and prioritize relationship building to strengthen EPCPH's capacity to address vulnerabilities.

- EPCPH serves as the Emergency Support Function 8 (ESF-8) lead in support of El Paso County when requested and activated by the Pikes Peak Regional Office of Emergency Management (PPROEM). In this role, EPCPH is responsible for ensuring that all ESF-8 functions are properly coordinated to support incident response.

## 2024 Performance Measures and Operating Indicators

**Workforce Development Goal: Strengthen EPCPH Workforce to improve public health and environmental quality.**

**Strategy 1:** Provide trainings the develop and strengthen public health core competencies.

*Objective:* Develop, coordinate, and facilitate quarterly EPR trainings for EPCPH staff to enhance the knowledge and understanding of the roles and responsibilities of public health in emergency preparedness and response.

*Measure:* Complete/not complete

*Target:* In 2024, EPR will deliver a minimum of four trainings to EPCPH staff.

*Actual:* Met

**Technology, Informatics, Data Analysis Goal: Strengthen EPCPH's capabilities to collect, analyze, share and use data to make timely and information driven decisions.**

**Strategy 1:** Develop and maintain collaborative relationship with key stakeholders to share relevant data.

*Objective 1:* Facilitate the EPC Emergency Support Function-8 (ESF-8) Collaborative in partnership with the South-Central Healthcare Coalition Lead and the Pikes Peak Regional Office of Emergency Management (PPROEM). The goal of this group is to build and maintain strong relationships with health and medical response partners and develop a collaborative approach to response activities during public health emergencies and mass casualty events.

*Measure:* Complete/not complete

*Target:* Lead and facilitate four ESF-8 collaborative meetings (minutes will be provided as requested).

*Actual:* Met

*Objective 2:* Provide one EPR Coordinator to serve as a direct liaison to the Pikes Peak Regional Office of Emergency Management (PPROEM) to enhance communication and coordination of emergency response plans, training, and response activities within El Paso County.

*Measure:* Complete/not complete

*Target:* EPR will participate in a minimum of three emergency coordination center (ECC) activities with PPROEM (planning, training, or exercise). Sign in sheets will be made available.

*Actual:* MET

**Communication Goal 1: Strengthen EPCPH's capabilities to provide information on public health issues and public health functions to external partners.**

**Strategy 4:** Identify opportunities to promote key agency accomplishments within the community.

*Objective:* Seek opportunities to submit and present EPR best practices through state and national forums.

*Measure:* Complete/not complete

*Target:* Share EPR guides/resources at the Colorado Emergency Management Association Conference as a presenter.

*Actual:* MET

**Communication Goal 2: Strengthen EPCPH's internal communication capabilities**

**Strategy 1:** Increase cross-program collaboration and communication to improve internal and external customer service.

*Objective 1:* Conduct quarterly call down drills to test the agency's internal emergency notification system through the Colorado Notification System (CNS).

*Measure:* Complete/not complete

*Target:* Target is an 80 percent response rate on quarterly call down drills from EPCPH staff.

*Actual:* MET

*Objective 2:* Work to align Project Public Health Ready (PPHR) accreditation requirements and crosswalk with public health accreditation requirements and timeline to increase efficiency and streamline plan updates for training and exercise.

*Measure:* Complete/not complete

*Target:* Assign a member of EPR to work with Workforce Development and Strategic Initiatives Office to streamline EPR training activities with agency workforce development plan and streamline PPHR an PHAB requirements.

*Actual:* MET

**Community Partnership Goal: Develop and maintain strong relationships with key community partners to support public health or assure the provision of public health services.**

**Strategy 2:** Expand EPCPH staff participation on key community collaborations, coalitions, committees, or other work groups that can influence health outcomes and policy, including those that address the social determinants of health.

*Objective 1:* Participate in local, regional and national level workgroups, coalitions and committees to enhance collaboration amongst partners and community stakeholders in building public health emergency capabilities.

*Measure:* Complete/not complete

*Target:* EPR will participate in a minimum of three workgroups, coalitions or committees.

*Actual:* MET

*Objective 2:* Participate in community-wide trainings and exercises to support building and improving both Federal Emergency Management Agency (FEMA) and Center for Disease Control and Prevention (CDC) public health core capabilities.

*Measure:* Complete/not complete

*Target:* EPR will participate in a minimum of three community-wide exercises.

*Actual:* MET



## 2025 Performance Measures and Operating Indicators

**Workforce Goal: To attract and retain a knowledgeable and skilled workforce to provide services for the residents of El Paso County.**

**Strategy 1:** Enhance a culture of collaboration, learning and growth mindset.

Objective	Measure	Target
Develop, coordinate, and facilitate emergency preparedness and response training sessions and / or exercises for EPCPH staff to strengthen their ability to effectively support and respond to public health emergencies and incidents within the local jurisdiction.	EPR will conduct at least 3 training sessions or exercises for EPCPH staff and lead after-action discussions to assess strengths, identify challenges, and discuss areas for improvement.  <i>*Real world events may substitute for training sessions and exercises as needed.</i>	By December 31, 2025, EPR will develop and facilitate a minimum of 3 training sessions or exercises for EPCPH staff and develop after action reports in alignment with Homeland Security Exercise and Evaluation Program (HSEEP) guidance.

**Health Data and Communication Goal: To foster and build trust with stakeholders through the use of relevant, credible and transparent data and communication.**

**Strategy 3:** Conduct effective emergency and health risk communications.

Objective	Measure	Target
Test the Agency's internal emergency notification system through the Colorado Notification System (CNS) to ensure readiness and familiarity with the system before an emergency occurs.	Conduct quarterly call down drills.	Achieve an 80% response rate on quarterly call down drills from EPCPH staff conducted in 2025.

**Partnerships Goal: To develop and strengthen relationships with partners across all sectors.**

**Strategy 1:** Develop and strengthen relationships with partners across all sectors.

Objective	Measure	Target
Participate in community wide planning, training, and exercises to enhance Public Health Emergency Preparedness (PHEP) capabilities.	EPR will participate in a minimum of 5 community wide trainings, exercises, or planning workgroups.	By December 31, 2025, EPR will participate in at least 5 community wide trainings, exercises, or planning workgroups.

## Emergency Preparedness and Response Budget Summary

### Emergency Preparedness (5366091)

#### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
Program Specific Grants	\$667,465	\$638,956	\$586,236	\$754,236	\$606,408
<b>Total Revenues</b>	<b>\$667,465</b>	<b>\$638,956</b>	<b>\$586,236</b>	<b>\$754,236</b>	<b>\$606,408</b>

#### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
Personnel	\$282,829	\$302,995	\$305,434	\$427,434	\$434,467
Personnel Benefits	\$121,508	\$128,330	\$125,822	\$134,822	\$194,132
CIPS - Health Department	\$109,265	\$99,464	\$77,238	\$100,238	\$92,690
Operating	\$154,925	\$108,508	\$76,667	\$90,667	\$63,071
<b>Total Expenditures</b>	<b>\$668,526</b>	<b>\$639,296</b>	<b>\$585,161</b>	<b>\$753,161</b>	<b>\$784,360</b>

### Cities Readiness Initiative (5366100)

#### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
Program Specific Grants	\$136,312	\$189,467	\$165,874	\$165,874	\$171,440
<b>Total Revenues</b>	<b>\$136,312</b>	<b>\$189,467</b>	<b>\$165,874</b>	<b>\$165,874</b>	<b>\$171,440</b>

#### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
Personnel	\$56,648	\$89,357	\$92,386	\$92,386	\$100,858
Personnel Benefits	\$23,238	\$36,387	\$35,455	\$35,455	\$44,229
CIPS - Health Department	\$21,304	\$28,997	\$22,896	\$22,896	\$27,407
Operating	\$35,122	\$34,727	\$24,469	\$24,469	\$10,330
<b>Total Expenditures</b>	<b>\$136,312</b>	<b>\$189,467</b>	<b>\$175,206</b>	<b>\$175,206</b>	<b>\$ 182,824</b>

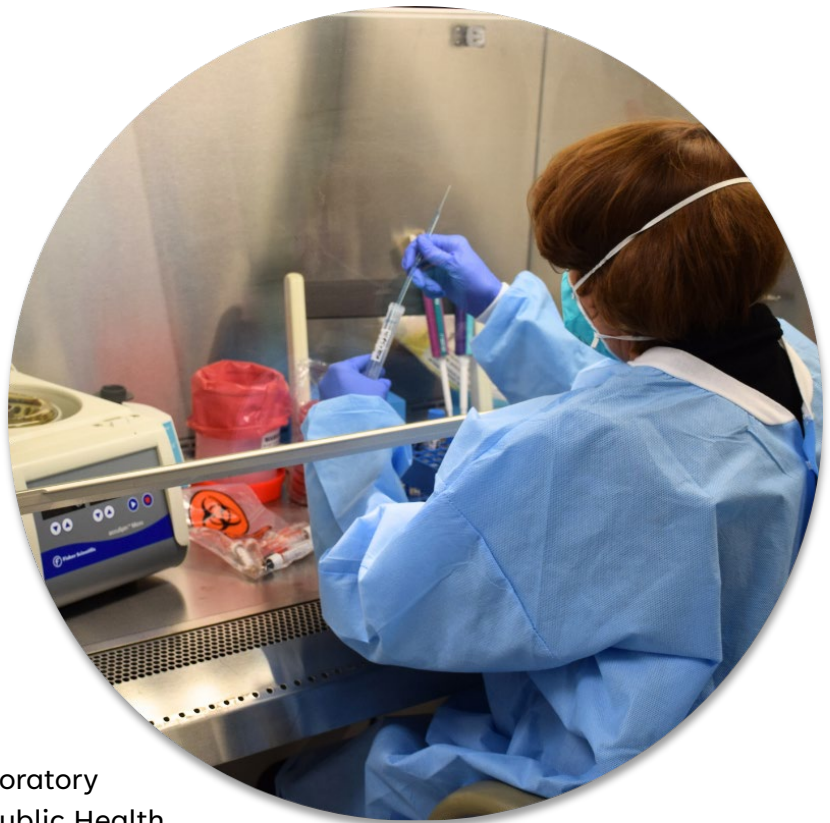
## Laboratory

### Purpose Statement

To promote and protect public health by providing accurate and reliable test results for clients of EPCPH programs, outside providers, and citizens of our communities in a timely manner.

### Overview

The EPCPH Laboratory provides support for other health department programs by testing for various infectious diseases such as tuberculosis, syphilis, gonorrhea, chlamydia, and HIV. The tests are associated with the Centers for Disease Control and Prevention (CDC) and federally-funded programs to prevent disease and promote overall health of residents. The Laboratory is certified by the Colorado Department of Public Health and Environment (CDPHE) to provide Environmental Protection Agency-required water testing for El Paso County and surrounding counties' public water systems, as well as recommended testing for private well owners. The Laboratory performs testing for coliforms, E.coli, nitrates, nitrites, fluoride, chloride, phosphates, sulfates, bromide, and pH. The Laboratory provides drug and alcohol testing for the Justice Services Division defendants currently on PR bonds. This cooperative effort reduces the inmate population at the Criminal Justice Center and allows defendants to continue working and providing for themselves and their families while cases are pending in the legal system. The Laboratory is also certified to perform testing for select agents in the environment such as anthrax, tularemia, and plagues on animals suspected of infection to alert the community of the presence and heighten caution when necessary.



### Objectives

- Maintain sexually transmitted infection (STI) testing with both manual and automated platforms.
- As required, communicate all positive test results to the Colorado Department of Public Health and Environment (CDPHE) for statistical tracking and treatment verification.
- Maintain the certification and ability to process environmental samples for select agents.
- Maintain certification by the state of Colorado to perform both microbiological and inorganic chemistry tests on both public water systems and private well water samples.

- Provide timely results of STI testing for the Clinical Services Division and Quantiferon TB-Gold testing for Communicable Disease to institute appropriate treatment.
- Report results of public water system bacteriological and chemical status monitored by the state.

## 2024 Performance Measures and Operating Indicators

**Technology, Informatics, Data Analysis Goal: Strengthen EPCPH’s capabilities to collect, analyze, share and use data to make timely and information driven decisions.**

**Strategy 3:** Expand internal resources for data collection, storage, and analysis.

*Objective:* Transition laboratory functions related to communicable disease reporting from current platform to new disease reporting software EPI TRAX.

*Measure:* Complete/not complete

*Target:* Able to meet requirements of reporting in new platform.

*Actual:* Met

**Communication Goal 1: Strengthen EPCPH’s capabilities to provide information on public health issues and public health functions to external partners.**

**Strategy 3:** Expand the agency’s participation in an annual health marketing schedule for a planned approach to develop and implement health promotion activities.

*Objective:* Update and improve public facing information related to water testing for both private wells and public water systems lower barriers to understanding and accessing this service.

*Measure:* Complete/not complete

*Target:* Content on website reviewed and updated.

*Actual:* Met

## 2025 Performance Measures and Operating Indicators

**Workforce Goal: To attract and retain a knowledgeable and skilled workforce to provide services for the residents of El Paso County.**

**Strategy 1:** Enhance a culture of collaboration, learning and growth mindset.

Objective	Measure	Target
Ensure the laboratory maintains proficiency on clinical, environmental, and select agent surveys.	Supervisor will track all proficiency test grades throughout the year from the College of American Pathologists, Waters ERA and the Laboratory Response Network.	Evaluation result of 100% on all graded samples for the year 2025.

Objective	Measure	Target
Ensure consistent and timely annual competency review of all technologists for the CLIA required six elements.	Staff will track monthly and quarterly competency evaluations on all aspects of laboratory testing.	Completion of annual competency for all individual technologist by December 31, 2025.

**Partnerships Goal: To develop and strengthen relationships with partners across all sectors**

**Strategy 2:** Build internal and external capacity for strong partnership engagement.

Objective	Measure	Target
Ensure the timely entry of infectious disease reportable disease data required by the Colorado Department of Public Health and Environment via the CDPHE Reportable database.	Supervisor will measure TAT each month of reportable diseases.	Report the following communicable diseases and conditions within the following number of business days: HIV within four; Syphilis within one; Gonorrhea within four; Chlamydia within four; Tularemia, Plague and Anthrax upon detection.

## Laboratory Budget Summary

### Laboratory (5326020)

#### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Licenses, Fees and Permits</i>	\$340,071	\$331,798	\$298,400	\$298,400	\$412,818
<i>Other Misc</i>	\$17,721	\$15,815	\$17,436	\$17,436	\$0
<b>Total Revenues</b>	<b>\$357,792</b>	<b>\$347,613</b>	<b>\$315,836</b>	<b>\$315,836</b>	<b>\$412,818</b>

#### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Personnel</i>	\$205,909	\$260,543	\$280,054	\$280,054	\$287,484
<i>Personnel Benefits</i>	\$88,855	\$124,309	\$124,352	\$124,352	\$144,239
<i>Operating</i>	\$165,993	\$161,221	\$161,159	\$161,733	\$264,543
<b>Total Expenditures</b>	<b>\$460,758</b>	<b>\$546,072</b>	<b>\$565,565</b>	<b>\$566,139</b>	<b>\$696,266</b>

### Epidemiology & Laboratory Capacity for Prevention of Emerging Disease Cooperative Agreement – ELC Grant (5366097)

#### Revenues

<i>Revenues by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Federal Reimbursements</i>	\$625,082	\$0	\$0	\$0	\$0
<b>Total Revenues</b>	<b>\$625,082</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

#### Expenditures

<i>Expenditures by Category</i>	<i>2022 Actual</i>	<i>2023 Actual</i>	<i>2024 OAB</i>	<i>2024 Revised</i>	<i>2025 OAB</i>
<i>Personnel</i>	\$116,364	\$0	\$0	\$0	\$0
<i>Personnel Benefits</i>	\$44,643	\$0	\$0	\$0	\$0
<i>CIPS - Health Department</i>	\$43,633	\$0	\$0	\$0	\$0
<i>Operating</i>	\$420,443	\$0	\$0	\$0	\$0
<b>Total Expenditures</b>	<b>\$625,082</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>





# Glossary



## A

**Accounting period:** A period at the end of which and for which financial statements are prepared (typically a month or a year).

**Accrual:** An accounting method that reports income when earned and expenses when incurred.

**Accrual Basis:** The basis of accounting under which revenues are recorded when earned and expenditures are recorded as soon as they result in liabilities for benefits received, notwithstanding that the receipt of revenue or the payment of the expenditure may take place, in whole or in part, in another accounting period.

**Activity:** A specific service performed by one or more units of government.

**Actual:** Actual refers to the expenditures and/or revenues that are actually realized as opposed to those that are forecasted or budgeted.

**Ad Valorem:** According to value.

**Adopted budget:** Refers to the budget amounts originally approved by the Board of County Commissioners at the beginning of the budget year and the budget document, which consolidates all beginning-of-the-year operating appropriations.

**Agency:** A governmental or quasi-governmental unit which provides services to residents of the county but is not part of the county government, per se. An agency may be linked to county government by an intergovernmental agreement or may be formed pursuant to an intergovernmental agreement.

**Agenda item Board of County Commissioners (BoCC) -** Any item scheduled to be reviewed/approved by the BoCC at a scheduled meeting.

**Allocations:** A part of a lump-sum appropriation which is designated for expenditure by specific organization units and/or for special purposes, activities, or objects.

**American Rescue Plan Act (ARPA):** ARPA provides additional financial relief in the wake of the COVID-19 pandemic.

**Amended budget:** Budget which includes changes to the adopted budget that are approved by the Board of County Commissioners and transfers within the authority of management.

**Appropriated budget:** The expenditure authority created by the Appropriation Ordinance and related estimated revenues. The appropriated budget would include all reserves, transfers, allocations, and other legally authorized legislative changes.

**Appropriated reserves:** The amount of fund balance used to supplement revenues required to fund appropriated expenditures.

**Appropriation:** The legal authorization granted by the Board of County Commissioners which allows the departments, offices, and agencies of the county to make expenditures and to incur obligations for specific purposes. An appropriation is usually limited in amount and as to the time when it may be expended.

**Appropriation resolution:** the appropriation resolution is the means whereby the Board of County Commissioners enacts the appropriation, making it legal. The act of adopting the budget does not

include legal authority to spend. In order to spend an appropriation resolution must also be approved outlining the expenditures proposed in the adopted budget.

**Asset:** A resource owned or controlled by the county, which has monetary value. An asset is either current or fixed. A current asset is typically consumed within on year, such as cash, accounts receivable, and inventories. A fixed asset provides benefits for more than on year, such as equipment, buildings, and open space properties.

**Audit:** A methodical examination conducted by a private accounting firm, of the utilization of the county's resources. An audit tests the accounting system to determine the extent to which internal accounting controls are both available and being used. The audit concludes with a written report of findings called the Auditor's Opinion.

**Authorized positions:** A position (job, FTE) authorized by the Board of County Commissioners as part of the annual adopted budget.

## **B**

**Balanced budget:** A budget where current operating expenditures do not exceed current operating revenues plus unreserved and available fund balance for each individual fund subject to appropriation. Per state statute, the county is required to adopt a balanced budget each year.

**Base budget:** An estimate of funding to continue existing programs at current levels of service prepared by each department or office during the budget development process.

**Basis of accounting:** A term used to refer to when revenues, expenditures, and transfers (and the related assets and liabilities) are recognized in the accounts and reported in the financial statements.

**Benchmarking:** Comparing desired performance and results against a relative standard.

**Board of County Commissioners (BoCC):** the board is composed of a five-member group of publicly elected officials. They are the main policy makers and financial stewards of the county.

**Board of Health (BoH):** the board is composed of a nine-member publicly elected group, and they are the main policy makers and financial stewards of the county.

**Budget:** An annual policy document, financial plan, operations guide, and communication device, containing estimated revenues and expenditures. The budget, once adopted by the Board of county Commissioners, is the legal basis for expenditures in the budget year.

**Budget calendar:** A timetable showing when particular tasks must be completed in order for the Board of County Commissioners to adopt the annual budget before the beginning of the next fiscal year.

**Budget development process:** The annual cycle in which the county prepares the annual budget for adoption.

**Budget message:** Written overview of the budget addressed to the Board of County Commissioners. The budget message contains an explanation of principal budget items, significant changes from the previous fiscal year, summaries of major issues impacting the budget, and challenges facing the county.

**Budgetary basis:** The basis of accounting used to estimate financing sources and uses in the budget. This generally takes one of three forms: generally accepted accounting principles (GAAP), cash, or modified accrual.

**Budgetary control:** The control or management of a government in accordance with an approved budget to monitor and control expenditures within the limitation of approved appropriations and available revenues.

## C

**Capital expenditures:** Expenditures resulting in the acquisition of or addition to the county's fixed asset inventory.

**Capital outlay:** Those purchases of \$5,000 or more, which become a new fixed asset of the county.

**Capital project:** A major capital construction project, such as those related to building, drainage, streets, trails, etc., included in the CIP or Road & Bridge Fund. Capital projects tend to have significant costs and have useful lives of many years.

**Centers for Disease Control and Prevention (CDC):** The branch of the U.S. Public Health Service under the Department of Health and Human Services charged with the investigation and control of contagious disease in the nation.

**Committed fund balance:** Amount that can be used for specific purposes determined by formal action of the Board of County Commissioners. Commitments may be established, modified, or rescinded, only through resolutions approved by the BoCC.

**Contingency:** A possible future event or condition arising from causes unknown or at present indeterminable.

**Charges for services expenditures:** Charges for services include various contracted services (professional consulting, auditing, advertising, legal, and printing, security, delivery, vehicle repair and maintenance, and building rental).

**Charges for services revenue:** A revenue category comprised of revenue generated from services the county provides to residents and other entities. Services that are charged for include motor vehicle registrations, document recording, and insurance, Sheriff Academy, County Fair, Coroner Autopsies, and District Attorney Services.

**Children and Youth with Special Health Care Needs Program (HCP):** This is a program designed to help care for children with special needs from birth to 21 years of age.

**Colorado Local Government Budget Law:** In preparing an annual budget, all Colorado counties must follow the provisions of Title 29, Article 1, Part 1 of the Colorado Revised Statutes, which defines the legal requirements for budget format, content, and cover; budget hearing and adoption; appropriation resolution/ordinance; filing the budget; and changing the budget.

**Cost center:** A responsibility center within the government organization.

## D

**Department:** An organization unit within the county government that is under the direction on non-elected county management staff.

**Designated fund balance (reserves):** Portions of fund balance that are set aside for a specific purpose and which are, therefore, not available for general appropriation (except for the specific purpose).

## E

**Elected official:** An official elected by El Paso County voters to manage an elected county office.

**El Paso County (EPC):** Is one of 64 counties in the state of Colorado.

**Encumbrance:** An emergency is defined as 1) an act of God, 2) public enemy, or 3) something which could not have been reasonable foreseen at the time of the adoption in the budget. For the purpose of TABOR, this is further restricted to exclude economic conditions, or revenue shortfalls.

**Epidemiology and Laboratory Capacity (ELC):** Grant funded by the Centers for Disease Control and Prevention (CDC) for Prevention and Control of Emerging Infection Diseases.

**Expenditure:** A decrease in net financial resources due to payments made by the county for good or services, such as personnel, supplies, and equipment.

## F

**Fiscal year:** A period of any 12 consecutive months to which the budget applies. El Paso County's fiscal year is January 1 through December 31.

**Full Time Equivalent (FTE):** Numeric equivalent of one person occupying one employment position for one year (equivalent of 2,080 hours or 52 forty-hour weeks).

**Full Time Employee (FTE):** In EPC, only Full Time benefit eligible positions are considered FTE's. No part-time or temporary are part of this count.

**Fund:** An independent fiscal and accounting entity with a self-balancing set of accounts recording cash and/or other resources together with all related liabilities, obligations, reserves and equities, which are segregated for the purpose of carrying on specific activities or attaining certain objectives in accordance with special regulations, restrictions or limitations.

**Fund balance:** The excess of assets over liabilities. Fund balance is accumulated when revenues exceed expenditures and is decreased when revenues are less than expenditures.

**Fund type:** Any one of seven categories into which all funds are classified in governmental accounting. The seven fund types are general, special revenue, debt service, capital projects, enterprise, internal service, and trust and agency.

## G

**General fund:** A fund used to account for all transactions of a governmental unit which are not accounted for in another fund. The general fund is used to account for the ordinary operations of a governmental unit which are financed from taxes and other general revenues.

**Generally Accepted Accounting Principles (GAAP):** Uniform minimum standards and guidelines for financial accounting and reporting. GAAP encompasses the conventions, rules, and procedures necessary to define accepted accounting practice at a particular time.

**Governmental Accounting Standards Board (GASB):** Is the source of generally accepted accounting principles (GAAP) used by state and local governments in the United States.

**Government Finance Officers Association (GFOA):** Professional association of state, provincial and local finance officers in the United States and Canada.

**Governmental funds:** Funds generally used to account for tax-supported activities. Examples of governmental funds are the general fund and capital projects fund.

**Governmental services expenditures:** Governmental services include grants made to other institutions, economic incentives, and sales tax share back payments to cities.

**Grant:** A contribution of assets (usually cash) by one government unit or other organization to another. The contribution is usually made to aid in the support of a specific function (for example, education) but it is sometimes also for general purposes.

## H

## I

**Indirect rate:** Also known as “indirect cost rate,” this is a method of determining what proportion of indirect costs each program should bear. This is represented as a ratio between the total indirect expenses and a direct cost base. One can have a single, two-rate, or three-rate indirect rate structure.

**Inflation:** As defined by Colorado TABOR, it is the percentage change in the Denver/Boulder Bureau of Labor Statistics’ consumer price index for all items, all urban consumers, or its successor index.

**Intergovernmental Agreement (IGA):** A signed agreement between two or more governmental units, and approve by their governing bodies, that provides for the exchange of goods or services between the governments.

**Intergovernmental revenue:** A revenue category comprised of intergovernmental and grant funds received from federal and state governments and other jurisdictions for designated purposes.

**Intergovernmental expenditures:** Grants, entitlements, and cost reimbursements from the county to other local governments, entities, authorities, or organizations.

## J

## K

## L

**Level of service:** Used generally to define existing or current services, programs, activities and/or facilities provided by a government to its citizens. Level of service in any given department or office may be increased, decreased, or remain constant, depending upon needs, alternatives, productivity, and available resources. To continue a given level of service into future years assumes that objectives, goals, quantity, and quality of the service will remain unchanged.

**Liability:** A debt or other legal obligation arising out of a transaction in the past which must be liquidated, renewed, or refunded at some future date.

## M

**Mandated services:** Services that the state or federal governments require the county to perform for which no revenue or partial revenue is provided to the county.

**Maternal Child Health (MCH):** Is a program to improve health and well-being in the MC population this includes Early Childhood Obesity, Bullying and Youth Suicide.

**Memorandum of Understanding (MOU):** Bilateral or multilateral agreement between two or more parties.

**Miscellaneous revenue:** A revenue category comprised of items that do not easily fit into one of the other defined revenue categories. Miscellaneous revenue includes insurance recovery of losses, bank charges, contributions and donations, rents received for use of county buildings, telecom reimbursements, gain/loss on sale of investments, and proceeds from sale of assets.

## N

**Nonspendable fund balance:** Amounts that cannot be spent either because they are in nonspendable from or because they are legally or contractually required to be maintained intact.

## O

**Object account:** As used in expenditure classification, this term applies to the article purchased or service obtained (as distinguished from the results obtained from expenditures).

**Office:** Offices are generally managed by elected county officials.

**Operating budget:** Budget that accounts for the costs of carrying on activities that do not meet the criteria capitalization.

**Operating capital:** Vehicle, equipment or furniture costing more than \$5,000 with a life of more than one year.

**Other financing sources:** Financial resource increases not typically classified as revenues in compliance with GAAP to avoid the distortion of revenue trends, but are other resources used to fund government purchases and services. Resources such as the issuance of debt, lease proceeds, interfund transfers, and proceeds from the sale of assets, insurance proceeds and payments on demand bonds reported as fund liabilities are coded to a separate area of the financial statement.

**Other financing uses:** Financial outlays not typically classified as expenditures for GAAP purposes but represent decreases in current financial resources to fund certain activities such as issuance discounts on long-term debt, refunding transactions, interfund transfers and the reclassification so demand bonds as a fund liability. These transactions are reported on a separate area of the financial statement to avoid distorting expenditure trends.

## P

**Personnel expenditures:** One of six major categories of expenditures used in El Paso County budgetary system. Personnel expenditures include all salaries and benefit costs for full-time, part-time, and temporary employees of the county.

**Program:** Specific (or like group) activities or organizational units directed at attaining specific purposes or objectives.

**Program based budget:** A budget wherein expenditures are based primarily on programs of work and secondarily on character and object.

**Proposed budget:** A budget recommended by the Financial and Administrative officer (the Budget Officer) to the Board of County Commissioners.

**Public hearing:** A meeting to which El Paso County residents are invited for purposes of providing input and comments.

## Q

## R

**Regional Food System Partnership (RFSP):** Funded by the U.S. Department of Agriculture (USDA), the RSP program provides competitive grant funding to support multi-stakeholder partnerships and encourage foodshed-level approaches to planning and developing local and regional food economies.

**Reimbursement:** Cash or other assets received as a repayment of the cost of work or services performed or of other expenditures made for or on behalf of another governmental unit or department or for an individual, firm or corporation.

**Requested budget:** A budget submitted by each department or office which identifies needs or desires for the following year.

**Reserves:** an unappropriated source of funding that can be utilized to meet unexpected budgetary needs.

**Resolution:** A special or temporary order of the Board of County Commissioners usually requiring more legal formality than an ordinance or statute.

**Restricted fund balance:** Amounts constrained to specific purposes by their providers (such as grantors, bondholders, and higher levels of government), through constitutional provisions, or by enabling legislation.

**Revenue:** An item or source of income, such as income from taxes, fees, grants, and interest earning.

## S

## T

**Transfers:** 1) Interfund transfers: are internal transactions only and do not represent actual outflow from the county. They represent one fund sending cash to another fund. Interfund transfers done without regard to repayment run equivalent exchange of value. 2) Interdepartmental Transfers: are transfers between departments. If within the same fund, they are interfund transfers and eliminated for financial reporting, but not budgetary reporting.

## U

**Unassigned fund balance:** Amounts that are available for any purpose; these amounts are reported in the general fund.



**Unincorporated El Paso County:** Those portions of the county that are not part of any incorporated municipality.

**Unrestricted fund balance:** Total of committed, assigned, and unassigned balances.

**V**

**W**

**Women, Infants and Children (WIC):** Is a Special Supplemental Nutrition Program for Women, Infants and Children, within an approved service area.

**X**

**Y**

**Z**